



2018

BENEFITS HIGHLIGHTS GUIDE

FOR BENEFITS ELIGIBLE US AND INTERNATIONAL EMPLOYEES



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Please use this guide
to **understand your
benefit options** and to
choose coverage for
you and your family!



Engility and You = A healthy partnership

You work hard on behalf of Engility to provide the best solutions and support to further the mission of our customers. That's why Engility works hard to provide benefits and resources to support the health and wellbeing of you and your family. When you are well — physically, emotionally and financially — you are at your best.

Your needs are unique. Our plans provide various levels of coverage and features designed to give you the flexibility to make the choices that best meet those needs. We fully realize that managing health care costs is a challenge for you and for the company; therefore, our plans give you a number of ways to obtain the care you need while providing tools and information to help you control your own costs.

Please use this guide to understand how your benefits work and to help you make informed decisions so you can receive high quality and high value services when you need them. We encourage you to read it carefully and share it with your family members. We also encourage you to review the more detailed descriptions of all of our benefit plans and our many reference guides, tools and resources that are available on our benefits website at www.engilitycorp.com/benefits.

YOUR BENEFITS AT A GLANCE

BENEFIT PLAN	YOUR OPTIONS
Medical Plan, including prescription drug benefits*	<ul style="list-style-type: none"> • CDHP Standard • CDHP Premium • CDHP Premium Plus • Waive coverage <p>If you enroll in Consumer Driven Health Plan (CDHP) medical coverage, you may also be eligible to open a tax-advantaged Health Savings Account (HSA) that can be used to pay for eligible health care expenses. Additionally, your prescription insurance will be managed by Express Scripts.</p>
Dental Plan*	<ul style="list-style-type: none"> • MetLife PPO Dental Low Plan • MetLife PPO Dental High Plan • Waive coverage
Vision Plan	<ul style="list-style-type: none"> • VSP Vision Low Plan • VSP Vision High Plan • Waive coverage
Flexible Spending Accounts (FSA)	<p>There are two types of FSAs—Health (and Limited Purpose Health) and Dependent Care:</p> <ul style="list-style-type: none"> • Health Care FSA (contribute up to \$2,650 per year) — For medical, dental and vision (only if you do not enroll in a CDHP medical plan), or • Limited Purpose FSA (contribute up to \$2,650 per year) — For dental and vision expenses (only if you enroll in a CDHP plan with HSA), and • Dependent Care FSA (contribute up to \$5,000 per year) • Waive participation
Short-Term Disability (STD)	<p>Engility provides this coverage at no cost to you:</p> <ul style="list-style-type: none"> • You may choose to pay tax on the premium (default) or tax on the benefit • The plan provides 66 2/3% of your pre-disability earnings for up to 180 days if you are unable to work due to a non-work related injury or illness (after a 7-day waiting period); • Enhanced benefits for maternity (see page 26)
Long-Term Disability (LTD)	<ul style="list-style-type: none"> • 50% of your pre-disability earnings, up to \$10,000 per month • 66 2/3% of your pre-disability earnings, up to \$20,000 per month • Waive coverage
Basic Life Insurance and Accidental Death and Dismemberment (AD&D)	<p>Engility provides this coverage at no cost to you:</p> <ul style="list-style-type: none"> • 11/2x your base annual pay, up to a maximum of \$1 million • You may elect to reduce your coverage to \$50,000 to avoid imputed income tax
Optional Term Life Insurance	<ul style="list-style-type: none"> • Purchase coverage from 1x to 8x your base annual pay, up to a maximum of \$1 million • Waive coverage
Optional AD&D Insurance	<ul style="list-style-type: none"> • Purchase coverage from 1x to 10x your base annual pay, up to a maximum of \$1 million • Waive coverage
Optional Dependent Life Insurance and AD&D	<ul style="list-style-type: none"> • Purchase coverage for your spouse and/or dependent children • Waive coverage
Other Benefits	<p>You may elect any or all of the following:</p> <ul style="list-style-type: none"> • Accident Insurance • Critical Illness Insurance • TRICARE Supplement (if enrolled in TRICARE) • Group Legal Insurance • Identity Theft Protection • Engility Personal Plans (may be elected after completing enrollment for your other Engility benefits) <ul style="list-style-type: none"> > Group Universal Life Insurance > Pet Insurance > Auto and Home Insurance
Employee Assistance Program (EAP)	<p>Engility automatically provides this coverage, which offers you professional counseling and referrals for personal, family and job issues</p>

* The Aetna International Plan is available to benefits eligible international employees and HMSA is available in Hawaii for medical coverage.

To find In-network providers near you, go to www.myuhc.com and look for the Choice Plus network, or call 1-844-859-5008

ENROLLMENT CHECKLIST

Learn about all of the benefits available to you. Start by reviewing this highlights guide; then, review the more detailed descriptions on www.engilitycorp.com/benefits.

Consider what health care expenses you expect to have in 2018.

Have you experienced a life event in the past year, like getting married or having a new baby? If so, think about how this affects the coverage you need.

Remember to consider your overall cost for coverage, that is both your per-pay contribution rates and the amount you will pay when you need care (e.g., the deductible, coinsurance, any copays, etc.). Also, consider the actual cost of your care.

Check that your providers participate in the network for our medical, dental and vision plans.

If you have a question, ask! Call the Engility Benefits Service Center at 1-877-248-8519 between 8 a.m. and 6 p.m., eastern time, Monday through Friday.

When you are ready to elect your benefits, follow the instructions on page 5.

Take action by your enrollment deadline, to make sure you will have the desired coverage for you and your family in 2018.

Eligibility

You are eligible for the benefits described in this guide if you are a U.S.-based, full-time employee working 30 or more hours per week and employees covered under the Service Contract Act.

Dependent Eligibility

You may enroll your eligible dependents in our Medical, Dental and Vision Plans and/or elect Optional Term Life and/or AD&D Insurance for them. Eligible dependents include:

- Your legal spouse
- Your children up to age 26 (including natural, step or adopted children, children placed with you for adoption, or children for whom you are the legal guardian), and
- Your certified domestic partner (same -or opposite- sex) and his or her eligible children.

You also may cover any other dependent children for whom you are required to provide coverage under a Qualified Medical Child Support Order (QMSCO). In addition, a child who is physically or mentally incapable of self-support may be eligible for extended coverage beyond age 26.

