

**Summary Plan
Description
for
Employees of
URS Federal Services
Effective January 1, 2014
Medical Section**

Date Revised: January 2014

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The information in this SPD applies to the following eligible employees of URS Federal Services, including employees formerly known as Federal Technical Services and Federal Support Services:

- Non-represented employees
- Represented employees who are eligible for the URS Federal Services non-represented employee benefit programs

Separate SPDs apply to URS Corporate employees and to employees of URS Infrastructure & Environment, Energy & Construction and Oil & Gas.

Please note that eligibility for and enrollment in the benefits described in this SPD section may differ by contract, collective bargaining agreement or based on your employee class. Additionally, the benefits for which you are eligible, including the cost of the benefits, the amount of coverage and the terms of the coverage may differ by contract or collective bargaining agreement or based on your employee class. Separate booklets may be available in such situations.

Your Medical Plan Coverage

URS Federal Services offers comprehensive, competitively priced medical and prescription care benefits, designed to help promote good health while protecting you and your family from the high cost of illness and injury. The URS Federal Services Anthem medical plans do not impose any limits on pre-existing conditions for dependents under age 19 and only certain plans impose limitations above age 19. To meet your individual health care needs, URS Federal Services offers eligible employees and their eligible dependents several medical plan options as indicated in Exhibits A and B (Federal Technical Services and Federal Support Services exhibits).

Eligibility may differ by contract or Collective Bargaining Agreement.

Mental Health and Substance Abuse and EAP Benefits

If you are enrolled in a URS Federal Services medical plan, you receive mental health and substance abuse benefits through that medical plan. Magellan provides an Employee Assistance Program (EAP) to all employees and their eligible family members, even if you are not enrolled in a URS Federal Services medical plan. For more information, see the ***Employee Assistance Program*** section.

Eligibility and Enrollment

Eligibility

See *Who Is Eligible for URS Federal Services Benefits* in the **Introduction** section.

Enrolling in the Medical Plan

To enroll in a medical plan, visit the Employee Self Service website at <https://portal.adp.com> or call the Benefit Service Center at 800-550-0726. If you need assistance enrolling, please call the Benefit Service Center. You must submit your election within 31 days of your eligibility or within 31 days of a Qualified Status Change or Special Enrollment Event, as described in the **Introduction** Section.

Please note: If you select an HMO, you generally must choose and list a Primary Care Physician for yourself and each dependent at the time of your enrollment. You can change your physician selection at any time by contacting the HMO directly.

IMPORTANT NOTE REGARDING DEPENDENT'S COVERAGE:

If you enroll an ineligible dependent - or any other person - as a result of fraud or intentional misrepresentation of fact, you will be subject to URS Federal Services' disciplinary action(s), which may include the retroactive termination of your and/or your dependent's coverage. For example, if you intentionally misrepresent that your dependent meets the definition of dependent in order to obtain coverage, your and your dependent's benefits may be terminated and/or you may be required to reimburse the benefit plan for all expenses paid while your dependent was ineligible for coverage. Expenses may include but are not limited to premiums, claims, and administrative fees. Intentional misrepresentation of eligibility may result in disciplinary action, civil action to recover losses and termination of your employment. Ineligible dependents may include ex-spouses, former domestic partners or children who are over the plan's age limit. You may be asked for documentation of your dependent's eligibility for benefits, including but not limited to proof of marriage, dissolution of marriage, termination of domestic partnership, birth, adoption, and disability. Failure to produce documentation may result in you or your covered dependent being disenrolled from the plan.

Enrollment Periods

If you do not enroll within the 31-day period that begins on your first day of work or eligibility, you must wait until the next annual open enrollment period to enroll for coverage, unless you experience an event that would allow you to enroll mid-year. For details, see *When Changes in Your Life Affect Your Benefits* and *Special Enrollment Event Rights for Medical Coverage* in the **Introduction** section.

