



# CONNECT 2008

ICI PAINTS | NATIONAL STARCH & CHEMICAL | ICI GROUP SERVICES



Welcome to ICI Group Benefits

# CONNECT 2008

This book is your enrollment guide for 2008 and a handy reminder of the many benefits you receive as an employee of ICI Paints<sup>1</sup>, National Starch & Chemical<sup>2</sup> and ICI Group Services<sup>3</sup>. Please use this material to make your benefits choices, then hold onto it to reference throughout the year.

## Every employee must participate!

**REMEMBER:** You must enroll in benefits during Connect 2008, even if you wish to choose the same coverage you have now. Failure to enroll can cause you to be defaulted into plans you do not want. New employees: See page 2 for instructions.

**CONNECT 2008 OPEN ENROLLMENT:**

**October 27 to November 9, 2007**

## Who is eligible for benefits?

You should participate in open enrollment if you meet one of the following criteria:

- You are a full-time employee, scheduled to work at least 30 hours a week;
- You are a part-time employee, scheduled to work 20-29 hours a week;
- You are a full-time employee on a long-term temporary assignment (12 months or more) from a foreign ICI business unit.

Collectively bargained employees are not eligible for benefits described in this open enrollment guide, unless eligibility for a benefit is described expressly in the applicable collective bargaining agreement.

## Important Connect 2008 Dates to Remember

**OCTOBER 15, 2007**

Connect 2008 enrollment guides and Personal Benefits Enrollment Forms are mailed to employee homes

**OCTOBER 27, 2007**

Connect 2008 begins

**NOVEMBER 2, 2007**

Last day to enroll online and be entered into the drawing to win one of 10 digital picture frames

**NOVEMBER 9, 2007**

Connect 2008 ends at 9 p.m. Eastern Time – last day to enroll

**NOVEMBER 12, 2007**

Confirmation Statements mailed

**NOVEMBER 30, 2007**

Last day to take Health Risk Assessment and receive an additional \$50 in your Personal Health Account

**NOVEMBER 30, 2007**

Last day to make changes to your Confirmation Statement

<sup>1</sup> The Glidden Company doing business as ICI Paints

<sup>2</sup> Indopco, Inc. doing business as National Starch and Chemical Company, Ablestik Laboratories and Acheson Industries, Inc.

<sup>3</sup> ICI Group Services Inc. and ICI American Financial Corp.

# Table of Contents

## WELCOME TO CONNECT 2008

Important Information for New Employees .....	2
Domestic Partnership .....	3
How to Enroll .....	4
Before You Enroll .....	4
Enrolling Online .....	4
Important Password Information .....	5
Enrolling Without a Computer .....	6
Family Status Changes .....	7

## HEALTH

Who Pays for Coverage? .....	8
Do You Know Your HQ? .....	9
Condition Management Program .....	9
2008 Medical Plan	
Who Can be Included in Your Coverage? .....	10
How the Medical Plan Works .....	10
How to File a Medical Claim .....	13
Choosing Your Medical Plan .....	14
CostConnect – for Employees with Access to the Internet .....	14
The Ayco AnswerLine® .....	14
Out-of-Area Plan .....	15
Employee Contributions .....	15
Medical Plan Comparison Chart .....	16
Preventive Care .....	18
Take Care • Take Charge Health Line .....	18
Prescription Plan .....	19
Dental Plan .....	20
Vision Care Program .....	21

## WEALTH

Health Care Flexible Spending Account .....	23
Eligible Expenses .....	23
Ineligible Expenses .....	24
The UnitedHealthcare MasterCard ...	25
Dependent Care Flexible Spending Account .....	26
Disability Coverage .....	27
Short Term Disability Program .....	27
Long Term Disability Insurance .....	27
Life and Accident Insurance .....	28
Basic Life Insurance .....	28
Group Universal Life Insurance .....	28
Basic Personal Accident Insurance ...	29
Business Travel Accident Insurance .....	29
Optional Personal Accident Insurance .....	29

## FAMILY AND LIFESTYLE

Comprehensive Group Legal Services .....	30
Health Management Center .....	30
Your Online Resource – www.myiciserv.com .....	32
Glossary .....	34
Benefits Directory .....	35
Employment Retirement Income Security Act of 1974 (ERISA) .....	36

## Important Information for New Employees

If you are a new employee who began working between **October 1, 2007 and December 31, 2007**, you must enroll in benefits twice. You must enroll for the remainder of 2007, then again for 2008. You will receive two separate enrollment packages.

### Deadlines for Enrolling

**Within 30 days of your date of hire**, you must enroll in your:

- Medical Plan
- Prescription Plan
- Dental Plan
- Vision Care Program

If you do not enroll within 30 days, you will be defaulted into Medical Option D, with a basic prescription plan (employee coverage only) and the dental and vision coverage you have now.

If you do not enroll in the following options you will have no coverage:

- Health Care Flexible Spending Account
- Dependent Care Flexible Spending Account
- Optional Personal Accident Insurance
- Comprehensive Group Legal Services

Please see the important enrollment instructions on pages 4-6.

**You have 60 days from your date of hire to enroll in:**

- Group Universal Life Insurance
- Long-Term Care Insurance: You can enroll at any time, but if you enroll within 60 days of your date of hire, you do not have to supply evidence of good health.

### Domestic Partners

New employees electing coverage for domestic partners must submit an Affidavit of Domestic Partnership within 30 days of hire. After this time, you must wait until the next open enrollment window. For more information on Domestic Partnership, see page 3.

### ICI Paints Stores Associates

Upon hire, ICI Paints Stores Associates only are eligible for Medical Option D or an applicable Health Maintenance Organization (HMO). During the next open enrollment period – whether it is one day or one year after your hire – you can enroll in Medical Options B, C or D for the following plan year. If you are hired during or after the Connect 2008 open enrollment period, but prior to January 1, 2008, you are eligible for Medical Option D or an applicable HMO for the remainder of 2007. You can enroll in Medical Options B, C or D for 2008.



## Domestic Partnership

Domestic partners (same or opposite sex) who meet eligibility requirements can be enrolled for the same medical, prescription, dental and vision care options that you elect for yourself, as well as Optional Personal Accident Insurance and Group Universal Life Insurance. You also may elect coverage for your domestic partner's eligible children who reside with you on a full-time basis. Please note that, for medical, prescription, dental and vision plans, domestic partner coverage is deducted from your salary after taxes. The value of the coverage provided for your domestic partner will be reported as imputed income to the Internal Revenue Service.

To qualify for coverage, you and your domestic partner must meet all of the following criteria:

- You must share a committed relationship with each other, intend to do so indefinitely, and have no such relationship with any other person;
- You must be jointly responsible for each other's welfare and domestic obligations;

- You must reside in the same household;
- You cannot be related by blood to a degree of kinship that would prevent you from marrying each other in the state in which you reside;
- You must be of legal age in your state of residence;
- You must be mentally competent to enter into a contract; and
- You may not be married to a third party.

You and your domestic partner must sign an Affidavit of Domestic Partnership before coverage can begin. You must return the affidavit within 30 days of the effective date of coverage or your 30-day enrollment period, whichever is later. Domestic Partner Affidavits are available online at [www.myiciserv.com](http://www.myiciserv.com). Click on **Forms** in the upper right-hand corner. You also can call the ICI Resource Center at 1-877-ICI-SERV (1-877-424-7378).

**NOTE:** You only can add a domestic partner during open enrollment. Coverage for domestic partners can be dropped during the year only due to death, the dissolution of the domestic partnership or during open enrollment. Domestic partner coverage also can be dropped if a domestic partner obtains medical coverage from his or her employer.



## How to Enroll

All eligible employees must enroll in benefits during Connect 2008 – Saturday, October 27 to Friday, November 9, 2007. New hires must enroll in benefits coverage within 30 days of their date of hire.

### IMPORTANT!

### Before You Enroll

Review the Personalized Benefit Enrollment Form in your enrollment packet. Pay special attention to the accuracy of information about your family members and whether or not you have been defaulted into a plan you do not want.

Next, be sure to review this Connect 2008 enrollment guide, so you understand the different benefit plans. Many tools and resources are available to help you decide which benefit plans are best for your family and financial situation (see page 14).

## Enrolling Online

You can enroll in benefits online, 24 hours a day, seven days a week, by following these simple steps:

### 1 Complete your Health Risk Assessment

Go to [www.myiciserv.com](http://www.myiciserv.com) and click on either the employee or dependent link in the **Do You Know Your HQ?** box at the bottom of the home page. Your HQ is your “Health Quotient.” For taking the time to complete this questionnaire and learn more about your health status, you and your spouse or domestic partner each will receive a \$50 credit in your Personal Health Account. To receive the credit, you must enroll in a Definity Health/UnitedHealthcare medical plan – Option A, B, C, D or an Out-of-Area Plan. For more details on how to access the Health Risk Assessment or to confirm that you are eligible for the incentive, see page 9.

### 2 Determine Which Plans are Best for You.

Let **CostConnect** help you determine which medical plan is best for you and how much money to put into a Health Care Flexible Spending Account. Go to [www.myiciserv.com](http://www.myiciserv.com) and click on the **CostConnect** link at the bottom of the home page.

### 3 Enroll

Once you have made your benefits decisions, go to [www.myiciserv.com](http://www.myiciserv.com).

- a. If you are a new employee, click on **New Employees** in the upper right-hand corner of your screen. If you are not a new employee, move your cursor over the **eBen** button in the upper right-hand corner of your screen, and choose **Connect 2008** from the drop-down menu.
- b. Enter your **User ID**. This is the nine-digit Employee ID number on your pay stub and Personalized Benefit Enrollment Form, beginning with the numbers “802.”
- c. Set your **password**. Be sure to follow the instructions on page 5.
- d. Once you are logged in, click on **Employee Self Service** on the left side of the screen. Then click on **Benefits**, and then **Benefits Home**. Click on **Benefits Enrollment** at the bottom of the home screen. **NOTE:** After 20 minutes of inactivity, you will be logged out of the system and will need to start the process over again.

- e. Click the **Select** button at the bottom right of your screen, and follow the instructions on each page.
- f. Click **Edit** on the benefits in which you are enrolling and **Continue** after each enrollment. If you want to cover eligible dependents, you first must register these dependents with ICI.
- g. After making your enrollment choices, be sure to click on the **Submit** button before you leave the site. This will save your benefits selections and submit them for processing.

#### 4 Review Your Confirmation

You will receive a Confirmation Statement in the mail at the end of the enrollment period. Statements will be mailed November 12, 2007. You also may review your benefits confirmation online by clicking on **View**. Please review your statement carefully. If you need to make any corrections, call the ICI Resource Center at 1-877-ICI-SERV (1-877-424-7378).

**NOTE:** Generally, new employees should receive Confirmation Statements in the mail within two weeks after their enrollment is processed.

## Important Password Information

**At 11:59 p.m. Eastern Time on October 26, all eBen and ePay passwords will be reset.** To access eBen or ePay before this time, see "Passwords are case-sensitive."

### Setting Your Password

The first time you log in to the system, your password will be the last four digits of your Social Security number, followed by the two-digit month in which you were born, followed by your two-digit day of birth (if you were born on February 1, you would enter 0201). Once you are logged on to the system, you must create a new password. Be sure to jot it down below, so you have a record for future use.

### Passwords are Case-Sensitive

Once you have set your password, whenever you need to log on to eBen or ePay, check the caps lock on your keyboard.