Note that you must provide a Social Security number and date of birth for each dependent that you cover. In order to cover your family members, you must provide copies of appropriate documentation (marriage license, redacted tax returns, birth certificate, etc.) upon request.





Enrolling in Your Benefits

After reviewing your options, you have two easy ways to enroll in your benefits:

- Go to <https://engilitybenefits.benefitsnow.com>, or
- Call an Engility Benefits Service Center Representative at 1-877-248-8519 between 8 a.m. and 6 p.m., Eastern Time, Monday through Friday.

To enroll online, follow these simple steps:

- 1 Go to <https://engilitybenefits.benefitsnow.com>.
- 2 Enter your User ID and Password. Skip to #4 below.
- 3 If you forgot your User ID or Password, click “Forgot User ID or Password.” If you are a new user, click on “Are you a new user?” You will be asked to provide information to validate your identity before you can create a User ID and Password, and then answer security questions.
- 4 After logging in with the User ID and password you created, select “Enroll Now” on the benefits home page (blue button, right hand side) and follow the steps to make your benefit elections and certify your tobacco-user status.

If you have any questions or need help, you can contact a Benefits Service Center Representative at 1-877-248-8519 between 8 a.m. and 6 p.m., Eastern Time, Monday through Friday.



Paying for Coverage

Company-Provided Benefits

You automatically receive the following benefits, which are fully paid for by Engility:

- Basic Life and AD&D Insurance
- Short-Term Disability
- Employee Assistance Program

Pre-Tax Benefits

You and Engility share the cost of medical and dental coverage based on the plan(s) and coverage level you choose. Engility pays the majority of the cost, but keep in mind that the decisions you make when you access care help drive the total cost of the plan.

Your cost for medical, dental and vision coverage and any contributions you make to the Health Care FSA, Dependent Care FSA and/or Health Savings Account (HSA), are made on a pre-tax basis. This means that your contributions are deducted before federal and Social Security taxes are taken, so you reduce your taxable income and save money.

For STD, you choose pre-tax or post-tax. See page 26.

Please note: There can be certain tax implications if covering an eligible domestic partner and their children. Please call the Engility Benefits Service Center at [1-877-248-8519](tel:1-877-248-8519) for more information.

Other Benefits

For other benefits you elect, you pay the full cost of coverage on an after-tax basis. Your cost is determined by the coverage you elect. Rates for Optional Term Life Insurance are also based on your age.

Because of the health risks associated with tobacco use, a \$50 monthly **tobacco surcharge** per family will apply for employees and/or their spouses or domestic partners who are enrolled in any Engility medical plan. You can **avoid this surcharge** by certifying during enrollment that you do not use tobacco products, or by enrolling in a free and approved tobacco cessation program through UnitedHealthcare/Optum.

QUALIFYING LIFE EVENTS

Events that may qualify for a mid-year change in benefit coverage include a:

- 1 Change in legal marital status (including marriage, divorce or death of a spouse/domestic partner).
- 2 Change in the number of dependents (including birth, adoption, placement for adoption or death of a dependent).
- 3 Change in the eligibility status of a dependent (e.g., reaching age 26).
- 4 Change in your spouse's/domestic partner's or child's coverage during another employer's open enrollment period, when the other plan has a different annual period of coverage.
- 5 Change in your place of residence that results in a change in available medical plans in your area.
- 6 Change in the employment status, work site or work schedule for you, your spouse/domestic partner or your dependent, that results in gaining or losing eligibility for coverage.
- 7 Significant increase in contributions or a significant reduction in coverage under your or your spouse's/domestic partner's health care plan.
- 8 Change that is necessary to comply with a Qualified Medical Child Support Order.
- 9 Entitlement to Medicare or Medicaid (applies only to the eligible person), or
- 10 Addition, elimination or significant curtailment of a coverage option in your or your spouse's/domestic partner's health care plan.

For the Dependent Care Flexible Spending Account, a change in dependent day care providers or costs could be a qualifying event if the providers are not your relatives.

Making Changes During the Year

The choices you make when you are first hired or during the open enrollment period are generally effective for the entire calendar year. Certain qualifying events, such as getting married or having a child, allow you to make changes to some benefits. The rules for making changes to your benefits are determined by federal law. Depending on the event, you may be able to:

- Enroll in coverage, if you previously waived participation
- Drop coverage you already have
- Add eligible dependents or drop previously covered dependents, and/or
- Change your level of coverage.

Any change you make must be consistent with your change in status. For example, if you get married, you could add your spouse to your medical coverage but you would not be able to change your medical plan. You have **60 days*** after the event to change your benefit elections by logging into the enrollment website at <https://engilitybenefits.benefitsnow.com> or by calling the Engility Benefits Service Center at 1-877-248-8519.

**31 days for changes under the HMSA PPO and HMO Plans*





MEDICAL

Engility offers three Consumer Driven Health Plan (CDHP) options through UnitedHealthcare (UHC);

- CDHP Standard
- CDHP Premium
- CDHP Premium Plus

If you enroll in coverage under one of these plans, you may also be eligible to open a tax-advantaged Health Savings Account (HSA)*. Your HSA can be used to help pay for the plan deductible and other eligible out-of-pocket health care expenses. For more information about the HSA, see page 10.

With the CDHPs, there are no copays to pay at the doctor's office; instead, all covered non-preventive expenses (including prescription drugs) are subject to the annual plan deductible. After the deductible is met, you and the plan share the cost of your expenses (coinsurance). Once you meet your out-of-pocket maximum, the plan pays 100% for any additional eligible expenses for the rest of the year.

You'll want to compare the cost of each option to the cost of the services you typically use, to determine which plan makes the most sense for you. The UHC pre-member website has a tool that can help you with this. Go to <http://engility.welcometouhc.com/> and look for the Health Plan Cost Estimator.

You can find more details about each plan on the benefits website at www.engilitycorp.com/benefits.

** IRS rules govern who can set up and contribute to an HSA. You may not make or receive contributions to an HSA if you have Dual Coverage. For more information, visit www.engilitycorp.com/benefits.*

International Employees

Employees on a U.S. payroll who are on extended assignment (generally six months or more) outside the United States, generally have only one medical and dental plan option available: the Aetna International Plans. See page 14 for high-level descriptions of these plans.

