

2012 Enrollment Guide



Quick Links

- > Xerox Benefits Expo: <https://www.benefitsweb.com/xerox.html>
- > BenefitsWeb: <https://www.benefitsweb.com/xerox.html>
- > Take the Health Assessment: www.cigna.com/xerobenefits
- > Health Education Courses: www.assethealth.com/Healthlearning
- > CIGNA Website: www.mycigna.com
- > Anthem (formerly Empire) Website: www.empireblue.com/xerox
- > Medco Website: www.medco.com/xeroxoe

Employee Service Center: **1.800.428.2203**

8 a.m. to 8 p.m. ET, Monday through Friday, except on holidays

Your Enrollment Deadline

Current Employees: **October 28**

Newly Hired Employees: Within 30 days of your date of hire

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Creditable Prescription Drug Coverage

If you or your covered dependents are eligible for Medicare, it's important for you to know that your Xerox medical plan prescription drug coverage provides creditable coverage — coverage that, overall, is at least as good as the Medicare Part D standard plan — if you elect the Consumer Choice option, Coinsurance Plus option or an HMO. If you opt out of medical coverage, you will not have creditable coverage with Xerox in 2012. More information is available on [page 49](#).

Welcome

This enrollment guide is designed to help you understand your 2012 benefit options so you can make the choices that meet your needs. You will also need to review your options and their costs, which are shown on BenefitsWeb.

Go to BenefitsWeb to Enroll

This site includes a wealth of information about your 2012 benefits, as well as decision support tools to help you make your benefit choices. For more information about BenefitsWeb and instructions on how to enroll, see [page 14](#).

As you prepare to enroll, there are a few important things to keep in mind:

- Take advantage of Xerox's health incentives, described on [page 9-11](#), or you may pay more for your benefit coverage than you should.
- Do not miss the enrollment deadlines. If you don't enroll on time, you will receive default coverage, described on [page 16](#), that may not meet your needs.
- Make your decisions carefully. Once you enroll, you will not be able to change your elections until the next Annual Enrollment, unless you have a qualifying status change, as described on [page 17](#).

You may call the new Xerox Employee Service Center at **1.800.428.2203** if you have questions about your 2012 health and welfare benefits, or if you need help enrolling. Service Center Representatives are available from 8 a.m. to 8 p.m. ET, Monday through Friday, except on holidays.

Enrollment Deadlines

- **Current Employees:** Annual Enrollment will take place from October 12 to October 28, 2011.
- **Newly Hired Employees:** You must enroll within 30 days of your date of hire.

Need More Information?

You can find more benefits information from these resources:

BenefitsWeb – On BenefitsWeb, you can ask questions via email or have a live, online chat with a Service Center Representative (during service center hours). Plan summaries and decision support tools are available in the *Health and Welfare* section.

Benefits Expo – From BenefitsWeb you can link to Benefits Expo, an interactive site where you can view presentations, find helpful information about your benefits, and access the online Health Education Courses.

Plan Providers – You can reach the benefit plan providers at their phone numbers or websites, which are listed under “Benefit Contacts” on [page 54](#).

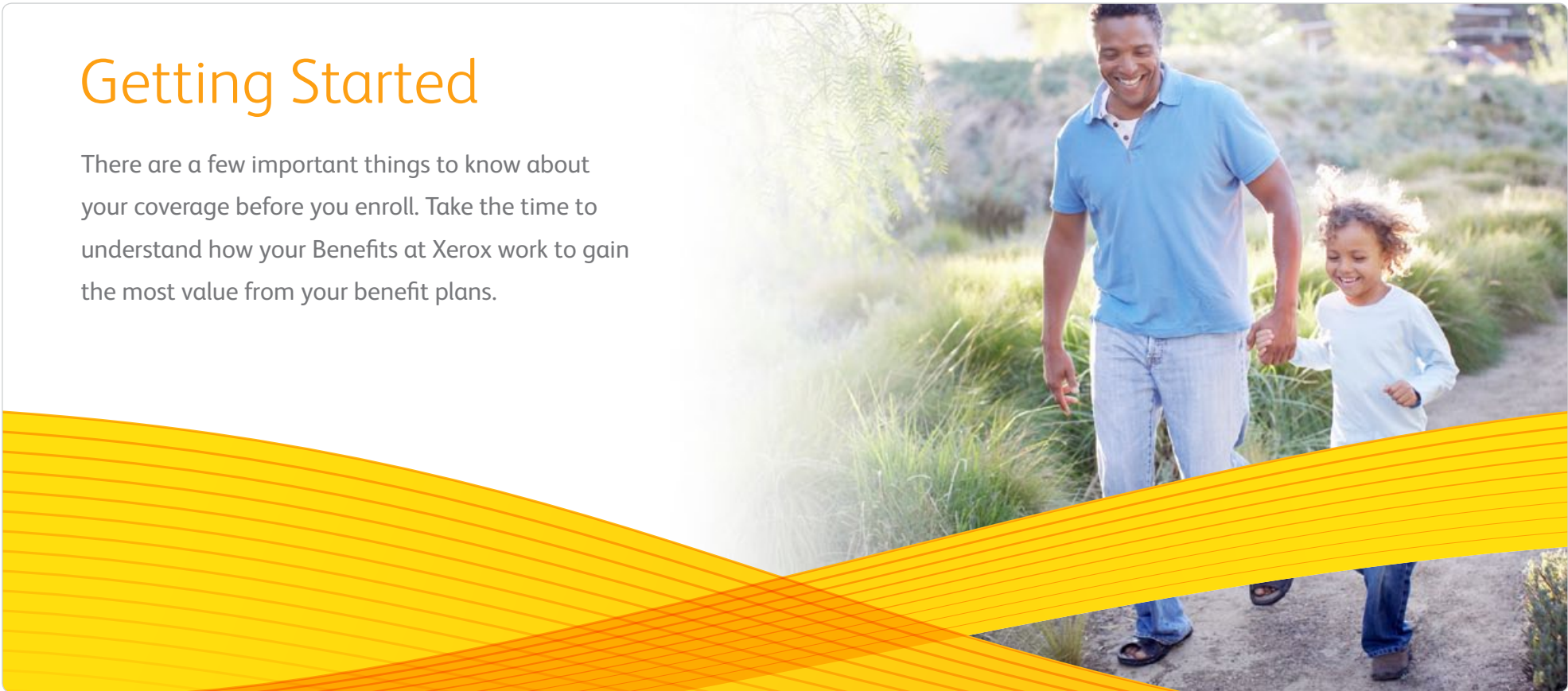
Health Fairs – Some locations offer health fairs during Annual Enrollment. Health fairs provide the opportunity to have your questions answered by benefit plan representatives. See the Benefits at Xerox 2012 Changes Brochure for more information. In addition, Xerox also makes virtual health fairs available, as described below.

Virtual Health Fairs	
Plan and Administrator	How to Access the Health Fairs
CIGNA (Medical, Your Xerox Health Connection)	www.mycignaplans.com Enrollment ID: Xerox2012 Password: employee
Anthem Blue Cross and Blue Shield* (formerly Empire) (Medical)	www.empireblue.com/xerox See “Tools and Information”
Kaiser (Medical)	http://my.kaiserpermanente.org/xeroxcorp
Medco (Prescription Drug Coverage for the Consumer Choice and Coinsurance Plus Options)	www.medco.com/xeroxoe

*On January 1, 2012, Empire BlueCross BlueShield will change its name to Anthem Blue Cross and Blue Shield. Due to this change you will see a new group number on your ID cards, a new participant ID number, and a new website: www.anthem.com/xerox.

Getting Started

There are a few important things to know about your coverage before you enroll. Take the time to understand how your Benefits at Xerox work to gain the most value from your benefit plans.



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Read on to learn about dependent eligibility rules, how your costs for benefits are determined and the incentives Xerox provides when you take certain steps to improve or maintain your health. For example, the incentive for taking the confidential Health Assessment and online Health Education Courses can help you reduce your costs for coverage. This section includes instructions for taking the Health Assessment and completing the online courses.

Your Health and Welfare Benefits at a Glance

This enrollment guide discusses the following health and welfare benefits, which are available to eligible employees:

- Medical
- Health Savings Account (for Consumer Choice option participants only)
- Dental
- Vision
- Flexible spending accounts
- Employee and dependent life insurance
- Employee and dependent accidental death and dismemberment (AD&D) insurance
- Short-term disability (STD) coverage
- Long-term disability (LTD) coverage
- Vacation Purchase
- Your Xerox Health Connection (health and wellness benefits)
- Xerox Employee Assistance Program (XEAP)
- Health Advocacy: Complex Care

Eligibility for Health and Welfare Benefits

As an eligible employee, you may enroll your eligible dependents in medical, dental, vision, dependent life insurance and/or dependent AD&D insurance coverage. In general, your eligible dependents include you:

- Legal spouse (a legally separated spouse is not eligible) or domestic partner (provided he or she meets the eligibility requirements shown in this section)
- Children — including your natural children, stepchildren, adopted children, children placed with you for adoption, foster children, domestic partner's children and children who are required to be covered as a result of a qualified medical child support order (see [page 7](#) for more information)

Note that eligibility rules for children differ depending on the coverage you are electing:

- **Medical, Dental and Vision** — Children are eligible for coverage regardless of their student status, marital status, financial support or whether they live with you. Children may be covered up to:
 - Age 26, or
 - Any age, if they are disabled and incapable of earning a living, provided the disability began before age 26.
- **Child Life and Child AD&D Insurance** — Children are eligible for coverage if they meet the following criteria:
 - They are unmarried,
 - They depend on you for support and maintenance, and
 - You have legal custody or guardianship.Children may be covered up to:
 - Age 19 (up to age 23, if they are full-time students), or
 - Any age, if they are disabled and incapable of earning a living, provided the disability began before age 19 (age 23 for full-time students).

If you are a newly hired employee and you have an incapacitated child, he or she will be eligible for coverage if you enroll him or her when you first enroll for Benefits at Xerox.

No other individuals — including grandchildren and other relatives — are eligible for coverage. If grandchildren or other relatives live with you, they may qualify for the Extended Household Health Care Benefit through LifeCycle Assistance. Contact the LifeCycle Assistance Unit for more information at **1.800.742.1473**.

You are responsible for ensuring that your covered dependents are eligible for coverage based on plan rules. If you have questions about eligibility, call the Xerox Employee Service Center at **1.800.428.2203**.

Qualified Medical Child Support Orders (QMCSOs)

Xerox will honor a qualified medical child support order that may require you to provide medical coverage for an eligible child. If Xerox receives such an order, you will be notified of how it will be handled with respect to your benefits.

Definition of Domestic Partner

A domestic partner is any adult who:

- Lives in your household,
- Has lived with you for at least six consecutive months before enrollment,
- Is jointly responsible for your household's finances or is dependent on you for financial assistance,
- Is in a relationship with you that is intended to be permanent and in which you are each the sole domestic partner of the other,
- Is unmarried and at least 18 years of age, and
- Is not related to you.

A person is also considered your domestic partner if you:

- Are registered as domestic partners or have entered into a Civil Union in a state, city or town that allows you to do so, or
- Are married adults of the same sex, and your marriage is recognized by the state in which you live.

Tax Implications of Domestic Partner Coverage

If you cover your eligible domestic partner (or his or her children) under your Xerox-sponsored benefits but he or she is not qualified as a tax dependent under Internal Revenue Code (IRC) Section 152, be aware that, in general, you must pay federal and state income and payroll taxes on the value of any benefit he or she receives under the plan. This value is called "imputed income."

If you and your domestic partner have registered as domestic partners or entered into a Civil Union in a state where such registration or Civil Union is available, or if you and your domestic partner have married in a state that recognizes such marriages, the benefits you receive for your domestic partner may not be taxed at the state level. The value of these benefits (your imputed income) may still be taxed at the federal level.

Check with an accountant or tax attorney to determine whether your domestic partner qualifies as a tax dependent under IRC Section 152 or is eligible for tax-favored health coverage.

Costs and Incentives

You and Xerox share the cost of medical, dental and vision coverage. Your share of the cost is based on:

- The option you select,
- The number of dependents you cover,
- Whether you and/or your spouse/domestic partner complete a Health Assessment (see [page 10](#)) and one of the online Health Education Courses (see [page 11](#)), and
- Whether you and/or your spouse/domestic partner use tobacco products (see [page 9](#)).

Your contributions are paid by payroll deduction, and you pay for certain coverage with before-tax dollars, which lowers your taxable income.

To help you select the medical, dental and vision coverage that is best for your personal circumstances, Xerox offers the following coverage levels:

- Employee Only
- Employee + 1
- Employee + 2
- Employee + 3
- Employee + 4 or More

Note: To enroll your eligible dependents (as defined on [page 6](#)) in Xerox’s medical, dental and/or vision coverage, you must also enroll. You may elect different coverage levels for medical, dental and vision coverage.

Xerox pays the full cost of Basic Employee Life Insurance and certain long-term disability options (see [page 41](#) for information). You choose whether to buy Optional Employee Life Insurance, Spouse/Domestic Partner Life and AD&D Insurance, Child Life and AD&D Insurance, Vacation Purchase time, or to contribute to a Health Savings Account or the Health Care and Dependent Care Flexible Spending Accounts.

Contributions for Medical Coverage

Here are the 2012 annual employee contributions for the Consumer Choice and Coinsurance Plus options.

