



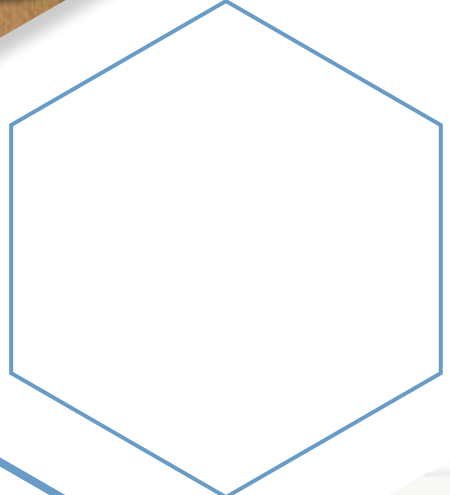
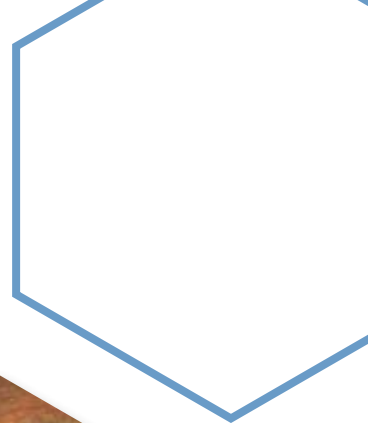
# LIVE WELL

## *Thermo Fisher Scientific Employee Benefits Guide*

**ThermoFisher**  
SCIENTIFIC

**Your Benefits Guide**







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# YOUR MEDICAL PLAN OPTIONS

## THE PPO PLANS

Thermo Fisher offers a choice of two health plan options, all administered by **UnitedHealthcare (UHC)**. Both plans feature a different design that balances the cost of care with the cost of coverage. The plans vary in how and when you pay for your healthcare and your preference for sharing costs and risk.

Your choices include two Preferred Provider Organization (PPO) Plans:

- **Core 1000 Plan**
- **Enhanced 300 Plan**

Preferred Provider Organizations (PPOs) deliver healthcare through a network of preferred providers. When you receive care from in-network providers, you receive the highest level of benefits and your out-of-pocket expenses are lower. The company also benefits when you use in-network providers. We pay the discounted pricing for the claims that UnitedHealthcare negotiated with the healthcare providers. When you receive care from out-of-network providers, your out-of-pocket expenses increase because you pay a larger share of the costs.

# MEDICAL PLAN SELECTION

## MEDICAL PLAN SELECTION IS ABOUT CHOICE

When you decide to purchase something of importance and with a significant cost to you, you probably spend a fair amount of time deciding how much to pay and what features are important to you. That is exactly what we suggest you do when you choose your medical benefits. Selecting the right medical plan is important to make sure you are enrolling in the option that best suits your needs. We believe you should take time to consider how your needs may have changed to determine whether the same choice of medical option continues to be right for your needs and those of your family.



Thermo Fisher recognizes that the needs of our employees can be different, and it is for this reason that we offer a choice of two medical plans. Each of these two options cover exactly the same type of healthcare expenses, but the way you pay for these expenses will be different.

You should view your medical costs through the plan in two ways – the first is the premium contributions you make through your paycheck each pay period (your cost of coverage). The second is the cost you pay for health services when you seek care from your doctor, including the deductibles, copays and coinsurance amounts (your cost of care). The two medical plan designs allow you to make a choice on how to balance the two components of medical cost.

For example, the Core 1000 plan gives you an option where your per paycheck cost of coverage is less, but your cost of care at the doctor requires more from your pocket. Alternatively, the Enhanced 300 plan requires that you pay more on a per paycheck basis – so your cost of coverage is more—but your cost of care at the doctor is less.

Your out-of-pocket maximum is the most you have to pay for covered services during a plan year. *Your out-of-pocket maximum is the total of your annual deductible and your coinsurance.* The amount of your out-of-pocket maximum is lower when you receive care from in-network providers. Copays for office visits, emergency room visits, and prescription drug copays do not count toward your out-of-pocket maximum.

Remember: The PPO plans cover preventive care services at 100%.

## LOCAL MEDICAL PLANS

In some locations, Thermo Fisher offers an extra medical plan option in addition to the national carrier PPO plans. More information can be found on **iConnect** or at <https://thermofisher.employee.com>.

## FINDING IN-NETWORK PROVIDERS IN YOUR AREA

You will save money if you receive care from providers who participate in the UHC network. The network for most of the country is **Choice Plus**, but it is different in some states (see below). Here's how you can find in-network providers:

- Log on to [www.myuhc.com](http://www.myuhc.com).
- Click on Find Physician or Facility.
- Enter your search criteria. On Select Plan, click on UnitedHealthcare **Choice Plus**. Results will include only the physicians and facilities that are in-network in your area

**Or, you can call UHC Member Services at 1-877-462-5024.**

Once you are enrolled in a UHC plan, remember to register on [www.myuhc.com](http://www.myuhc.com). After you register, log in each time you access [www.myuhc.com](http://www.myuhc.com) to enter your personalized site. Here you will be able to search for an in-network provider and facility, print a temporary ID card, order a replacement ID card, look at past claims and account balances and most importantly, access numerous health and wellness tools.

### *If You Live in Maine, Massachusetts or New Hampshire*

For covered health services rendered in Maine, Massachusetts or New Hampshire, you must access the **Harvard Pilgrim Healthcare Choice Plus** network. UnitedHealthcare has partnered with Harvard Pilgrim to provide broader network access. Here are some things to note:

- For chiropractors and behavioral health providers, you should receive care from the UHC Choice Plus network in Maine, Massachusetts and New Hampshire.
- If you live in Maine, Massachusetts or New Hampshire and use a UHC doctor who is not in the Harvard Pilgrim network for services you receive in Maine, Massachusetts or New Hampshire, your services will be covered as out-of-network.
- If you need to receive care anywhere *outside* of Maine, Massachusetts and New Hampshire, you should use providers in UHC's Choice Plus network.