Hawaii Employees

Hawaii locations offer the locally mandated HMSA PPO and HMO Plans. If the plan you choose is an HMO, you may be required to select a Primary Care Physician (PCP) from the HMO's network. An HMO generally does not pay benefits for care that is not provided or actively managed by your PCP. For more information, refer to the Summary of Benefits and Coverage (SBC) available on the Engility Benefits Service Center website: <https://engilitybenefits.benefitsnow.com>

GET & STAY HEALTHY

You can get and stay healthy and save money when you:

- 1 Get preventive care like annual exams and screenings — they are covered at 100% (in-network).
- 2 Use network providers — they have agreed to charge only what the plan deems as reasonable and customary and are board certified in their specialty area.
- 3 Order prescriptions through the mail and use generics when available — they cost less and have the same active ingredients as more expensive brand names.
- 4 Use Teladoc to save time and money.
- 5 Participate in Wellness activities — when you do, you'll feel healthier and earn money!
- 6 Contribute to a tax-savings account (HSA or FSA) — you save on taxes, and with an HSA, you can even save for future medical expenses.

Here's how your plan options compare:

All three CDHP options give you access to UHC's national network of doctors, hospitals and other providers. In-network providers have agreed to accept a reduced rate for their services, so you pay less out of your pocket for care. You pay nothing for preventive care and the plans pay higher coinsurance for most other services when you use in-network providers. To find in-network doctors near you, go to www.uhc.com and look for the Choice Plus network, or call 1-844-859-5008.

You have the freedom to use out-of-network providers. Of course, you will pay more out of your pocket for care when using out-of-network providers.

Take Advantage of Preventive Care

All of our medical plans pay 100% for in-network preventive care that follows UHC's Preventive Care Guidelines (Out-of-network preventive care is not covered). Preventive care covers such services as an annual physical examination, routine pediatric care (to age 19), routine OB/GYN exam, routine mammograms and certain cancer screenings (such as colonoscopies) and some prescription medications.

	YOUR MEDICAL PLAN OPTIONS					
	CDHP STANDARD		CDHP PREMIUM		CDHP PREMIUM PLUS	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
HSA Company Contribution*	\$500/individual \$1,000/family		\$500/individual \$1,000/family		\$500/individual \$1,000/family	
Deductible						
Employee Only	\$4,500		\$3,000		\$1,500	
Employee + Dependents	\$4,500 per individual; \$9,000 per family		\$3,000 per individual; \$6,000 per family		\$3,000 per individual; \$3,000 per family	
Preventive Care**	100% (no deductible or coinsurance)	Not covered	100% (no deductible or coinsurance)	Not covered	100% (no deductible or coinsurance)	Not covered
Coinsurance %	Plan pays 70% You pay 30%	Plan pays 50% You pay 50%	Plan pays 80% You pay 20%	Plan pays 60% You pay 40%	Plan pays 90% You pay 10%	Plan pays 70% You pay 30%
Annual Out-of-Pocket Maximum						
Employee Only	\$6,350 per individual	\$12,700 per individual	\$5,000 per individual	\$6,000 per individual	\$2,500 per individual	\$3,000 per individual
Employee + Dependents	\$12,700 per family	\$25,400 per family	\$10,000 per family	\$12,000 per family	\$5,000 per family	\$6,000 per family

* You may also make your own pre-tax contributions to your HSA via payroll deduction. In addition, you can qualify for more contributions from Engility through the Wellness Incentives program. See page 12 for more information.

** Must follow UHC's Preventive Care Guidelines. Please see www.engilitycorp.com/benefits for more information.

Please Note: The above charts provide only high-level information about the Medical Plans and do not include all of the benefits provided under the plans. The specific terms of coverage, along with any exclusions and limitations, are contained in the official Plan Documents. In case of any discrepancy, the official Plan Documents will govern.

ID Cards

For new enrollees, medical plan ID cards, prescription cards and HSA debit cards will be mailed to your home. Current participants will continue to use their existing cards. If you do not receive your cards prior to your coverage effective date, please contact the Engility Benefits Service Center at 1-877-248-8519.

IMPORTANT TERMS TO KNOW

Here are some important terms to know as you consider your options.

Deductible. The amount that you pay each year out of your own pocket before the plan begins paying a portion of your covered expenses. You must meet the deductible before the plan pays its coinsurance percentage. In the Engility plans, expenses that count toward your deductible also count toward your out-of-pocket maximum.

Coinsurance. The percentage of covered expenses that you and the plan pay after the deductible is met. For example, if the plan pays 80%, your coinsurance will be 20%.

Out-of-Pocket Maximum. The maximum amount you could pay each year for the deductible and coinsurance. After you reach the out-of-pocket maximum, the plan pays 100% of eligible expenses for the rest of the year.

Generic Drug. A drug approved by the FDA as having the same effectiveness, quality, safety and strength as a brand-name drug. Note that a generic drug usually costs less.

Preferred Brand Drug. A brand-name drug that is FDA-approved and selected by your prescription drug plan for safety and cost-effectiveness. These drugs cost more than generics but less than non- preferred drugs due to negotiated volume discounts.

Non-Preferred Brand Drug. A drug that is neither generic nor on the plan’s preferred (or “formulary”) list. These medications will cost you the most.

Preventive Drug. A drug on the Express-Scripts approved list that can be received at no cost to you.

Specialty Drugs. Specialty drugs are drugs that are powerful medications used to treat certain serious medical conditions. Specialty medications must be filled through Accredo, the Express Scripts specialty mail order pharmacy. To learn more about Accredo, please visit Accredo.com.

Tools to help improve your health and save money

Health care services are expensive and, sometimes confusing to navigate. Engility’s tools and resources can help you find quality care while saving time and money.

Health Savings Account

If you enroll in one of the CDHP medical plan options, you may also be eligible to open a Health Savings Account (HSA). This type of account allows you to set aside money on a pre-tax basis and then use it (tax-free!) for eligible health care expenses. Any money left in your account at the end of the year rolls over to the following year. In fact, the HSA offers a way to save for future health care expenses. That is because you can invest the value of your HSA so your account can grow over time. Your HSA is also “portable,” which means you keep it if you retire or leave the company. The chart below shows some of the key features of Engility’s HSA.