Passwords are case sensitive and will not be accepted if lowercase and uppercase letters are not used exactly as you first entered them. The third time your password is rejected, you will be locked out of the system. If this happens – or if you have forgotten your password – call the ICI Resource Center at 1-877-ICI-SERV (1-877-424-7378).

### Passwords Expire

Please note that passwords expire every 90 days. If your password expires, you must reset it to reenter the system. When you log in, you will be asked to enter your old password. The system will then prompt you to enter and confirm a new password.

### New Hires

Follow the instructions above for "Setting Your Password."

**My eBen/ePay Password:**

## How to Enroll (continued)



### Enrolling Without A Computer

#### 1 Complete Your Health Risk Assessment

If you do not have access to a computer or did not register your spouse or domestic partner's Social Security number with ICI by September 28, 2007, you may call 1-800-971-6832 to obtain a paper version of the Health Risk Assessment. For taking the time to complete this questionnaire and learn more about your health status, you and your spouse or domestic partner each will

receive a \$50 credit in your Personal Health Account. To receive the credit, you must enroll in a Definity Health/ UnitedHealthcare medical plan – Option A, B, C, D, or an applicable Out-of-Area Plan.

#### 2 Determine Which Plans are Best for You

If you need help determining which benefit levels are the best for you and your family and how much money to put into a Health Care Flexible Spending Account, call The

Ayco AnswerLine® at 1-888-715-1323, Monday to Friday, 9 a.m. to 8 p.m. Eastern Time.

#### 3 Enroll

Contact the ICI Resource Center and a representative will help you enroll over the telephone. Call 1-877-ICI-SERV (1-877-424-7378). During Connect 2008, the Resource Center will have extended hours: Monday to Friday, from 7 a.m. to 9 p.m. Eastern Time.

#### 4 Review Your Confirmation

You will receive a Confirmation Statement in the mail at the end of the enrollment period. Statements will be mailed November 12, 2007. Please review your statement carefully. If you need to make any corrections, call the ICI Resource Center at 1-877-ICI-SERV (1-877-424-7378).

**NOTE:** Generally new employees should receive Confirmation Statements in the mail within two weeks after their enrollment is processed.



## Family Status Changes

### Changing Your Elections During the Year

Federal regulations require your benefits elections to remain in effect for the plan year (January 1 through December 31, 2008). You cannot stop, start or change your medical, prescription, dental, vision, Optional Personal Accident Insurance or your Flexible Spending Accounts, unless you experience a family status change or move into or out of a medical plan coverage area.

You may not revoke or change an election during the plan year because your health care providers no longer participate in the networks.

Federal regulations also require any change in benefits to be consistent with your family status change. For a marriage, birth or adoption, you can submit a change online, through eBen, within 30 days of the change. Go to [www.myiciserv.com](http://www.myiciserv.com), click on **eBen** in the top right-hand corner of your screen, and choose **Family Status Change** from the drop-down menu.

For all other changes, you must submit a **Family Status Change Form**, available on [www.myiciserv.com](http://www.myiciserv.com), under the **Forms** link in the upper right-hand corner of your screen. Family Status Change Forms also are

available through the ICI Resource Center at 1-877-ICI-SERV (1-877-424-7378). You can submit these forms by mail or fax.

Group Universal Life Insurance and Lifestyle Benefits, such as Comprehensive Group Legal Services, only may be changed under the rules of those programs. For contact information, see the list on page 35.

**NOTE: Medical and dental coverage for domestic partners can be added only during the Connect 2008 open enrollment window or within 30 days of your date of hire.**

### Family Status Changes

Events that qualify as family status changes:

- Birth or adoption
- Change in marital status
- Death of employee, spouse, domestic partner or dependent
- Change in employment status of employee or spouse
- Dependents no longer meet eligibility requirements (A child 19 or older is not eligible for coverage, unless he or she is a full-time student. Full-time students can be covered up to age 25. At age 25, they no longer are eligible).



# HEALTH

## Who Pays for Coverage?

As an eligible employee, you and the company share the cost of medical, prescription drug and dental coverage. With the exception of Health Maintenance Organization (HMO) coverage – available at a limited number of ICI Paints locations – medical, prescription drug and dental benefits are self-insured.\* This means that ICI (and not an insurance company) pays the cost of care directly from its profits. That is where you come in. By being an educated health care consumer, you can help control ICI's costs.

Being an educated health care consumer also impacts your own financial picture. The healthier you and your loved ones keep yourselves, the less money you will need to spend on health care – now and in your retirement years.

In 2008, for the first time in a number of years, there are **no employee contribution increases** for self-insured medical and prescription coverage. By choosing more cost-effective coverage options, making savvy health care decisions and participating in company wellness initiatives, employees have had a direct impact on their own medical rates!

While nationally, health care costs continue to rise at eight to 10 percent a year, ICI's costs are anticipated to rise only seven percent for 2008.\*\* To recognize employees for a job well done, self-insured medical and prescription drug coverage rate increases for 2008 will be absorbed by the company. Your employee contribution for 2008 will stay the same as in 2007. There also will be **no rate increases for dental coverage**.

With this in mind, we hope you will continue to take advantage of the many incentives that ICI has built into its medical plan to encourage you to take good care of yourself:

### Preventive Health Care

When you enroll in an ICI medical plan, ICI pays 100 percent of the cost of preventive care, when you see an in-network physician. (See page 18 for details).

### No Office Visit Co-Payments

There are no office visit co-payments when you go to an in-network provider.

### Company-Paid Personal Health Account

When you enroll in an ICI medical plan, you receive a Personal Health Account to use for non-preventive and non-prescription health care expenses. (See page 10 for details).

### Health Risk Assessment

Take this questionnaire to learn your health status, then learn the steps you can take to improve your health risks. (See page 9 for details).

### Health Management Center

ICI offers many free programs that can help you manage chronic conditions including diabetes, asthma, low-back pain, coronary artery disease, heart failure, Chronic Obstructive Pulmonary Disease and cancer. Other programs can help you have a healthy pregnancy, breast-feed successfully, quit smoking, lose weight and start an exercise plan. (See pages 30-31 for details).

\* With ICI's self-insured coverages, the company covers about 80 percent of the cost and provides the coverage through third party claims administrators (Definity Health/UnitedHealthcare for medical; Caremark for prescriptions; and MetLife for dental). HMOs provide insured coverage. This means the HMO is responsible for paying care providers. For this reason, if you are eligible for and elect HMO coverage, you and the company both pay a share of any increase in the cost of providing that coverage.

\*\* 12th Annual National Business Group on Health/Watson Wyatt Survey Report, 2007



## Do You Know Your HQ?

### Take the Health Risk Assessment and Find Out!

Just as your IQ measures your intelligence, your HQ – or Health Quotient – measures your health status. ICI invites you and your spouse or domestic partner to each take a confidential Health Risk Assessment. Based on your responses to questions about your lifestyle and medical history, you each will receive a personalized report detailing how your lifestyle is affecting your health – including your potential risks for heart disease, cancer and other illnesses, as compared to the general population.

Knowing your HQ is the first step toward improving or maintaining your health. And if you and your spouse or domestic partner each complete this valuable questionnaire by November 30, you will **receive an additional \$50 each in your Personal Health Account** to use toward health care expenses.\*

To learn your HQ, follow these simple steps:

- 1 Go to [www.myciserv.com](http://www.myciserv.com) and click on the **Do You Know Your HQ?** box. Employees and spouses/domestic partners must click on separate links.
- 2 Log in, using the same ID and PIN that you use to access [www.401k.com](http://www.401k.com). If you are new to the site, click on **New User Registration**, and follow the instructions to create a login.
- 3 Click on the **Health Management Center** link.
- 4 When a new page appears, click on **Go to the Health Management Center** at the bottom of your screen.
- 5 When the Health Management Center home page appears, click on **Health Risk Assessment** in the menu on the left-hand side of your screen.

If you do not have Internet access, you can request a paper health risk assessment by calling 1-800-971-6832.

\* To receive the \$50 credit, you must enroll in a Definity Health/UnitedHealthcare Medical plan – Option A, B, C, D or an applicable Out-of-Area Plan. This reward is not applicable to residents of Hawaii.

## Condition Management Program

Based on your Health Risk Assessment, you may be invited to join ICI's free and confidential Condition Management Program, provided by Matria Healthcare. Partner with a care coordinator to improve your health status, if you struggle with the following chronic conditions:

- Asthma **NEW**
- Diabetes
- Heart Failure **NEW**
- Coronary Artery Disease
- Chronic Obstructive Pulmonary Disease **NEW**
- Low Back Pain
- Cancer

Prevent complications, costly surgeries and hospitalizations by learning to recognize and manage symptoms, identify and control triggers, manage prescription and over-the-counter medications and improve self-care and lifestyle.

The Condition Management Program can help you better understand your health condition and treatment options. You also will learn to navigate the health care system and benefits, community services and more, while receiving ongoing emotional support. For more information, call 1-888-863-2262 or log on to [www.matriacares.com/icitakecaretakecharge](http://www.matriacares.com/icitakecaretakecharge).

## HEALTH: 2008 Medical Plan – How the Plan Works

### Company-Paid Personal Health Account

When you enroll in a company medical plan, you receive a company-paid Personal Health Account.\* ICI credits an account that you manage yourself and use toward your deductible and coinsurance, for non-preventive and non-prescription health care expenses.

When non-preventive health care is needed, the first dollars you spend are the company dollars in your account. The amount in your Personal Health Account is determined by the number of family members you are covering.

There is one Personal Health Account for your entire family. It can be shared by different family members or used completely by one family member. Funds remaining at the end of the year will roll over into your account for 2009.

PERSONAL HEALTH ACCOUNT	
Employee	\$500
Employee + 1 family member	\$750
Employee + 2 or more family members	\$1,000

\* Your Personal Health Account will be referred to as a Health Reimbursement Account (HRA) on your Definity Health/UnitedHealthcare Health Statements, as well as your member Web site ([www.myuhc.com](http://www.myuhc.com)).

### Who Can Be Included in Your Coverage?

During Connect 2008, you can choose health care coverage for:

- Employee only
- Employee + spouse or domestic partner
- Employee + child(ren)
- Employee + family

### Member Responsibility

When your Personal Health Account is completely exhausted, the next health care dollars you spend come from your own pocket. This is called "Member Responsibility." Your Member Responsibility differs, depending on which medical plan you choose. If you opt for a Health Care Flexible Spending Account, funds are automatically deducted from your account to pay your Member Responsibility, until your account runs out. To turn off this automatic feature, see "Automatic Submission" on page 25.

MEMBER RESPONSIBILITY					
	Medical Option A	Medical Option B	Medical Option C	Medical Option D	Out-of-Area Plan
Employee	\$250	\$500	\$1,000	\$2,000	\$500
Employee + 1 family member	\$375	\$750	\$1,500	\$3,000	\$750
Employee + 2 or more family members	\$500	\$1,000	\$2,000	\$4,000	\$1,000

### Deductible

The combination of your Personal Health Account and your Member Responsibility is your annual deductible. There is one shared deductible for your entire family. Any one family member can satisfy the entire deductible.



## Coinsurance

Once you have met your deductible by exhausting your Personal Health Account and fulfilling your Member Responsibility, additional

eligible medical claims are paid according to plan coinsurance. The company pays a percentage of each eligible claim, and you pay the difference. If you opt for a Health Care Flexible Spending

Account, this difference will automatically be paid from this account, until your account runs out. To turn off this automatic feature, see "Automatic Submission" on page 25.