Be sure to present your UHC ID card with the Harvard Pilgrim logo to your providers whenever you receive care.

### *If You Live in the Madison, WI Area*

Your provider network is the UnitedHealthcare **Options PPO** network. For covered health services you receive both inside and outside of this area, you should access care from a UHC Options PPO network provider in order to receive the in-network level of benefits coverage.

## GET PERSONAL AT WWW.MYUHC.COM®

When you enroll in a Thermo Fisher UnitedHealthcare health plan, you automatically have access to personalized healthcare information through [www.myuhc.com](http://www.myuhc.com).

It's your "one-stop shop" for all of your healthcare needs.

- Find a network doctor or healthcare provider.
- View detailed information about your coverage. Check your current eligibility, deductibles, out-of-pocket limits and more.
- Start a customized health improvement program (like smoking cessation, stress management or weight loss).
- Organize your medical claims. See your medical claims and print copies for your records.
- Chat with a nurse, live and online.
- Print a temporary or order a replacement ID card.
- Estimate your treatment costs.
- Work with an online Health Coach to improve your health and well-being.
- Research health conditions and look up information on a host of medical topics.
- Use the Personal Health Record to track and manage your health conditions, treatments, medications and health concerns.

*The UHC website provides excellent tools and resources to help you understand your coverage and make healthy choices.*



### **Save Money By Using In-Network Providers**

To minimize expenses, we encourage you to take an active role in your healthcare and learn which labs are in the UHC network. For a list of in-network laboratory locations, please visit UHC online at [www.myuhc.com](http://www.myuhc.com)® or call the member number on the back of your ID card 1-877-462-5024.



# EFFECTIVE JANUARY 1, 2013 — SUMMARY OF COVERAGE — THE UNITEDHEALTHCARE

Member Services 1-877-462-5024, Monday through Friday 8 a.m. to 8 p.m. Eastern Standard Time. [www.myuhc.com](http://www.myuhc.com)

BENEFITS		PPO CORE 1000 PLAN	
		IN-NETWORK	
<b>Plan Provisions</b>			
Deductible (applies to annual out-of-pocket maximum)	\$1,000 Individual \$2,000 Family		
Coinsurance	80%		
Annual Out-of-Pocket Maximum (includes deductible) (excludes copays, prescription drug expenses, and amounts over usual and customary)	\$5,000 Individual \$10,000 Family		
Lifetime Maximum		Unlimited	
Precertification Requirement	Performed by Provider		
Claim Form Required	No		
Physician Office Visits (non-specialists)	80% after deductible		
Specialist Office Visits	80% after deductible		
<b>Preventive Care</b>			
Adult: Routine physical exams Routine gynecological exams, including a PAP Test Mammograms, as required	100% per preventive schedule		
Pediatric: Routine physical exams Pediatric immunizations			
<b>Provider Services</b>			
Emergency Room Services		80% after in-network deductible	
Ambulance		80% after in-network deductible	
Inpatient Hospital Expenses	80% after deductible		
Outpatient Hospital Expenses	80% after deductible		
Maternity	80% after deductible		
Infertility Counseling, Testing and Treatment	80% after deductible (Limit: \$25,000 lifetime maximum/in-network and out-of-network combined)		
Spinal Manipulations	80% after deductible		
Diagnostic Services (outpatient lab, X-ray)	80% after deductible		
Outpatient Therapies	80% after deductible		
Durable Medical Equipment		80% after in-network deductible	
Skilled Nursing Facility Care	80% after in-network deductible; Limit: 120 days/calendar year)		
Home Healthcare	80% after deductible No visit limit		
Private Duty Nursing (excludes inpatient)		80% after in-network deductible	
Hospice		80% after in-network deductible	
<b>Mental Health</b>			
Inpatient	80% after deductible		
Outpatient	80% after deductible		
<b>Substance Abuse</b>			
Inpatient Detoxification	80% after deductible		
Inpatient Rehabilitation	80% after deductible		
Outpatient	80% after deductible		
<b>Prescription Drug Program</b>			
Retail (up to a 31-day supply) (Mandatory Generic) *Mandatory Retail Refill Allowance Program-after 3 retail refills for maintenance prescriptions, prescription must be refilled through Medco by Mail Service) (1) (2)	Generic \$10 copay; Brand formulary: \$35 copay; Brand non-formulary: \$50 copay		
Mail Order (up to a 90-day supply) (Mandatory Generic) *Mandatory Retail Refill Allowance Program-after 3 retail refills for maintenance prescriptions, prescription must be refilled through Medco by Mail Service) (1) (2)	Generic \$25 copay; Brand formulary: \$87.50 copay; Brand non-formulary: \$125 copay		

(1) The Formulary Program is defined by Medco's Preferred Formulary and pharmacy network. (2) To receive the \$0 copay for prescriptions

This summary is designed purely as a reference of some of the benefits under this program. The complete details of this program are contained in the carrier plan documents.

## MEDICAL PLAN OPTIONS

The following table compares the annual deductible, coinsurance, office visit copay, and annual out-of-pocket maximums for each Medical Plan option.