HEALTH SAVINGS ACCOUNT (HSA)	
AT A GLANCE	
Company contributions	<ul style="list-style-type: none">To get you started, Engility will contribute \$500 to your HSA for 2018 if you enroll in individual coverage or \$1,000 if you are covering any dependents. These amounts will be contributed to your HSA account in 1/12 increments on a monthly basis, based on eligibility and participation in the medical plan on the first of the month.This money is yours to spend on health care expenses now or later; you do not forfeit it if you leave the company or retire.You may qualify for additional company contributions through the Wellness Incentives program (see page 12).
Your contributions	<ul style="list-style-type: none">You can elect to make your own pre-tax contributions through payroll deductions.Your contributions plus Engility’s (including wellness incentives) cannot exceed the annual maximum set by the IRS. For 2018, the maximum amounts are \$3,450 for individual coverage and \$6,850 for family coverage.You can make an additional \$1,000 catch-up contribution if you will be age 55 or older by year end.
Investing your account	<ul style="list-style-type: none">You can invest your HSA account once you have accumulated \$2,000 and you are not taxed on any investment earnings.
Paying for an expense	<ul style="list-style-type: none">You decide when and how to use the money in your HSA.You are responsible for making sure you spend your HSA on expenses that the IRS considers eligible. For a list of eligible medical, dental and vision expenses, visit www.irs.gov and refer to Publication 502. Be sure to keep your receipts for all qualified expenses.
Coordinating with a Flexible Spending Account	<ul style="list-style-type: none">You may contribute to a Limited Purpose Flexible Spending Account (for dental and vision expenses only) in addition to the HSA (see page 22).

HSA Eligibility

To be eligible to open, contribute and receive contributions to an HSA, you must meet certain criteria set by the IRS. For example, you must be covered by an HSA-compatible health plan (such as Engility's CDHP options), you cannot be enrolled in Medicare A or B, TRICARE or any other health plan that is not an HSA-compatible plan (including a spouse's health care plan or a spouse's Health Care FSA). For complete details, visit the IRS website and refer to Publication 969. You can also review the HSA Basic Information available on our benefits website www.engilitycorp.com/benefits.

Accessing Your HSA

The HSA is not opened automatically. You must establish your HSA (if you are eligible) to receive Engility's HSA contribution, any wellness incentives, or make your own HSA contributions. Simply go to <https://engilitybenefits.benefitsnow.com>, click on "Enroll/Make Benefit Changes" and follow the onscreen instructions. Once your HSA is opened, you will receive a debit card from Optum Bank. You will also have access to online tools that allow you to pay bills from your HSA. For more information about those tools, log into www.myuhc.com. All contributions (employee, employer and wellness) cannot be funded until you open your HSA account with Optum. Retroactive contributions will not be made for delayed opening of your HSA account.



Health Advocate

Health Advocate is a confidential service that is designed to help you solve problems and find solutions for your health care and health insurance needs. As an Engility employee, **Health Advocate is available to you free of charge and your entire family can use it too**, even your parents. Health Advocate provides a broad menu of services, such as:

- Facilitating appointments and consultations
- Solving claims, billing and related administrative issues
- Obtaining unbiased health information to help you make informed decisions, and more!

When you call Health Advocate, you will talk to a trained professional who can help you understand the health plans available to you and how they are different, and compare costs among different plans.

Best of all, there's no cost to you for using this service. To access the service, call 1-866-695-8622 or log on to www.HealthAdvocate.com/members. You will be assigned a Personal Health Advocate, typically a registered nurse, who understands the intricacies of the health care system and can help you navigate it.

THINGS TO THINK ABOUT

Here are some things to consider when deciding to enroll in medical coverage.

- 1 You will want to consider (and weigh) the per-pay period contribution rates you will pay against the out-of-pocket expenses you will have when you receive medical care.
- 2 As you will see, the option that has the highest per-pay period contribution rates has the lowest deductible amount and also pays more if you need care.
- 3 It's always to your advantage to obtain care from an in-network provider — but these plans still give you a choice of going out of network at a higher cost to you.
- 4 Also consider the actual cost of expected services and prescription drugs.
- 5 Evaluate how your out-of-pocket expenses may fluctuate this year and consider adding Accident Insurance and/or Critical Illness Insurance to help pay your deductible and coinsurance.

To contact UnitedHealthcare (UHC), call 1-844-859-5008 or visit the pre-member website at <http://engility.welcometouhc.com/> for help reviewing your options.



Get Well and Earn Incentives

Focusing on your health will allow you to earn money when you take steps toward better health. When you perform any of the activities outlined below, you can earn wellness incentives that are added directly to your Health Savings Account to use for qualified health care expenses. Both you and your spouse or domestic partner are eligible to participate if enrolled in the CDHP medical plans and maintain an Optum HSA account through Engility.

The wellness incentives you (and your covered spouse or domestic partner) earn are contributed automatically to your Health Savings Account and can be used to pay for your annual deductible or out of pocket expenses. Note that these incentives are never paid out in cash but are always available to pay for eligible expenses from your HSA. The total amount of your HSA contributions (yours and Engility's) cannot exceed the annual maximum set by the IRS. For 2018, the maximum amounts are \$3,450 for individual coverage and \$6,850 for family coverage.

Employees have from January 1 through December 31 of the benefits plan year to complete wellness activities.

	WELLNESS INCENTIVES	
	EMPLOYEE	SPOUSE/DOMESTIC PARTNER
Annual Physical	\$150	n/a
Biometric screening	\$125	\$125
Online Health Survey	\$125	\$125
Total per person	\$400	\$250
Combined total	\$650	

For more information on this program and how to complete activities, go to www.engilitycorp.com/benefits under "Medical and Pharmacy"

TRICARE Supplement

The TRICARE Supplement Plan is a voluntary supplemental medical plan available only to TRICARE-eligible employees (that is, those who retired from U.S. military service or who are married to, or the surviving spouse of, a U.S. military retiree). If you enroll in the Plan, you pay the premium on a pre-tax basis.

It pays the difference between what TRICARE pays for eligible expenses and the TRICARE-allowed amount for those expenses after the plan deductible has been met.

Benefit coverage depends on whether you have TRICARE Standard or Extra, TRICARE Prime or TRICARE Reserve Select (for National Guard and Reserve members).

Please note that if you are over age 65, you can participate in the TRICARE Supplement Plan only if you live or work overseas (in which case you must still be eligible for Medicare Part A and enrolled in Medicare Part B), or if you are not eligible for Medicare and TRICARE is your primary benefit option.

To determine if you are eligible for TRICARE, go to www.tricare.mil and use the DEERS (Defense Enrollment Eligibility Reporting System) Quick Link.

For additional information, go to www.selmantricareresource.com/engility or contact Selman & Company at 1-800-638-2610 option 1.