Special Enrollment Periods

Special Enrollment Event Rights for Medical Coverage

The Health Insurance Portability and Accountability Act (HIPAA) allows you and your eligible dependents to enroll for medical coverage outside of open enrollment if you lose

other coverage, become eligible for state health plan premium assistance under Medicaid or CHIP, or acquire newly eligible dependents.

If you are entitled to special enrollment, you and all of your eligible dependents may either:

- enroll in your current medical coverage; or
- enroll in any URS Federal Services medical plan benefit option for which you and your dependents are eligible.

Special Enrollment Due to Loss of Other Coverage

This rule applies if you meet both of the following conditions:

- you or your dependents were covered under other group medical coverage when URS Federal Services coverage was first offered to you; and
- you or your dependents lose other coverage because:
 - you or your dependent exhaust your COBRA continuation coverage rights;
 - employer contributions to the other coverage end; or
 - you or your dependent are no longer eligible for that coverage.

If you or your dependent loses other medical coverage due to one of these conditions, you may enroll yourself and your eligible dependents for URS Federal Services coverage. You must submit your change in election within 31 days of the event.

Special Enrollment Due to CHIP/Medicaid/State Premium Assistance

You and/or your dependents who are eligible for but not enrolled in a URS Federal Services medical plan, may request enrollment in a URS Federal Services medical plan if you and/or your dependent lose Medicaid or CHIP coverage because you and/or your dependent are no longer eligible. In addition, you and/or your dependent may enroll in a URS Federal Services medical plan if you and/or your dependent become eligible for state premium assistance under Medicaid or CHIP. You must submit your change in election within 60 days of the event.

Special Enrollment Due to Acquiring New Dependents

If you acquire a newly eligible dependent spouse domestic partner, and/or child (through marriage, domestic partnership, birth, adoption or placement for adoption) during the year, you may enroll yourself, your spouse and eligible dependents outside of open enrollment. You may enroll your newly eligible dependents in your current medical or dental coverage. You must enroll yourself and/or your dependents within 31 days of the event.

Qualified Status Change

You may also be able to make a change in your coverage election that is due to, and consistent with, a Qualified Status Change as described in the **Introduction** section. Any changes you make must be consistent with the Qualified Status Change. For example, if

you adopt a child and you enroll that child for coverage, you cannot make other enrollment changes that are not consistent with that event. (In this case, for example, you could not drop coverage for your eligible spouse.) For additional information, see *When Changes in Your Life Affect Your Benefits* in the **Introduction** section.

Submit changes to your election on the Employee Self Service website at <https://portal.adp.com> or by calling the Benefit Service Center at (800) 550 – 0726.

Note to Employees Residing in Massachusetts

Massachusetts Health Care Reform Act requires all Massachusetts residents 18 years of age and older to have minimum creditable coverage of health insurance as defined by the Massachusetts Health Connector. Each year the Massachusetts Health Connector changes the criteria for meeting minimum creditable coverage requirements. The URS Federal Services health plans were reviewed and it was concluded the Anthem plans do not meet Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector Board for calendar year 2013. To read more about the Massachusetts Health Care Reform Act, please visit the Connector website at <http://www.mahealthconnector.org>. If you have any questions, please contact your Human Resources Representative.