PPO ENHANCED 300 PLAN		
OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
\$3,000 Individual \$6,000 Family 60%	\$300 Individual \$600 Family 90%	\$500 Individual \$1,000 Family 70%
\$10,000 Individual \$20,000 Family	\$2,500 Individual \$5,000 Family	\$5,500 Individual \$11,000 Family
	Unlimited	
Performed by Member	Performed by Provider	Performed by Member
Yes	No	Yes
60% after deductible	100% after \$20 copay	70% after deductible
60% after deductible	100% after \$35 copay	70% after deductible
Not Covered 60% (deductible does not apply) 60% after deductible	100% per preventive schedule	Not Covered 70% (deductible does not apply) 70% after deductible
Not Covered 60% (deductible does not apply)		Not Covered 70% (deductible does not apply)
	90% after \$150 copay per visit (waived if admitted)	
	90% after in-network deductible	
60% after deductible	90% after deductible	70% after deductible
60% after deductible	90% after deductible	70% after deductible
60% after deductible	90% after deductible	70% after deductible
60% after deductible (Limit: \$25,000 lifetime maximum/in-network and out-of-network combined)	90% after deductible (Limit: \$25,000 lifetime maximum/in-network and out-of-network combined)	70% after deductible (Limit: \$25,000 lifetime maximum/in-network and out-of-network combined)
60% after deductible	100% after \$20 copay	70% after deductible
60% after deductible	90% after deductible	70% after deductible
60% after deductible	90% after deductible	70% after deductible
	90% after in-network deductible	
	90% after in-network deductible; Limit: 120 days/calendar year	
60% after deductible; Limit: 100 visits/calendar year	90% after deductible No visit limit	70% after deductible Limit: 100 visits/calendar year
	90% after in-network deductible	
	90% after in-network deductible	
60% after deductible	90% after deductible	70% after deductible
60% after deductible	90% after deductible	70% after deductible
60% after deductible	90% after deductible	70% after deductible
60% after deductible	90% after deductible	70% after deductible
60% after deductible	90% after deductible	70% after deductible
	Generic \$10 copay; Brand formulary: \$35 copay; Brand non-formulary: \$50 copay	
	Generic \$25 copay; Brand formulary: \$87.50 copay; Brand non-formulary: \$125 copay	
prescribed for the treatment of asthma and diabetes, prescriptions must be filled through Medco by Mail Service.		

## PRESCRIPTION DRUG COVERAGE

Regardless of the PPO medical plan option you choose, you will enjoy the same great benefits for prescription drugs through a program administered by Medco.

The amount you pay per prescription depends on the type of drug you receive, as shown in the chart below:

### Prescription Drug Copayments

	Retail (31-day supply)	Mail Order (90-day supply)
Generic	\$10	\$25
Brand formulary drug	\$35	\$87.50
Brand non-formulary drug	\$50	\$125

Prescription drugs are not covered when over-the-counter equivalents are available.

**IMPORTANT:** Remember—if a generic drug is available and you choose to buy the brand formulary or brand non-formulary drug, you must pay the difference in cost between the generic and brand-name drug in addition to paying the regular copay for that drug.

### Retail Refill Allowance (RRA) Program—Medco by Mail

The preferred method for obtaining maintenance (long-term) prescription drugs is through the mail service—Medco by Mail. The RRA program will assist you in transitioning over to the mandatory mail order program. The program works for each separate Maintenance Medication you take. Maintenance drugs are medications that you may be taking on a long-term basis for conditions such as high blood pressure, diabetes, and high cholesterol. This is how the Retail Refill Allowance (RRA) Program works:

- If you are currently taking or are prescribed in the future, any type of maintenance prescription, you will have the opportunity to have that prescription filled at a retail pharmacy up to 3 refills.
- After that third refill, you must use the Medco by Mail Service for any further refills.
- You will need to ask your physician to provide you with a 90 day prescription.
- Medco will also provide assistance to you throughout this transition.
- If you do not use the Medco by Mail Service after the 3rd refill, you will be required to pay 100% of the maintenance drug cost.



### Copayments Waived for Asthma and Diabetes Drugs When You Use The Medco By Mail Service

Prescription drug copayments for drugs related to the treatment of asthma and diabetes will be waived, which means you can receive the medications you need to help you manage these conditions at no cost to you. This includes:

- Asthma inhalers
- Insulin
- Diabetic testing supplies
- Oral anti-diabetic agents

### Medco by Mail Order Forms

To obtain the prescription drug order forms:

- Call Medco at 1-800-987-5248 or
- Log onto [www.medco.com](http://www.medco.com)

### Utilization Management

In order to more effectively manage your care, our prescription drug coverage includes an enhanced pharmacy management program called RationalMed®. This care management service works with you, your doctor and your pharmacist to help you avoid dangerous drug interactions and to encourage the use of safe and equally effective alternatives to certain drug therapies and brands. Under this program, you are required to request authorization before the plan will cover certain lifestyle and other discretionary drug therapies. In addition, you may receive or request education and information on various ways you can reduce your prescription costs and more.





**Fast Facts About Generics: Savings with Safety**

When you have a prescription to be filled, you should know that you may have a choice between filling it with a brand-name drug or a generic drug. Prescription drug costs are on the rise. You can help control your healthcare costs by encouraging your physician to prescribe generic drugs when they're available and appropriate.

Remember...

- By asking your doctor and pharmacist for generics, when available, you may save money without compromising on quality.
- Generic equivalent medications contain the same active ingredients and are subject to the same rigid Federal Food and Drug Administration standards for quality, strength, and purity as their brand name counterparts.
- Generic drugs generally cost 30-60% less than the equivalent brand name product.
- On a national basis, generic drugs make up nearly half of all prescriptions filled.
- About half of generic drugs are made by companies that have ties to the manufacturers of brand name drugs.

Read more about generic medications by logging onto the Medco website at [www.medco.com](http://www.medco.com).

**Here's an example of brand to generic savings:**

	Name of Drug	Monthly Copayment	Total Annual Copayment
Brand non-formulary drug (30-day supply)	Zocor	\$40	\$480
Generic (30-day supply)	Simvastin	\$10	\$120
		\$30 monthly savings	\$360 annual savings

**SMOKING SURCHARGE**

***If you elect to enroll in a Thermo Fisher medical plan, you will be asked whether you smoke. If you say yes, you will be assessed a \$20 per month surcharge on your healthcare premium.***

***All of the Thermo Fisher medical plan options have smoking cessation programs that can assist you in your attempt to stop smoking.***



# DENTAL PLAN

To promote good dental and overall health, the company offers dental coverage for you and your family through **Northeast Delta Dental**. The plan covers preventive care as well as basic and major restorative care. In addition, orthodontic treatment is covered for both children and adults. Please be sure that your dentist has a copy of your Delta Dental card and uses the *Concord, NH* office to submit claims and check on eligibility.