Coverage Category	Consumer Choice (formerly called High Deductible)	Coinsurance Plus Plan
Employee only	\$262	\$862
Employee + 1	\$755	\$1,899
Employee + 2	\$1,248	\$2,936
Employee + 3	\$1,741	\$3,973
Employee + 4 or more	\$2,234	\$5,010

As you review your costs, there are a couple of things to keep in mind:

- All contribution amounts assume that you receive the full incentive available to you and your spouse/domestic partner (if applicable) by taking the Health Assessment, completing one online Health Education Course and certifying that you are tobacco-free (see the “Rewards of Good Health” on [page 9](#)).
- The contribution amounts for the Employee + 1, Employee + 2, Employee + 3, and Employee + 4 or More coverage levels assume that you are covering children in addition to yourself. If one of your covered dependents is a spouse/domestic partner, a Spouse Surcharge will apply. If your spouse/domestic partner has access to employer-sponsored coverage, an additional Working Spouse Surcharge will apply. See [page 9](#) for more information.
- Contributions for part-time employees working 20 to 29 hours per week are higher than those shown here.

The contributions above, as well as costs for all your benefit options, are shown on BenefitsWeb.

Spouse Surcharge

If you enroll your spouse or domestic partner for Xerox medical coverage you will pay your regular medical contributions plus a \$1,075 Spouse Surcharge. If you and your spouse or domestic partner qualify for the Health Assessment and tobacco-free incentives (\$300 each, for a potential \$600 total), you can reduce the surcharge to \$475.

Working Spouse Surcharge

If the spouse or domestic partner you are covering works and has access to medical coverage through his or her employer and you choose to cover him or her under a Xerox medical option, you will pay an additional \$1,000. That's because the availability of coverage for a spouse/domestic partner is intended primarily for those who do not have their own access to an employer-provided medical plan. The Working Spouse Surcharge does not apply if your spouse or domestic partner is a Xerox employee or retiree.

Please note that if you cover a spouse/domestic partner, the Working Spouse Surcharge will be applied automatically, unless you go online and confirm that your spouse or domestic partner does not have access to coverage under another employer-sponsored plan.

The Rewards of Good Health

Xerox understands the value of good health. That's why the Company offers several opportunities to reduce your share of the cost of benefit coverage when you demonstrate your commitment to being healthy.

Tobacco-Free Incentives

- **Tobacco-Free Medical Incentive.** You can receive a credit of \$300 each to apply toward the cost of your medical coverage if you and your spouse/domestic partner:
 - Enroll in Xerox medical coverage and don't currently use tobacco products, including cigarettes, cigars, pipes and chewing tobacco, or
 - Are enrolled, or plan to enroll, in a smoking cessation program during 2012.

If you or your spouse/domestic partner need help quitting, Xerox offers a free online smoking cessation program through Your Xerox Health Connection. For more information, visit www.cigna.com/xeroxbenefits or call **1.800.806.2064** to speak with a CIGNA Care Consultant. Our prescription drug program also covers the cost of tobacco cessation drugs. **Note:** You and your spouse/domestic partner must be enrolled in medical coverage and certify your tobacco-free status each year in order to receive the tobacco-free incentive.

- **Tobacco-Free Life Insurance Rates.** You and your spouse/domestic partner will each qualify for lower life insurance rates for Optional Employee Life Insurance and Spouse/Domestic Partner Life Insurance if you indicate that you haven't used any tobacco products in the last two years. If you haven't previously indicated your tobacco status, and you don't indicate the status when you enroll this year, you will default to the higher tobacco-user life insurance coverage rates. However, if you indicated your tobacco status when you enrolled last year, you do not need to do so again.

When you enroll, please make sure that your tobacco-free certifications are up to date for both medical and life insurance coverage. Medical certification does not transfer to life insurance, or vice versa.

Health Assessment/Learning Incentive

You can earn an incentive when you complete the Health Assessment and pass one online Health Education Course. You will be eligible to receive an additional incentive if your spouse/domestic partner who is enrolled in Xerox medical coverage completes the Health Assessment. He or she is not required to complete the online course.

Please allow five business days from the date of completion of both the Health Assessment and the online Health Education Course to confirm that your incentive has been applied.

Incentive Deadlines	
If You and Your Spouse/ Domestic Partner...	Then...
Complete the Health Assessment and you complete one online Health Education Course by 11:59 p.m. ET, on October 28, 2011 or mail in a copy of the Health Assessment on or before October 21, 2011	You will receive a \$300 credit to apply toward the cost of 2012 benefit coverage for each of you (a total of \$600)
Complete the Health Assessment and you complete one online Health Education Course between October 29, 2011 and 11:59 p.m. ET, on June 30, 2012	You will receive a \$150 credit to apply toward the cost of 2012 benefit coverage for each of you (a total of \$300), as long as you are not already receiving the \$300 Health Assessment incentive for 2012

Take the Health Assessment

The Health Assessment is an easy way to help you assess your current health status and identify health risks. Xerox supports your efforts to be healthy by providing an incentive when you and/or your spouse/domestic partner take the Health Assessment by the deadline, see table opposite. Note that you must also take and pass one online Health Education Course to receive the incentive.

To take the Health Assessment, go to the Your Xerox Health Connection website at www.cigna.com/xeroxbenefits, and click the “Ready to Take Your Health Assessment” button.

You will be asked if you’ve taken the Health Assessment before.

- **Select Yes** if you took the Health Assessment last year, or if you are returning again this year. Log in and you’ll be redirected to “my health and wellness center.” Click on the Health Assessment link to begin your assessment for 2012. If you are having trouble logging in you should update your password using the “Forgot Your Password” link.
- **Select No/Not Sure** to complete a short registration process.
 - Once your registration is complete, you’ll be redirected to “my health and wellness center.”
 - Here, you’ll be asked to create a username and password. If you would like, this can be the same username and password as those created for the Your Xerox Health Connection site.
 - Click on the Health Assessment link to begin your assessment for 2012.

If you need help accessing the Health Assessment, please call CIGNA at 1.800.854.7312.

Note: Your children cannot take the Health Assessment.

Take the Health Education Courses

The online Health Education Courses, offered in partnership with Asset Health are an ideal way to learn more about the complex health care system in the US. They also offer practical tips for getting the most out of your coverage. Xerox supports your efforts to learn all you can about your health by providing an incentive when you take and pass one online Health Education Course by the deadline shown on [page 10](#). Note that you must also take the Health Assessment to receive the incentive.

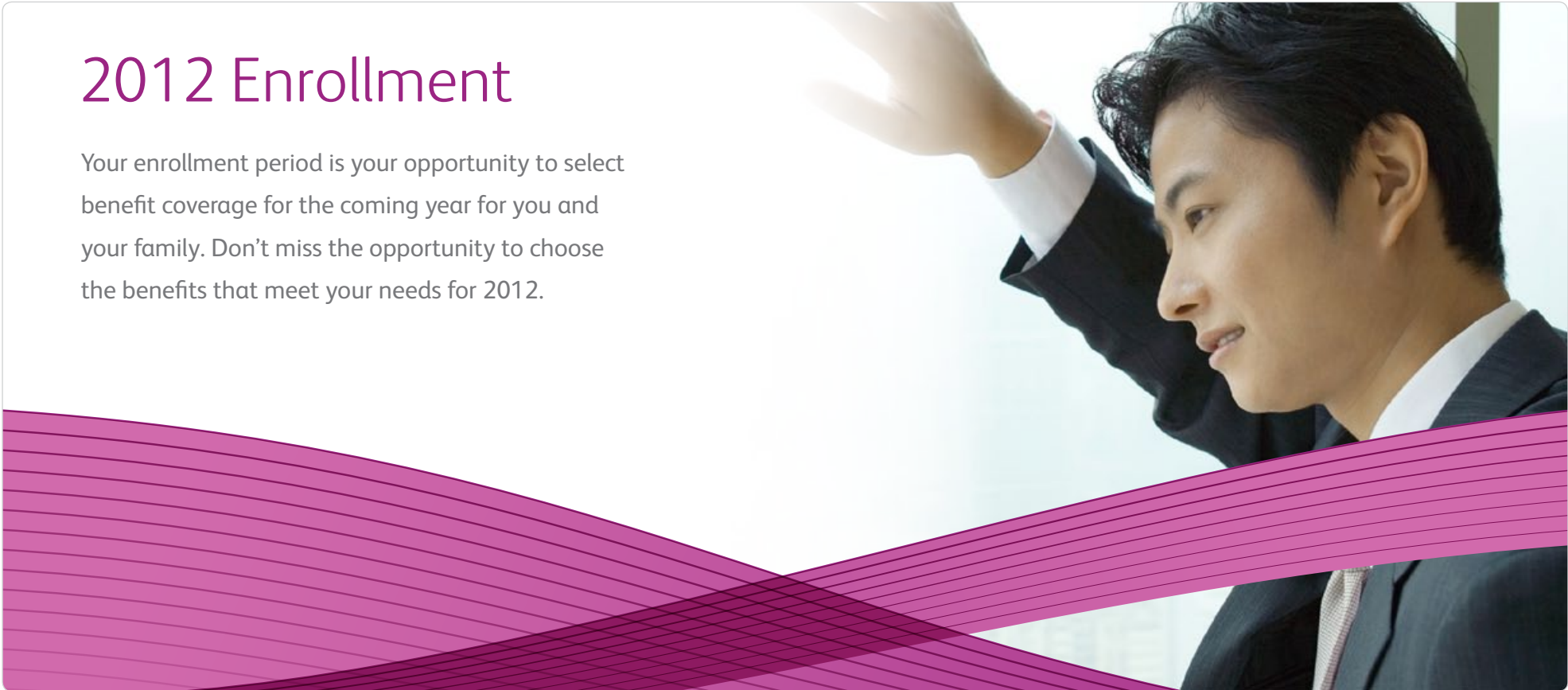
To take the courses, go to BenefitsWeb and click on the link for Online Health Education Courses, or go to the Asset Health website directly at www.assethealth.com/Healthlearning.

To log on, enter your employee number when asked for user ID, and your five-digit home zip code as your password.

You may take the courses as often as you wish.

2012 Enrollment

Your enrollment period is your opportunity to select benefit coverage for the coming year for you and your family. Don't miss the opportunity to choose the benefits that meet your needs for 2012.



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Here you'll find a step-by-step enrollment checklist to guide you through the enrollment process. This section also includes instructions for using the BenefitsWeb enrollment site and describes the coverage you'll receive if you don't enroll on time.

Your Enrollment Checklist

To enroll successfully, follow these steps:

- Learn about your benefits. In addition to reading this enrollment guide, review your specific 2012 options and associated costs, which are shown on BenefitsWeb.
 - Review the dependent eligibility rules on [page 6](#) and decide if you need to add dependents to your coverage or remove them.
 - Collect your health and tobacco-free incentives (see [page 10](#)):
 - Certify that you and your spouse/domestic partner are tobacco-free.
 - Take the Health Assessment (see instructions on [page 10](#)) and online Health Education Course (see instructions on [page 11](#))
 - Have your spouse/domestic partner (if applicable) take the Health Assessment
- Note: You will pay more for coverage if you skip this step.**
- Determine how much to contribute to the Health Care and Dependent Care Flexible Spending Accounts described on [page 34](#). For help with this decision, use the FSA Calculator in the Enrollment Toolbox on BenefitsWeb.
 - Enroll online at <https://www.benefitsweb.com/xerox.html>. For instructions on how to use BenefitsWeb, see “How to Enroll” on [page 14](#). **Don’t miss the deadline.** Otherwise, you will receive default coverage, described on [page 16](#), that may not meet your needs.

- After you finish your BenefitsWeb enrollment, don’t forget about additional steps you may need to take as a result of your elections, such as:
 - Answering a series of health-related questions if your life insurance decisions require evidence of insurability, and
 - Enrolling in or making contributions to a Health Savings Account on the ACS | BNY Mellon HSA Solution website if you enrolled in the Consumer Choice medical option.
- Check your elections. Once your enrollment deadline has passed, you will not be able to change your elections until the next annual enrollment period, unless you have a qualifying status change, as described on [page 17](#).

Enrollment Deadlines

- **Current Employees:** Annual Enrollment will take place from October 12 to October 28, 2011.
- **Newly Hired Employees:** You must enroll within 30 days of your date of hire.

How to Enroll

You may enroll for 2012 benefits online through BenefitsWeb. If you don't have Internet access, you may enroll by calling the Xerox Employee Service Center. Here are the steps to follow.

Online

To enroll online at BenefitsWeb:

- Go to <https://www.benefitsweb.com/xerox.html>.
- For first time users: Enter your user ID and passcode:
 - Your initial **user ID** will be your Social Security number.
 - Your initial **passcode** will be your birth date in MMDDYY format.
For example, if your birth date is March 1, 1967, your passcode is 030167.

To protect the security of your information, immediately after you log in for the first time, you will be required to change both your user ID and passcode.

- For returning users:
 - If you've forgotten your user ID and passcode, you can request a login reminder from the login page if you have previously requested this service by completing your security questions.
 - If you have not set up the automatic reminder facility on BenefitsWeb, please do so this year and take note of your questions and answers.
 - You can also call the Employee Service Center for a reminder. You will be asked to verify your name, the last four digits of your Social Security number and your date of birth.

By Phone

To use the Xerox Employee Service Center to enroll:

- Call **1.800.428.2203**. Service Center Representatives are available from 8 a.m. to 8 p.m. ET, Monday through Friday, except on holidays.
- You will need to enter your Social Security number and **passcode** into the telephone key pad or provide them to the Service Center Representative. Your phone passcode is the same as your online passcode (see above).

Save Your Elections

You can make your elections on BenefitsWeb as often as you like before your enrollment deadline. Each time you make a change, you must click **“Submit Changes”** for those elections to be saved. Your final elections made by the enrollment deadline will be your elections for 2012.

Adding Dependents to or Removing Them From Health Plan Coverage

If you want to add or remove eligible dependents from coverage, keep the following in mind:

- When adding dependents to your Xerox health coverage (medical, dental or vision) or removing them from coverage, you must add or remove each dependent separately. The change does not automatically carry over from one plan to another. For example, if you add or remove a family member from one benefit plan and also want to add or remove him or her from another benefit plan (for example, remove a child from both medical and dental coverage), you must make the change in both plans.
- When adding a new family member to your list of eligible dependents, you must actively choose to cover him or her under each individual option you've selected. Otherwise, that family member will not be covered under all of your Xerox benefits, as you probably intended.
- If you are getting a divorce, you should not remove your spouse from your coverage until you are legally separated or divorced. You should consult your legal counsel before making a change.