COINSURANCE									
	Medical Option A		Medical Option B		Medical Option C		Medical Option D		Out-of-Area Plan
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Company Pays	90%	70%*	80%	60%*	80%	60%*	70%	50%*	80%*
You Pay	10%	30%*	20%	40%*	20%	40%*	30%	50%*	20%*

\* All out-of-network services are subject to Reasonable and Customary (R&C) charge limits for out-of-network providers. Reasonable and Customary charges signify the "going rate" charged by a physician, hospital or other health care provider for a covered service or supply in your geographic area.

## Out-of-Pocket Maximum

To protect you in the event of catastrophic medical expenses, there is an annual out-of-pocket maximum built into every company medical plan. After

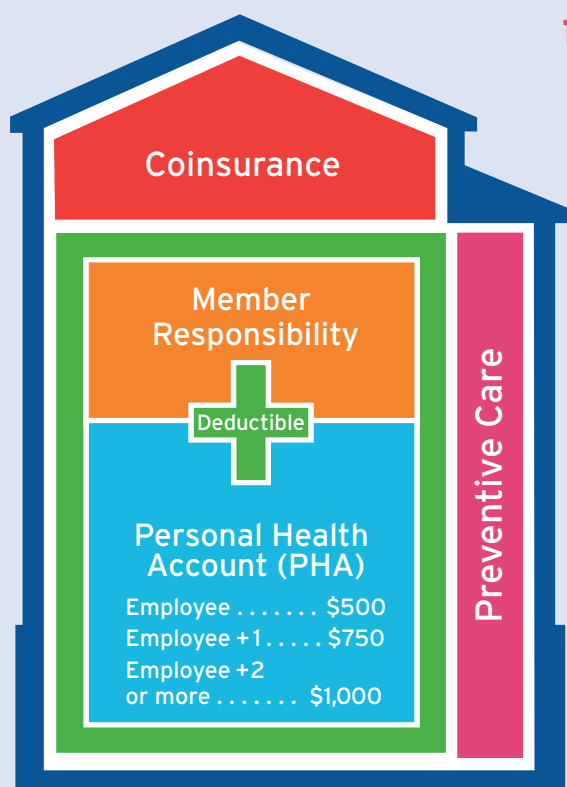
you have satisfied your deductible and reached your annual out-of-pocket maximum, ICI pays 100 percent of your remaining eligible health care expenses for the year. There is

one shared out-of-pocket maximum for your entire family. Any eligible family member can satisfy the entire maximum.

OUT-OF-POCKET MAXIMUM									
	Medical Option A		Medical Option B		Medical Option C		Medical Option D		Out-of-Area Plan
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Employee	\$1,000	\$2,000	\$1,500	\$3,000	\$3,000	\$6,000	\$3,000	\$6,000	\$1,500
Employee +1 Family Member	\$2,000	\$4,000	\$3,000	\$6,000	\$6,000	\$12,000	\$6,000	\$12,000	\$3,000
Employee + 2 or More Family Members	\$3,000	\$6,000	\$4,500	\$9,000	\$9,000	\$18,000	\$9,000	\$18,000	\$4,500

## HEALTH: Putting it All Together

One way to understand how your medical plan works is to think of it as a house.



- 1. Preventive care** is one of the walls that holds up your house. Your preventive care is covered 100 percent in-network.
- Now, let's build your house from the ground up. First, you have the foundation of your house. This is your **Personal Health Account**. ICI credits a health care account for you to use toward your deductible, for non-preventive and non-prescription health care expenses. Your Personal Health Account may not completely cover your deductible, but it will substantially reduce your deductible.\* **REMEMBER:** At the end of the year, unused money in your Personal Health Account gets added to your Personal Health Account for 2009.
- Once your Personal Health Account is used up, the next level of your house is your **Member Responsibility**. This is your out-of-pocket cost – what is left of your deductible. Look back at the Member Responsibility chart on page 10 to see how this amount differs from plan to plan. When your Member Responsibility is paid, your deductible has been met.
- Your **Deductible** is a combination of your **Personal Health Account**, plus your **Member Responsibility**.
- Once your deductible has been met, the next level of your house is the attic. This is where your **Coinsurance** kicks in. The company pays a share of each eligible medical claim, and you pay the difference. See page 11 for details on how Coinsurance differs from plan to plan.
- Finally, you have your roof. Just like a roof protects you from the elements, your health plan has a roof, to protect you from paying too much. There is an annual out-of-pocket maximum that you are required to pay in Coinsurance. When you hit that maximum, ICI pays 100 percent of any eligible medical claims for the rest of the plan year.
- Your **Prescription Plan** is like a detached garage. Prescriptions are handled separately and have a separate deductible from the medical plan. You cannot use your Personal Health Account to pay for prescription drugs. Also, prescription drug expenses do not count toward satisfying your medical plan Member Responsibility.

\* If you have money left in your Personal Health Account at the end of 2007, this money will be added to your 2008 account, so it is possible that your Personal Health Account could cover your deductible and even some of your coinsurance for 2008.

## HEALTH: How to File a Medical Claim

### In-Network

When you see an in-network provider, show your Definity Health/UnitedHealthcare® ID card. Your provider will verify your medical benefits and submit a claim on your behalf. Remember: There are no co-payments due at the time of service – even if you have used up your Personal Health Account. If you owe money for services, you will receive a bill from your provider.

### Automatic Flexible Spending Account Payments

If you have a Health Care Flexible Spending Account, your Member Responsibility and Coinsurance automatically will be taken from this account. If you do not have a Flexible Spending Account (or if your account has been exhausted), your health care provider will bill you for any additional amount owed.

### Out-of-Network

If you receive services from an out-of-network provider, they will collect payment at the time of service. The provider may submit the claim for you, or you can download a claim form by going to [www.myiciserv.com](http://www.myiciserv.com) and clicking on **Forms** in the upper right-hand corner of your screen. If you do not have Internet access, forms are available through Definity Health/UnitedHealthcare at 1-888-873-6791.

### How are Claims Processed?

Preventive care is covered 100 percent in-network, as long as your claim is coded properly (see page 18). All other claims are processed as follows:

#### 1 Personal Health Account

ICI credits your Personal Health Account for you to use toward your deductible. Non-preventive medical claims are paid from this account, until the account runs out.

#### 2 Member Responsibility

When your Personal Health Account is fully used, your next health care expenses are paid out of your own pocket. This is your Member Responsibility. When you have exhausted your Personal Health Account and paid your Member Responsibility, you have met your deductible.

#### 3 Coinsurance

Once your deductible is met, ICI will pay between 50 and 90 percent of each eligible claim thereafter, depending on which plan you choose and whether you go to an in-network or out-of-network provider. You are responsible for the difference, after the company pays its share.

#### 4 Out-of-Pocket Maximum

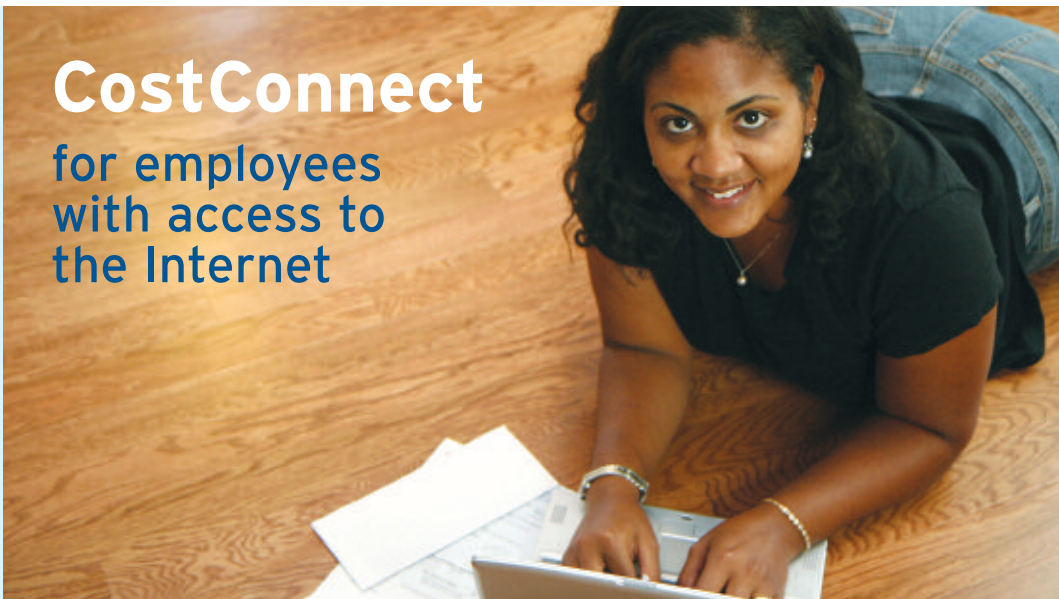
Your Coinsurance has an annual Out-of-Pocket Maximum. When you reach this amount, the company pays 100 percent of your remaining eligible medical expenses for the year.

## HEALTH: Choosing Your Medical Plan

For 2008, you have a choice of four medical plan coverage options. (For details, see the chart on pages 16-17). As you prepare to choose medical coverage, think about how much you typically use the health care system. You will maximize your health care dollars when you carefully assess how much care you need and choose a coverage option that fits those needs. Tools such as CostConnect and The Ayco AnswerLine® can help with this decision.

**REMEMBER:** The most expensive coverage is not necessarily the best choice for you and your family. Many employees find that they do not use enough medical services to get their value out of higher premiums. You may prefer to have lower premiums, but a higher deductible and out-of-pocket limit, so you only spend this money if you actually need medical services.

### CostConnect for employees with access to the Internet



CostConnect is a cutting-edge tool that can help you estimate your medical expenses for the coming year and choose a coverage option that best meets your needs. When you click on CostConnect, you are asked a series of questions such as your age and gender, as well as the age and gender of each family member you are covering. You also will be asked to indicate whether you and each member of your family are low, average or high users of medical services.

The system then asks you to choose the coverage option you would like to compare and generates an estimate of your medical expenses for the year on each, based on your typical health care use. This allows you to see how your out-of-pocket expenses will differ from option-to-option. CostConnect also can help you better estimate the total dollars you want to put into your Health Care Flexible Spending Account, should you elect to participate. For more information on Flexible Spending Accounts, see page 23.

### The Ayco AnswerLine®

If you are unable to access CostConnect, or if you have questions that CostConnect cannot answer, The Ayco AnswerLine can help. Call 1-888-715-1323 any work day between 9 a.m. and 8 p.m. Eastern Time. The Ayco Company, L.P., a Goldman Sachs company, is an organization with more than 30 years of experience in the field of financial counseling and education. When you call, you will be connected to a licensed professional who has been specially trained to assist you and has access to all of the company benefits tools. Ayco is not an agent of the company. The company is not responsible or liable for any advice given to you by Ayco.



## Out-of-Area Plan

This plan is designed for employees who, because of their geographic locations, do not have access to appropriate Definity Health/UnitedHealthcare networks. Eligibility will be determined by zip code and indicated on your Personalized Benefit Enrollment Form. The Out-of-Area Plan is designed as a Personal Health Account plan that mirrors the in-network structure of Medical Option B, but Reasonable and Customary limits apply. This means that ICI will pay a percentage of your medical costs, based on the “going rate” charged by physicians, hospitals and other health care providers for services and supplies in your geographic area. Out-of-Area Plan claims will be processed by Definity Health/UnitedHealthcare.

## Employee Contributions

The chart below details the employee contributions for the Definity Health/UnitedHealthcare medical options. These contributions are deducted from your paycheck before taxes. If an HMO is available at your location, you will be provided rate information when you enroll.