Teladoc

If you enroll in one of the UHC medical plan options, or Aetna International (when stateside), you will have access to Teladoc. Teladoc is a convenient and easy way to access licensed, board-certified doctors via phone or online video consultation. They're available 24/7 and can diagnose non-emergency medical problems, recommend treatment and even call in a prescription to your pharmacy, when necessary. We encourage you to use Teladoc any time you can't get to your regular doctor — when traveling, after hours or at your convenience. Just call 1-800-Teladoc, go to Teladoc.com or download the mobile app at Teladoc.com/mobile.

The fixed cost per visit is just \$45 for non-specialist service and \$75 for dermatology services and these amounts apply towards your annual deductible.



Prescription Drug Benefits

Your prescription drug benefits are administered through Express Scripts and count toward your medical deductible and out-of-pocket maximum. That is, you pay the full cost of non-preventive prescription drugs until you meet the annual deductible shown in the chart on page 3. The amount you pay after meeting the deductible is based on the type of drug you purchase and whether you use a retail pharmacy or the mail order program, as shown below. All plans have the same prescription drug provisions; only the deductibles are different.

In addition, the plans cover preventive prescription drugs at 100%. A listing of preventive drugs is available at www.engilitycorp.com/benefits.

PRESCRIPTION DRUG BENEFITS		
	CDHP STANDARD	CDHP PREMIUM PLUS
Prescription Drugs Designated by the Plan as Preventive	100% (no deductible)	
Prescription Drugs — Retail (up to 30-day supply)	Generic: After deductible, you pay a \$5 copay Preferred Brand: After deductible, you pay 20%, to a \$50 maximum* Non-Preferred Brand: After deductible, you pay 20%, to a \$75 maximum*	
Prescription Drugs — Mail Order (up to 90-day supply)	Generic: After deductible, you pay a \$10 copay Preferred Brand: After deductible, you pay 20%, to a \$100 maximum* Non-Preferred Brand: After deductible, you pay 20%, to a \$150 maximum*	

**It is important to remember that, if you select a brand name drug (preferred or non-preferred) when there is a generic equivalent, you pay the copay plus the difference between the brand name drug and the generic. This difference does not apply to the deductible or out-of-pocket maximum.*

Smart90

Express Scripts offers a money-saving feature that makes it easy to fill prescriptions for your maintenance medications (those you take regularly for ongoing conditions) at a lower cost. With Smart90, if you have a prescription for a 90-day supply of maintenance medication for chronic conditions, you must fill it at either a CVS Pharmacy (including CVS pharmacies at Target) or the Express Scripts Home Delivery Pharmacy. Since this is a new feature, you will be covered for two courtesy fills of 30-day supplies at any network pharmacy. Filling a 30-day supply of a maintenance medication after the second fill at a non-preferred pharmacy will result in a charge to you equal to 100% of the drug's discounted cost. Out-of-pocket amounts paid at non-preferred pharmacies after two courtesy fills will not be applied to your deductible or out-of-pocket maximum.

For convenience, when you take advantage of Express Scripts Home Delivery Pharmacy, you can get 90-day supplies of your medications delivered directly to you with free standard shipping.

Log in at express-scripts.com or call 866-281-2409 to learn how to get started with home delivery. Express Scripts can contact your doctor to have a 90-day prescription sent right to you.

Drug Quantity Management (DQM)

Express Scripts' DQM program helps ensure you get the right medication in the right amounts based on FDA dosing guidelines. If your prescription (like inhalers or other sprays that can be challenging to take in the proper dose) is in the DQM program, you can be sure that you will receive the recommended amount which should last until it's time for a refill.

DQM can save you money, too. For example, if your doctor decides to increase your dosage of a medication you are taking from one to two 10mg pills per day, you won't have to pay two copayments for a double prescription. Instead, with your doctor's approval, you could take just one 20mg pill and buy just one supply per month.



Step Therapy

Express Scripts works with your doctor to provide the right medications at the right cost. It's called Step Therapy. Here's how it works:

First-line medicines — These are the first step and are typically generic and lower-cost brand-name medicines. They are proven to be safe and effective, as well as affordable. In most cases, they provide the same health benefit as more expensive medicines, but at a lower cost.

Second-line medicines — These are the second and third steps and are typically brand-name medicines. They are best suited for the few patients who don't respond to first-line medicines. They're also the most expensive options.

Please Note: If you have questions about any of these safety and cost-saving features, call the number on your member ID card, log in at [express-scripts.com](https://www.express-scripts.com) or download the Express Scripts mobile app.

Prior Authorization

Certain prescriptions will require a review by Express Scripts before they can be filled and covered by your prescription plan. During the review, your doctor can provide Express Scripts with more detailed information about your prescription to ensure its use falls within the clinical criteria established by the plan. These criteria are based on the product information approved by the Food and Drug Administration (FDA) as well as published clinical trials and guidelines. We want to make sure you get the safest, most effective medicine available. If you have any questions, call Express Scripts at [800.417.1764](tel:800.417.1764) or visit [express-scripts.com](https://www.express-scripts.com) for additional information.

ID Cards

Following your initial enrollment, you will receive a separate Express Scripts ID card to use when filling your prescriptions.

DENTAL



Engility offers two dental coverage options through MetLife:

- MetLife PPO Low Dental Plan
- MetLife PPO High Dental Plan

You may enroll yourself and your eligible dependents or you may waive coverage. You do not have to be enrolled in medical coverage to elect dental coverage — or even cover the same dependents under medical and dental.

Review the following chart for a summary of your dental options. Note that you may choose to receive care from a PPO dentist or an out-of-network provider; there is no difference in the amount either plan pays. However, if you choose a PPO dentist you will pay less out of your pocket, since these dentists discount their fees. For a directory of participating PPO dentists in your area, go to www.metlife.com/dental and look for the PDP Plus network.

If you enroll, your dental ID number is your employee ID with three leading zeroes.

For information about dental benefits, contact MetLife at 1-800-942-0854 or go to www.metlife.com/dental.



THINGS TO THINK ABOUT

Here are some things to think about when deciding to enroll in dental coverage:

- 1 You and Engility share the cost of this coverage.
- 2 You may choose to receive dental care in network or out of network. However, when you go out of network, the provider can charge more and the plan will only reimburse up to the reasonable and customary rates.
- 3 Most in-network preventive cleanings and exams are covered at 100%.
- 4 The PPO High Dental Plan has an annual maximum benefit of \$2,000 per covered person, compared to \$1,500 per covered person under the PPO Low Dental Plan.
- 5 Your dental ID number is your employee ID with three leading zeroes.