Each time you receive care, you may choose to see an in-network or out-of-network licensed dentist—either way, your deductible and coinsurance amounts are the same. You will get the best value from the dental program when you receive dental care from either a Delta Dental PPO or Delta Dental Premier provider because network dentists have agreed to accept Delta Dental’s pre-established, contracted fees, thus your out-of-pocket expenses will be lower. In addition, you will not need to file a claim or pay up-front for covered services with participating dentists.

If you choose to receive care from an out-of-network dentist, who generally charges more than the contracted fees, you must pay the difference; you may also be required to file a claim form in order to be reimbursed.



**Coordination of dental benefits: If you or a covered dependent is covered by another group dental plan, our dental plan coordinates payment with benefits from that other plan. But in all cases, the total amount you receive will not be more than the amount you are eligible for with the Thermo Fisher plan.**

## Dental Plan At-a-Glance

Northeast Delta Dental 1-800-832-5700 • www.nedelta.com			
Annual*-Year Deductible Individual - \$50 Family - \$150			
PREVENTIVE	BASIC RESTORATIVE	MAJOR RESTORATIVE	ORTHODONTICS
<b>Plan Pays</b>			
100% coverage (no deductible applies)	80% after deductible	50% after deductible	50% after deductible
Dental exam (2 per calendar year) Cleanings (2 per calendar year) Bitewing x-rays (once per calendar year) Panoramic x-rays (once every 3 years) Topical fluoride applications (2 per calendar year, up to age 19) Sealants (permanent molars once in a three-year period to age 19)	Amalgam (silver and resin white) Simple extractions Endodontics (root canal therapy) Periodontics Oral surgery Anesthesia	Crowns Inlays/onlays Palliative (emergency) treatment Dentures and fixed bridges Repairs to crowns, bridges, inlays/onlays Implants	Initial consultation Full mouth banding Ongoing treatment
\$1,500 per person calendar-year maximum benefit			\$1,500 per person lifetime maximum benefit

\* Annual deductible is applied per calendar year.



# VISION PLAN

The company's vision plan, administered by EyeMed Vision Care, provides you and your family with a vision plan option that covers regular eye exams, glasses and contact lenses. You can choose to receive services from in-network or out-of-network providers.

EyeMed Vision Care operates an expanded network of nationwide providers which include LensCrafters, Pearle Vision Centers, Sears Optical Centers and Target Optical Centers, along with many independent vision care providers.

The chart on this page shows benefit coverage provided for in-network and out-of-network services and care.



## Vision Plan At-a-Glance

EyeMed Vision Care 1-866-723-0513 • www.eyemedvisioncare.com			
Plan Provision	In-Network Benefit	Out-of-Network Benefit*	Frequency
Eye Exam and Refraction	Covered in full after \$10 copay	\$40	Per calendar year
Contact Lens Exam & Fitting			
Standard	\$0 copay, paid in full fit and two follow up visits	\$40	Per calendar year
Premium	\$0 copay, 10% off retail price, then apply \$55 allowance	\$40	Per calendar year
Frames	\$0 copay, \$125 allowance, 20% off balance over \$125	\$65	Per every 2 calendar years
Standard Plastic Lenses**			
Single	Covered in full after \$10 copay	\$40	Per calendar year
Bifocal	Covered in full after \$10 copay	\$50	Per calendar year
Trifocal	Covered in full after \$10 copay	\$70	Per calendar year
Lens Treatment Options	Variable copays based on option	Not covered	Unlimited
Contact Lenses			
Conventional	\$0 copay, \$125 allowance, 15% off balance over \$125	\$110	Per calendar year
Disposable	\$0 copay, \$125 allowance, 15% off balance over \$125	\$110	Per calendar year
Medically Necessary	\$0 copay, paid in full	\$200	Per calendar year
Additional Pairs of Glasses/Contact Lenses	Based on plan discount schedule	Not covered	Unlimited

\* If you receive services from an out-of-network provider, you must pay for services and then submit a claim form for reimbursement.

\*\* One pair of eyeglass lenses or contact lens allowance is covered within a calendar year.



# FLEXIBLE SPENDING ACCOUNTS (FSAs)

With careful planning, your tax-advantaged FSA helps you save on eligible healthcare and dependent care expenses. Here's how FSAs work:

- The IRS allows you to set aside pre-tax dollars from your paycheck in designated Flexible Spending Accounts. The money you set aside is not subject to federal, Social Security/Medicare and in most cases, state and local taxes.
- Use the money you set aside to pay yourself back for eligible healthcare and dependent care expenses.

You may participate in one, both or neither of the accounts. You do not have to participate in Thermo Fisher's medical, dental, or vision plans to participate in an FSA.

## USE IT OR LOSE IT

It is important to estimate your FSA expenses carefully. In exchange for the tax benefits these plans offer, the Internal Revenue Service (IRS) requires that any money left in your account(s) at the end of the year be forfeited.

Account statements will be sent to your home periodically, or you can also check your FSA balance any time at [www.connectyourcare.com](http://www.connectyourcare.com).

**The Healthcare and Dependent Care FSAs are two separate accounts; you cannot use money from one account to cover expenses reimbursable by the other account. In addition, you cannot transfer money between the accounts.**



## HEALTHCARE FSA

**Annual Contribution Limits:** Minimum: \$100; Maximum: \$2,500

### Eligible Expenses

Use your Healthcare FSA to pay for IRS-approved healthcare expenses that are not covered by any other health plan, such as:

- Medical, dental and vision coinsurance, copays and deductibles;
- Expenses for eye exams, glasses and contact lenses for which you are not covered; and
- Over-the-counter medications for illness or injury are eligible only with a prescription.