2008 MEDICAL PLAN EMPLOYEE CONTRIBUTIONS								
	Employee		Employee + Spouse or Domestic Partner*		Employee + Child(ren)		Employee + Family	
	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
Option A - Rx Basic	\$110.52	\$1,326.24	\$243.14	\$2,917.68	\$209.99	\$2,519.88	\$353.67	\$4,244.04
Option A - Rx Buy-Up	\$117.04	\$1,404.48	\$257.46	\$3,089.52	\$222.37	\$2,668.44	\$374.51	\$4,494.12
Option B - Rx Basic	\$40.36	\$484.32	\$88.79	\$1,065.48	\$76.69	\$920.28	\$129.15	\$1,549.80
Option B - Rx Buy-Up	\$46.88	\$562.56	\$103.12	\$1,237.44	\$89.07	\$1,068.84	\$149.99	\$1,799.88
Option C - Rx Basic	\$16.18	\$194.16	\$35.60	\$427.20	\$30.74	\$368.88	\$51.79	\$621.48
Option C - Rx Buy-Up	\$22.69	\$272.28	\$49.93	\$599.16	\$43.12	\$517.44	\$72.63	\$871.56
Option D - Rx Basic	\$5.82	\$69.84	\$12.81	\$153.72	\$11.06	\$132.72	\$18.64	\$223.68
Option D - Rx Buy-Up	\$12.34	\$148.08	\$27.14	\$325.68	\$23.44	\$281.28	\$39.48	\$473.76

\* Contributions taken on an after-tax basis.

Note: The rates you see on this chart may not match the rates you see on your Personal Benefits Enrollment Form. For your convenience, the rates on your enrollment form have been calculated per your weekly, biweekly, monthly or semi-monthly pay period. The rates above do not apply to ICI Paints part-time employees. These employees have access to group rates, but ICI does not pay any portion of the premiums. To see the cost of coverage for ICI Paints part-time employees, refer to your Personal Benefit Enrollment Form.

## HEALTH: 2008 Medical Plan

	MEDICAL OPTION A		MEDICAL OPTION B		
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Deductible*	Company-Paid Personal Health Account*				
	Employee Only		\$500		
	Employee + 1 family member		\$750		
	Employee + 2 or more family members		\$1,000		
	Member Responsibility*				
	Employee Only		\$500		
	Employee + 1 family member		\$750		
	Employee + 2 or more family members		\$1,000		
	Coinsurance (Plan pays)		80%		
	Coinsurance (You pay)		20%		
Annual Out-of-Pocket Maximum* (Excludes deductibles)					
Employee Only		\$1,000	\$2,000	\$1,500	\$3,000
Employee + 1 family member		\$2,000	\$4,000	\$3,000	\$6,000
Employee + 2 or more family members		\$3,000	\$6,000	\$4,500	\$9,000
		Lifetime Maximum: \$2,000,000 for all company medical plans combined			
Preventive Care					
Routine Physicals & Screening Tests (see page 18)		In-network covered 100%			
Routine OB/GYN		Out-of-network covered 100% R&C**			
Well-Child Care & Immunizations		Not subject to PHA or Member Responsibility			
Vision & Hearing Exams					
After the deductible is satisfied, the coinsurances below apply.					
Hearing Aids*** (no in-network providers)		90%		80%	
Office Visit (physician or specialist)		90%	70% R&C**	80%	60% R&C**
Chiropractic Care (maintenance care is not covered)		90%	70% R&C**	80%	60% R&C**
		Lifetime Maximum: \$10,000 for all company medical plans combined			
Physical Therapy (care reviewed after 30 visits)		90%	70% R&C**	80%	60% R&C**
Diagnostic X-Ray & Lab		90%	70% R&C**	80%	60% R&C**
Maternity		90%	70% R&C**	80%	60% R&C**
Fertility		90%	70% R&C**	80%	60% R&C**
		\$25,000 lifetime maximum; additional \$25,000 lifetime Rx maximum; applies to all company medical plans combined			
Hospital (In-Patient & Out-Patient)		90%	70% R&C**	80%	60% R&C**
Physician In-Hospital		90%	70% R&C**	80%	60% R&C**
Surgery		90%	70% R&C**	80%	60% R&C**
Hospital Emergency Room****		90%	70% R&C**	80%	60% R&C**
Mental Health/Substance Abuse					
In-Patient		90%; up to 60 days per calendar year	50%**; up to 10 days per calendar year	80%; up to 60 days per calendar year	50%**; up to 10 days per calendar year
Out-Patient		90%; up to 50 visits per calendar year	50%**; up to 20 visits per calendar year	80%; up to 50 visits per calendar year	50%**; up to 20 visits per calendar year
Prescription Drugs (In-Patient)		90%	70% R&C**	80%	60% R&C**
Prescription Drugs: For Retail and Mail Order, see Prescription Plan comparison chart on page 19. Not subject to PHA or Member Responsibility.					

\* Regardless of what medical option you choose, your Personal Health Account, deductible and out-of-pocket maximum can be met by one family member or multiple family members.

\*\* Services subject to Reasonable and Customary (R&C) charge limits for out-of-network providers. Reasonable and Customary charges signify the "going rate" charged by a physician, hospital or other health care provider for a covered service or supply in your geographic area.

MEDICAL OPTION C		MEDICAL OPTION D		OUT-OF-AREA
In-Network	Out-of-Network	In-Network	Out-of-Network	Out-Of-Area Plan
\$500 \$750 \$1,000		\$500 \$750 \$1,000		\$500 \$750 \$1,000
\$1,000 \$1,500 \$2,000		\$2,000 \$3,000 \$4,000		\$500 \$750 \$1,000
80%	60% R&C**	70%	50% R&C**	80% R&C**
20%	40% R&C**	30%	50% R&C**	20% R&C**
\$3,000 \$6,000 \$9,000	\$6,000 \$12,000 \$18,000	\$3,000 \$6,000 \$9,000	\$6,000 \$12,000 \$18,000	\$1,500 \$3,000 \$4,500
Lifetime Maximum: \$2,000,000 for all company medical plans combined				
In-network covered 100% Out-of-network covered 100% R&C** Not subject to PHA or Member Responsibility				
After the deductible is satisfied, the coinsurances below apply.				
80%		70%		80% R&C**
80%	60% R&C**	70%	50% R&C**	80% R&C**
80%	60% R&C**	70%	50% R&C**	80% R&C**
Lifetime Maximum: \$10,000 for all company medical plans combined				
80%	60% R&C**	70%	50% R&C**	80% R&C**
80%	60% R&C**	70%	50% R&C**	80% R&C**
80%	60% R&C**	70%	50% R&C**	80% R&C**
80%	60% R&C**	70%	50% R&C**	80% R&C**
\$25,000 lifetime maximum; additional \$25,000 lifetime Rx maximum; applies to all company medical plans combined				
80%	60% R&C**	70%	50% R&C**	80% R&C**
80%	60% R&C**	70%	50% R&C**	80% R&C**
80%	60% R&C**	70%	50% R&C**	80% R&C**
80%	60% R&C**	70%	50% R&C**	80% R&C**
80%; up to 60 days per calendar year	50%**, up to 10 days per calendar year	70%; up to 60 days per calendar year	50%**, up to 10 days per calendar year	80%**, up to 60 days per calendar year
80%; up to 50 visits per calendar year	50%**, up to 20 visits per calendar year	70%; up to 50 visits per calendar year	50%**, up to 20 visits per calendar year	80%**, up to 50 visits per calendar year
80%	60% R&C**	70%	50% R&C**	80% R&C**
Prescription Drugs: For Retail and Mail Order, see Prescription Plan comparison chart on page 19. Not subject to PHA or Member Responsibility.				

\*\*\* Two hearing aids are available every five years; more frequently if medically necessary because of physical change.

\*\*\*\* In case of life-threatening emergency, claim will be processed at in-network level.

## HEALTH: Preventive Care

Your ICI medical plan covers 100 percent of your routine preventive care, when provided through in-network physicians. Routine preventive care expenses do not offset your Personal Health Account or count toward satisfying your Member Responsibility. Out-of-network preventive care is subject to Reasonable and Customary charge limits.

### What is Covered?

#### One per calendar year:

- Physician examination
- Gynecological examination
- Blood tests (CBC, lipoprotein, HDL/LDL cholesterol levels, SMAC blood chemistries)
- Urinalysis (chemical and microscopic)

- Bone density tests (post-menopausal women or pre-menopausal women at risk)
- Hearing examination
- Vision examination
- Chest x-ray
- Electrocardiogram
- Tuberculosis skin test
- Colonoscopy
- Sigmoidoscopy
- Mammography (no age limits)
- Prostate specific antigen (PSA) blood test for testicular cancer

#### Two per calendar year:

- Pap tests

#### No Limits:

- Well-child exams (up to age six) and immunizations

### Make Sure Preventive Care is Billed Correctly

When you schedule a preventive visit with your doctor, be sure to specify that the appointment is for routine preventive care. While at the doctor's office, remind your doctor or nurse to please code any services received as preventive care, unless the care is to determine a diagnosis. For example: V70.0 is the code for an adult physical and V20.2 is the code for a well-child exam.

### Take Care • Take Charge Health Line

ICI employees in a company medical plan can call this hotline to speak with a Definity Health/UnitedHealthcare claims specialist or a registered nurse 24 hours a day, seven days a week. A claims specialist can walk you through the claims process from beginning to end. Registered nurses are available to listen to your health concerns and offer information to help you choose the right care for your particular situation, even in an emergency. They can discuss treatment options and medications, offer referrals to condition and lifestyle management programs, help you prepare for a doctor visit and more. Call 1-888-873-6791.





## HEALTH: Prescription Plan

Whichever medical plan you choose, you must choose one of two levels of prescription coverage available through ICI's pharmacy benefits manager, Caremark. The prescription plan you choose is factored into the cost of your medical coverage.

### Retail vs. Mail Order

Purchasing prescriptions at a retail pharmacy is best for short-term (maximum 30 day) medications – a two-week antibiotic prescription for strep throat, for example. But for long-term (maintenance) medications, mail order is usually the most

cost-effective option. Maintenance medications are typically used to treat chronic conditions, such as high blood pressure, high cholesterol, allergies, asthma, diabetes, depression and arthritis. Refer to [www.caremark.com](http://www.caremark.com) for the brand formulary drug list (also known as the preferred drug list).

### BASIC OPTION

	RETAIL				MAIL ORDER (allow 2-3 weeks)			
	Co-Pays	Coinsurance	Minimum	Maximum*	Co-Pays	Coinsurance	Minimum	Maximum
Deductible	\$100 family deductible, combined retail and mail order							
Generic	none	You pay 10%	\$5	\$25	none	You pay 10%	\$10	\$50
Brand Formulary	none	You pay 25%	\$25	\$60	none	You pay 25%	\$65	\$150
Brand Non-Formulary	none	You pay 35%	\$50	\$125	none	You pay 35%	\$125	\$300
Specialty	none	You pay 25%	none	\$100	none	You pay 25%	none	\$100

### BUY-UP OPTION

	RETAIL				MAIL ORDER (allow 2-3 weeks)			
	Co-Pays	Coinsurance	Minimum	Maximum*	Co-Pays	Coinsurance	Minimum	Maximum
Deductible	None							
Generic	none	You pay 10%	\$5	\$25	\$10	none	none	none
Brand Formulary	none	You pay 20%	\$20	\$50	\$40	none	none	none
Brand Non-Formulary	none	You pay 30%	\$35	\$100	\$70	none	none	none
Specialty	none	You pay 20%	none	\$75	\$40	none	none	none

\* Because mail order is more cost effective than retail, if you fill the same prescription at a retail pharmacy three times, the fourth time you purchase that same prescription, your coinsurance will be 50 percent, regardless of the maximums on these charts.