If You Have Medical Coverage from Another Source

If you have coverage through another medical plan, such as your spouse's employer's plan or other coverage, and choose not to enroll in medical coverage through URS Federal Services and you may be eligible to receive a Health Waiver. You are not eligible to receive the waiver if both you and your spouse are employees of URS Corporation or any of its business units, divisions or operating companies and are enrolled in a URS medical plan. **To waive your medical options, you must confirm at the time of your enrollment period that you and/or your dependents have medical coverage under another group medical plan. Eligibility for the health waiver may differ by eligibility group and may be offered to** employees earning less than \$90,000/year. The waiver benefit is equal to \$500 per calendar year for the employee or dependent(s) who waives coverage or \$1,000 per calendar year if family coverage is waived. Waiver payments are paid in prorated increments over 26 pay periods. The waiver payment will end when you are no longer an active full-time employee or when you are ineligible for medical coverage. In addition, the waiver allowance will terminate when an employee begins a leave of absence. **IMPORTANT:** To receive the health waiver you must actively submit the "waive" medical election, confirm you or your eligible dependents have medical insurance through another source and "elect" the health waiver allowance through the Employee Self Service website or the Benefit Service Center. Some employees are not eligible for the health waiver allowance or are eligible for different health waiver benefits based on their contract or Collective Bargaining Agreement.

If you waive medical coverage, you generally cannot change your election until the next open enrollment period. However, under federal law, you and your dependents may be able to enroll for medical coverage under a URS Federal Services medical plan **before**

the next open enrollment period under certain circumstances. See *Special Enrollment Due to Loss of Other Coverage* (page 2)

When Coverage Begins and Ends

Coverage elected within 31 days of date of hire will be effective on your first day of active employment, which is your first day at work. See *When Your Coverage is Effective* in the **Introduction** section for more information about when your coverage begins.

For information about when your coverage ends, see *When Coverage Ends* in the **Introduction** section.

If You Take a Family or Medical Leave

If you take a leave of absence that qualifies as a family or medical leave under the Family and Medical Leave Act of 1993 (FMLA), health coverage for you and your family members continue as long as you continue paying your portion of the cost of coverage during the FMLA leave. If your leave is a paid leave, by receiving a biweekly paycheck from URS Federal Services, the cost of coverage will continue to be deducted from your pay. If your leave is unpaid, you must send your payments to your Human Resources Representative. For additional information on FMLA leaves, see the **Leaves of Absence** section or contact your Human Resources Department.

State Family and Medical Leave Laws

You should be aware that some states have enacted state family leave legislation. State benefits will be coordinated with the federal Family and Medical Leave Act (FMLA) program, as permitted by law.

If you have questions about state family leave laws, contact your Human Resources Representative for an explanation of the specific law in your state and how that law may affect the URS Federal Services FMLA policy and your benefits.

If You Take a Military Leave

If you take a military leave, whether for active duty or for training, you are entitled to continue health coverage for up to 4 months, as long as you give URS Federal Services advance notice (with certain exceptions) of the leave. If the entire length of the leave is 30 days or less, you will not be required to pay any more than the portion you paid before the leave. If the entire length of the leave is 31 days or longer, you will be charged the full cost of employee coverage under the plan for the remainder of the four month leave of absence. After four months of leave, you will be eligible to continue coverage as a COBRA election, by paying the total cost of coverage plus a 2% administrative fee.

An election for continued coverage upon military leave is treated as a COBRA election. In most cases, health care coverage will be extended for up to 24 months.

If you take a military leave, but your coverage under your URS Federal Services-sponsored plan is terminated, (for instance, because you do not elect extended coverage

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or you do not make timely payments and coverage is terminated), you will be treated as if you had not taken a military leave upon re-employment and reinstatement into the plan when determining whether an exclusion or benefit limitation applies.

If you return to benefits eligible status and wish to enroll in benefits, you will need to re-elect benefits.

Any changes to your benefit elections must be made within 31 days of your return to work, and any change you make to your health and FSA elections must be “due to and consistent with” your life events according to the rules described in the *Introduction* section.

Converting Your Coverage to an Individual Policy When Coverage Ends

If you are enrolled in an Anthem medical plan, you may **not** convert your coverage to an individual policy when coverage ends.

Conversion coverage may be available under some HMOs and for Alabama residents enrolled in a BCBS AL plan. Contact your HMO or BCBS AL for more information.