If Your Spouse/Domestic Partner Is a Xerox Employee

If both you and your spouse/domestic partner participate in Xerox's benefits, you may each choose medical coverage for yourselves, or one of you may choose coverage for yourself and cover the other as a dependent.

If you have children, only one of you may cover them as dependents. Consult with your spouse/domestic partner to confirm who is covering whom, including any eligible children.

Decision Support Tools

The *Health and Welfare* section of BenefitsWeb offers a number of tools to help you make your benefit decisions:

- **Find a Provider/Get Quality Ratings** helps you find doctors and hospitals that participate in your plans and access their quality ratings.
- **Compare Plans/Calculate Costs** can estimate your total out-of-pocket health care expenses.
- **Calculate Flexible Spending Account Needs** helps you estimate how much to contribute to your flexible spending accounts.
- **Calculate Life Insurance Needs** estimates how much life insurance you need.

If You Don't Enroll

The Enrollment page on BenefitsWeb shows the coverage you will receive if you don't enroll. The coverage you receive depends on whether you are a current or newly hired employee.

Once your enrollment deadline has passed, you may not change your coverage during 2012 unless you experience a qualifying status change as described on [page 17](#).

Current Employees

If you do not update your benefits coverage during Annual Enrollment, the benefits you have now will automatically continue in 2012, with these exceptions:

- **Medical.** If you cover your spouse/domestic partner, you must confirm that he or she does not have access to coverage through another employer-sponsored plan or you will automatically be assessed the Working Spouse Surcharge as described on [page 9](#).
- **Health Assessment/Learning Incentive.** You will miss out on the \$300 incentive if you do not take the Health Assessment and an online Health Education Course. You will pass up an additional \$300 if your covered spouse/domestic partner does not complete the Health Assessment (spouse/domestic partners are not required to take the online Health Education Course).
- **Tobacco-free Incentive.** Additionally, you will miss out on the \$300 Tobacco-free Incentive. You will pass up an additional \$300 if you do not certify tobacco-free status for your covered spouse/domestic partner.
- **Dental.** Your current option and coverage level will remain in place. However, if you are currently enrolled in the Aetna DMO and it is no longer available in your ZIP Code, you will be enrolled automatically in the MetLife Basic Dental option.
- **Flexible Spending Accounts.** If you do not make an election during Annual Enrollment, you will not be able to contribute to an account for 2012.

- **Life Insurance.** If you haven't previously indicated your tobacco-user status, and you don't indicate your status when you enroll this year, the higher rate for tobacco users will apply to your Optional Employee and/or Spouse/Domestic Partner Life Insurance coverage.
- **Vacation Purchase.** You must enroll to have this benefit in 2012; your current election will not carry over.

Newly Hired Employees

If you do not enroll during your first 30 days of employment, you will automatically receive the following coverage for 2012.

- **Health Incentives.** You may complete the Health Assessment/Learning Incentive requirements at any time, but you must complete them by the deadlines shown on [page 10](#) to receive the full incentive from Xerox.
- **Medical.** You will receive Employee Only coverage in:
 - HMSA Health Plan Hawaii for Hawaii residents,
 - Humana Puerto Rico for Puerto Rico residents,
 - TakeCare Asia for South Pacific residents, or
 - The Consumer Choice option if you live elsewhere.In addition, you and/or your spouse/domestic partner will not be eligible for the tobacco-free incentive.
- **Flexible Spending Accounts.** You will not be able to contribute for 2012 if you do not make an election.
- **Basic Employee Life Insurance.** You will receive coverage in the amount of 1 times pay.
- **Xerox Long-Term Disability.** You will receive the 40% coverage level.
- **Xerox Extended Long-Term Disability.** You will receive the 40% coverage level.

Making Changes After Enrollment

In most cases, the enrollment decisions you make will remain effective from January 1 through December 31, 2012. However, you may change some of your elections during the year if you have a qualifying change in your status, provided the coverage change is consistent with your status change. Qualifying events include:

- Birth or adoption of a child
- Marriage or domestic partnership
- Divorce, legal separation, or termination of domestic partnership
- Death of a covered dependent
- Change in employment status for you or your spouse/domestic partner that results in a gain or loss of benefits, including salary continuance
- Change in your dependent's eligibility for benefits
- Issuance of a qualified medical child support order

Doctors and hospitals may leave or join health plan networks at any time. If your provider leaves your plan's network during the year, this does not qualify as a change in status, and you cannot change your medical coverage as a result.

If you choose to enroll for vision coverage, you must remain enrolled for two years at the coverage level you elect.

You must make any coverage change within 30 days of the qualifying event. To make a change, go to BenefitsWeb or call the Xerox Employee Service Center at **1.800.428.2203**. If you don't register the change within 30 days of the qualifying event, you may not make the change until the next annual enrollment period.

Medicaid or CHIP Events

If you (or a dependent) lose Medicaid coverage or a dependent child loses Medicaid or Children's Health Insurance Program (CHIP) coverage, or if you become eligible for state premium assistance under Medicaid or CHIP, you have 60 days to make changes to your coverage. Please see "Special Enrollment Rights" on [page 47](#) for more information.

If You Are in the Coinsurance Plus Option and You Relocate During 2012

If you are in the Coinsurance Plus option and your relocation requires you to change medical claims administrators (from CIGNA to Anthem or Anthem to CIGNA), you'll need to re-enroll on BenefitsWeb or by calling the Xerox Employee Service Center at **1.800.428.2203**. You will also need to provide your most recent explanation of benefits (EOB) from your former medical claims administrator for each covered family member. Your new medical claims administrator will honor amounts you have already paid toward your annual deductible and out-of-pocket maximum under your former medical claims administrator, provided your new coverage is not an HMO.

Benefits Overview

Carefully considering and selecting your benefits for the coming year is one of the most important things you can do for yourself and for your family. Take the time to learn all you can about your benefit plans so you can make informed decisions.



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Benefits at Xerox gives you flexibility to tailor your benefit coverage to your needs. In addition to comprehensive benefits that provide protection when you need it most, Xerox offers programs designed to keep you healthy through Your Xerox Health Connection. Most of these programs are offered through CIGNA to all employees — including those covered by Anthem or an HMO, and employees who opt out of Xerox medical coverage. Take advantage of these programs to improve your health and well-being.

Medical

Xerox’s medical options provide comprehensive coverage — including extensive coverage for preventive care — to help you and your family stay healthy. Starting in 2013, Xerox is moving toward a single common medical plan for all employees — the Consumer Choice option (formerly called the High Deductible option). The Coinsurance Plus and HMO options will continue to be available to current participants but not to new members in 2012.

For 2012, you may choose from these options:

- No Coverage
- Consumer Choice
- Coinsurance Plus (closed to new participants; you may elect this option only if you are enrolled in it for 2011)
- Local HMOs (closed to new participants; you may elect this option if you are enrolled in it for 2011)

If you live in Hawaii, Puerto Rico or the South Pacific, you have these options:

- In Hawaii, you may enroll in Kaiser Hawaii (if you are eligible based on your home ZIP Code), HMSA Health Plan Hawaii or HMSA PPO.
- In Puerto Rico, you may enroll in Humana Puerto Rico.
- In the South Pacific, you may enroll in TakeCare Asia.

For more information about these options, please refer to the benefit summaries, available on BenefitsWeb in the *Health and Welfare* section.

No Coverage

You may choose “No Coverage” if you confirm that you have medical coverage available elsewhere when you enroll.

Consumer Choice and Coinsurance Plus Medical Plan Claims Administrators

For the Coinsurance Plus option, your medical claims administrator will typically depend on where you live.

If you are an expatriate or you live here...	Your claims administrator for either option is...
AZ, CO, CT, DC, DE, GA, ID, IL, KS, LA, MD, ME, MN, MO, ND, NE, NH, NM, NY, OK, OR, TN, UT, VA, WA, WY, all other territories/countries	CIGNA
AK, AL, AR, CA, FL, IA, IN, KY, MA, MI, MS, MT, NC, NJ, NV, OH, PA, RI, SC, SD, TX, VT, WI, WV	Anthem
To check whether your doctor or hospital participates in the network offered in your area, call CIGNA (1.800.806.2064) or Anthem (1.866.878.6177).	

However, if you enroll in the Consumer Choice option for 2012, you will be able to choose between Anthem and CIGNA as your carrier. Be sure to check if your providers participate in the carrier’s network before you enroll.

Under either claims administrator, the plans offer the same level of benefits. However, there may be some differences in the way that CIGNA and Anthem administer coverage, such as precertification requirements.

Consumer Choice

Here are the main features of the Consumer Choice option:

- Certain routine preventive care is covered at 100%, as long as you use providers that participate in the plan’s network. You can find a list of care that is covered at 100% in the Schedule of Routine Preventive Care Services available on BenefitsWeb.

- If you earn up to \$80,000 a year, Xerox will match the first \$450 of your contributions to a Health Savings Account (HSA), described in more detail on [page 23](#). You can use this money to pay your deductible and out-of-pocket expenses or use it to save for future health care needs.
- For non-preventive care services, including prescription drugs, you pay an annual deductible before the plan begins sharing costs with you.
- Once you meet the deductible, you and the plan share expenses up to the annual out-of-pocket maximum. You may choose in-network or out-of-network providers, but you will pay more for out-of-network care. For out-of-network claims, the plan reimburses a percentage of the plan's allowance for that service, which is based on the fees charged for that service by providers in the area. If your provider's charge is greater than the plan's allowance, you must pay the additional cost.
- Once you meet the annual out-of-pocket maximum, the plan pays 100% of eligible in-network expenses for the rest of the year.

Note: You cannot enroll in this option and elect an HSA if you are covered under any other medical plan (for example, through your spouse's employer) unless that plan is also a qualified high deductible health plan. If you do enroll in the Consumer Choice Plan and an HSA for 2012, contributions to your HSA will be delayed if you had a Flexible Spending Account in 2011 and your balance is not zero at the end of 2011.

Coinsurance Plus

If you are currently enrolled in Coinsurance Plus you may enroll in this plan again in 2012. However, this plan is not available to new members this year. Here are the main features of the Coinsurance Plus option:

- You may choose in-network or out-of-network providers.
- Certain routine preventive care is covered at 100%, as long as you use providers that participate in the plan's network. An office visit copay may apply in certain instances. You can find a list of care that is covered at 100% in the Schedule of Routine Preventive Care Services available on BenefitsWeb.

- There are co-pays for doctor visits and prescription drugs.
- For other services, you must first meet an annual deductible before the plan will pay a percentage of expenses. You pay more for out-of-network care. For out-of-network claims, the plan reimburses a percentage of the plan's allowance for that service. If your provider's charge is greater than the plan's allowance, you must pay the additional cost.
- This plan also has an annual out-of-pocket maximum to protect you from the high cost of a serious accident or illness.

Consumer Choice and Coinsurance Plus Options: Key Differences		
	Consumer Choice	Coinsurance Plus
Your Per-Paycheck Contributions	Lower	Higher
Annual Deductible	Straight dollar amount <ul style="list-style-type: none"> • Employee only: \$1,200 • Family: \$2,400 	% of pay, ranging from: <ul style="list-style-type: none"> • Employee only: \$200 to \$800 • Family: \$400 to \$1,600
Save for Future Health Care Needs?	Yes, through a Health Savings Account	No
Xerox's Contributions if Your Annualized Pay as of Sept. 1, 2011, Is \$80,000 or Less	Xerox matches your contributions to the Health Savings Account (see page 23)*	Xerox contributes to the Health Care Flexible Spending Account (see page 34)*
Office Visits	Covered at 80% after the deductible	Covered at 100% after a copayment

*You can see a comparison of these accounts on [page 38](#).

CIGNA's Network Savings Program

CIGNA HealthCare has a number of features that can help you save money on your medical expenses. CIGNA's Network Savings Program offers you access to supplemental provider networks, which enables you and your dependents to receive discounts for out-of-network services at doctors, hospitals and facilities nationwide. The discount will be applied automatically when the claim is processed, and your bill will be reduced by the discount amount before calculating your deductible or coinsurance. CIGNA's explanation of benefits (EOB) will reflect this discounted amount. You do not need to take any special actions to receive the discount.

Health Maintenance Organizations (HMOs)

An HMO is a network of independent health care providers offering a comprehensive package of medical services within a set geographic area. When you enroll in an HMO, you may be required to select a Primary Care Physician (PCP). You may choose any participating PCP who is available to accept new patients. You may designate any participating physician specializing in pediatrics as your child's PCP. If your HMO requires PCPs, you will receive benefits only if your medical care is coordinated by your selected PCP. In this case, your PCP would provide all your routine care and refer you to specialists when needed. The exception is that you do not need a referral to obtain care from a professional in the network who specializes in obstetrical or gynecological care. The provider, however, may be required to comply with certain rules, including obtaining pre-authorization for certain procedures, following a pre-approved treatment plan or rules, for making referrals.

For each doctor's visit or for other routine care, you typically pay a small, fixed fee called a "copayment," and your provider submits your claims to the HMO for you. Special rules apply to routine preventive services and immunizations. Please refer to the HMO's plan summary for more information. For other services, you may need to meet an annual deductible before the plan will pay benefits. Copayments and deductibles vary by HMO.

In general, HMOs do not pay for benefits if you go to a health care provider who does not participate in the HMO network, except in an emergency. In an emergency, care will usually be covered if you notify your PCP of the care within 48 hours.