DENTAL BENEFITS		
	METLIFE PPO LOW DENTAL PLAN	METLIFE PPO HIGH DENTAL PLAN
Calendar-year Deductible <i>(The amount you pay before the plan pays benefits)</i>	\$75/individual \$225/family	\$75/individual \$225/family
COVERED SERVICES	Plan Pays	Plan Pays
Preventive Services <ul style="list-style-type: none"> • routine oral examinations and cleanings, twice in a calendar year • bitewing x-rays (one set per calendar year) • full mouth x-rays (one set in any 36-month period) • topical application of fluoride (twice in a calendar year if under age 14) • sealants on permanent molar and bicuspids (once every three years) 	100% (no deductible)	100% (no deductible)
Basic Services <ul style="list-style-type: none"> • space maintainers for enrolled dependents under age 12 • fillings • root canal therapy • repair/recementing of crowns, inlays, onlays, bridgework or dentures • oral surgery for treatment of certain conditions 	50% after deductible	80% after deductible
Major Services <ul style="list-style-type: none"> • onlays or crowns • bridgework • full and partial dentures 	50% after deductible	60% after deductible
Annual Maximum	\$1,500 per covered person	\$2,000 per covered person
Orthodontia <i>for enrolled adults and dependent children</i> <ul style="list-style-type: none"> • diagnosis and treatment plan • braces • examinations and related x-rays • appliances • appliance adjustments 	Not covered	50% (no deductible) Up to \$2,000 lifetime maximum per covered person

Please Note: The above chart provides only high-level information about the MetLife PPO Low Dental Plan and the MetLife PPO High Dental Plan and does not include all of the benefits provided under the plans. The specific terms of coverage, along with any exclusions and limitations, are contained in the official Plan Documents. In case of any discrepancy, the official Plan Documents will govern.

INTERNATIONAL PLANS



Aetna International Medical Plan

The Aetna International Medical Plan is available only to employees who are on a U.S. payroll but are on extended assignment outside the United States (six months or more).

OUTSIDE THE UNITED STATES: The plan pays benefits for all covered medical services and supplies you (and your enrolled dependents) receive from licensed/certified providers. Some limitations may apply.

WITHIN THE UNITED STATES: The plan gives you (and your enrolled dependents) direct access to a network of doctors and hospitals that charge lower fees for services they provide to eligible participants. You can see any physician/specialist in the network at any time; you are not required to get a referral. Benefits depend on whether you go in-network or out-of-network for your care. Some services, such as scheduled hospital admissions, do require precertification.

The chart below provides highlights of the Aetna International Medical Plan. For details, refer to the plan summaries available on our benefits website, www.engilitycorp.com/benefits, or call Aetna at 1-800-231-7729.

Aetna International Dental Plan

The Aetna International Dental Plan is available only to employees who are on a U.S. payroll but are on extended assignment outside the United States (generally six months or more). The Aetna International Dental Plan pays benefits for necessary dental care, as shown in the following chart. If you use a dentist in the United States who participates in the Aetna International Dental PPO network, you will pay less, since these dentists discount their fees.

THE AETNA INTERNATIONAL DENTAL PLAN

AT A GLANCE

Annual Deductible	
Individual	\$50
Family	\$150
Diagnostic and Preventive Services (such as checkups, cleanings and x-rays)	Plan pays 100% (no deductible)
Basic Services (such as extractions, oral surgery, fillings, periodontics and root canal therapy)	Plan pays 80% after the deductible
Major Services (such as crowns, bridges and dentures)	Plan pays 50% after the deductible
Annual Maximum Benefit	\$1,500 per person
Orthodontia Lifetime Maximum Benefit	\$1,000

Please Note: The above chart provides only high-level information about the Aetna International Dental Plan and does not include all of the benefits provided under the plan. The specific terms of coverage, along with any exclusions and limitations, are contained in the official Plan Documents. In case of any discrepancy, the official Plan Documents will govern.



AETNA INTERNATIONAL MEDICAL PLAN			
AT A GLANCE			
	U.S. In-Network	U.S. Out-of-Network	International
Calendar-year deductible	\$300/individual \$900/family	\$500/individual \$1,500/family	\$0
Annual out-of-pocket maximum	\$2,000/individual \$4,000/family	\$4,000/individual \$8,000/family	N/A
Preventive care	100% (no deductible)	65% after deductible (you pay 35%)	100% (no deductible) (routine adult physical exams are limited to \$1,000)
Doctor's office visit	100% after you pay \$30 copay per visit	65% after deductible (you pay 35%)	100% (no deductible)
Specialist office visit			
Outpatient services	85% after deductible (you pay 15%)	65% after deductible (you pay 35%)	100% (no deductible)
X-ray and lab tests (billed by separate facility)	85% after deductible (you pay 15%)	65% after deductible (you pay 35%)	100% (no deductible)
Inpatient services	85% after deductible (you pay 15%)	65% after deductible (you pay 35%)	100% (no deductible)
Emergency room visit	85% after \$150 copay (you pay \$150 and 15%) (For non-emergency use of ER, plan pays 50% after deductible)	85% after \$150 deductible (plan pays \$150 and 15%) (For non-emergency use of ER, you pay 50% after deductible)	100% (no deductible)
Urgent care facility	100% after \$30 copay (Non-urgent use, plan pays 85% after deductible; you pay 15%)	65% after deductible (you pay 35%)	100% (no deductible)
Home health care	85% after \$30 copay (you pay 15%)	65% after deductible (you pay 35%)	100% (no deductible)
Prescription drugs			
Generic Drugs (365 day maximum supply)	\$10 copay per month supply (includes Mail Order Drugs)	35% after deductible	100% (no deductible)
Formulary Drugs (365 day maximum supply)	20% copay per month supply (\$30 minimum; \$75 maximum) (includes Mail Order Drugs)	35% after deductible	100% (no deductible)
Brand Name Drugs (365 day maximum supply)	30% copay per month supply (\$50 minimum; \$100 maximum) (includes Mail Order Drugs)	35% after deductible	100% (no deductible)

Please Note: The above chart provides only high-level information about the Aetna International Medical Plan and does not include all of the benefits provided under the plan. The specific terms of coverage, along with any exclusions and limitations, are contained in the official Plan Documents. In case of any discrepancy, the official Plan Documents will govern.