Cost of Coverage

In most cases, you and URS Federal Services share in the cost of your medical coverage. Your contribution amount depends on your annual base salary, the medical plan and level of coverage you choose. Under each plan option, your contribution is a fixed amount of the total monthly cost. URS Federal Services pays the remaining premium cost in addition to that amount. As a result, URS Federal Services is entitled to retain any policy dividends or refunds, unless the amount of dividends or refunds exceeds the Company’s total contribution for that coverage for the period applicable to that dividend or refund.

Under most circumstances, your contribution for medical coverage will be deducted from your pay on a before-tax basis.

Coverage Levels

You may elect medical coverage for:

- yourself only;
- yourself plus your spouse or domestic partner;
- yourself plus your child (or children); or
- yourself plus your spouse or domestic partner and your child (or children).

You may select different levels of coverage for different plans. For example, if you are married, you may choose to cover your spouse under a URS Federal Services medical plan, but are not required to do so under a dental plan.

Coordination of Benefits with Other Plans

You and your eligible dependents may have medical coverage under both a URS Federal Services plan and another plan, such as your spouse's or domestic partner's employer's plan. In that case, the benefits from the URS Federal Services plan may be reduced or offset by other benefits to which you may be entitled. This is called Coordination of Benefits (COB). With COB, the total benefits paid by all plans will not be more than the total of the covered medical expenses (including prescription drug expenses), for any one person in any year.

If you or any of your dependents are covered under more than one plan, non-duplication of benefits will apply, unless you or your dependents are covered by the Wallops Island PPO Plan¹. This means that the URS Federal Services plan will not pay more than it would have paid as the primary plan.

If URS Federal Services' plan is the primary plan, it pays benefits as though no other plan exists. The secondary plan may or may not pay additional benefits, depending on its coordination provisions.

If URS Federal Services' plan is the secondary plan, it will not pay a benefit if the other plan has paid an amount equal to or greater than the benefit normally payable under the URS Federal Services plan. If the other plan has paid less than the amount normally payable under the URS Federal Services plan, the URS Federal Services plan will pay the difference up to the amount it would have paid if it had been primary.

Example: You have a \$100 covered in-network expense under the PPO plan and you have met the annual deductible. The benefit is payable at 90%.

1. If the URS Federal Services plan is primary, the benefit is \$90.
2. If the URS Federal Services plan is secondary and the primary plan pays \$90 or more, the URS Federal Services plan will pay nothing.
3. If the URS Federal Services plan is secondary and the primary plan pays less than \$90, the URS Federal Services plan will pay the difference up to the amount it would have paid if it had been primary. For example, if the other plan pays \$70, the URS Federal Services plan would pay \$20.

For purposes of this COB section, a plan is any group insurance coverage or other coverage that provides medical or prescription drug benefits or services on a fully-insured or self-insured basis. The definition includes:

- group policies or plans, whether insured or self-insured (not including school accident-type coverage);

¹ *The Wallops Island PPO Plan applies a traditional COB method. For more information, please refer to the Anthem Wallops Island PPO Plan booklet.*

- group coverage through HMOs and other prepayment, group practice and individual practice plans;
- group-type plans obtained and maintained only because of membership in or connection with a particular organization or group; and
- government or tax supported programs (not including Medicare or Medicaid).

Please note: For Anthem members, in order to receive secondary prescription drug benefits, you must file a claim with Express Scripts. For assistance in filing a COB claim with Express Scripts please contact Express Scripts at (866) 577-2520.

If You Are Eligible for Medicare

Employees

If you are an employee of URS Federal Services and you are eligible for Medicare, there are certain rules about payment and coordination of benefits that apply to your coverage. These rules apply whether or not you have actually applied for Medicare benefits.

The URS Federal Services plan is the primary payer – in other words, your claims go to the URS Federal Services plan first – if:

- you are currently working for URS Federal Services; or
- you are entitled to Medicare benefits because you have end-stage renal disease (ESRD), unless you became entitled to Medicare benefits on the basis of age or disability prior to becoming entitled to Medicare on the basis of ESRD and the URS Federal Services plan is already secondary to Medicare.