For definitions of Generic, Brand Formulary, Brand Non-Formulary and Specialty, refer to the glossary on page 34.

## HEALTH: Dental Plan

There are two dental plans to choose from, depending on your coverage needs. Both plans are offered through MetLife®. Regardless of which plan you choose, you will not receive a dental ID card. Your Social Security number is your ID number. For dental claim forms, go to [www.myiciserv.com](http://www.myiciserv.com) and click on **Forms** in the upper right-hand corner of your screen.

	METLIFE 25*	METLIFE 50*
<b>Annual Deductible</b> Individual Family	\$25 \$50	\$50 \$100
<b>Preventive and Diagnostic Care</b> (examples: exams, routine care, cleanings and x-rays twice in a calendar year)	100%, no deductible	100%, no deductible
<b>Basic Care</b> (examples: fillings, extractions, treatment of periodontal disease, individual crowns, root canals, repairs to bridges and dentures and space maintainers)	80%, after deductible	80%, after deductible
<b>Major Care</b> (examples: bridge crowns, bridges, implants and dentures)	50%, after deductible	Not covered
<b>Annual Maximum</b> (does not include orthodontia)	\$2,000 per person	\$750 per person
<b>Orthodontia</b>	50%, after separate \$50 orthodontia deductible for adults and children	Not covered
<b>Lifetime Orthodontia Maximum</b>	\$2,000	Not applicable

\* Services subject to Reasonable and Customary (R&C) charge limits for out-of-network providers. Reasonable and Customary charges signify the "going rate" charged by a dentist for a covered service or supply in your geographic area.

2008 DENTAL PLAN EMPLOYEE CONTRIBUTIONS				
	METLIFE 25		METLIFE 50	
	Monthly	Annual	Monthly	Annual
Employee only	\$6.67	\$80.04	\$3.73	\$44.76
Employee + Spouse or Domestic Partner*	\$14.67	\$176.04	\$8.20	\$98.40
Employee + Child(ren)	\$12.67	\$152.04	\$7.08	\$84.96
Employee + Family	\$21.34	\$256.08	\$11.92	\$143.04

\* Contributions deducted from your paycheck after taxes.

Note: The rates you see on this chart may not match the rates you see on your Personal Benefits Enrollment Form. For your convenience, the rates on your Enrollment Form have been calculated per your weekly, biweekly, monthly or semi-monthly pay period.

## HEALTH: Vision Care Program

ICI offers an optional insured Vision Care Program through Spectera, part of UnitedHealth Group. Through Spectera's provider network, you will receive savings on eye care and eye wear, including laser eye surgery, prescription glasses and contact lenses. You will receive most services at no additional cost, above any applicable co-pays.

If you opt to enroll in the Vision Care Program, **you pay the full premium** for this coverage. There is no ID card for the Spectera Vision Care Program. Your provider will be able to confirm that you are enrolled in the plan by entering your Social Security number into his or her computer system.

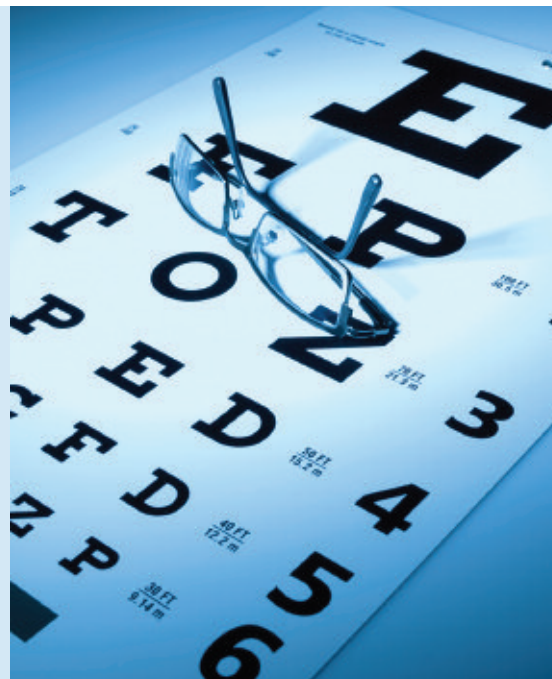
### Finding Spectera Providers

Spectera participants easily can locate vision care providers 24 hours a day, seven days a week at [www.spectera.com](http://www.spectera.com). The Web site also allows participants to track claims and orders. If you do not have Internet access, call Spectera Customer Service at 1-800-524-2988. You will be asked for your "unique identification number." This is your Social Security number.

### Reimbursement for Routine Vision Exams

Regardless of whether or not you enroll in the Spectera Vision Care Program, ICI covers routine vision exams at 100 percent, under all of its medical plans, when you go to a Definity Health/UnitedHealthcare in-network provider. Just show the provider your Definity Health/UnitedHealthcare ID card and have them submit this portion of your claim to Definity Health/UnitedHealthcare for processing. To find a Definity Health/UnitedHealthcare provider in your area, go to [www.myuhc.com](http://www.myuhc.com) and click on **Physicians and Facilities** or call 1-888-873-6791.

If you receive a routine vision exam from an out-of-network provider, you will be reimbursed 100 percent of all "Reasonable and Customary" charges (100 percent of the "going rate" charged by an optometrist or ophthalmologist in your geographic area). You may have to pay for the exam and request reimbursement via a claim form. Go to [www.myiciserv.com](http://www.myiciserv.com) and click on **Forms** in the upper right-hand corner of your screen. If you do not have Internet access, claim forms are available through the ICI Resource Center at 1-877-ICI-SERV (1-877-424-7378) or Definity Health/UnitedHealthcare at 1-888-873-6791.



### 2008 VISION CARE PROGRAM EMPLOYEE CONTRIBUTIONS\*

	Monthly	Annual
Employee only	\$6.18	\$74.16
Employee + Spouse or Domestic Partner	\$11.63	\$139.56
Employee + Child(ren)	\$12.19	\$146.28
Employee + Family	\$18.30	\$219.60

\* This benefit is 100 percent employee-paid. Premiums are deducted from your paycheck before taxes. Domestic partner premiums are deducted after taxes.

Note: The rates you see on this chart may not match the rates you see on your Personal Benefits Enrollment Form. For your convenience, the rates on your Enrollment Form have been calculated per your weekly, biweekly, monthly or semi-monthly pay period.

## HEALTH: Vision Care Program (continued)

### Spectera Vision Care Program

SERVICE	COST IN-NETWORK	COST OUT-OF-NETWORK*	FREQUENCY
Comprehensive Vision Exam	\$10 co-pay (No co-pay if you are in a company medical plan and go to an in-network Definity Health/UnitedHealthcare provider)	Up to \$45 (If you are in a company medical plan, you will be reimbursed 100% R&C**).	Once every 12 months
Eyeglass Lenses	\$10 co-pay (Standard scratch-resistant coating and basic polycarbonate lenses are covered in full. Progressive lenses, tints, UV- and anti-reflective coating may be available at a discount).	Single vision: Up to \$65 Bifocal: Up to \$85 Trifocal: Up to \$85 Lenticular: Up to \$85	Once every 12 months
Eyeglass Frames	Receive a \$50 wholesale frame allowance (approximate retail value of \$120 to \$150) at private practice providers, or a maximum of \$130 at retail chain providers. You may choose frames above the allowance cost and pay the difference.	Up to \$50	Once every 24 months
Necessary Contact Lenses  (You cannot wear glasses, due to post cataract surgery without intraocular lens implant; extreme vision problems that cannot be corrected with spectacle lenses or certain conditions of anisometropia and keratoconus)	Covered in full after applicable co-pay.	Up to \$210  If your provider considers your contacts necessary, ask him or her to contact Spectera concerning reimbursement, before you make your purchase.	Once every 12 months
Elective Contact Lenses	If you choose one of Spectera's covered-in-full brands of contact lenses, the fitting/evaluation fees, contacts and up to two follow-up visits are paid in full (after applicable co-pay). This includes up to four boxes (depending on your prescription) of disposable lenses. Covered-in-full contact lenses may vary by provider.	Up to \$125  For contact lenses outside of Spectera's covered-in-full brands, a \$125 allowance is applied toward the fitting/evaluation and purchase of your lenses. There is not a materials co-pay. Toric, gas permeable and bifocal contacts are all examples of contacts that are not covered in full.	Once every 12 months
Refractive Eye Surgery	Spectera provides access to discounted laser eye procedures nationwide. To find a participating laser eye surgeon in your area, go to <a href="http://www.spectera.com">www.spectera.com</a> or call 1-877-28-SIGHT.		

\* If you use an out-of-network provider, you must pay in full at the time services are rendered. You then will need to send your itemized receipts (along with your identification number, the patient's name and date of birth) to: Spectera Claims Department, P.O. Box 26618, Baltimore, MD 21207-6618.

\*\* R&C stands for "Reasonable and Customary" charges. This is the "going rate" charged by a vision care provider for a covered service or supply in your geographic area.



## WEALTH: Health Care Flexible Spending Account

You can defer between \$120 and \$5,000 of your annual pre-tax earnings into a Health Care Flexible Spending Account to pay for many health care expenses that are not covered or paid in full by your health care plans. Your contributions are deducted from your paycheck before federal income and Social Security taxes are withheld, so you pay less in taxes, and your tax savings reduce the net cost of these expenses to you.

With a Health Care Flexible Spending Account, you can be reimbursed up to the full amount for which you have signed up, even if that amount has not yet been deducted from your paycheck. You do not have to be in the company medical plan to enroll in a Health Care Flexible Spending Account.

**NOTE: Expenses paid by your Personal Health Account or medical plan cannot be submitted to your Health Care Flexible Spending Account for reimbursement.** Your Member Responsibility and Coinsurance payments can be submitted to your Flexible Spending Account for reimbursement, after your Personal Health Account has been exhausted.

### Eligible Expenses

Generally, you can be reimbursed for health care expenses that are considered tax deductible by the Internal Revenue Service (IRS). Remember: you cannot receive a tax deduction for expenses that are reimbursed through a Health Care Flexible Spending Account. Eligible expenses include (but are not limited to):

- Deductibles and coinsurance for medical and dental plans;
- Prescription drugs that treat a medical condition;
- Over-the-counter medicines and drugs that treat a medical condition (such as cold and allergy medicines, aspirin, pain relievers and antacids);
- Physicians' fees;
- Routine and preventive physicals;
- Obstetrical expenses;
- Hospital services;
- Nursing services for care of a specific medical ailment;
- Surgical and diagnostic services;
- Cosmetic surgery or procedures that treat a deformity caused by an accident or trauma, disease or an abnormality at birth;
- Optometrist and ophthalmologist fees;
- Eyeglasses, prescription sunglasses, contact lenses and cleaning solutions;
- Corrective eye surgery;
- Dental care, dentures, braces and orthodontic services;
- Vaccinations;
- Physical therapy (if part of medical treatment);
- Speech and occupational therapy;
- Infertility treatment;
- Services of chiropractors and osteopaths;
- Wheelchair or autoeette (cost of operating and maintaining);
- Crutches (purchased or rented);
- Oxygen equipment and oxygen used to relieve breathing problems that result from a medical condition;
- Artificial limbs;
- Wigs (when necessary for mental health of individual who loses hair because of disease);
- Excess cost of orthopedic shoes over the cost of ordinary shoes;
- Services of psychotherapists, psychiatrists and psychologists;
- Hearing aids (including batteries and repairs); and
- Transportation expenses, primarily for and essential to medical care.