VISION

Engility offers two vision coverage options through VSP: the VSP Low Vision Plan and the VSP High Vision Plan.

Both options are administered through VSP and cover in-network and out-of-network care. You may enroll yourself and your eligible dependents or you may waive vision coverage. Again, you do not have to be enrolled in medical coverage to elect vision coverage — or cover the same dependents under medical and vision.

If you enroll, your vision ID number is your employee ID with 3 leading zeroes.

	VISION BENEFITS AT A GLANCE			
	VSP LOW VISION PLAN		VSP HIGH VISION PLAN	
	In-Network: You Pay	Out-of-Network Reimbursement	In-Network: You Pay	Out-of-Network Reimbursement
Vision exam (every calendar year)	\$10 copay	Up to \$45	\$10 copay	Up to \$45
Contact Lens Exam/Fit* (every calendar year)	\$60 copay and 15% discount	Up to \$105, including lenses	\$60 copay and 15% discount	Up to \$105, including lenses
LENSES (every calendar year)				
Single vision	\$10 copay	Up to \$30	\$10 copay	Up to \$30
Bifocal	\$10 copay	Up to \$50	\$10 copay	Up to \$50
Trifocal	\$10 copay	Up to \$65	\$10 copay	Up to \$65
Lenticular	\$10 copay	Up to \$100	\$10 copay	Up to \$100
Progressive	\$0 copay	Up to \$50	\$0 copay	Up to \$50
Frames	\$10 copay / up to \$150 allowance and \$170 allowance for featured frame brands (every other calendar year)	Up to \$70 (every other calendar year)	\$10 copay / up to \$150 allowance and \$170 allowance for featured frame brands (every calendar year)	Up to \$70 (every calendar year)
CONTACT LENSES				
Elective conventional	Up to \$130 allowance	Up to \$105	Up to \$130 allowance	Up to \$105
Elective disposable	Up to \$130 allowance	Up to \$105	Up to \$130 allowance	Up to \$105
Medically necessary conventional	Covered in full after \$10 copay	Up to \$210	Covered in full after \$10 copay	Up to \$210
Medically necessary disposable	Covered in full after \$10 copay	Up to \$210	Covered in full after \$10 copay	Up to \$210
EasyOptions™ Member may choose from among four upgraded allowances	Not applicable	Not applicable	Choose one: <ul style="list-style-type: none"> \$250 frame allowance \$200 contact allowance Anti-reflective lens coating covered in full Photochromic lenses covered in full 	Not applicable

* Plan pays for Contact Lens Exam/Fit instead of glasses.

Please Note: The above chart provides only high-level information about the VSP Low Vision Plan and the VSP High Vision Plan and does not include all of the benefits provided under the plans. The specific terms of coverage, along with any exclusions and limitations, are contained in the official Plan Documents. In case of any discrepancy, the official Plan Documents will govern.

THINGS TO THINK ABOUT

Here are some things to consider when deciding to enroll in vision coverage:

- 1 You pay the full cost (per pay period) of any vision coverage you elect on a pre-tax basis.
- 2 The VSP High Vision Plan features EasyOptions™ which offers each covered family member the option to personalize their benefit by selecting from a menu of upgraded allowances for frames, contacts or eyeglass lenses.
- 3 Make sure you understand the timeframes that apply to exams, eyeglasses and contacts, so you can get the most out of the plan you select. For example, under the VSP High Vision Plan, you are covered for contact lenses or frames (not both) every calendar year.



EAP



Employee Assistance Program

As an Engility employee, you automatically have access to the Optum Employee Assistance Program (EAP). This program provides professional, confidential telephone counseling services to you and your household members at no cost. Engility pays the full cost of this benefit.

EAP can help you resolve personal issues and problems before they affect your health, relationships and work performance*.

To contact EAP, call 1-866-248-4094 or visit www.liveandworkwell.com, access code: engility.

*Limit 5 sessions per issue

This program is available 24 hours a day, 365 days a year, for confidential counseling, referral and follow-up services such as:

- Marital or financial issues
- Child or elder care
- Problems with coworkers
- Balancing work and family responsibilities
- Stress management
- Alcohol and drug abuse
- Family/relationship concerns
- Anxiety or depression

FSA's



Flexible Spending Accounts (FSAs)

Flexible Spending Accounts allow you to set aside money on a pre-tax basis and pay yourself back for eligible expenses. As a result, you can save as much as 20%–30% on taxes while you pay for expenses you would have anyway!

It's important to remember that, per IRS regulations, FSAs follow the Use-It-or-Lose-It rule, which states that you forfeit any monies left over in your FSA after December 31. Only contribute what you plan to use during the calendar year.

Health Care FSA

A Health Care FSA allows you to set aside tax-free money to pay for eligible health care expenses that are not reimbursed by a medical, dental or vision plan. You may contribute up to \$2,650 to a Health Care FSA for 2018. Engility offers two types of accounts:

Health Care FSA. You can use this FSA for health-related expenses, such as your deductible and your share of the out-of-pocket cost for medical, prescription drug, dental and vision expenses for you and your dependents. Please note: If you enroll in one of our UHC CDHP medical options, you may not elect this type of FSA; however, you may participate in the Limited Purpose FSA (see below).

Limited Purpose FSA. If you enroll in one of the UHC CDHP medical options, you will only be eligible to participate in the Limited Purpose FSA in 2018. This is to comply with IRS rules concerning individuals enrolled in HSA-compatible health plans, like our CDHP options. With this type of FSA, you may be reimbursed for out-of-pocket dental and vision expenses. Medical expenses and prescription drugs are not eligible for reimbursement from a Limited Purpose FSA; however, you may use your HSA to pay for those types of expenses.

For a **complete list of eligible expenses**, visit www.irs.gov and click on “Forms and Publications” to see Publication 502 for health care expenses, or Publication 503 for dependent care expenses.

Dependent Care FSA

The Dependent Care FSA lets you reimburse yourself with tax-free dollars for dependent day care expenses that are necessary while you work, and that would otherwise qualify for the federal dependent care tax credit. The care may be provided in your home, someone else's home or a licensed day care center. You and your spouse (if you're married) must both be working to use this type of FSA, unless your spouse is a full-time student or disabled.