If an HMO is offered in your area, you will see it listed among your benefit options on BenefitsWeb or, if you don't have Internet access, on your personal Benefits Enrollment Worksheet. For more information about the specific HMO coverage available to you, please refer to the HMO's plan summary, available on BenefitsWeb in the *Health and Welfare* section. Or, you may call the benefit plan provider or visit its website. Contact information for each HMO is shown under "Benefit Contacts" on [page 56](#).

Prescription Drug Coverage

When you enroll in the Consumer Choice option or the Coinsurance Plus option, you automatically receive prescription drug coverage through Medco (the prescription benefit administrator), with a separate prescription benefit ID card. (If you enroll in an HMO, your prescription drug coverage will be provided through that HMO.)

Under the Consumer Choice option, prescription drugs are covered like other medical expenses — after you meet the annual deductible, the plan pays a percentage (called coinsurance) of the cost. However, certain preventive drugs are covered at 100% with no deductible (a list is available on the Medco website at www.medco.com/xerox). For maintenance medication that you take on a regular basis (for example, blood pressure medication), the option pays 100% when you use the mail order pharmacy.

Prescription drug coverage under the Coinsurance Plus option has these features:

- **Copayments.** For most medicine, the plan pays 100% of the cost per prescription after you pay a copayment. The copayment amount — shown in the table on [page 27](#) — depends on whether your prescription is for generic, preferred brand (as shown on Medco’s list of preferred drugs, called a “formulary”) or non-preferred brand medicine. To find out whether your medication is classified as generic, preferred brand or non-preferred brand, please call Medco member services at **1.800.886.4005** or visit www.medco.com/xerox.
- **Mandatory generic rule.** If you purchase a brand-name drug that has a generic equivalent available, your out-of-pocket cost will be the generic copayment **plus** the difference in price between the generic drug and the brand-name drug you purchased.
- **Refill of maintenance drugs at retail pharmacies.** For maintenance medication that you take on a regular basis (for example, blood pressure medication), you will be allowed three regular fills at a retail pharmacy. After that (that is, beginning with your fourth refill at a retail pharmacy), if you don’t use the mail order pharmacy for these maintenance medications and instead choose to use a retail pharmacy, you will be charged twice the retail pharmacy prescription copayment for each fill of up to a 30-day supply. If you have questions about maintenance medication, please call Medco member services at **1.800.886.4005**.

If You Have End-Stage Renal Disease

If you are diagnosed with End-Stage Renal Disease, your Xerox medical coverage will pay primary for your hospital and medical bills for the first 30 months. During this 30-month time period, you should enroll in Medicare, as Medicare will be the secondary payer. At the end of 30 months, Medicare will pay primary and your Xerox medical coverage will pay secondary. You are responsible for your Medicare premiums and contributions for your Xerox medical plan in order to maintain both coverages.

Health Savings Accounts (HSAs)

When you enroll in the Consumer Choice option, you may establish a Health Savings Account (HSA), an exclusive tax-advantaged savings account that you can use to pay for eligible health care expenses now — or save to pay for health care expenses in the future. The money in your account can be used to pay deductibles, coinsurance and other out-of-pocket health care expenses. Here's how HSAs work.

Which one should you choose — a Health Savings Account or a Health Care Flexible Spending Account?

See the table on [page 38](#) for a comparison of the key differences between these two accounts.

Establishing an HSA Through Xerox	
Eligibility	You are eligible to establish an HSA if you enroll in Xerox's Consumer Choice option. Note: You cannot enroll in the Consumer Choice option if you are covered under any other medical plan (for example, through your spouse's employer), unless that plan is also a qualified high deductible health plan.
Advantages of an HSA	<ul style="list-style-type: none"> • Xerox contribution. If you earn up to \$80,000 a year and you have an HSA with ACS BNY Mellon HSA Solution, the HSA administrator, Xerox will match the first \$450 of your HSA contribution. • Tax advantages. As long as you use the account for qualified medical expenses, Xerox's contributions and yours are exempt from federal and, in most cases, state income taxes, as well as Social Security taxes. • Can be used in the future. Unlike a Health Care FSA, unused funds in your HSA at the end of the year remain in your account to pay for future health care expenses. • Portability. You can take all the money in your account with you if you change employers or retire. Once you retire, you can use any of your HSA funds to pay medical expenses tax-free.
How Much You May Contribute	For 2012, the IRS will allow HSA contributions of up to: <ul style="list-style-type: none"> • \$3,100 for an individual, or • \$6,250 for a family (no matter how many dependents you cover). If you're age 55 or older, you're also eligible to contribute an additional \$1,000 per year to your HSA as a catch-up contribution. You may contribute up to the full amount allowed, less Xerox's matching contribution of up to \$450, if you qualify to receive it.
Choose a Health Savings Account or a Health Care FSA	You may not contribute to both an HSA and a Health Care FSA. If you choose not to establish an HSA, you may participate in a Health Care FSA.
How the Account Works	You will have an interest-bearing, FDIC-insured checking account to pay for out-of-pocket health care expenses. You pay for these expenses with an HSA Mastercard® debit card or checkbook. Once your balance reaches \$1,500, you can invest any excess funds among a selection of 20 investment options.

How the Medical Plans Pay Benefits

Plan Feature	Coinsurance Plus Option	Consumer Choice Option
<p>Annual Deductible</p> <p>The annual deductible counts toward the out-of-pocket maximum. Out-of-network amounts above the plan's allowance do not count toward the deductible.</p>	<ul style="list-style-type: none"> • Employee Only: 1% of pay. Min. \$200/Max. \$800 • Family: 2% of pay, regardless of the number of persons covered. Min. \$400/Max. \$1,600 • Copays do not count toward the deductible • If you are continuing coverage under COBRA or if you are on LTD, your deductible will be \$200 for Employee Only coverage or \$400 if you're covering dependents 	<ul style="list-style-type: none"> • Employee Only: \$1,200 • Family: \$2,400, regardless of the number of persons covered (Note: If you are covering dependents, you must meet the full family deductible before the plan begins to pay benefits)
<p>Annual Out-of-Pocket Maximum</p> <p>Coinsurance and the annual deductible count toward the out-of-pocket maximum. Amounts over the plan's allowance, non-covered expenses and pre-notification penalties do not count toward the out-of-pocket maximum.</p>	<ul style="list-style-type: none"> • Employee Only: 5.5% of pay, up to \$8,250. Min. \$1,100 (if 5.5% of your annual pay is less than \$1,100, your out-of-pocket maximum is \$1,100) • Family: 11% of pay, up to a max. of \$16,500, regardless of the number of persons covered. Min. \$2,200 (if 11% of your annual pay is less than \$2,200, your out-of-pocket maximum is \$2,200) • Copays do not count toward the out-of-pocket maximum • If you are continuing coverage under COBRA or if you are on LTD, your annual out-of-pocket maximum is \$1,100 for Employee Only coverage or \$2,200 if you are covering dependents 	<ul style="list-style-type: none"> • Employee Only: \$5,000 • Family: \$10,000, regardless of the number of persons covered
<p>Coinsurance</p>	<ul style="list-style-type: none"> • In-Network: 80% after the deductible • Out-of-Network: 60% of the plan's allowance after the deductible 	<ul style="list-style-type: none"> • In-Network: 80% after the deductible • Out-of-Network: 60% of the plan's allowance after the deductible
<p>Lifetime Maximum Benefit</p>	<p>None</p>	<p>None</p>
<p>Xerox Contribution of up to \$450 if Your Annualized Pay as of September 1, 2011 Is \$80,000 or Less (see page 34)</p>	<p>Xerox makes a contribution to the Health Care Flexible Spending Account, even if you don't enroll in that account</p>	<p>Xerox matches your contributions to the Health Savings Account (HSA) dollar-for-dollar up to \$450, as long as you establish your account with Xerox's HSA administrator, ACS BNY Mellon HSA Solution</p>

How the Medical Plans Pay Benefits

Covered Services	Coinsurance Plus Option		Consumer Choice Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Routine Preventive Care/Wellness For example, well-child care, routine exams, immunizations (see the Schedule of Routine Preventive Care Services available on BenefitsWeb)	100% with no deductible; office visit copay may apply in some situations	60%*	100% with no deductible	60%*
Physician Office Visits and Allergy Injections				
Primary Care Physician (PCP)	100% after \$30 copay	60%*	80%*	60%*
Specialist	100% after \$45 copay	60%*	80%*	60%*
Outpatient Care				
Surgery	100% after physician office visit copay if performed in a physician's office; otherwise, 80%*	60%*	80%*	60%*
Lab tests and X-rays	80%*	60%*	80%*	60%*
Hospital Surgery, including gender reassignment, hospital charges, in-hospital physician care	80%*	60%*	80%*	60%*
Ambulance Covered when medically indicated for ground and air transportation only	80%*	80%*	80%*	80%*
Emergency Room The plan must be notified within 48 hours if admitted; \$400 penalty if the plan isn't notified	80%*	80%*	80%*	80%*

*After you meet the annual deductible. For in-network services, reimbursement is based on negotiated rates. For out-of-network claims, the plan reimburses a percentage of the plan's allowance for that service; if your provider's charge is greater than the plan's allowance, you must pay the additional cost. Any amount over the plan's allowance does not count toward the annual deductible or the out-of-pocket maximum.

How the Medical Plans Pay Benefits

Covered Services	Coinsurance Plus Option		Consumer Choice Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Diabetes Services				
Diabetic supplies — test strips and insulin	Covered in the same way as other prescription drugs		Insulin and non-insulin hypoglycemic agents are covered at 100% with no deductible; test strips are covered at 80%*	
Other diabetic supplies such as syringes, lancets and lancet devices	100% with no deductible		80%*	
Chiropractic Care				
<ul style="list-style-type: none"> • CIGNA: Up to 20 days each calendar year • Anthem: Up to 20 visits each calendar year 	80%*	60%*	80%*	60%*
Infertility Services	80%*	60%*	80%*	60%*
Infertility treatment, in vitro fertilization, artificial insemination (a lifetime maximum benefit of \$20,000 applies to both plans, combined)				
Mental Health or Detoxification and Rehabilitation				
Outpatient office visits	100% after \$30 copay	60%*	80%*	60%*
Inpatient (includes rehabilitation, residential treatment center and partial hospital day care)	80%*	60%*	80%*	60%*

* After you meet the annual deductible. For in-network services, reimbursement is based on negotiated rates. For out-of-network claims, the plan reimburses a percentage of the plan's allowance for that service; if your provider's charge is greater than the plan's allowance, you must pay the additional cost. Any amount over the plan's allowance does not count toward the annual deductible or the out-of-pocket maximum.

How the Medical Plans Pay Benefits

Covered Services	Coinsurance Plus Option		Consumer Choice Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drug Benefits				
Medco Retail Pharmacy Up to a 30-day supply	Plan pays 100% after: <ul style="list-style-type: none"> • Generic drug: \$15 copay • Preferred brand: \$40 copay** • Non-preferred brand: \$55 copay** 		80%*	
Refills of maintenance drugs (for example, blood pressure medication)	Beginning with your fourth refill at a retail pharmacy, you will pay twice the retail copay for each fill of up to a 30-day supply if you do not use mail order		Not applicable	
Mail Order Pharmacy Up to a 90-day supply	Plan pays 100% after: <ul style="list-style-type: none"> • Generic drug: \$37.50 copay • Preferred brand: \$100 copay** • Non-preferred brand: \$137.50 copay** 		80%*	
Prescription Antihistamines (retail or mail order) For example, Clarinex, Xygal, Allegra	For prescription antihistamines, you pay 100% of the discounted cost; you may wish to consider low-cost over-the-counter options instead, such as Zyrtec, Claritin, Alavert or store-brand generic alternatives			
Preventive Prescription Drugs (retail or mail order)	Covered like any other prescription drug		100% with no deductible; for a list of preventive drugs covered at 100% visit www.medco.com/xerox	

*After you meet the annual deductible. For in-network services, reimbursement is based on negotiated rates. For out-of-network claims, the plan reimburses a percentage of the plan's allowance for that service; if your provider's charge is greater than the plan's allowance, you must pay the additional cost. Any amount over the plan's allowance does not count toward the annual deductible or the out-of-pocket maximum.

** If you purchase a brand-name drug that has a generic equivalent available, the mandatory generic rule applies. See [page 22](#).

Notes:

If the claims administrator (either one) determines that you live in an area where no network is available, you receive in-network benefits, as follows:

- For covered services subject to a copayment: You pay the in-network copayment.
- For covered services subject to a deductible and coinsurance: Billed charges are paid at the in-network rate. You are not responsible for paying any difference between the actual charge and the negotiated rate that an in-network provider or facility would have charged.

Dental

Xerox dental options generally cover the same types of eligible expenses, but differ in how much you pay for care.

For 2012, your options are:

- No Coverage
- MetLife Basic Dental
- MetLife Dental Plus
- Aetna DMO, if available in your area

MetLife Basic Dental and MetLife Dental Plus

Both MetLife options offer the freedom to see any provider and the same in-network coverage. If you use a dentist who participates in MetLife's network, the dentist will file claims for you and your costs generally will be lower.

The MetLife options differ in how they handle out-of-network coverage:

- If you choose the MetLife Basic Dental option and use a non-participating provider, the plan reimburses you according to a schedule of benefits. You will be responsible for the difference between the reimbursed fee and the standard charge by your provider. However, if there are no participating MetLife providers within 25 miles of your home, you may qualify for the No Network Available schedule. Under this schedule, the deductible does not apply to diagnostic/preventive care.
- Under the MetLife Dental Plus option, if you use an out-of-network dentist, reimbursement is based on reasonable and customary (R&C) charges. You will be responsible for the difference if your provider's fees are above MetLife's R&C limits. If you use an out-of-network dentist, the MetLife Dental Plus option offers a greater reimbursement level than the MetLife Basic Dental option.