If you are newly entitled to Medicare as result of ESRD, the URS Federal Services plan is the primary payer for the first 30 months. At the end of the 30-month period, Medicare will be the primary payer.

The URS Federal Services plan pays secondary and Medicare is the primary payer if you do not have ESRD, and you are not in current employment status.

Dependents

If your dependent is eligible for Medicare benefits, whether or not he or she has actually applied for Medicare benefits, certain rules about payment and coordination of benefits apply.

The URS Federal Services plan is the primary payer if:

- you are currently working for URS Federal Services; or
- your dependent is entitled to Medicare benefits because of end-stage renal disease (ESRD), unless your dependent became entitled to Medicare benefits on the basis of age or disability prior to becoming entitled to Medicare on the basis of ESRD and the URS Federal Services plan is already secondary to Medicare.

If your dependent is newly entitled to Medicare as result of ESRD, the URS Federal Services plan is the primary payer for the first 30 months. At the end of the 30-month period, Medicare will be the primary payer.

The URS Federal Services plan pays secondary and Medicare is the primary payer if your dependent does not have ESRD and you are not in current employment status.

If you or your dependent is over age 65 and the URS Federal Services plan would otherwise be the primary payer, you or your dependent may elect Medicare as the primary payer of benefits. If this election is made, benefits under the URS Federal Services plan will terminate according to federal law.

Order of Payment

The first of the following conditions that applies to you determines which plan pays benefits first:

Any plan that doesn't have a coordination of benefits (COB) provision is primary for you, your spouse, your domestic partner and your children or domestic partner's children and pays benefits before the URS Federal Services plan. If the other plan has a coordination of benefits provision:

- the primary plan is the one that covers you as an **employee** (or an enrolled member, subscriber or retiree); however, if you are also covered by Medicare and it is considered primary by federal law, then Medicare will pay benefits first (this means, for example, if you are covered as an employee under the URS Federal Services plan and as a primary beneficiary under Medicare, then Medicare will be your primary plan);
- the secondary plan is the one that covers you (or your spouse, your domestic partner, your children, or domestic partner's children) as a **dependent**; however, if you or your spouse have plan coverage through current employment status and are also covered under Medicare due to age (or if you or your eligible dependent have plan coverage due to disability), then Medicare will be secondary, and the other plan will pay benefits first, as provided under the Medicare Secondary Payer rules;
- if the claim is for a dependent child and you are not separated or divorced (whether or not you were ever married), and the child is covered by both parents' plans, the plan of the parent with a birthday earlier in the calendar year generally pays first; if both parents share the same birthday, the plan that has covered a parent longest pays first;
- in the case of divorced or separated parents or domestic partners whose relationship has ended, the sequence used to determine which plan pays first is:
 - parent subject to court decree or administrative order to provide health insurance; then
 - parent with custody; then
 - spouse or domestic partner of parent with custody; then
 - parent without custody; and then
 - spouse or domestic partner of parent without custody.

- if separated or divorced parents or domestic partners whose relationship has ended share joint custody, but the court decree does not state that one of the parents is responsible for the health care expenses of the child, the plans covering the child will follow the order of payment that applies to dependents of parents who are not separated or divorced (as described under the third bullet in this list).
- if the person is covered as an active employee (or dependent of an active employee) under one plan and as a retired or laid-off employee (or dependent of a retired or laid-off employee) under another plan, the active employee's plan will pay first;
- the plan that has covered the patient for the longest period of time pays first; and
- if none of the preceding rules determines the primary plan, the plans share the allowable expenses equally.