## WEALTH: Health Care Flexible Spending Account (continued)

### Ineligible Expenses

Ineligible expenses include (but are not limited to):

- Premiums for insurance coverage;
- Expenses paid by any health care plan;
- Toiletries and cosmetics;
- Prescription drugs for cosmetic purposes or weight loss;
- Dietary supplements, such as vitamins;
- Lens replacement insurance, warranties and protection plans;
- Teeth bleaching;
- Tooth bonding that is not medically necessary;
- Massage
- Cosmetic surgery or procedures that improve appearance but do not meaningfully promote the proper function of the body or prevent or treat an illness or a disease;
- Payments to domestic help, companions, babysitters, chauffeurs and others who primarily render services of a non-medical nature;

- Nurses who care for healthy infants;
- Exercise, athletic or health club memberships;
- Vacuum cleaners purchased by individuals with dust allergies;
- Marriage counseling.

For a more comprehensive list of eligible and ineligible expenses, see IRS Publication 502. This is posted on [www.myiciserv.com](http://www.myiciserv.com). Just click on **Medical** in the **Health** column of benefits. When a drop-down menu appears, click on **Health Care Flexible Spending Account**. IRS Publication 502 also is available free of charge by calling 1-800-829-3676. You also can call The Ayco AnswerLine at 1-888-715-1323.



### How Much Should You Put in Your Health Care Flexible Spending Account?

Since unused money cannot be returned to you, you must carefully consider how much to put into your Health Care Flexible Spending Account. CostConnect can help you estimate your medical costs for 2008.

Go to [www.myiciserv.com](http://www.myiciserv.com) and click on the CostConnect bar at the bottom of your screen. If you do not have access to the Internet, The Ayco AnswerLine can help you determine how much to put into a Flexible Spending Account. Call 1-888-715-1323, Monday to Friday, 9 a.m. to 8 p.m. Eastern Time.

## The UnitedHealthcare MasterCard

When you enroll in a Health Care Flexible Spending Account for the first time, you automatically receive a UnitedHealthcare MasterCard in the mail. This serves as a debit card that is linked to your Health Care Flexible Spending Account. You can use the card to pay most health care providers directly at the time of service. To receive additional cards for your spouse and eligible dependents over age 18, you must enter their Social Security numbers during the enrollment process.\*

**If you already have a UnitedHealthcare MasterCard for a 2007 Health Care Flexible Spending Account, do not throw it away. This same card can be used for 2008.**

You do not have to be in a company medical plan to have a Health Care Flexible Spending Account. Please note, however, that anyone not covered by a company medical plan cannot pay for services with a UnitedHealthcare MasterCard. You must file a paper claim (see instructions to the right). Your UnitedHealthcare MasterCard can, however, be used for over-the-counter medical expenses at Walgreens and drugstore.com.

\* Since a Flexible Spending Account is a pre-tax benefit, domestic partners are not eligible.

## Automatic Submission

If you opt for a Health Care Flexible Spending Account, your Member Responsibility and Coinsurance automatically will be paid from your account, until it is depleted. If you do not want this automatic feature, log on to [www.myuhc.com](http://www.myuhc.com) and click on **Manage My Account** and then on **Manage Flexible Spending Account**. Click on **Update FSA Auto Rollover**, and then click on **Discontinue Rollover**. If you do not have Internet access, call Definity Health/UnitedHealthcare at 1-877-311-7849.

## Using Your UnitedHealthcare MasterCard at a Pharmacy

You can use your UnitedHealthcare MasterCard to pay for prescriptions at any pharmacy. To purchase over-the-counter items (such as Tylenol), Walgreens and drugstore.com are the only places that will accept the card. There cannot be non-health care items on the receipt. If you purchase over-the-counter items elsewhere, you will need to file a paper claim.

## Filing a Paper Claim When Your MasterCard is Not Accepted

If your health care provider does not accept credit or bank debit cards, you must pay for goods or services, then submit a Flexible Spending Account Reimbursement Form, along with your receipts. Go to [www.myiciserv.com](http://www.myiciserv.com) and click on **Forms** in the upper right-hand

corner of the home page, or call the ICI Resource Center at 1-877-ICI-SERV (1-877-424-7378).

## Deadline for Reimbursement: May 31, 2009

You have until May 31, 2009 to request reimbursement for expenses incurred between January 1, 2008 and March 15, 2009.

## IRS Guidelines

Federal regulations concerning Health Care Flexible Spending Accounts are strict. According to Internal Revenue Service (IRS) regulations, any money not used for expenses incurred between January 1, 2008 and March 15, 2009 will be forfeited. You cannot carry over money to the next plan year.

## WEALTH: Dependent Care Flexible Spending Account

You can defer between \$120 and \$5,000 of your annual pre-tax earnings into a Dependent Care Flexible Spending Account, to pay for child and/or adult day care (\$2,500 if you are married and file separate tax returns).

Expenses must be incurred so that you can go to work. If you are married, your spouse must be working, a full-time student or disabled. The IRS requires you to forfeit any money not used for expenses incurred between January 1, 2008 and March 15, 2009. **If your spouse has a dependent care account through his or her place of employment, you only can put a combined \$5,000 into these accounts.**

### Eligible Expenses

- Care provided (in or outside your home) for:
  - children under age 13
  - disabled children over age 13
  - dependent adults of any age
- Before-school or after-school care for children under age 13
- Nursery school
- Summer day camp (overnight camp is not eligible)

### Ineligible Expenses

- Care provided while you are absent from work due to sickness
- Household services – such as a gardener or chauffeur – not

related to the care of your dependent

- Care during non-working hours
- Transportation expenses
- Convalescent nursing home expenses for a parent or disabled spouse
- Overnight summer camp
- Care that allows you or your spouse to do volunteer work
- Education expenses for a child in the first grade or above

For a more complete list of eligible and ineligible expenses, see IRS Publication 503. Go to [www.myiciserv.com](http://www.myiciserv.com) and click on **Medical** in the **Health** Column of benefits. When a drop-down menu appears, click on **Dependent Care Flexible Spending Account**. If you do not have Internet access, call The Ayco AnswerLine at 1-888-715-1323.

### Getting Reimbursed

To be reimbursed for dependent care expenses, you must submit your care provider's Employer Tax ID number or Social Security number on your claim form. Claims only can be paid up to the amount that has accumulated in your account via payroll deductions. If you request reimbursement beyond what has accrued in your account, you will receive reimbursement checks as more money accumulates.

### Deadline for Reimbursement: May 31, 2009

You have until May 31, 2009 to request reimbursement for expenses incurred between January 1, 2008 and March 15, 2009.





## WEALTH: Disability Coverage

You have access to company-paid and optional benefits that work together to protect your financial security. You do not need to enroll in the following plans. The company automatically pays the full cost of your coverage (please note exceptions).

### Short Term Disability Program

If you are unable to perform your job due to illness or injury, the company will continue a percentage of your basic earnings based on your years of continuous service. Short Term Disability (STD) benefits are payable for up to 26 weeks.\* This benefit is not available to ICI employees who work 20 hours or less per week or ICI Paints part-time employees.

If you miss five days of work (or expect to), you must call Nationwide Better Health at 1-877-ICI-TOPS (1-877-424-8677), or visit their Web site at [www.topsabsence.com/ici](http://www.topsabsence.com/ici), to initiate the Managed Disability Process. A trained professional will take your information and help manage your absence. If you do not contact Nationwide, you may have a gap in pay between your last paycheck and the start of your Short Term Disability benefit. Be sure to also contact your manager or supervisor regarding your absence.

Years of Continuous Service	Number of Weeks of Basic Monthly Earnings Continued at 100%	Number of Weeks of Basic Monthly Earnings Continued at 66 2/3%
Less than 1	2	24
1	3	23
2	7	19
3	13	13
4 or more	26	0

\* 52 weeks for National Starch and Chemical employees hired before January 1, 2001.

### Long Term Disability Insurance

If you are suffering from a total disability and qualify for benefits, the Long Term Disability (LTD) Plan continues up to 60 percent of your basic monthly earnings – up to a maximum monthly benefit of \$15,000. Benefits begin after 180 continuous days of disability.\*\* (This benefit is not available to employees working less than 30 hours per week). All Long Term Disability claims must be approved – and continuously reviewed – by the insurance company, before benefits are paid. Your company-provided Long Term Disability benefit will be offset dollar-for-dollar by any payments you receive from Social Security Disability, Workers Compensation, a pension plan or any other income benefits. The minimum monthly benefit you can receive is \$100.

The company pays the full premium for your Long Term Disability Insurance. The value of the premium is added to your wages and is subject to income and employment taxes. As a result, if you become eligible for Long Term Disability benefits, no income tax will be deducted from your monthly benefit.

\*\* For National Starch and Chemical employees hired before January 1, 2001, benefits begin after 365 continuous days of disability.

## WEALTH: Life and Accident Insurance

### Basic Life Insurance

If you are an eligible employee, you automatically are covered by Basic Life Insurance equal to one and one-half times your basic annual earnings, rounded up to the next highest \$1,000 – up to a maximum benefit of \$750,000. The company pays the full premium, and the plan pays the benefit to your beneficiary if you die.

### Group Universal Life Insurance

You can purchase additional life insurance for yourself (Group Universal Life Insurance) in an amount up to eight times your basic annual earnings (rounded up to the next highest \$10,000) – up to \$2.5 million. You pay the total premium for this coverage. Premiums are deducted from your paycheck after taxes. Eligible employees must work at least

20 hours per week and be U.S. citizens or U.S. permanent residents. If you choose an amount more than two times your basic annual earnings, you must show “evidence of insurability” (evidence of good health).

You also can purchase up to \$250,000 in Group Universal Life coverage for your spouse or domestic partner (subject to evidence of their good health), even if you don’t purchase coverage for yourself. Term insurance coverage is available for dependent children up to age 19, when you purchase coverage for yourself or your spouse.

Because you purchase Group Universal Life Insurance coverage through a group plan, your cost is generally much lower than coverage you could buy on your own. Your Group Universal Life

### GROUP UNIVERSAL LIFE INSURANCE EMPLOYEE CONTRIBUTIONS

#### Employees and Spouses/Domestic Partners

Monthly cost of insurance per \$10,000 coverage unit

Age*	Non-Smoker Rate	Smoker Rate
Under 30	\$0.58	\$0.61
30-34	\$0.77	\$0.82
35-39	\$0.87	\$1.05
40-44	\$1.00	\$1.85
45-49	\$1.50	\$2.75
50-54	\$2.30	\$4.85
55-59	\$4.30	\$6.95
60-64	\$6.60	\$11.40
65-69	\$12.46	\$20.80
70 and over	Available upon request	Available upon request

\* Use age on January 1, 2007 for calculating premium.

coverage is portable, which means you can keep your coverage if you retire or leave the company.

While Group Universal Life insurance is administered by Marsh @WorkSolutions, the insurance is offered by Metropolitan Life Insurance company (MetLife). This insurance is not offered under an employee benefit plan or



<b>You</b>	One to eight times* your base pay, not to exceed \$2.5 million**
<b>Spouse/ Domestic Partner</b>	\$10,000 increments up to \$250,000**
<b>Children</b>	\$5,000 or \$10,000**

\* Your coverage amount will be rounded up to the next highest increment of \$10,000.