### Healthcare Payment Card

*If you enroll in the Healthcare FSA, you can use your ConnectYourCare Healthcare Payment Card for eligible healthcare expenses directly from your Healthcare FSA.*

### Substantiation of Healthcare Expenses

*For all Healthcare Flexible Spending Account participants, the IRS requires that 100% of all healthcare expense claims be substantiated. Some healthcare expenses can be "substantiated" at the point of purchase when using the ConnectYourCare Healthcare Payment Card. A purchase is "substantiated" when ConnectYourCare has data showing that the purchase was for an FSA eligible product or service, paid for in the plan year when the expense was incurred. For services, the data must specify the actual service that was received – not just the name of the provider. That is, knowing that the service was received from a physician or dentist is not sufficient to meet IRS requirements.*

***You should always save your itemized receipts when using your ConnectYourCare Healthcare Payment Card, so that you will be able to substantiate the purchases if required. ConnectYourCare may periodically require you to supply Explanations of Benefits from the health carriers and pharmacy receipts to provide the substantiation requirements when submitting a claim.***

## DEPENDENT CARE FSA

**Annual Contribution Limits:** Minimum: \$100; Maximum: \$5,000

The maximum contribution is \$5,000, or \$2,500 if you are married and you and your spouse file separate tax returns or your spouse contributes to a Dependent Care FSA through his or her employer.

### **Eligible Expenses**

Use your Dependent Care FSA to pay for IRS-approved dependent care expenses that you (or your spouse) incur while working, looking for a job or attending classes as a full-time student, such as:

- Home-based day care providers who comply with all state and local regulations;
- Individuals, including relatives, who provide care in or outside your home (other than your dependents or your children under age 19);
- Licensed day care centers for children or adults, and nursery schools;
- Nanny expenses for services provided in your home; or
- Summer day camp.

**Please note that the Dependent Care FSA is not the FSA that you use for your dependents' medical expenses. You must join the Healthcare FSA to submit medical expenses. You cannot use your Healthcare Payment Card to pay for Dependent Care expenses.**

### **Eligible Dependents**

- Dependent children under age 13 whom you claim on your federal tax return or for whom you have legal custody, or
- A child, spouse, or elderly parent who is physically or mentally incapable of self care, lives with you for more than one-half of the year and whom you are entitled to claim as a dependent on your federal income tax return.

## FILING A CLAIM FOR REIMBURSEMENT

The FSA plan year runs January 1 through December 31. To be eligible for reimbursement for expenses you must incur claims within the plan year. All eligible expenses must be incurred between January 1 or the date you enrolled in the plan through December 31. You will have until April 15 of the following year to submit claims. Submit your claims directly to ConnectYourCare. For more information on how to submit an FSA claim, log on to [www.connectyourcare.com](http://www.connectyourcare.com) or call 1-800-306-4303.



# LIFE INSURANCE/AD&D

The Life Insurance/Accidental Death & Dismemberment (AD&D) Plans at Thermo Fisher provide financial protection for you and your family in the event of injury or death. Prudential administers all of our life and AD&D insurance programs.

## BASIC LIFE AND AD&D INSURANCE

Thermo Fisher automatically provides you with life insurance equal to two times your annual base pay, up to plan maximums. The company provides an additional two times your annual base pay in basic AD&D insurance, up to plan maximums. Both plans are provided at no cost to you.

## OPTIONAL EMPLOYEE LIFE INSURANCE

In addition to the company-paid life insurance, you may choose employee-paid optional life insurance in an amount equal to one, two, three or four times your annual base pay (up to a maximum of \$1 million).

Rates are age-based and different rates apply to smokers and non-smokers. To qualify for the non-smoker rate, you must certify on your enrollment election that you have not used tobacco products during the 12-month period immediately prior to enrollment.



*Here is an overview of your Life/AD&D insurance options:*

PLAN	COVERAGE	COST
Basic Life Insurance*	You receive 2x your annual base pay, up to \$1 million.	The company pays the full cost.
Basic AD&D Insurance*	You receive 2x your annual base pay, up to \$1 million.	The company pays the full cost.
Optional Employee Life Insurance*	You may purchase additional coverage of 1x, 2x, 3x or 4x your annual base pay, up to \$1 million.	You pay the full cost at group rates based on your age and if you are a smoker or a non-smoker.
Spouse Life Insurance	You may purchase \$10,000, \$25,000 or \$50,000 for your spouse.	You pay the full cost, which is a flat rate based on the option you choose.
Child(ren) Life Insurance	You may purchase \$5,000, \$10,000 or \$20,000 for each of your children.	You pay the full cost, which is a flat rate based on the option you choose. Cost is the same regardless of the number of children you have.
Optional AD&D Insurance	You may purchase additional coverage from \$10,000 up to \$300,000 additional coverage for yourself and/or your family.	You pay the full cost, which is a flat rate based on the option you choose.

\* Your life insurance benefit is based on your annual base pay. If you are compensated through a sales compensation program, annual earnings mean base earnings which can include commissions, bonuses (excluding management incentive bonuses), and variable compensation paid through the sales incentive plan at your location.





### OPTIONAL SPOUSE LIFE INSURANCE

You may elect spouse life insurance equal to \$10,000, \$25,000 or \$50,000\*.

\*If you choose the \$50,000 option, you must complete an Evidence of Insurability (EOI) application.

### OPTIONAL CHILD LIFE INSURANCE

You may elect child life insurance for your child(ren) equal to \$5,000, \$10,000 or \$20,000. When you enroll for child life insurance, each child is automatically covered for the same amount at one flat rate.

### OPTIONAL AD&D INSURANCE

You may purchase additional AD&D coverage for yourself only or for yourself and your family. You may elect coverage from \$10,000 up to \$300,000. The combined maximum for company-provided and employee-paid and optional AD&D coverage for you is \$1,300,000. Your covered family members AD&D coverage amount is a percentage of your elected amount, the principal sum.

### BENEFICIARY DESIGNATION

In order to ensure that Thermo Fisher has your most up-to-date life and AD&D beneficiary designations on file, we are requiring that you complete your beneficiary designation. A beneficiary designation is how your life and AD&D benefit will be distributed upon your death. You may name as a beneficiary any person, trust, legal entity, or your estate. You will be able to designate primary beneficiaries as well as \*secondary beneficiaries.