Auto Insurance Coordination

The URS Federal Services plan is secondary to any kind of health coverage available under any automobile insurance coverage. This is true whether such coverage is part of personal injury protection within the auto insurance policy, a rider to an auto insurance policy, any kind of no-fault auto insurance, or any other type of coverage that would pay or reimburse medical expenses for injuries related to an auto collision, accident or any other reason for such medical expense payment or reimbursement. Many of the URS Federal Services plan's benefit options are exempt from the application of state law, in such cases, the URS Federal Services plan does not pay primary to auto coverage even if a state law implies or says otherwise and even if the insured made a choice under a state law to have his/her auto coverage be secondary to his/her employer-sponsored health benefit plan.

Administration

URS Federal Services has the right to provide or obtain any information needed to determine benefits under the COB provision, as allowed under applicable law. If you receive an overpayment, you or your insurance company may have to repay the excess benefit payment. Also, the URS Federal Services plan may repay another plan that has overpaid, and this payment counts as payment of benefits under the URS Federal Services plan.

Exhibit A: Medical Plan Descriptions for Eligible Employees of Federal Technical Services

URS Federal Services offers all active eligible Federal Technical Services employees and their eligible dependents several medical plan options as indicated in this Exhibit A. Eligibility may differ by contract or Collective Bargaining Agreement.

Federal Technical Services Domestic Employee Medical Plans

- Anthem \$750 PPO plan
- Anthem Core PPO plan
- Anthem \$2,500/\$5,000 Health Savings Account (HSA) plan
- Anthem \$1,250/\$2,500 Health Savings Account (HSA) plan
- Regional PPO or HMO coverage through: Select Health HMO (Utah), Kaiser Mid-Atlantic HMO, HMSA HMO (Hawaii), BCBS Alabama PPO
- Wallops Island Anthem PPO plan
- Kennedy Space Center PPO plan

Federal Technical Services Expatriate and Third Country National Employee Medical Plans

- GeoBlue
- Anthem \$750 PPO plan
- Anthem Core PPO plan

Medical Plan Descriptions

For detailed coverage information, refer to your plan booklets, available from the health plan or by calling the Benefit Service Center at (800) 550-0726. You may also obtain a copy of regional plan materials, including the Evidence of Coverage (or EOC) for HMO plans, by contacting your Human Resources Representative. The plan booklets – together with the material contained in the URS Federal Services Summary Plan Descriptions (SPDs) – constitute your SPD. Below is a brief description of each medical plan available to eligible employees and their dependents.

The Anthem \$2,500/\$5,000 and \$1,250/\$2,500 Health Savings Account (HSA) Plans

Consumer-driven health plans such as the Anthem \$2,500/\$5,000 and \$1,250/\$2,500 HSA plans allow you to actively participate in making your health care decisions and

encourage you to be proactive about maintaining your health. Both plans function as a PPO medical plan and provide eligible participants the opportunity to contribute to a Health Savings Account that can be used to pay for your eligible health care expenses or to save for future health care expenses. You are not eligible to open or contribute to an HSA account, or receive a Company-match, if you are covered under another health plan that is not a consumer-driven health plan or high deductible plan (for example, through your spouse/domestic partner's employer) or if you participate in an "unrestricted" health care flexible spending account. Employees enrolled in Medicare or TRICARE, and those who do not pay U.S. taxes also are ineligible because of federal law restrictions.

Eligible employees can fund the HSA account with pre-tax dollars deducted from your URS Federal Services pay checks. You are not required to fund an account, but if you do, you will receive a matching contribution from URS Federal Services, matched dollar for dollar, up to maximum amounts established by URS Federal Services each year and dependent on the plan and tier of your enrollment. Eligible preventive care expenses are fully covered at 100% and will not reduce any account funds. Your HSA dollars can be used to pay for your eligible medical expenses other than preventive care. If you do not use all of your HSA funds during the plan year, your unused balance, including any matching funds, rolls over to the next plan year and is yours to take with you if you leave URS Federal Services.