If You're Planning to Have Orthodontia Work

Orthodontia payments are based on the lifetime maximum of \$1,500, beginning with 20% of the lifetime maximum for the initial appliance placement. The balance of the lifetime maximum payments are prorated over the number of months of the treatment plan, and are referred to as "repetitive payments." The lifetime maximum amount is reached when the last repetitive payment is made to the employee.

Aetna DMO

The Aetna DMO offers coverage through a network of participating providers.

- This plan pays benefits **only if** you use a participating network provider. If you are covering dependents, you must each select a primary dentist from the network (but you don't have to select the same one).
- There are no claim forms.
- There is no annual deductible or annual maximum benefit. Instead, you pay a copayment for each covered service you receive.

Making Your Decision

- If you will see out-of-network providers, consider the MetLife Dental Plus option, which provides the best out-of-network coverage.
- If your dentist participates in the MetLife network, the MetLife Basic Dental option will be a better value for you than the MetLife Dental Plus option.
- If your dentist participates in the Aetna DMO network, you may save the most money with the Aetna DMO.
- If you have dental coverage elsewhere, or if you expect very little in dental expenses, you may wish to choose No Coverage. If you do, note that you can pay for dental expenses with tax-free dollars by contributing to the Health Care Flexible Spending Account, described on [page 34](#), or the Health Savings Account, as described on [page 23](#), if you are enrolled in the Consumer Choice option.

How the Dental Plans Pay Benefits

Covered Services	MetLife Dental Plus		MetLife Basic Dental			Aetna DMO
	In-Network	Out-of-Network*	In-Network	Out-of-Network	No Network Available	In-Network Only
Diagnostic/ Preventive Services For example, oral exams, fluoride treatments, X-rays	100% of negotiated fee with no deductible	100% of R&C with no deductible	100% of negotiated fee with no deductible	After the deductible, plan pays a scheduled fee, based on the provider's ZIP Code; you pay charges in excess of allowed amounts	Plan pays a scheduled fee, based on the provider's ZIP Code; you pay charges in excess of allowed amounts (no deductible applies)	100% of negotiated fee with no deductible
Annual Deductible	\$50 per person; does not apply to preventive care or orthodontia	\$50 per person; does not apply to preventive care or orthodontia	\$50 per person; does not apply to preventive care or orthodontia	\$50 per person; applies to all services, including preventive care	\$50 per person; does not apply to preventive care or orthodontia	None
Basic Restorative Services For example, fillings, periodontal cleanings, oral surgery	80% of negotiated fee after deductible	80% of R&C after deductible	80% of negotiated fee after deductible	After the deductible, plan pays a scheduled fee, based on the provider's ZIP Code; you pay charges in excess of allowed amounts	After the deductible, plan pays a scheduled fee, based on the provider's ZIP Code; you pay charges in excess of allowed amounts	You pay a copayment, as shown in the schedule**
Major Restorative Services For example, uncomplicated extractions, dentures, inlays/onlays/crowns	50% of negotiated fee after deductible	50% of R&C after deductible	50% of negotiated fee after deductible			You pay a copayment, as shown in the schedule;**
Annual Benefit Maximum	\$1,500 per person; does not apply to orthodontia		\$1,500 per person; does not apply to orthodontia			None

* In the MetLife Dental Plus option, costs for out-of-network services are based on R&C (reasonable and customary) charges. R&C charges are based on the lowest of: (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar service, and (3) the charge of most dentists in the same geographic area for the same or similar services, as determined by MetLife.

** See the Aetna DMO plan summary on BenefitsWeb for the schedule showing how much you pay for each service.

How the Dental Plans Pay Benefits

Covered Services	MetLife Dental Plus		MetLife Basic Dental			Aetna DMO
	In-Network	Out-of-Network*	In-Network	Out-of-Network	No Network Available	In-Network Only
Orthodontia For children (up to age 19 or 23, for full-time students) and adults	50% of negotiated fee with no deductible**	50% of R&C with no deductible**	50% of negotiated fee with no deductible**	50% of R&C with no deductible**	Plan pays a scheduled fee, based on the provider's ZIP Code; you pay charges in excess of allowed amounts (no deductible applies)	You pay a copayment, as shown in the schedule***
Lifetime Orthodontia Benefit Maximum	\$1,500 per covered person	\$1,500 per covered person	\$1,500 per covered person	\$1,500 per covered person	\$1,500 per covered person	None

* In the MetLife Dental Plus option, costs for out-of-network services are based on R&C (reasonable and customary) charges. R&C charges are based on the lowest of: (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar service, and (3) the charge of most dentists in the same geographic area for the same or similar services, as determined by MetLife.

** Orthodontia payments are based on the lifetime maximum of \$1,500, beginning with 20% of the lifetime maximum for the initial appliance placement. The balance of the lifetime maximum payments are prorated over the number of months of the treatment plan, and are referred to as "repetitive payments." The lifetime maximum amount is reached when the last repetitive payment is made to the employee.

*** See the Aetna DMO plan summary on BenefitsWeb for the schedule showing how much you pay for each service.

Vision

Xerox's vision plan, provided by EyeMed, includes coverage for eye exams, eyeglasses or contact lenses, and discounts for laser surgery.

For 2012, your options are:

- No Coverage
- Vision Coverage

If you elect vision coverage, your election will remain in effect for two calendar years for you and your covered dependents. (If you choose No Coverage, your decision will remain in effect for 2012, unless you have a qualifying status change.) BenefitsWeb or your Benefits Enrollment Worksheet will indicate whether you are eligible to make a new election for 2012.

How the Plan Works

The amount that the plan pays for covered vision expenses depends on whether you use an EyeMed Vision Care network provider or seek care from a provider outside of the EyeMed network:

- **In-network benefits.** When you see an EyeMed network provider, you can receive an eye exam and coverage for eyeglass lenses or contact lenses, based on the vision plan allowances. For other services, you pay an additional fee at the time you receive the service or supply. You do not need to file claims for reimbursement.
- **Out-of-network benefits.** If you go to a provider that does not participate in the EyeMed network, you must pay the provider in full at the time that you receive care and submit a claim for reimbursement. You will then be reimbursed as shown in the table on the following page. Claim forms are available from www.eyemedvisioncare.com or by calling **1.866.723.0514**.

LASIK and PRK Procedures

As a plan participant, you can receive a discount of 15% off the retail price, or 5% if a provider is already offering promotional pricing, for LASIK or PRK (photorefractive keratectomy) procedures from the U.S. Laser Network, owned and

operated by LCA Vision. This discount may not be available from all providers in your area. To find a participating provider at a location near you and initiate the discount authorization process, please call **1.877.5LASER6 (1.877.552.7376)**.

EyeMed Vision Discount Program

You and your dependents can receive special savings on vision services and products through the EyeMed Vision Discount Program, even if you choose the "No Coverage" option. Simply go to any EyeMed provider, identify yourself as a Xerox employee, and mention the Xerox discount plan number: 9235557. In addition to Independent Practitioners, EyeMed providers include LensCrafters, Pearle Vision®, Sears Optical, JCPenney® Optical and Target Optical.

For More Information or to Find an EyeMed Provider

Visit www.eyemedvisioncare.com and choose the "Select" network or call EyeMed at **1.866.299.1358**.

Making Your Decision

If you have vision coverage elsewhere, or if you expect very little in vision expenses, you may wish to choose No Coverage. If you do, note that you can pay for vision expenses with tax-free dollars by contributing to the Health Care Flexible Spending Account, described on [page 34](#), or the Health Savings Account, as described on [page 23](#), if you are enrolled in the Consumer Choice option. In addition, the EyeMed Vision Discount Program is still available to you.

How the Vision Plan Pays Benefits*

Covered Services	What You Pay When You Use an EyeMed Provider	Out-of-Network Reimbursements Paid to You From the Plan
Exam With Dilation (once per calendar year)	\$10	\$35
Exam Options		
Standard contact lens fit and follow-up	Up to \$40	Not covered
Premium contact lens fit and follow-up	10% discount off the retail price	
Eyeglasses		
Frames (once every two calendar years)	Covered up to \$125, plus 20% off balance over \$125	Up to \$50
Standard Plastic Eyeglass Lenses (in lieu of contact lenses)		
Single	\$10	Up to \$25
Bifocal		Up to \$40
Trifocal		Up to \$55
Standard progressive	\$75	Up to \$40
Premium progressive	\$75, plus 80% of the retail price less a \$120 allowance	Up to \$40
Eyeglass Lens Options		
Standard plastic scratch coating	No additional cost	Not applicable
Ultraviolet coating	\$15	
Tint (solid and gradient)	\$15	
Standard polycarbonate	\$40**	
Standard anti-reflective coating	\$45	
Other add-ons and services	20% discount off retail price	Not applicable

* All benefits are paid annually except frames, which are paid once every two calendar years.

** For children under the age of 19, there is no charge for standard polycarbonate.

How the Vision Plan Pays Benefits*

Covered Services	What You Pay When You Use an EyeMed Provider	Out-of-Network Reimbursements Paid to You From the Plan
Contact Lenses (in lieu of eyeglass lenses)		
Conventional**	\$0 copay; \$125 allowance, 15% off balance over \$125	Up to \$100
Special lens benefit for covered children under age 19***	An additional set of lenses will be covered within a 12-month period for children who have a prescription change of at least 0.5 diopters	Not applicable
Disposable**	\$0 copay; \$125 allowance plus balance over \$125	Up to \$100
Medically necessary	\$0	Up to \$200
Extra Pairs of Eyeglasses or Contact Lenses	You will receive a 40% discount off a complete pair of eyeglasses (frames and lenses) and a 15% discount off conventional contact lenses once the covered benefit has been used	Not applicable

* All benefits are paid annually except frames, which are paid once every two calendar years.

** The \$125 contact lens allowance must be used on the initial purchase. Any remaining balances cannot be used for additional contact lens purchases within the same 12-month benefit period.

*** The extra lenses can be contact lenses or eyeglass lenses.

Flexible Spending Accounts

The flexible spending accounts (FSAs), administered by ACS, offer you a way to save money on eligible health care and dependent care expenses. When you enroll in one or both accounts, you choose an amount to be deducted from each paycheck before federal, Social Security and most state income taxes are calculated. Because the money you put into FSAs is contributed on a before-tax basis, you lower your taxable income, which saves you money. Just be sure to use up your account balance by the deadline.

Your 2012 options are:

- Contribute up to \$7,000 a year to the Health Care Flexible Spending Account. **Note:** If you are contributing to a Health Savings Account, described on [page 23](#), you may **not** contribute to the Health Care FSA.
- Contribute up to \$5,000 a year to the Dependent Care Flexible Spending Account, or up to \$3,200 for highly compensated employees (HCEs).*

* For 2012, an HCE is anyone who received \$110,000 or more in compensation during 2011. These limits are set by the IRS and are subject to change each year.

You must re-enroll in the FSAs each year that you wish to participate, even if you are currently participating. **If you do not re-enroll, you will be assigned a \$0 contribution rate.**

Xerox Health Care FSA Contribution

Xerox will contribute to a Health Care FSA on your behalf — even if you do not enroll in it — as long as:

- Your annualized pay as of September 1, 2011, is \$80,000 or less, and
- You enroll in the Coinsurance Plus option (or in Hawaii, the HMSA HMO, HMSA PPO or Kaiser Hawaii; in Puerto Rico, Humana Puerto Rico; and in the South Pacific, TakeCare Asia).

The entire Xerox contribution is available for use on January 1, 2012, and is in addition to any contribution you may make, so you can still contribute up to the \$7,000 annual Health Care FSA limit on your own.

If Your Annualized Pay,* as of September 1, 2011, Is:	Xerox Will Contribute This Amount to Your Health Care FSA in 2012:
\$30,000 or less	\$450
\$30,000.01–\$50,000	\$350
\$50,000.01–\$80,000	\$250
\$80,000.01 or more	\$0

* If you were hired after September 1, 2011, your annualized pay is your pay on your date of hire.

The Health Care FSA

- You can use the Health Care FSA to pay for medical, dental and vision out-of-pocket expenses, such as deductibles, copayments, eye surgery, hearing aids, acupuncture and wheelchairs. Expenses can be incurred by you or any dependent you claim on your federal income tax return — your spouse, your unmarried children or even a dependent parent. You don't have to be enrolled in a health plan to use the account.
- If you prefer, you may pay the provider yourself and submit a claim to the Xerox Employee Service Center for reimbursement by check or direct deposit.
- You can be reimbursed up to your full annual election plus any contribution from Xerox, if applicable (see [page 34](#)) at any time during the year, even though your contributions are made throughout the year.
- **Health Care FSA Deadline:** You can use your 2012 Health Care FSA for expenses incurred from January 1, 2012 through March 15, 2013. The Xerox Employee Service Center must receive all claims for FSA expenses by June 30, 2013.

Debit Card for the Health Care FSA

When you enroll in the Health Care FSA, you receive a VISA-branded debit card from ACS, the FSA administrator. Called a "Health Care Card," this debit card works just like a bank card, except that you're using your FSA money to purchase eligible health care items from eligible retail stores (for a list of stores, see the *Flexible Spending Account* section of BenefitsWeb). When you use the Health Care Card, be sure to hold onto your receipts in case you need to substantiate a claim.

The Health Care Card cannot be used to purchase over-the-counter drugs like Tylenol, cold and flu remedies, etc.; to receive reimbursement for those items, you must submit a claim form accompanied by a doctor's prescription.

Save Your Receipts

Be sure to save your receipts for all Health Care Card expenses, as the IRS requires that all flexible spending account transactions be validated. If receipts are requested and you cannot produce them, you may be asked to reimburse the plan. If you do not validate the expense or reimburse the plan within the timeframe indicated, a 1099 form will be submitted to the IRS, showing the outstanding amount as taxable income.