\*A secondary beneficiary is the person who would receive your life & AD&D proceeds if your primary beneficiary were to predecease you.



### AGE-RELATED BENEFIT REDUCTIONS

If you are an active employee and reach age 65, your life, AD&D and optional life insurance coverage amounts are reduced as follows:

If your age is:	Your benefit is reduced to:
65-69	65% of your pre-age 65 benefit
70+	50% of your pre-age 65 benefit

If you are an active employee and reach age 70, your optional AD&D insurance coverage amounts are reduced as follows:

If your age is:	Your benefit is reduced to:
70 through 74	65%
75 through 79	45%
80 through 84	30%
85 or over	15%

### EVIDENCE OF INSURABILITY (EOI)

The Evidence of Insurability, also known as “proof of good health,” is required when you apply for \$50,000 spouse life insurance coverage or if you want to increase your optional life election after your initial enrollment election. You will be asked to complete an application that asks about your spouse’s or your medical history.

*Note: Prudential might also require additional information, which can include medical records, a physician’s statement, or a physical examination by a doctor selected by the insurance company.*

The insurance company will review all the documents and decide whether to approve the coverage you have requested. Until Prudential approves your new or additional amount of coverage, you will remain covered for your current coverage level, provided you continue to pay any premium due.

### IMPUTED INCOME

The IRS requires you to pay taxes each year on the value of your employer-provided basic life insurance that exceeds \$50,000. The value of this coverage, called imputed income, is automatically included in the wages shown on your annual W-2 form.



## DISABILITY PLANS

Thermo Fisher provides a Short-Term and Long-Term Disability Plan at no cost to you to ensure financial protection for you and your family if you are unable to work due to a non-work-related injury or illness. Prudential administers the disability programs.

### SHORT-TERM DISABILITY (STD)

The STD plan pays you 70% of your covered salary after you have been disabled due to non-work-related illness for seven calendar days and on the first day of a non-work-related injury. Benefits may continue for up to 26 weeks if you continue to meet the plan's definition of disability.

The STD benefit is subject to reduction by any other sources of disability income for which you may be eligible, such as state-mandated disability benefits or motor vehicle insurance benefits.

### LONG-TERM DISABILITY (LTD)

If you are totally disabled (as defined by the plan) for more than 26 weeks, LTD pays you 60% of your covered salary up to \$12,000 maximum per month.

LTD benefits are reduced by income payable from other sources, including Social Security disability and Workers' Compensation benefits.

***To apply for STD benefits, you must notify your Supervisor and HR1 Solution Center immediately once you are going to be absent from work due to illness or injury.***

## OTHER COMPANY BENEFIT PLANS

### THERMO FISHER SCIENTIFIC INC. 401(K) RETIREMENT PLAN

We each are responsible for planning a financially secure retirement. Thermo Fisher is doing its part to support you in that effort by offering a competitive 401(k) plan, administered by T. Rowe Price. Thermo Fisher provides a matching company contribution of up to 6% of your pay subject to certain IRS limits. It's up to you to do your part by participating in the plan to its fullest, deciding on an investment plan that makes sense for your situation, and then checking that strategy over time, as your life and needs change.

For more information log on to [rps.troweprice.com](http://rps.troweprice.com) or call the Plan Account Line at 800-922-9945 (representatives are available Monday through Friday 7:00 a.m. to 10:00 p.m. Eastern time).

#### New Hire Enrollment

The Thermo Fisher 401(k) Retirement Plan has an automatic enrollment feature:

- You will be enrolled in a 6% before-tax contribution rate after 45 days of employment
- You will be invested in an age appropriate T. Rowe Price Retirement Active Trust

Prior to Automatic Enrollment you may:

- Enroll earlier - upon receipt of your packet from T. Rowe Price
- "Opt Out" of 401(k) (45 day opt out grace period)
- Change your deduction amount
- Change your investment selection

### EMPLOYEES' STOCK PURCHASE PLAN (ESPP)

Our Employees' Stock Purchase Plan (ESPP) is a great way for you to become a shareholder of Thermo Fisher. There are two six-month Offering Periods—starting on January 1 and July 1.

The ESPP allows you to purchase shares of Thermo Fisher Scientific Inc. common stock at a 5% discount. You may elect to contribute a percentage of your annual salary, on an after-tax basis through payroll deduction, to purchase stock. This plan is administered by Fidelity Investments.

Additional information on the ESPP will be mailed to your home address or sent via email each Offering Period. You can also take this opportunity to enroll or make percentage changes by logging on to [netbenefits.fidelity.com](http://netbenefits.fidelity.com). You may also contact the HR1 Solution Center for additional information.



### EMPLOYEE ASSISTANCE PROGRAM (EAP)/WORK LIFE SERVICES

Thermo Fisher recognizes the challenges of combining a rewarding career with a balanced lifestyle. The EAP and Work Life Services, administered by United Behavioral Health (UBH), offer you and your family confidential assistance for a wide range of personal and work-related issues.

The EAP covers three no-cost visits per incident per year to a plan provider for counseling services for you and/or your family members. If you wish to receive ongoing treatment after your three EAP visits, you may be required to pay your medical plan's copay for additional visits. Check with your medical plan for benefits coverage and to see if the provider is in your plan's network.

#### Let UBH do the legwork

Some of the services that UBH can help you find include:

- Household services—plumbers who work evenings, housekeepers, carpenters, dry cleaners, movers, auto repair shops, electricians, landscapers
- Entertainment—theater tickets, golf courses, travel agents, kid-friendly restaurants, concerts
- Personal services—apartment brokers, caterers, tailors, translators, pet-sitters
- Childcare and Parenting Resources
- Eldercare
- Educational Resources
- Financial Consultations
- Legal Support Services

#### Reliable referrals

UBH specialists verify each service option to make sure the service is available and meets your specific needs. You'll get the most up-to-date details—including what services are offered, how much they cost, any professional credentials, and contact information—via telephone, fax or email.