\*\* Special rules apply to Texas residents. Contact Marsh @WorkSolutions at 1-877-639-6913.

any other plan sponsored or maintained by the company. The contractual relationship is between you and MetLife. The company's only involvement is the collection of premiums through payroll deductions. The company is not responsible or liable for the actions or omissions of MetLife and its agents.

If you already are enrolled in Group Universal Life Insurance, your enrollment will continue into 2008, unless you cancel coverage. Contact Marsh @WorkSolutions at 1-877-639-6913 for rates and enrollment information or to cancel an existing policy. You can access additional information on Group Universal Life Insurance by logging on to [www.personal.plans.com/ici/americas](http://www.personal.plans.com/ici/americas) and clicking on **Group Universal Life**.

## Basic Personal Accident Insurance

If you are an eligible employee, you automatically receive Basic Personal Accident Insurance in an amount equal to two times your basic annual earnings – up to a maximum benefit of \$1 million. ICI pays the full cost of this coverage. Benefits are paid in addition to your life and disability benefits, if you suffer loss of life, a limb or sight as the result of an accident. The company pays the full cost of your premium. Basic Personal Accident Insurance terminates after you are disabled for 12 months.

## Business Travel Accident Insurance

If you are an eligible employee, you automatically receive Business Travel Accident Insurance in an amount equal to five times your basic annual earnings – up to \$2.5 million – for accidental loss of life while traveling on company business. The company pays the full cost of the premium.

## Optional Personal Accident Insurance

You can purchase additional coverage (Optional Personal Accident Insurance) in amounts up to six times your basic annual earnings. Basic annual earnings are your annualized base rate of pay and average of any commissions, if applicable. If you elect coverage for yourself, you also can elect coverage for your dependents. The maximum coverage is \$2 million for Basic and Optional Personal Accident Insurance combined.

For help deciding if Optional Personal Accident Insurance is right for you, call The Ayco AnswerLine at 1-888-715-1323 to speak with an independent financial planning consultant. Optional Personal Accident Insurance terminates after you are disabled for 12 months. No conversion option is available. Please refer to your Personalized Benefits Enrollment Form for costs and enrollment instructions.

### OPTIONAL PERSONAL ACCIDENT INSURANCE

<b>If your covered dependents include:</b>	<b>Coverage equals this percentage of your own Optional coverage:</b>
Your spouse or qualifying domestic partner only	60%
Your spouse or qualifying domestic partner and child(ren)	50% for spouse or qualifying domestic partner; 10% for each child
Your child(ren) only	20% (maximum \$25,000 per child)

# FAMILY AND LIFESTYLE

## Comprehensive Group Legal Services

Comprehensive Group Legal Services provides you with a variety of services, including wills, mortgages, civil litigation, debt and bankruptcy, at a cost of \$19 a month by payroll deduction. These deductions are withheld after taxes. When you participate in the plan, you gain access to 9,000 lawyers in the Hyatt Legal Plan network.

**If you are currently enrolled, your enrollment automatically will continue into 2008, unless you cancel coverage.** To participate or cancel your coverage, call Marsh @WorkSolutions at 1-877-639-6913. For more information on Comprehensive Group Legal Services, log on to [www.personal-plans.com/iciamericas](http://www.personal-plans.com/iciamericas) and click on **Legal Services**.

## Health Management Center

ICI's Health Management Center offers you personal support, programs and resources to Take Care of your health, wealth and family and Take Charge of your life! This comprehensive portfolio of health management and wealth services provides you with practical tools that fit your individual needs.

At the heart of the Health Management Center is your own personalized Web site, powered by WebMD®. A single login allows you to access your Retirement Savings Plan; Definity Health/UnitedHealthcare medical plan and Flexible Spending Accounts; and your Caremark Prescription Plan. Plus, you can visit the Health Management Center to:

- Take the Health Risk Assessment and learn your personal health status

- Create a Personal Health Record to track health conditions, medications, immunizations, medical tests, surgeries, office visits and more
- Check your symptoms
- Research health topics, medical conditions and medications
- Read the latest health news
- Build a personalized fitness plan and/or nutrition plan
- Calculate metabolism, body mass index, target heart rate and more!

In addition to the many benefits in this enrollment guide, the Health Management Center offers tools and programs such as the:

**Condition Management Program:** Get support, information and services to help you manage asthma, diabetes, low-back pain, coronary artery disease, heart failure, Chronic Obstructive Pulmonary Disease and cancer.

**MaternaLink:** This Maternity Management Program can help make your pregnancy a healthy one. Participants can receive up to \$300 in Babies R Us gift cards!

**Lifestyle Health Coach™:** Need help losing weight, quitting tobacco or committing to an exercise plan? Connect with a personal coach who will work with you over the phone to develop personalized health goals and a customized plan for achieving them.

The following programs described in this Family and Lifestyle section are not offered under an employee benefit plan or other plan sponsored or maintained by ICI: Comprehensive Group Legal Services, MaternaLink, Weight Watchers, Long Term Care Insurance, Mortgage Discount, Pet Health Insurance, LifeCare, Financial Planning provided by Ayco Company L.P., Mothers at Work, and Group Auto/Home Insurance. The vendors offering these programs are not agents of ICI. ICI's involvement is limited to the collection of premiums through payroll deductions and providing access to these programs. ICI has no direct or indirect responsibility or liability for the actions or omissions of the vendors operating these programs.



**Weight Watchers®:** Enjoy special pricing on four different Weight Watchers offerings and receive a 50 percent reimbursement of program fees, if you attend at least 75 percent of your meetings.

**Employee Assistance Program:** Qualified mental health professionals can help you with a variety of personal issues related to work, marriage and family, childhood and adolescence, parenting, anxiety, stress, alcohol or chemical dependency, relationships, loss, depression, abuse and more.

**Quit Smoking:** Get the support and encouragement you need to kick the habit for good with one-on-one coaching, online support and/or prescription smoking cessation agents.

**Mothers At Work:** Access the support you need to breastfeed successfully and transition back to work.

**Take Care • Take Charge Health Line:** Speak to a Definity Health claims specialist or registered nurse 24 hours a day, seven days a week.

**Financial Planning:** Take advantage of free telephone financial counseling, provided by The Ayco Company, L.P., a Goldman Sachs company.

**Retirement Savings Plan:** Build a retirement nest egg, with help from the company. You can

contribute between one and 25 percent of your eligible compensation as before-tax contributions and between one and 12 percent in after-tax contributions. The company will match up to three percent of your before-tax contributions.

**Long Term Care Insurance:** Purchase insurance that provides a specific daily benefit when an illness or injury requires institutional care (such as a nursing home) or non-institutional care (such as adult day care or home care).

**Group Auto/Home Insurance:** Access competitive group rates and money-saving discounts.

**Mortgage Discount:** Enjoy discounted interest rates and lender fees, easy applications, quick approvals over the phone and more.

**Pet Health Insurance:** Purchase discounted coverage for medical treatments and surgeries for pet accidents and illnesses.

**LifeCare:** Get educational materials and prescreened referrals for prenatal care, adoption, education, camps, child and adult care, pet care, moving, home improvements, automotive care and more.

**Adoption Assistance:** Learn to successfully navigate the adoption process, from under-

standing where to begin and finding reputable agencies to preparing for a home study, overcoming financial and legal issues and parenting your new child. ICI also will reimburse you up to \$2,500 per child, tax-free, for eligible adoption expenses.

To learn more about ICI's Health Management Center and the many Take Care • Take Charge programs available to employees, see the Take Care • Take Charge Resources Brochure. To print this brochure, go to [www.myiciserv.com](http://www.myiciserv.com) and click on **Health Management Center** in the **Health** column of benefits. Scroll down to the bottom of your screen. If you do not have Internet access and would like a copy of this brochure, call the ICI Resource Center at 1-877-ICI-SERV (1-877-424-7378).



## Your Online Resource: [www.myiciserv.com](http://www.myiciserv.com)

myiciserv.com is a useful tool, not only during open enrollment, but throughout the year!

### A eBen

- View your current benefits summary
- Enroll in benefits
- View dependent and beneficiary information
- Change or add dependents and beneficiaries
- Make Family Status Changes (marriage, birth and adoption only)

### B Health, Wealth, Family

A comprehensive list of your ICI benefits – click on any benefit for more information on how it works, who is eligible and where to call for assistance

### C Do You Know Your HQ?

Take your Health Risk Assessment and learn more about wellness programs

### D CostConnect

Get help deciding which medical plan is best for you and your family and how much money to put into a Health Care Flexible Spending Account

The screenshot shows the My ICI Serv website interface. At the top, there's a navigation bar with links like 'Primary Drugs', 'Directory of Contacts', 'International Assignees', 'New Employees', 'Life Events', and 'Forms'. A search bar is also present. The main content area is divided into several sections:

- Take Care • Take Charge**: A banner image featuring a baby and a woman, with the ICI logo.
- News and Announcements**: A section with articles such as 'Do We Have Your Spouse's Social Security Number?', 'Employment and Income Verification is Now Automated!', 'Maternalink Participants Receive Babies "R" Us Gift Cards!', 'Access Four Benefits With One Login', 'Create A Personal Health Record', 'Ready to quit smoking?', and 'Enjoy Discounts on Weight Watchers'.
- Health, Wealth, Family**: A sidebar menu listing various services:
  - Health**: Medical, Prescription, Dental, Vision Care, Health Line, Disability, Retiree Health, Long Term Care, Health Management Center, Weight Watchers, Quit Smoking.
  - Wealth**: Retirement Savings Plan, Pension, Flexible Spending Accounts, Life & Accident Insurance, Financial Planning (Ayco), Employment and Income Verification.
  - Family**: Adoption Assistance, Auto/Home Insurance, Comprehensive Group Legal Services, Employee Assistance Program, Family Medical Leave, Family Status Change, LifeCare Referrals and Resources, Maternity, Mortgage Discount, Mothers At Work, Pet Insurance.
- DO YOU KNOW YOUR HQ?**: A section encouraging users to take a health risk assessment and find out more about wellness programs.
- CostConnect**: A section titled 'Which medical plan is best for you? How much money should you put into your Flexible Spending Account?' with links for 'EMPLOYEES CLICK HERE' and 'DEPENDENTS CLICK HERE'.
- Take Care • Take Charge OF YOUR HEALTH!**: A section encouraging users to log in to the ICI Health Management Center to personalize their own WebMD page, with links for 'EMPLOYEES CLICK HERE' and 'DEPENDENTS CLICK HERE'.

## **E** News and Announcements

Up-to-date information on your benefits, including any plan changes or enhancements, important deadlines and more

## **F** ePay

- View your paycheck
- Request duplicate W-2 forms
- Make changes to W-4 forms
- Enroll in or make changes to Direct Deposit

## **G** Primary Drugs

View Caremark's Primary Drug list and save money on your prescriptions by having your physician prescribe a medication on the list

## **H** Life Events

Find checklists of important steps to take for life events such as marriage, divorce, birth, adoption, death of a loved one and more

## **I** Forms

Print forms including:

- Family Status Change Forms
- Medical, Dental and Prescription Claim Forms
- Domestic Partner Affidavits
- Flexible Spending Account Claim Forms
- Pension Calculation Request Forms
- Basic Life Beneficiary Forms
- Group Universal Life Insurance Enrollment and Beneficiary Forms

## **J** Slice of Life

Monthly stories and tips on improving your health and managing your finances

## **K** Health Management Center

- Take the WebMD Health Risk Assessment and learn your health status
- Link to Definity Health/UnitedHealthcare for medical claims and statements and view health care and dependent care Flexible Spending Account claims and statements
- Link to Caremark for prescription history and to research medications, check drug interactions, refill prescriptions and find local pharmacies
- Review and add to your Personal Health Record – track health conditions, medications, medical tests, surgeries, office visits, diet, exercise, stress and measurements such as blood sugar, cholesterol, blood pressure, resting heart rate, mammograms, pap smears, colorectal screenings and more
- Check your symptoms
- Research health topics, medical conditions and medications
- Read the latest health news
- Build a Personalized Fitness and/or Nutrition Plan
- Calculate metabolism, body mass index, target heart rate and more



# Glossary

**Brand Formulary:** A list of preferred brand name medications that have been chosen by Caremark, because of their clinical effectiveness, safety and cost.