For information on the Anthem plans, please refer to the Anthem booklets, contact Anthem at (855) 215-6078 for questions, visit the Anthem website at <http://www.anthem.com> or contact the Benefit Service Center at (800) 550-0726.

Anthem is the pharmacy benefits manager administering the pharmacy benefits for the Anthem Health Savings Account plans. Pharmacy benefit coverage information can be found in the Anthem medical booklets or by contacting Anthem at (855) 215-6078 and online at <http://www.anthem.com>.

The Anthem PPO Plans

The Anthem PPO plans provide a wide range of health care services within a special network of health care providers and facilities. You have the freedom to receive care from any provider or facility. However, you receive the highest level of benefits when you receive care from providers and facilities within Anthem's PPO Network. For information on how to find a provider in the Anthem PPO Network refer to the Anthem booklets, contact Anthem at (855) 215-6078 or visit the Anthem website at <http://www.anthem.com>.

URS Federal Services offers several Anthem PPO plans, referenced as the Anthem \$750 plan and the Anthem Core Plan, to employees and their eligible dependents. For information on the PPO plan, please refer to the Anthem booklets, contact Anthem at (855) 215-6078, visit the Anthem website at <http://www.anthem.com> or contact the Benefit Service Center at (800) 550-0726.

Anthem is the pharmacy benefits manager administering the pharmacy benefits for the Anthem PPO plans. Pharmacy benefit coverage information can be found in the Anthem medical booklets or by contacting Anthem at (855) 215-6078 and online at <http://www.anthem.com>.

The Blue Cross Blue Shield (BCBS) of Alabama PPO Plan

For URS Federal Services employees, if you live in Alabama and do not have access to another URS Federal Services BCBS of Alabama medical plan required by contract, you can enroll in a BCBS Alabama PPO plan. This plan uses the same BCBS provider network as the Anthem BCBS plans.

For information on these plans, please refer to the BCBS of Alabama booklets, contact BCBS of Alabama at (800) 292-8868, visit the BCBS of Alabama website at <http://www.bcbsal.org> or contact the Benefit Service Center at (800) 550-0726.

Additional Health Plans Offered by URS Federal Services

Depending on where you live, you may have the option of enrolling in a PPO or HMO separate from the plans mentioned above. An HMO is a managed care plan that pays benefits *only* for care you receive from an in-network provider (except in an emergency). With most HMOs, you select a primary care physician (PCP), the doctor who either provides or arranges for all your medical care. You call your PCP *first* whenever you need care. When necessary, your PCP refers you to a specialist in the network. If you need to go into the hospital, your PCP arranges your admission. If you don't call your PCP first for non-emergency care, or within 48 hours of emergency care, the plan may not pay benefits.

You will receive information about any HMOs available in your area from your Human Resources Representative. If you want to learn more, you can log on to the HMO's website. You will also receive more specific information when you enroll in the HMO. Please refer to that information for details about your coverage.

The regional HMOs and PPOs available to URS Federal Technical Services employees are listed in the table below.

State		Website
Maryland, District of Columbia and Virginia	Kaiser of the Mid-Atlantic	http://healthy.kaiserpermanente.org
Hawaii	HMSA HMO	http://hmsa.com
Utah	Select Health (formerly Intermountain Health Plan)	http://selecthealth.org

GeoBlue

URS Federal Services offers GeoBlue Medical, Dental and Vision coverage, as well as the Anthem BCBS PPO plans, for U.S. expatriates and third country nationals named by

URS Federal Services and working full-time under specific contracts outside of the U.S. or any of its commonwealths, territories, protectorates and possessions.

“Expatriate” means an employee who is working outside his or her country of citizenship. “Third country national” means an employee who is not a U.S. citizen, works outside of his or her country of citizenship and works outside of his or her country of domicile.

For more information refer to the GeoBlue Member Guide, call GeoBlue Customer Service 24/7 at 855-282-3517 or collect at 1-610-254-5304, or visit their website at <http://geo-blue.com> or call the Benefit Service Center at (800) 550-0726.