For a complete description of the services that are available to you and your family, contact an EAP/Work Life Services counselor 24 hours a day, seven days a week, at 1-866-834-7604 or log on to [www.liveandworkwell.com](http://www.liveandworkwell.com) (access code: ThermoFisher).



# OTHER IMPORTANT INFORMATION

## BENEFIT ELIGIBILITY

**Regular, full-time employee**—if you are an employee who works 30 or more hours per week, you are eligible for all of the benefits described in this guide.

**Regular, part-time employee**—if you are an employee who is regularly scheduled to work 20 hours or more, but less than 30 hours per week, you are eligible to enroll in the medical, dental and vision care plans at different contribution rates. You may also participate in the Flexible Spending Account and 401(k) plans. You are automatically covered by the Employee Assistance Program (EAP)/Work Life Services program. You are not eligible for coverage under the life insurance and disability insurance programs.

### Eligible Dependents

You may elect coverage for your spouse, domestic partner and/or children if they meet the following requirements:

#### Spouse

- A spouse to whom you are legally married.

#### Domestic Partner

- A domestic partner who is in a committed relationship, has shared the same residence for at least 6 months and who is financially interdependent with you and who is less than age 65 and not eligible for Medicare.
- A completed and signed Affidavit of Domestic Partnership must be submitted to HR1 Solution Center every year. Additional information can be found on [iConnect](#).

#### Children

- Children up to age 26. Your adult children are eligible whether or not they are:
  - married;
  - living with you;
  - in school;
  - financially dependent on you; or
  - eligible to enroll in their employer's plan.

Coverage ends on the last day of the month in which they reach age 26.

Note: Eligible to enroll in a medical, dental and/or vision plan. Not eligible to enroll in the dependent life option. Spouses and children of adult children are not eligible for coverage.

- Children and adult children include: natural son and/or daughter, stepchildren, children of your domestic partner, legally adopted children (including those for whom legal adoption proceedings have begun), and any other child who is mainly dependent on you for care and support, who is living with you in a parent-child relationship and for whom you have a court-appointed legal guardianship.
- Adult children age 19 and over who are mentally and physically incapable of earning a living. You must complete a separate disabled dependent certification for medical plan coverage. The dependent must be on your benefits either at your date of hire or at the beginning of the disability.



## COVERAGE LEVELS

When you enroll for medical, dental and/or vision coverage, you must choose one of the following coverage levels. For each plan, you may select:

- **Employee Only:** Coverage for yourself only
- **Employee Plus Spouse/Domestic Partner:** Coverage for yourself and your spouse/domestic partner of the same-gender
- **Employee Plus Child(ren):** Coverage for yourself and one or more dependent children
- **Family:** Coverage for yourself, your spouse/domestic partner and one or more dependent children

Choose the coverage level that best meets your needs. For example, if your spouse has coverage through his or her job, you can elect to cover yourself only or yourself and your children. You can select different coverage levels for different benefits, such as choosing family coverage for medical benefits and employee-only coverage for dental benefits.

## PAYING FOR COVERAGE

You and the company share in the cost of your benefits. Your cost for medical, dental and vision coverage will be determined by your coverage level choices. Benefits such as medical, dental and vision plan contributions are paid with pre-tax dollars.

### Effect on Your Pay

Pre-tax contributions are deducted from your pay before federal income taxes, Social Security taxes, and, in most cases, state and local income taxes are withheld from your pay. This means that your taxable income is reduced by these amounts. This reduction may result in a slight decrease in your future Social Security benefits, but for most employees, this is more than offset by the current tax savings.

Your contributions will be deducted evenly from each paycheck throughout the year.

# MAKING CHANGES TO YOUR COVERAGE

IRS regulations require that elections you make now remain in effect throughout the plan year, unless you experience a qualifying status change that affects your benefits coverage. Changes must be made within 31 days of the event, or you must wait until the next open enrollment to re-enroll or make changes. Any change you make to your coverage must be consistent with your change in status.

You have year-round access to update your dependent and beneficiary information. Also available are resource tools such as Summary Plan Descriptions (SPDs), carrier information, and forms.

You can access the Thermo Fisher Benefits website through the company's intranet site iConnect or directly at [www.thermofisher.employee.com](http://www.thermofisher.employee.com).

The following is a list of qualifying status changes:

- You get married or satisfy the criteria for a domestic partnership;
- You become legally separated, divorced, your marriage is annulled or you dissolve a domestic partnership;
- You have a child by birth or adoption—or a child is placed for adoption;
- You gain or lose custody of a child;
- A dependent dies;
- A dependent gains or loses eligibility status under the plans;
- There is a change in your or your spouse's/domestic partner's employment;
- There is a significant cost or coverage change in your or your spouse's/domestic partner's benefit plans;
- You, or your spouse/domestic partner becomes eligible for Medicare; or
- You move outside your current medical plan's service area.

## ***Changes Due to Certain Court Orders***

You may add a dependent child to your coverage if a Qualified Medical Child Support Order requires you to do so. You may cancel coverage for your dependent child if a judgment, decree or order resulting from a divorce, legal separation, annulment or change in legal custody requires your spouse, former spouse or other individual to provide coverage for the child.



## ***Special Enrollment for Medical Coverage***

If you waive medical coverage during enrollment, you may enroll for coverage at a later date if Special Enrollment Rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) apply. In general, these Special Enrollment Rights apply under two conditions:

- **Loss of other medical coverage:** You declined company medical coverage for yourself, your spouse or dependent because you had other coverage, and you then lose that coverage.
- **New dependent:** You gain a newly eligible dependent (spouse or child) as a result of marriage, birth, adoption or placement for adoption.

## ***Changes in Life Insurance Coverage***

You may increase or decrease your Optional and Dependent Life Insurance coverage levels during the year if you have a qualifying status change. These changes may require that you complete an Evidence of Insurability application for approval.