The Dependent Care FSA

- You can use the Dependent Care FSA to pay eligible dependent day care expenses that you incur in order to go to work or look for work, as long as your spouse, if you are married, also works, is a full-time student or is disabled.
- Expenses must be for the care of your children under age 13, or other individuals whom you claim as dependents on your federal income tax return — your spouse, parent or child — regardless of age, who live with you and are incapable of self-care. Eligible expenses include day care, nursery schools, babysitting expenses during your working hours, and adult dependent care and elder care. For a more detailed list of eligible expenses, and a list of ineligible expenses, go to BenefitsWeb and visit the *Flexible Spending Accounts* section. **Note: Your dependents' eligible health care expenses must be submitted to the Health Care FSA, not to this account.**
- To use the account, you pay the provider out of your pocket and then submit a claim to the Xerox Employee Service Center for reimbursement by check or direct deposit. **Note: When you submit a claim for reimbursement, you will be required to provide a Social Security or tax ID number for your dependent care provider, as well as his or her signature.**
- You can be reimbursed only up to the amount in your account at the time you submit your claim. As additional contributions are made, you will receive additional reimbursements.
- **Dependent Care FSA Deadline:** You can use your 2012 Dependent Care FSA for expenses incurred from January 1, 2012 through December 31, 2012. The Xerox Employee Service Center must receive all claims for FSA expenses by June 30, 2013.

Direct Deposit for Flexible Spending Accounts

You can receive FSA reimbursement by direct deposit. To sign up for direct deposit, go to the *Flexible Spending Accounts* section of BenefitsWeb. There, you can sign up online or download a direct deposit form. **Note:** It takes 10 business days to set up direct deposit. During those 10 days, you will receive reimbursements by check.

Important FSA Rules

Use It or Lose It

When you're enrolling, estimate your expenses carefully. According to IRS rules, if you do not use the money in your account by the deadline, you will forfeit your remaining balance. In other words, "use it or lose it." If you're not sure how much to contribute, try using the FSA calculator on BenefitsWeb to help estimate your annual out-of-pocket health care and/or dependent care expenses.

If You Retire or Leave During 2012

Contributions to both your accounts, as well as the use of the Health Care Card, stop as of your last day of work. You may continue to submit claims for reimbursement of eligible expenses incurred through your last day of work. You will not be able to use your debit card after your last day of work.

In the case of your Health Care FSA only, if a balance remains in your account after you file all claims for expenses incurred through your last day of work, you may be able to continue to submit claims for expenses incurred after that date by continuing your participation through COBRA. Otherwise, federal law requires that you forfeit any remaining balance in your Health Care FSA.

Note: If you continue your participation through COBRA, you will not be able to use the debit card. You will have to submit claim forms to be reimbursed for eligible expenses.

Deciding Between the HSA and the Health Care FSA

If you enroll in the Consumer Choice option, you may choose to contribute to a Health Savings Account or a Health Care Flexible Spending Account, **but you cannot do both**. The table below outlines the key differences between these two accounts to help you decide which one is right for you.

Key Differences Between the Health Savings Account and the Health Care Flexible Spending Account		
	Health Savings Account	Health Care Flexible Spending Account
Do I have to be enrolled in the Consumer Choice option to use this account?	Yes.	No.
Do I make contributions on a before-tax basis?	Yes.	Yes.
How much does Xerox contribute if I earn less than \$80,000?	Xerox matches your contributions dollar for dollar, up to \$450 for the year, as long as you set up your HSA with Xerox’s administrator, ACS BNY Mellon HSA Solution.	You are eligible to receive Xerox’s contributions described on page 34 if you enroll in: <ul style="list-style-type: none"> • The Coinsurance Plus option, • The HMSA HMO, HMSA PPO or Kaiser Hawaii, • Humana Puerto Rico, or • TakeCare Asia.
What’s the maximum annual contribution I can make?	<ul style="list-style-type: none"> • \$3,100 if you have single coverage. • \$6,250 if you have family coverage. If you’re age 55 or older, you’re also eligible to contribute an additional \$1,000 per year to your HSA as a catch-up contribution. Your Xerox match, if any, counts toward these legally required maximums.	\$7,000 in 2012.
Does my account earn interest?	Yes.	No.
Can I invest my account balance?	Yes, once your account balance reaches \$1,500.	No.
Can I withdraw up to the total annual contribution at any time during the year?	No, you may only withdraw the amount in your account at any time.	Yes.
Can I roll over funds from year to year?	Yes.	No, but you have until March 15 of the following year to incur claims against your Health Care FSA funds.
Can I take account funds with me if I leave Xerox?	Yes.	No.

Life Insurance

Xerox automatically provides you with Basic Employee Life Insurance coverage, through Prudential, equal to one times pay up to \$200,000, at no cost to you. There is no need to enroll. You may supplement this coverage by purchasing coverage for yourself and your eligible dependents, as defined on [page 6](#).

Tobacco-Free Rates for Life Insurance

If you enroll in Optional Employee or Spouse/Domestic Partner Life Insurance, you and/or your spouse/domestic partner can lower your life insurance costs by indicating that you haven't used any tobacco products — including cigarettes, cigars, pipes and chewing tobacco — in the last two years. If you haven't previously indicated your tobacco status, and you don't indicate the status when you enroll this year, you will default to the higher tobacco-user life insurance coverage rates.

Note: The tobacco-free requirement for life insurance is separate from the incentive for medical coverage described on [page 10](#). To obtain the incentive for medical coverage, you must certify your tobacco-free status each year when you enroll. For life insurance, if you indicated your tobacco status last year, you do not need to do so again.

Beneficiary Designations

You must designate a beneficiary for your Basic and Optional Employee Life Insurance coverage. To check your current beneficiary designation or to designate a new beneficiary, call Prudential at **1.800.367.9769**.

You are the beneficiary for any Spouse/Domestic Partner Life Insurance or Child Life Insurance coverage that you elect.

Life Insurance	Your 2012 Options	Is Evidence of Insurability Required?
Optional Employee Life Insurance	<ul style="list-style-type: none"> • No Coverage • 1 to 10 times pay,* up to \$5 million <p>* Pay means your pay as of September 1, 2011, or your date of hire, whichever is later.</p>	<p>You may be required to provide evidence of insurability if:</p> <ul style="list-style-type: none"> • You are newly hired, and you choose coverage of more than 3 times pay or a coverage amount of more than \$800,000. • You are currently enrolled, and you wish to increase your coverage. • You have a qualifying change in your status, as described on page 17, and you want to increase your coverage by more than 1 times pay.
Spouse/Domestic Partner Life Insurance	<ul style="list-style-type: none"> • No Coverage • \$35,000 • \$50,000 • \$75,000 • \$100,000 	<p>Evidence of insurability will be required if your spouse or domestic partner:</p> <ul style="list-style-type: none"> • Wishes to increase his or her current coverage, or • Is newly eligible and chooses coverage of more than \$35,000.
Child Life Insurance	<ul style="list-style-type: none"> • No Coverage • \$5,000 per child • \$10,000 per child <p>Note: This benefit covers all of your eligible dependent children — you do not have to elect separate coverage for each child.</p>	<p>Evidence of insurability is not required.</p>

AD&D Insurance

Xerox offers optional accidental death and dismemberment (AD&D) insurance, through Prudential, that can provide financial protection for you and your family if you or a covered dependent dies or suffers certain serious injuries as a result of an accident. You may purchase coverage for yourself and your eligible dependents, as defined on [page 6](#).

The plan pays the full coverage amount to your beneficiary if you die as the result of a covered accident. For certain serious accidental injuries, the plan pays a portion of your AD&D coverage amount.

Beneficiary Designations

You must designate a beneficiary for your Employee AD&D Insurance coverage. To check your current beneficiary designation or to designate a new beneficiary, call Prudential at **1.800.367.9769**.

You are the beneficiary for any Spouse/Domestic Partner AD&D Insurance and Child AD&D Insurance coverage that you elect.

AD&D Insurance	Your 2012 Options
Employee AD&D Insurance	<ul style="list-style-type: none"> • No Coverage • \$50,000 to \$1 million, in multiples of \$50,000
Spouse/Domestic Partner AD&D Insurance	<ul style="list-style-type: none"> • No Coverage • \$50,000 to \$500,000, in multiples of \$50,000
Child AD&D Insurance	<ul style="list-style-type: none"> • No Coverage • \$50,000 • \$100,000 <p>Note: If you elect this benefit, it covers all of your eligible dependent children — you do not have to elect separate coverage for each child.</p>

Disability Insurance

Xerox offers both short-term disability (STD) and long-term disability (LTD) coverage, which are designed to work together to provide continuous income replacement if you can't work due to illness or injury.

Disability Option	How It Works
STD Coverage	These benefits are paid for up to five months while you remain disabled. Xerox pays the full cost of this benefit automatically; there's no need to enroll.
Xerox LTD Coverage	<p>If you are disabled for more than five months, this plan pays benefits for the 6th month through the 29th month of disability. Your options depend on how long you've been with Xerox.</p> <p>During your first year of employment, you may choose:</p> <ul style="list-style-type: none"> • A Company-paid 40% option. • A 60% option, for which you and Xerox initially share the cost. <p>After your first year of employment, Xerox offers a 60% Company-paid option, but you may choose the 40% option if you wish.</p>
Extended LTD Coverage	This plan pays benefits beginning after the 29 th month and generally continuing through age 65, if you remain continuously disabled. During your first year of employment, Xerox pays the full cost of the 40% option. After you complete a year of service, Xerox pays the full cost of the 50% option. In addition to the Company-paid option, there are several other options available to you (see the chart on the following page). Extended LTD coverage is insured by Prudential.
No Coverage	You may opt out of Xerox LTD coverage only if you have other LTD coverage or are eligible for retirement (that is, you are age 55 or older and have at least 10 years of service). If you select this option, you will receive a credit that will be applied toward the cost of your other benefits coverage. Note: With this option, you will not receive Company-paid coverage or be eligible for Extended LTD coverage.

When Evidence of Insurability Is Required

You will need to provide evidence of insurability whenever you want to increase your benefit percentage for Extended LTD coverage. This applies even when Xerox automatically increases the benefit level that it fully funds after your first employment anniversary (if you have not chosen a higher level of coverage).

If your choice requires evidence of insurability, you will be asked to answer some questions after your enrollment is completed. Additional health information may be required at your expense (for example, through a physical exam), based on your responses. Your current coverage stays in effect until you are approved.

Disability Plans	Your 2012 Options*	
	With up to 12 Months of Service	With One Year or More of Service
Xerox LTD coverage	<ul style="list-style-type: none"> • No coverage** • 40% of pay (Xerox pays the full cost) • 60% of pay 	<ul style="list-style-type: none"> • No coverage** • 40% of pay • 60% of pay (Xerox pays the full cost)
Extended LTD coverage You must enroll in Xerox LTD coverage before you can elect this coverage.	<ul style="list-style-type: none"> • No coverage • 40% of pay (Xerox pays the full cost) • 50% of pay • 60% of pay • 70% of pay 	<ul style="list-style-type: none"> • No coverage • 40% of pay • 50% of pay (Xerox pays the full cost) • 60% of pay • 70% of pay

* If your pay increases or decreases during the year, your coverage and costs will change accordingly.

** You may opt out of coverage only if you have LTD coverage available elsewhere or you are eligible for retirement (that is, you are age 55 or older and have at least 10 years of service).

Making Your Decision

The benefits payable under both the Xerox LTD Plan and the Extended LTD Plan are reduced by any income replacement benefits received from other sources, including Social Security and Workers' Compensation. Be sure to take this into consideration before electing any of the lower pay replacement options under the Xerox LTD coverage and Extended LTD coverage, such as 40% or 50% of pay replacement.

Vacation Purchase

To help you balance your work and family responsibilities, Xerox offers the Vacation Purchase option, which lets you buy a week of extra vacation time for 2012. Your 2012 options are:

- No Coverage
- Purchase One Work Week

Note: If you are a newly hired employee, you will be eligible for this benefit on January 1 following your date of hire.

Benefit Cost and How Much Time You May Buy

The cost of vacation time is based on your annualized pay as of September 1, 2011. It is deducted in equal amounts from each of your paychecks on a before-tax basis throughout 2012. BenefitsWeb and your Benefits Enrollment Worksheet show your per-pay-period contributions for this benefit.

The amount of time you may purchase is based on the number of hours you're scheduled to work each week as of September 1, 2011. For example, if you work 40 hours a week, you can purchase 40 hours of additional vacation time. If you work 25 hours a week, you can purchase 25 hours of additional vacation time.

You May Not Make Changes During the Year

The annual enrollment period is your only opportunity to enroll in the Vacation Purchase option for 2012. You cannot disenroll during the year, and you cannot elect this option during the year, even if you have a change in status that would allow you to make changes to your other 2012 Xerox benefits.

Using Your Purchased Vacation Time

You should carefully consider your overall vacation allotment before deciding to purchase additional vacation. Speak with your manager before purchasing additional vacation time because, as always, you will need to coordinate your use of Purchased Vacation Time in 2012 with the needs of your department.

Purchased vacation days are the last vacation days used each year. They become available only after you have used all of your 2012 earned vacation time. You cannot roll over Purchased Vacation Time to the following year. If you have unused Purchased Vacation Time at the end of the year, it will be refunded to you in December in the form of taxable pay.

How Vacation Purchase Works: An Example

Suppose the following:

- | | |
|------------------------------------|-------------------|
| • Your earned vacation time: | two weeks |
| • You buy Purchased Vacation Time: | + one week |
| • For a total of: | <hr/> three weeks |

At year-end, assume you've used only one week of vacation time. That leaves one week of earned vacation time, plus one week of Purchased Vacation Time. In this case, you would receive a refund at the end of the year for any unused Purchased Vacation Time.