Exhibit B: Medical Plan Descriptions for Eligible Employees of Federal Support Services

URS Federal Services offers all active eligible Federal Support Services employees and their eligible dependents with several medical plans as indicated in this Exhibit B. Eligibility may differ by contract or Collective Bargaining Agreement.

Federal Support Services Domestic Employee Plans

- Anthem Core PPO plan
- Regional PPO or HMO coverage through: HMSA HMO (Hawaii), BCBS Alabama PPO, Kaiser

Federal Support Services Expatriate and Third Country National Employee Plans

- GeoBlue
- Anthem Core PPO plan

The Anthem PPO Plan

The Anthem PPO plan provides a wide range of health care services within a special network of health care providers and facilities. You have the freedom to receive care from any provider or facility. However, you receive the highest level of benefits when you receive care from providers and facilities within Anthem's PPO Network. For information on how to find a provider in the Anthem PPO Network refer to the Anthem booklets, contact Anthem at (855) 215-6078 or visit the Anthem website at <http://www.anthem.com>.

URS Federal Services offers several Anthem PPO plan, to employees and their eligible dependents. For information on the PPO plan, please refer to the Anthem booklets, contact Anthem at (855) 215-6078, visit the Anthem website at <http://www.anthem.com> or contact the Benefit Service Center at (800) 550-0726.

Anthem is the pharmacy benefits manager administering the pharmacy benefits for the Anthem PPO plan. Pharmacy benefit coverage information can be found in the Anthem medical booklets or by contacting Anthem at (855) 215-6078 and online at www.anthem.com.

The Blue Cross Blue Shield (BCBS) of Alabama PPO Plan

For URS Federal Services employees, if you live in Alabama and do not have access to another URS Federal Services BCBS of Alabama medical plan required by contract, you can enroll in a BCBS Alabama PPO plan. This plan uses the same BCBS provider network as the Anthem BCBS plans.

For information on these plans, please refer to the BCBS of Alabama booklets, contact BCBS of Alabama at (800) 292-8868, visit the BCBS of Alabama Website at <http://www.bcbsal.org> or contact the Benefit Service Center at (800) 550-0726.

Additional Health Plans Offered by URS Federal Services

Depending on where you live, you may have the option of enrolling in a PPO or HMO separate from the plans mentioned above. An HMO is a managed care plan that pays benefits *only* for care you receive from an in- network provider (except in an emergency). With most HMOs, you select a primary care physician (PCP), the doctor who either provides or arranges for all your medical care. You call your PCP *first* whenever you need care. When necessary, your PCP refers you to a specialist in the network. If you need to go into the hospital, your PCP arranges your admission. If you don't call your PCP first for non-emergency care, or within 48 hours of emergency care, the plan may not pay benefits.

You will receive information about any HMOs available in your area from your Human Resources Representative. If you want to learn more, you can log on to the HMO's website. You'll also receive more specific information when you enroll in the HMO. Please refer to that information for details about your coverage.

The regional HMO available to URS Federal Support Services employees is listed in the table below.

State		Website
Hawaii	HMSA HMO	http://hmsa.com

GeoBlue

URS Federal Services offers GeoBlue Medical, Dental and Vision coverage, as well as the Anthem BCBS PPO plans, for U.S. expatriates and third country nationals named by URS Federal Services and working full-time under specific contracts working outside of the U.S. or any of its commonwealths, territories, protectorates and possessions.

“Expatriate” means an employee who is working outside his or her country of citizenship. “Third country national” means an employee who is not a U.S. citizen, works outside of his or her country of citizenship and works outside of his or her country of domicile.

For more information refer to the GeoBlue Member Guide, call GeoBlue Customer Service at 855-282-3517 or collect at 1-610-254-5304 or visit their website at www.geo-blue.com or call the Benefit Service Center at (800) 550-0726.