## LEGAL NOTICES

### ***Women's Health and Cancer Rights Act***

The Women's Health and Cancer Rights Act requires group health plans to make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Our plans comply with these requirements. Benefits for these items generally are comparable to those provided under our plans for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following a mastectomy is a matter to be determined by the attending physician and the patient. Our plans neither impose penalties nor provide incentives to induce attending providers to provide care inconsistent with these requirements.

If you have any questions regarding the specific benefits under your health plan, please contact the plan directly.

### ***Health Insurance Portability and Accountability Act (HIPAA)***

HIPAA imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information, known as Protected Health Information (PHI), includes all individually identifiable health information held by the medical plans and the Healthcare Flexible Spending Account. The plan has prepared a notice of the uses and disclosures of protected health information that may be made by the plan, and of your rights and the plan's legal duties with respect to your Protected Health Information. The notice is posted on iConnect and is also available to you at no cost. If you wish to receive a copy of the notice, please call Corporate Benefits at 1-781-622-1000.

### ***Continued Coverage Under COBRA***

Under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), you and your covered dependents may be entitled to continue coverage if certain qualifying events occur that result in the loss of health coverage. See your Summary Plan Description (SPD) or call your HR1 Solution Center for a complete list of qualifying events.



### ***Important Notice for All Massachusetts Residents***

All Massachusetts residents over 18 years of age are required to be covered under a medical insurance plan. This requirement is part of the Massachusetts Healthcare Reform Law that was passed in 2007. If you are eligible to enroll in a Thermo Fisher medical plan or coverage under any other plan (meet the minimum creditable coverage standards), then you must enroll in, or be covered by, one of those plans that you are eligible for in order to avoid a financial penalty.

### ***Mental Health Parity Requirements***

All of the medical plans offered by Thermo Fisher will comply with the Mental Health Parity Requirements found in the Emergency Economic Stabilization Act of 2008.

### ***Heroes Earnings Assistance and Relief Tax Act of 2008 (HEART Act)***

The act provides military personnel the ability to take a qualified reservist distribution (QRD) of unused benefits from a healthcare FSA if called to active duty. Our plan complies with these requirements.

### ***Genetic Information Nondiscrimination Act (GINA)***

This law provides insurance plan protection from discrimination based on information derived from genetic tests. Our plans comply with these requirements.

### ***Other Legal Notices***

Refer to the Medical Summary Plan Description for more information on the following:

- Uniformed Services Employment and Reemployment Rights Act (USERRA)
- Qualified Medical Child Support Orders (QMCSOS)
- The Newborns' and Mothers' Health Protection Act (NMHPA)



# THERMO FISHER BENEFITS WEBSITE

The Thermo Fisher Benefits website is available 365 days a year. You can view your current health and welfare benefit elections (such as medical, dental and life options) at any time. **In the event that you experience a qualifying life event, such as a marriage or birth/adoption of a child, you will have 31 days to make corresponding changes to your benefit elections using the website.**

You have year round access to update your dependent and beneficiary information. Also available are resource tools such as Summary Plan Descriptions (SPDs) and benefit vendor information.

You can access the Thermo Fisher Benefits website through the company's intranet site, **iConnect**, or directly at <https://thermofisher.employee.com>.

**Questions?**

Contact the HR1 Solution Center at **1-855-HR1-CALL** or at **HR1@thermofisher.com**

## RESOURCES

Benefit Partners	Web Address	Telephone Number
Medical—UnitedHealthcare	<a href="http://www.myuhc.com">www.myuhc.com</a>	1-877-462-5024
Medco Rx	<a href="http://www.medco.com">www.medco.com</a>	1-800-987-5248
Dental—Northeast Delta Dental	<a href="http://www.nedelta.com">www.nedelta.com</a>	1-800-832-5700
Vision—EyeMed Vision Care	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>	1-866-723-0513
Employee Assistance Program (EAP)—United Behavioral Health (UBH)	<a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> (access code: THERMOFISHER)	1-866-834-7604
Flexible Spending Accounts (FSAs)—ConnectYourCare	<a href="http://www.connectyourcare.com">www.connectyourcare.com</a>	1-800-306-4303
401(k) Plan—T. Rowe Price	<a href="http://rps.troweprice.com">rps.troweprice.com</a>	1-800-922-9945
Employees' Stock Purchase Plan—Fidelity	<a href="http://netbenefits.fidelity.com">netbenefits.fidelity.com</a>	1-800-544-9354

We encourage all employees to visit the provider websites shown above. In addition to finding information on the plans, many sites also have special "members only" areas where you can establish a confidential logon to review and access your personal information.

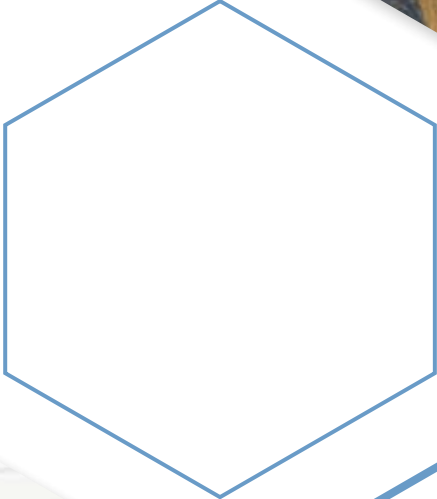
This guide provides an overview of Thermo Fisher's U.S. benefits program. It is not intended to provide every detail about the program. Only the plan documents for the various plans described in this publication contain the actual terms and conditions of the benefits. If there is a discrepancy between the plan documents and the information in this publication, the plan documents will govern. The company reserves the right to amend, modify, or terminate any of the benefit plans at any time.

**If you are a member of a collective bargaining group, some of the benefits listed in this guide may not apply. Please refer to your collective bargaining agreement.**

*Source: Corporate Benefits  
Thermo Fisher Scientific Human Resources*









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