Tracking Your Vacation Time

How you track your time depends on whether you are an exempt or non-exempt employee:

- Exempt employees must use the Vacation Tracking Tool at <https://www.fsapps.extranet.xerox.com/VacationPlanning/employeeCalendar.asp> for scheduling and tracking their vacation usage.
- Non-exempt employees should track the amount of vacation they have used in eTime.

If You Leave Xerox in 2012

If your employment ends during 2012, you will be reimbursed for vacation days you've accrued but not used, including Purchased Vacation Time you have already paid for. If you've used more vacation days than you've accrued, you must repay Xerox for the extra time.

For More Information

If you have questions about this benefit, please call the Xerox Employee Service Center at **1.800.428.2203**.

Your Total Health

The challenge of rising health care costs requires that we think differently about how we choose and use health care services. That's why Xerox provides information and tools to help you and your family members become healthier and to manage your rising health care costs. This combination of plans, programs, tools and resources is called Your Total Health.

Your Total Health includes healthy living and wellness programs through Your Xerox Health Connection to help you achieve your health improvement goals. Your Xerox Health Connection features a dedicated personal team of CIGNA Care Consultants — health professionals such as nurses, coaches, dieticians, clinicians, counselors and more — to help you when you're not sure where to start. By dialing one phone number you can reach the team and access confidential guidance.

CIGNA Care Consultants can help you with the following personal health resources:

- The Health Assessment — an easy way to help you assess your current health status and identify health risks so you can focus your health improvement efforts in the most important areas (see [page 10](#) for instructions on taking the Health Assessment),
- Health support programs for becoming tobacco-free, health and wellness outreach and coaching, weight and stress management,
- Treatment option decision support,
- Chronic conditions support, and
- Counseling for mental health issues, substance abuse, and crises, as well as assistance with things like elder care, child care, and legal and financial resources.

Most of these programs are offered through CIGNA to all employees — including those covered by Anthem (formerly Empire), or an HMO, and employees who opt out of Xerox medical coverage.

Health Improvement Programs

Visit www.cigna.com/xeroxbenefits or call **1.800.806.2064** to learn more about the health support programs.

- **Become Tobacco-Free** — Develop a personal quit plan to become and remain tobacco-free using an online or telephone coaching program (or both) for the support you need. Both programs offer self-paced formats, 24/7 support for questions and enrollment, and Healthy Rewards® discounts. You also have access to free over-the-counter nicotine replacement therapy, limited to one year's supply of patches or gum.
- **Health and Wellness Outreach and Coaching** — If your Health Assessment results indicate you may need help with a clinical condition such as pre-diabetes, high blood pressure or high cholesterol, a CIGNA Care Consultant will contact you to offer health and wellness outreach and coaching.
- **Weight and Stress Management** — If you're having trouble maintaining good eating habits or managing your weight, you're not alone — and CIGNA Care Consultants can help. CIGNA Care Consultants can also help you identify your stress triggers and learn to better cope with and reduce stress.

Treatment Option Decision Support (CIGNA and Anthem Members Only)

If you are eligible for treatment option decision support, a CIGNA Care Consultant will contact you to offer help in considering your treatment options for specific clinical conditions such as prostate cancer, breast cancer, low back pain and osteoarthritis.

Chronic Conditions Support (CIGNA and Anthem Members Only)

CIGNA Care Consultants are experts in helping to manage chronic health conditions including diabetes, asthma, heart disease, chronic obstructive pulmonary disease (COPD) and depression. They can provide assistance with coordinating your care and exploring various treatment options suited to your personal preferences. A CIGNA Care Consultant will contact you if you are eligible for chronic conditions support.

You can talk to a CIGNA Care Consultant about what to expect and how to get ready if you need to spend time in the hospital or if you're having surgery, as well as for basic questions about your benefits and navigating your way through the health care system.

Support Programs

Your emotional health is linked to your physical health. Unmanaged, stress takes a physical toll and can lead to illness. That's why Xerox makes several support programs available to help manage life's challenges.

Employee Assistance Program

Free, confidential support is available to help you cope with a range of issues that may come up in your personal and professional life, such as family issues, substance abuse and grief, among other things. Services are available 24 hours a day, every day of the year. This program is completely confidential.

Elder Care

This service provides assessment, consultation and referral to elder care resources over the phone, as well as a customized package of elder care planning materials.

Child Care

This service provides for an individualized search and verified referrals for child care resources, consultation on selecting and monitoring child care providers and a customized parenting/child care information package.

Legal and Financial Support

This coverage provides legal benefits, including a free half hour consultation per issue with a network attorney and a 25% discount for services; the program provides free telephonic financial consultation and resources to assist you with identity theft, fraud, credit concerns, college savings, budgeting and more.

Visit www.cigna.com/xeroxbenefits or call **1.800.806.2064** for more information. Note that you do not need to be enrolled in a Xerox medical plan to take advantage of these services.

Health Advocacy: Acute, Chronic and Complex Care

Xerox offers Health Advocacy through Health Systems Management, Inc. (HSM) to help employees and their dependents receive the information they need to make informed and independent health care decisions that are uniquely right for them.

HSM is a private corporation that is totally independent of any health plan, insurer, or other health care entity. They work only for patients, focusing on helping patients and their families in times of crisis and personal need. This is a confidential and voluntary resource.

Many members contact Health Advocacy when they are confronted with serious acute medical conditions (e.g., cancer, heart, kidney or liver problems) or injury. Others have questions about chronic medical problems (heart failure, diabetes, kidney or liver failure) that they have been managing over a period of time.

Health Advocacy helps patients determine which doctors, hospitals, and other medical facilities are most experienced in treating their medical conditions, particularly when the condition is serious or life threatening. Only accurate, objective and comprehensive information from subscription resources is provided to patients.

Health Advocacy assists with coordinating care, including help in finding travel and lodging resources (when necessary for diagnosis and treatment of a serious condition). Health Advocacy helps identify and access financial resources that are available to help patients with specific conditions.

Call **1.877.961.1124** or visit www.healthsystemsmanagementinc.com.

Preventive Care

Getting needed routine check-ups and screenings that may aid in the detection of health risks or health conditions can make the difference between a long, healthy life and chronic illness. That's why Xerox designed the medical options to cover most routine screenings, check-ups and vaccinations at little or no cost to you. To learn more about the extensive preventive care coverage available under our medical options, please see the Schedule of Routine Preventive Care Services, available on BenefitsWeb.

Important Information

As a Benefits at Xerox participant, you have certain rights that are protected by law. Xerox complies with all federal requirements in the administration of your benefit plans.



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The federal government requires that certain information be communicated to eligible employees about their benefits each year. This section of your enrollment guide includes these required notices and information about your rights under the Benefits at Xerox program.

Summary of Material Modifications

The Benefits at Xerox 2012 Enrollment Guide and the Benefits at Xerox 2012 Changes Brochure constitute a summary of material modifications. Altogether, this guide, the changes brochure and the most recent edition of the Summary Plan Descriptions are only a summary of your benefit options and do not create a contract of employment between the Company and any employee.*

The official plan names of the plans affected by the changes are:

- The Xerox Medical Care Plan, which includes the Coinsurance Plus and Consumer Choice options, the Xerox Employee Assistance Program (XEAP) and prescription drug coverage,
- Xerox Insured Medical Care Plan, which includes the local Health Maintenance Organizations (HMOs) and XEAP,
- The Xerox Dental Care Plan, which includes the MetLife Basic Dental, MetLife Dental Plus and Aetna DMO options, and
- The Xerox Vision Care Plan.

Details of these plans and programs can be found in the plan documents or HR policies that govern all aspects of the plan or program or, if applicable, in the agreements between the HMOs and the employees who elect them. In the event of a discrepancy between the information contained in this enrollment guide and the applicable HR policies, agreements or plan documents, the relevant HR policies, HMO agreements or plan documents shall be controlling. The Company reserves the right to amend or terminate the plans or programs at any time for any reason.

* Temporary employees (except for certain cases in Hawaii) and independent contractors, including (without limitation) leased employees, supplemental contract workers, consultants, or anyone classified as such by the Company, or any other third-party personnel, or anyone classified by the Company as such, who performs services for the Company, are neither eligible for nor covered by the plans and programs summarized herein (unless they qualify as eligible dependents).

Additional Information About Your Medical Options

The Women's Health and Cancer Rights Act

Xerox's health plans cover mastectomies and certain related reconstructive surgery. The law requires Xerox to notify you annually of the availability of this coverage.

Covered participants who have a mastectomy can elect the following procedures after consulting with their physician. By law, they will be covered for the following expenses:

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis
- Treatment required as a result of physical complications for all stages of mastectomy, including lymphedemas

Keep in mind, coverage is subject to all the terms of the health plan you elect, including applicable copayments, deductibles and/or coinsurance provisions.

Special Note on Maternity and Newborn Infant Coverage

Federal law requires us to tell you that Xerox health plans can't restrict or require you to obtain certification for any length of stay in a hospital in connection with childbirth, for mother or newborn, that is 48 hours or less following a standard delivery or 96 hours following a cesarean delivery.

Special Enrollment Rights

If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in a Xerox medical plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

The plan will also allow a special enrollment opportunity if you or your eligible dependents either:

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

For these enrollment opportunities, you have 60 days — instead of 30 — from the date of the Medicaid/CHIP eligibility change to request enrollment in the plan. Note that this 60-day extension doesn't apply to enrollment opportunities other than the Medicaid/CHIP eligibility change.

Also, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents in a Xerox medical plan.

You must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption. To request special enrollment or to learn more, contact the Xerox Employee Service Center at **1.800.428.2203** (TDD: **1.800.833.8334**).

COBRA Rights Notice

If you enroll in medical, dental or vision coverage, or a Health Care Flexible Spending Account, you should be aware of your rights under COBRA (the Consolidated Omnibus Budget Reconciliation Act, as amended). Among other things, COBRA mandates that an employer give employees the ability to continue those same coverages after leaving employment. A notice discussing your rights under COBRA is available in the *Health and Welfare* section of BenefitsWeb.

Protecting Your Personal Health Information: HIPAA Privacy

A portion of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses the protection of confidential health information. It applies to all of Xerox's medical, dental and vision care plans and plan options (collectively referred to as "the plan"). The Xerox Corporation HIPAA Privacy Notice — which you should have received in the Benefits at Xerox 2010 Enrollment Kit (or at the time of your hire, if later) — spells out what the plan is required by law to do and how the plan will comply, as well as provides an explanation of your rights regarding your own protected health information. If you have any immediate questions or concerns about HIPAA privacy rules, or you wish to obtain a copy of the official Xerox HIPAA Privacy Notice call the Xerox Employee Service Center at **1.800.428.2203** (TDD users should call **1.800.833.8334**). You can also obtain a copy of the notice on BenefitsWeb in the *Health and Welfare* section or by contacting the office of the Xerox Privacy Officer at the following address:

Xerox Privacy Officer
Corporate Benefits
Xerox Corporation
45 Glover Avenue
Norwalk, CT 06856

Creditable Prescription Drug Coverage Information

The following is creditable prescription drug coverage information for Medicare-eligible employees and covered dependents.

Note: Individuals who are not currently eligible for Medicare and do not expect to become eligible before January 1, 2012, can disregard this information.

Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans (PDPs) and Medicare Advantage plans that offer prescription drug coverage. You may have heard about Medicare's prescription drug coverage and wondered how it affects you.

Xerox is required to provide this notice to all Medicare-eligible plan participants. The purpose of the notice is to provide participants in all Xerox health plan options with a statement of assurance that the prescription drug coverage they have through Xerox is "Creditable Coverage." This means that, overall, your Xerox coverage is at least as good as Medicare prescription drug coverage. You can keep your current Xerox prescription drug coverage without change.

If you waive Medicare prescription drug coverage now, but decide in a subsequent year that you want to enroll in a Medicare PDP, this notice will serve as confirmation to Medicare that you have had Creditable Coverage in the interim. As a result, you will not have to pay a late penalty on your Medicare PDP monthly premium if you decide to enroll during a subsequent annual enrollment window.

Important Exception

If you opt out of Xerox medical coverage, you will not have Creditable Coverage and unless you have other prescription drug coverage that is Creditable, you should consider joining a Medicare PDP when you first become eligible for Medicare or during the annual enrollment period from October 15 to December 7. Please read carefully the "No Creditable Coverage" section of the notice that follows.

Important Notice From Xerox About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Xerox and prescription drug coverage available for people covered by Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare.
2. This notice explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll.
3. Xerox has determined that the prescription drug coverage identified in the “Creditable Coverage” section of this notice, on average for all plan participants, is expected to pay out as much as the standard Medicare prescription drug coverage will pay. This means that, overall, for the options identified in that section of this notice, your Xerox coverage is as good as or better than Medicare prescription drug coverage. Because your 2012 Xerox coverage, on average, will be at least as good as standard Medicare prescription drug coverage, you can decide to waive Medicare prescription drug coverage now and not pay extra if you later decide to enroll in a Medicare PDP.

People covered by Medicare can enroll in a Medicare PDP when they first become eligible for Medicare and each year from October 15 through December 7. If you are disenrolling from Xerox coverage, you may be eligible for a special enrollment period to sign up for a Medicare PDP. All Medicare PDPs will provide at least a standard level of coverage set by Medicare. Some plans might also offer more coverage for a higher monthly premium.

You and your eligible family members have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you enroll. Read this notice carefully — it explains your options.

Who Is Eligible for Medicare?

In general, you are eligible for Medicare benefits if:

- You are age 65 or older,
- You are younger than age 65 but qualify due to a disability, or
- You suffer from End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant).

If you have questions or are unsure about your eligibility, call **1.800.MEDICARE**.