**Brand Non-Formulary:** Brand name medicines that are not on the brand formulary list.

**Coinsurance:** The percentage of each claim that you are required to pay after using up your Personal Health Account and meeting your Member Responsibility. See page 11.

**Connect 2008:** The period of time from October 27 to November 9, 2007, during which you can enroll in or make changes to your health benefits for 2008.

**CostConnect:** An online tool to help you compare your expenses on different medical plans and estimate how much money to put into a Health Care Flexible Spending Account. See page 14.

**Deductible:** The amount you pay out-of-pocket each year, before your medical plan begins to pay benefits. Your deductible is the combination of your company-paid Personal Health Account and your Member Responsibility.

**Domestic Partner:** Someone of the same or opposite sex with whom you have a relationship and who meets a list of specific criteria. For a domestic partner to be covered under ICI's benefits plans, you must submit a Domestic Partner Affidavit. See page 3.

**eBen:** An online tool that allows you to enroll in and view your benefits, make certain family status changes and change, view or add insurance beneficiaries and/or dependents.

**Employee ID Number:** The nine-digit number, beginning with "802," that you can find on your paycheck and Personalized Benefits Enrollment Form.

**ePay:** An online tool that lets you view your paycheck; enroll in or make changes to Direct Deposit accounts; and view and change W-4 forms.

**Family Status Change:** A family change that impacts benefits – including, but not limited to, marriage and divorce; birth or adoption; death; and change in employment status. For a more complete list, see page 7.

**Flexible Spending Account (FSA):** A money-saving account that allows you to take pre-tax dollars out of your paycheck and use them to pay for expenses that are not covered under your health plan, or expenses related to the provision of child or elder care. Health Care and Dependent Care FSAs are separate accounts. See page 23.

**Generic:** A drug used in place of a brand name drug. Generic drugs contain the same active ingredients as brand name drugs; are identical in dose, form and the manner in which they are administered; have the same indications, cautions and instructions; and are produced under the same U.S. Food and Drug Administration Good Manufacturing Practices.

**Group Universal Life (GUL):** A life insurance policy that you can purchase for coverage beyond your company-paid Basic Life Insurance. You pay the full premium for this coverage. See page 28.

**Health Risk Assessment (HRA):** A questionnaire that you complete online or on paper to get confidential, personalized feedback on how to improve or maintain your health. See page 9.

**In-Network Provider:** A health care provider under contract to a health plan to provide services.

**Member Responsibility:** The amount you are required to pay out-of-pocket for medical expenses, after your Personal Health Account is fully used. See page 10.

**Out-of-Area Plan:** Medical plan for employees located in areas that do not have a strong UnitedHealthcare network.

**Out-of-Network Provider:** A health care provider who has not contracted with a health plan to provide services.

**Out-of-Pocket Maximum:** The maximum amount that you will pay in coinsurance on each specific medical plan. When you reach this amount, the company pays 100 percent of your eligible medical claims for the remainder of the year. See page 11.

**Personal Accident Insurance:** Insurance that covers you in the event that you suffer a loss of life, a limb or sight as the result of an accident. See page 29.

**Personal Health Account (PHA):** An account on the books of the company that is used to cover eligible health care expenses under the self-insured Definity Health/UnitedHealthCare Medical Plan Options A, B, C, D and Out of Area Plan.

**Reasonable and Customary Charges (R&C):** The "going rate" charged by a physician, hospital or other health care provider for a covered service or supply in your geographic area.

**Specialty Drugs:** High-cost, biotech medications (primarily injectable) that are used to treat chronic conditions such as infertility, rheumatoid arthritis and hemophilia.

**Summary Plan Description (SPD):** A written plan summary, including an explanation of eligibility, benefits coverage, employee rights and claim procedures.



# Benefits Directory

As you get ready to make your benefits elections, you may have questions or need more information. Please contact the appropriate vendors on this list below, or go to [www.myciserv.com](http://www.myciserv.com). If you still have questions, contact:

The ICI Resource Center  
10 Finderne Avenue  
Bridgewater, NJ 08807  
Phone: 1 (877) ICI-SERV (1-877-424-7378)  
Fax: 1 (908) 203-2921  
Email: [iciserv@ici.com](mailto:iciserv@ici.com)

For more information on:	Contact	Telephone	Web or Email Address
Adoption Assistance	LifeCare	1 (800) 873-4636	<a href="http://www.lifecare.com">www.lifecare.com</a>
Auto/Home Insurance	Marsh @WorkSolutions	1 (877) 639-6913	<a href="http://www.personal-plans.com/iciamericas/">www.personal-plans.com/iciamericas/</a>
Benefits in general	The Ayco AnswerLine ICI Resource Center	1 (888) 715-1323 1 (877) 424-7378	<a href="http://www.aycofinancialnetwork.com">www.aycofinancialnetwork.com</a> <a href="http://www.myciserv.com">www.myciserv.com</a>
Condition Management	Matria Healthcare	1 (888) 863-2262	<a href="http://www.matriacares.com/icitakecaretakecharge">www.matriacares.com/icitakecaretakecharge</a>
Dependent Care Referrals and Resources	LifeCare	1 (800) 873-4636	<a href="http://www.lifecare.com">www.lifecare.com</a>
Dental	MetLife	1 (800) 942-0854	<a href="http://www.metlife.com">www.metlife.com</a>
Employee Assistance Program	Magellan Behavioral Health	1 (800) 283-0089	<a href="http://www.magellanhealth.com">www.magellanhealth.com</a>
Financial Planning	The Ayco AnswerLine	1 (888) 715-1323	<a href="http://www.aycofinancialnetwork.com">www.aycofinancialnetwork.com</a>
Flexible Spending Accounts	Definity Health/ UnitedHealthcare	1 (888) 873-6791	<a href="http://www.myuhc.com">www.myuhc.com</a>
Group Universal Life Insurance	Marsh @WorkSolutions The Ayco AnswerLine	1 (877) 639-6913 1 (888) 715-1323	<a href="http://www.personal-plans.com/iciamericas/">www.personal-plans.com/iciamericas/</a> <a href="http://www.aycofinancialnetwork.com">www.aycofinancialnetwork.com</a>
Health Line	Definity Health/ UnitedHealthcare	1 (888) 873-6791	<a href="http://www.myuhc.com">www.myuhc.com</a> Pre-member site: <a href="http://www.myuhc.com/groups/ici">www.myuhc.com/groups/ici</a>
Health Risk Assessment	Fidelity/WebMD	1 (800) 971-6832	<a href="http://www.myciserv.com">www.myciserv.com</a> Click box at bottom of screen
Health Management Center	Fidelity/WebMD	1 (800) 971-6832	<a href="http://www.myciserv.com">www.myciserv.com</a> Click box at bottom of screen
Legal Services	Marsh @WorkSolutions	1 (877) 639-6913	<a href="http://www.personal-plans.com/iciamericas/">www.personal-plans.com/iciamericas/</a>
Long Term Care	Marsh @WorkSolutions	1 (877) 639-6913	<a href="http://www.personal-plans.com/iciamericas/">www.personal-plans.com/iciamericas/</a>
Long Term Disability	ICI Resource Center	1 (877) 424-7378	<a href="http://www.myciserv.com">www.myciserv.com</a>
Maternity Management	MaternaLink	1 (888) 863-2262	<a href="http://www.maternalink.com/takecaretakecharge">www.maternalink.com/takecaretakecharge</a>
Medical Plans	Definity Health/ UnitedHealthcare	1 (888) 873-6791	<a href="http://www.myuhc.com">www.myuhc.com</a> Pre-member site: <a href="http://www.myuhc.com/groups/ici">www.myuhc.com/groups/ici</a>
Mothers At Work	LifeCare	1 (800) 873-4636	<a href="http://www.lifecare.com">www.lifecare.com</a>
Mortgage Discount Plan	Marsh @WorkSolutions	1 (877) 639-6913	<a href="http://www.personal-plans.com/iciamericas/">www.personal-plans.com/iciamericas/</a>
Personal Accident Insurance	The ICI Resource Center	1 (877) 424-7378	<a href="http://www.myciserv.com">www.myciserv.com</a>
Pet Health Insurance	Marsh @WorkSolutions	1 (877) 639-6913	<a href="http://www.personal-plans.com/iciamericas/">www.personal-plans.com/iciamericas/</a>
Prescriptions	Caremark	1 (866) 559-6908	<a href="http://www.caremark.com">www.caremark.com</a>
Retirement Savings Plan	Fidelity Service Center	1 (888) 522-7297	<a href="http://www.401k.com">www.401k.com</a>
Short Term Disability	Nationwide Better Health	1 (877) ICI-TOPS 1 (877) 424-8677	<a href="http://www.topsabsence.com/ici">www.topsabsence.com/ici</a>
Smoking Cessation	WellCorp Lifestyle Health Coach / WebMD® Ready, Set, Stop!® Online™	1 (866) 733-7020	<a href="http://www.myciserv.com">www.myciserv.com</a> – Click on Health Management Center in the Health column, and choose Quit Smoking from the drop-down menu.
Vision Care Plan	Spectera	1 (800) 524-2988	<a href="http://www.spectera.com">www.spectera.com</a>
Weight Loss	Weight Watchers	1 (866) 797-2834	<a href="http://www.weightwatchers.com/cs/ici/index.aspx">www.weightwatchers.com/cs/ici/index.aspx</a>

## ERISA

Certain benefits described in this enrollment guide are provided through Plan No. 701, the ICI HealthPlus Program, which is an employee benefit plan subject to the Employee Retirement Income Security Act of 1974, as amended (ERISA). The following benefits are included in Plan No. 701:

- Medical
- Dental
- Prescription Drug
- Vision Care
- Wellness
- Take Care Take Charge Health Line (Formerly Nurseline)
- Long Term Disability Insurance
- Basic Life Insurance
- Basic Personal Accident Insurance
- Optional Personal Accident Insurance
- Employee Assistance Program
- Business Travel Accident Insurance

This guide is intended to act as an ERISA Summary of Material Modification, explaining changes to the Summary Plan Descriptions of the ICI HealthPlus Program and other plan documents.

The Board of Directors of ICI U.S. Inc. reserves the right to amend, modify or terminate the ICI HealthPlus Program at any time.

The relevant Summary Plan Descriptions contain a complete statement of your rights under ERISA. For the most recent Summary Plan Description for each plan, go to [www.myiciserv.com](http://www.myiciserv.com). Click on any benefit, and scroll to the bottom of the Web page. You also can call the ICI Resource Center at 1-877-ICI-SERV (1-877-424-7378).

The benefit plans that make up the HealthPlus program are subject to the rules and requirements of the Internal Revenue Service (IRS). Depending on how HealthPlus and the various plans satisfy those requirements, you may be taxed on the benefits provided. In addition, your before-tax contributions may have to be restructured as after-tax contributions.

The information in this enrollment guide does not constitute a contract of continued employment.



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