Creditable Coverage

For Participants in All Xerox Health Plan Options Except Those Who Opt Out of Xerox Medical Coverage

On average, for all plan participants, Xerox has determined that all Xerox health plan options available to you — except if you opt out of medical coverage with Xerox — are expected to pay out as much as standard Medicare prescription drug coverage.

Because you have prescription drug coverage with Xerox that, on average, is as good as Medicare coverage, you can choose to join a Medicare PDP at another time without having to pay a penalty in the form of higher Medicare prescription drug premiums. Each year, you will have the opportunity to decide if you want to enroll in a Medicare PDP between October 15 and December 7.

If you decide to enroll in a Medicare PDP, there will be no effect on your Xerox health plan coverage, unless you are eligible for Medicare due to a disability and qualify for LTD benefits from Xerox. In this case, it is Xerox's intention that your Medicare prescription drug coverage would become your primary coverage and your Xerox coverage would become secondary.

You should also know that if you opt out of your medical coverage with Xerox, and you don't enroll in Medicare prescription drug coverage, you may pay more to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have Creditable Coverage. For example, if you go 19 months without Creditable Coverage, your premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until the following November to enroll.

No Creditable Coverage

For Those Who Opt Out of Xerox Medical Coverage

If you opt out of coverage with Xerox and do not have creditable coverage from another source, you might want to consider enrolling in a Medicare PDP.

You and your eligible family members can enroll in a Medicare PDP when you first become eligible for Medicare and each year between October 15 and December 7. If you are disenrolling from Xerox coverage, you may be eligible for a special enrollment period to sign up for a Medicare PDP. This is important, because if you or your eligible family members do not get Medicare prescription drug coverage (or equivalent coverage) when first eligible, you may have to pay a higher premium if you join later.

If you don't enroll in Medicare prescription drug coverage and change your mind later, you may pay a penalty in the form of higher premiums if you enroll in a Medicare PDP during a subsequent enrollment period. You will pay that higher premium as long as you have Medicare prescription drug coverage.

If you wait until after your initial enrollment period, your monthly premium for a Medicare PDP could be much higher than it would have been. If you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your premium will go up at least 1% per month for every month that you did not have Creditable Coverage. You will have to pay this higher premium as long as you have Medicare prescription drug coverage. For example, if you go 19 months without coverage, your premium will always be at least 19% higher than what most other people pay.

If you don't enroll in a Medicare PDP when you are first eligible, you may also have to wait to enroll. Generally, you can only join a Medicare PDP when you first become eligible for Medicare and between October 15 and December 7 of any year. This may mean the number of months you have to wait for coverage will be longer, which could make your premium higher. If you opt out of Xerox-sponsored coverage, you may also want to enroll in a Medicare PDP or other coverage that will pay out as much as standard Medicare prescription drug coverage.

You Must Make a Decision

When you are deciding whether to enroll in Medicare prescription drug coverage, you should compare your coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

If You Have Questions About This Notice or Your Current Xerox Prescription Drug Coverage

If you have questions, you can call the Xerox Employee Service Center at **1.800.428.2203** (TDD: call **1.800.833.8334**).

Note: You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage and if your Xerox health plan coverage changes. You also may request a copy from the Xerox Employee Service Center.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare PDPs. In addition, you can get more information about Medicare PDPs from these places:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see your copy of the *Medicare & You* handbook for the telephone number) for personalized help.
- Call **1.800.MEDICARE (1.800.633.4227)**. For TTY assistance, call **1.877.486.2048**.

For people with limited income and resources, extra help paying for a Medicare PDP is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov, or call **1.800.772.1213** (for TTY assistance, call **1.800.325.0778**).

Remember: Keep this notice. If you have Creditable Coverage and you enroll in one of the plans approved by Medicare that offer prescription drug coverage, you may need to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Important Notice

As you are making your benefits elections, there are some things that you need to know. By electing to enroll in a Xerox-sponsored health plan, you acknowledge that you understand, consent to and authorize the following:

1. Certain of our health plan options share claims data with health management vendors (or their subcontractors) who are business associates of the plan and have entered into special agreements with the plans that require them to maintain the privacy of such data to identify individuals eligible for wellness management programs. Once eligible individuals are identified and contacted, participation in these programs is entirely voluntary.
2. To be eligible to receive the Health Incentive of up to \$300 per person, you must complete the Health Assessment and complete and pass one online Health Education Course by the specified deadline. The online Health Education Courses are offered in partnership with Asset Health, an independent company that is a business associate of the plan. CIGNA, an independent company that is a business associate of the plan, will use Health Assessment results to identify individuals at risk of having health problems and who qualify for the Lifestyle Management Program. By completing the Health Assessment, you and/or your spouse/domestic partner agree to be contacted by the Lifestyle Management Program if the results indicate that you and/or your spouse/domestic partner may benefit from participation in the program. Furthermore, if you take the Health Assessment, you are giving consent for your results to be released to Xerox health care partners solely for the purpose of supporting efforts to promote health and wellness. All Xerox health care partners are legally and contractually required to preserve your privacy. Your individual results will never be shared with Xerox or used for any purpose other than supporting your health and wellness.
3. To be eligible to receive the “tobacco-free” incentive of \$300 per person, you must certify each year that you and/or your spouse/domestic partner do not currently use any tobacco product (including cigarettes, cigars, pipes and chewing tobacco) or are enrolled, or plan to enroll, in a smoking cessation program during 2012 if currently using a tobacco product. However, you are not actually required to successfully stop using tobacco products in order to qualify to receive the “tobacco-free” incentive.
4. Xerox recognizes that your health information is private. Accordingly, personally identifiable health information (PHI) is not shared with Xerox for non-plan related purposes. Xerox may receive aggregate data not containing personally identifiable information.
5. You are responsible for ensuring that only eligible dependents are enrolled in the Xerox plans. If you enroll someone as a dependent who is not an eligible dependent under the terms of the plan, such as a child over the age limit, a grandchild or a former spouse — or anyone else not eligible under the plan — and the plan learns that the individual is not eligible, the ineligible individual may not be covered by the plan for any expenses. Failure to notify the plan in a timely manner that an individual is or has become ineligible could cause the individual to lose his or her ability to continue coverage under COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended).

Benefit Contacts

Knowing who to call or where to find information when you have a question is an important part of using your benefits to your best advantage.



In This Section

- Contact Information for Xerox’s Benefit Plans55

Xerox Employee Service Center: **1.800.428.2203** (TDD: **1.800.833.8334**)
8 a.m. to 8 p.m. ET, Monday through Friday, except on holidays

Whenever you have questions specific to your coverage, you should contact your carrier directly. If you have a question and are not sure where to go, call the Xerox Employee Service Center. Service Center Representatives can guide you to the appropriate resource to answer your question. Keep this benefit contact information on hand for easy access throughout the year.

Benefit Contacts

Whenever you have questions specific to your coverage, contact your carrier directly. For example, if you'd like to know:

- Is a provider or facility in the network?
- Is a particular service covered? Does it require precertification?
- Has your claim been processed?
- Have you met your annual deductible?
- What condition management or other special programs are available?

Plan and Administrator	Member Services Phone Number	Are There Special Hours for Representatives?	Website Address
Your Xerox Health Connection (available to all Xerox employees, even if you are not enrolled in Xerox medical coverage)			
Health Assessment	1.800.854.7312, Option 4	M–F: 9 a.m. to 9 p.m., local caller time; Sat.: 8 a.m. to 4:30 p.m., local caller time.	www.cigna.com/xeroxbenefits
Health Support (Including Treatment Option Decision Support and Chronic Conditions Support)	1.800.806.2064, Option 2	CIGNA Care Consultants: M–F: 9 a.m. to 9 p.m., local caller time; Sat.: 9 a.m. to 5:30 p.m. ET. Health Information Line and Behavioral Services: 24 hours a day, 7 days a week.	
Xerox Employee Assistance Program (Counseling, Elder Care and Work/Family resources)	1.800.806.2064, Option 3	24 hours a day, 7 days a week.	www.cignabehavioral.com (employer ID: Xerox)
Health Advocacy: Complex Care			
Health Systems Management	Phone: 1.877.961.1124 Fax: 1.251.961.3151	M–F: 8 a.m. to 8 p.m. ET.	www.healthsystemsmanagementinc.com
Medical			
CIGNA • Consumer Choice Option • Coinsurance Plus Option	1.800.806.2064	24 hours a day, 7 days a week.	www.mycigna.com

Plan and Administrator	Member Services Phone Number	Are There Special Hours for Representatives?	Website Address
Anthem Blue Cross and Blue Shield (formerly Empire) <ul style="list-style-type: none"> • Consumer Choice Option • Coinsurance Plus Option 	1.866.878.6177	M–F: 8:30 a.m. to 8 p.m. ET.	www.empireblue.com/xerox
Group Health Cooperative West	1.888.901.4636	M–F: 8 a.m. to 5 p.m., local caller time.	www.ghc.org
Humana of Puerto Rico	1.800.314.3121		www.humana.com
HMSA Health Plan Hawaii	1.808.948.6372 (Oahu) 1.800.776.4672 (Neighbor Islands)	M–F: 8 a.m. to 4 p.m., local caller time.	www.hmsa.com
Kaiser California	1.800.464.4000 (English) 1.800.788.0616 (Spanish) 1.800.757.7585 (Chinese) 1.800.777.1370 (Hearing Impaired)	M–F: 7 a.m. to 7 p.m., local caller time; Sat.–Sun.: 7 a.m. to 3 p.m., local caller time.	http://my.kp.org/xeroxcorp
Kaiser Colorado	1.800.632.9700 1.303.338.3800 (Denver Metro) 1.303.338.3820 (Hearing Impaired) 1.888.681.7878 (Colorado Springs) 1.800.521.4874 (Colorado Springs Hearing Impaired)	M–F: 8 a.m. to 5 p.m., local caller time.	

Plan and Administrator	Member Services Phone Number	Are There Special Hours for Representatives?	Website Address
Kaiser Georgia	1.888.865.5813 1.404.261.2590 (Atlanta Metro) 1.800.255.0056 (Hearing Impaired)	M–F: 8 a.m. to 9 p.m., local caller time; Sat.–Sun.: 8 a.m. to 2 p.m., local caller time.	http://my.kp.org/xeroxcorp
Kaiser Hawaii	1.808.432.5955 (Oahu) 1.800.966.5955 (Neighbor Islands) 1.877.447.5990 (Hearing Impaired)	M–F: 8 a.m. to 5 p.m., local caller time; Sat.: 8 a.m. to 12 p.m., local caller time.	
Kaiser Mid-Atlantic	1.800.777.7902 1.301.468.6000 (DC Metro) 1.301.879.6380 (Hearing Impaired)	M–F: 7:30 a.m. to 5:30 p.m., local caller time.	
Kaiser Northwest	1.800.813.2000 1.503.813.2000 (Portland) 1.800.324.8010 (Language Line) 1.800.735.2900 (Hearing Impaired)	M–F: 8 a.m. to 5 p.m., local caller time.	
Kaiser Ohio	1.800.686.7100 1.877.676.6677 (Hearing Impaired)	M–Th: 8:15 a.m. to 5 p.m., local caller time; F: 9 a.m. to 5 p.m., local caller time.	
TakeCare Asia	1.671.647.3526 (Guam) 1.670.235.7687 (CNMI/Saipan)		

Plan and Administrator	Member Services Phone Number	Are There Special Hours for Representatives?	Website Address
Health Savings Account			
ACS BNY Mellon HSA Solution	1.877.472.4200	M–F: 8 a.m. to 11 p.m. ET.	www.hsamember.com
Prescription Drugs (for Consumer Choice and Coinsurance Plus Options)			
Medco	1.800.886.4005	Member Services: 24 hours a day, 7 days a week, except Thanksgiving and Christmas. Pharmacists are available around the clock for medication consultations.	www.medco.com/xerox
Dental			
Aetna DMO	1.877.238.6200	M–F: 8 a.m. to 6 p.m. ET.	www.aetnaxerox.com Note that the Aetna DMO is called “Dental Maintenance Organization” on the website.
MetLife Basic Dental MetLife Dental Plus	1.888.904.3339	M–F: 8 a.m. to 11 p.m. ET. Automated system: 7 days a week.	https://mybenefits.metlife.com Note: You will need to register by providing your Social Security number and email address. (If you do not have a Xerox email address, you may use another email address.) Enter “Xerox” at the employee prompt. Xerox’s dental options are called “Preferred Dentist Program PPO” on the site.
Vision			
EyeMed Vision Care	1.866.299.1358 (pre-enrollment) 1.866.723.0514 (post-enrollment)	M–Sat.: 7:30 a.m. to 11 p.m. ET; Sun.: 11 a.m. to 8 p.m. ET.	www.eyemedvisioncare.com Choose the “Select” network.

Plan and Administrator	Member Services Phone Number	Are There Special Hours for Representatives?	Website Address
Flexible Spending Accounts (FSAs)			
Xerox Employee Service Center	Phone: 1.800.428.2203 Fax: 1.877.214.5051	M–F: 8 a.m. to 8 p.m. ET.	https://www.benefitsweb.com/xerox.html
Life Insurance, AD&D Insurance and Extended LTD Coverage (for Enrollment Questions)			
Prudential	1.800.367.9769	M–F: 8 a.m. to 8 p.m. ET.	Not available.
Long Term Care Insurance			
John Hancock	1.800.695.4400	M–F: 8:30 a.m. to 6:30 p.m. ET.	http://xeroxltc.jhancock.com Username: xeroxltc; password: mybenefit
Xerox Resources			
For 2012 Health and Welfare Benefits (including enrollment, benefit questions, address changes, reporting a death, etc.)			
BenefitsWeb	Not applicable		https://www.benefitsweb.com/xerox.html
Xerox Employee Service Center	1.800.428.2203 TDD: 1.800.833.8334	M–F: 8 a.m. to 8 p.m. ET.	Not applicable.