Eligible dependents include your children under age 13 whom you claim on your federal income tax return. Other dependents, such as an older child or elderly parent, may qualify as a dependent if they are disabled and spend at least eight hours a day in your home, and are claimed as a dependent on your tax return.

You may contribute up to \$5,000 to a Dependent Care FSA for 2018. If you are married and your spouse also has a Dependent Care FSA, your combined contribution limit is \$5,000 a year. If you are married and file a separate tax return, your maximum annual contribution is \$2,500. In addition, if you are married, you cannot contribute more than the lower of your or your spouse's annual salary. Additional rules apply if your spouse is disabled or a full-time student for at least five months of the year. For more information, contact the Engility Benefits Service Center at [1-877-248-8519](tel:1-877-248-8519).



Getting Reimbursed

If you are newly enrolled in the Health Care FSA or in the Limited Purpose FSA, you will automatically receive an FSA debit card to pay for eligible expenses. Current participants will continue to use their existing cards. Using the card deducts the amount from your account automatically. You should always request itemized bills for your expenses so that you will have documentation if needed. In addition, a doctor's prescription may be required for reimbursement of certain items, such as over-the-counter drugs, vitamins, etc.

You have three other payment options that apply to the Health Care FSA, the Limited Purpose FSA and the Dependent Care FSA:

- You can pay bills directly from your account(s) using the FSA website through the Engility Benefits Service Center, <https://engilitybenefits.benefitsnow.com> under "Quick Links."
- You can get reimbursed for expenses you paid out of pocket by submitting your claim and itemized receipts using the free **Your Spending Account (YSA) Reimburse Me** mobile app (iOS version 7 or above).
- You can get reimbursed for expenses you paid out of pocket by submitting a claim form and copies of itemized bills.

Whichever option you choose, you do not pay taxes on the amount you contribute to your account(s), so you save on your expenses!

THINGS TO THINK ABOUT

Here are some things to consider when deciding to participate in an FSA:

- 1 You decide how much to contribute. The annual amount you elect to contribute is then deducted from your paychecks evenly throughout the year, before federal income and Social Security taxes are deducted.
- 2 **Very important!** Be sure to plan carefully. Because these are pre-tax benefits, IRS rules require that you forfeit any money left in your account at the end of the year. However, the tax savings you receive on your contributions could outweigh any forfeiture.
- 3 You cannot start, stop or change your contribution amounts during the year, unless you experience certain qualifying events (see page 7).
- 4 The Health Care and Dependent Care FSAs are completely separate accounts. You cannot use one type of account to pay for the other type of expense.
- 5 You cannot claim a tax credit or deduction for any services or expenses that you reimburse through an FSA. Similarly, you cannot use an FSA to reimburse expenses for which you claim an income tax deduction or credit.
- 6 If you enroll in one of the UHC CDHP medical options, you can only participate in the Limited Purpose Health Care FSA (not the full Health Care FSA). You can participate in the Dependent Care FSA regardless of your medical plan election.

For more information about the Flexible Spending Accounts, visit the **Your Spending Account (YSA)** website through the Engility Benefits Service Center, <https://engilitybenefits.benefitsnow.com> or call 1-877-248-8519.



LIFE AND AD&D

Life Insurance and Accidental Death and Dismemberment Insurance

Engility provides Basic Life and Accidental Death and Dismemberment (AD&D) Insurance — at no cost to you! You may buy additional Optional Term Life Insurance coverage for yourself and your dependents at group rates. These coverages are provided through Aetna.

Life and AD&D Insurance — for You

Life insurance pays a lump-sum benefit to your beneficiary(ies) to help meet expenses in the event of your death. Accidental Death and Dismemberment (AD&D) Insurance pays a benefit if you die or suffer certain serious injuries as the result of a covered accident. In the case of a covered accidental injury (e.g., loss of sight, loss of a limb, etc.), the benefit you receive is a percentage of the total AD&D coverage you elected, based on the severity of the accidental injury.

Please remember to name your beneficiary(ies) for your Basic Life Insurance and AD&D.

Imputed Income

If you have more than \$50,000 of company- paid Basic Life Insurance, the value of your coverage over \$50,000 (called “imputed income”) is taxable. IRS regulations require Engility to withhold federal income and Social Security/Medicare taxes on imputed income from each paycheck, and to report imputed income on your W-2 form each year. The taxable value of your coverage is based on your age and the monthly cost.

Please select a lower option during your enrollment period if you want to reduce your Basic Life Insurance coverage to \$50,000 and, thereby, avoid paying taxes on imputed income.



LIFE AND AD&D INSURANCE — FOR YOU		
	COVERAGE AMOUNT/OPTIONS	EVIDENCE OF INSURABILITY/ PROOF OF GOOD HEALTH
Basic Life*	1 1/2x your base annual pay, up to a maximum benefit of \$1 million Note: You have the option to reduce your company-paid Basic Life Insurance to \$50,000 if you wish to avoid paying imputed income taxes (next page).	None
Basic AD&D*	1 1/2x your base annual pay, up to a maximum benefit of \$1 million	None
Optional Term Life*	1x to 8x your base annual pay (your choice), up to a maximum benefit of \$1 million	Required if electing coverage equal to or greater than 5x base annual pay or \$600,000, whichever is less
Optional AD&D*	1x to 10x your base annual pay (your choice), up to a maximum benefit of \$1 million	None

* Benefits will be reduced by 35% at age 70, by 60% at age 75 and by 75% at age 80.



Life and AD&D Insurance — for Your Dependents

You are the beneficiary of any Optional Term Life and AD&D Insurance benefits you buy for your dependents.

LIFE AND AD&D INSURANCE — FOR YOUR DEPENDENTS		
	COVERAGE OPTIONS	EVIDENCE OF INSURABILITY/ PROOF OF GOOD HEALTH
Spouse Life*	<ul style="list-style-type: none"> \$25,000 \$50,000 1 to 4x your base annual pay** 	Required for amounts equal to or greater than \$50,000
Child Life	<ul style="list-style-type: none"> \$10,000 per child \$20,000 per child \$30,000 per child 	None
Spouse and Child(ren) AD&D	<ul style="list-style-type: none"> Spouse only: 75% of employee Optional AD&D amount, up to a maximum benefit of \$750,000 Child(ren) only: 25% of employee Optional AD&D amount, up to a maximum benefit of \$50,000 for each covered child Spouse and child(ren): 60% of employee Optional AD&D amount, up to a maximum benefit of \$750,000 for spouse, and 15% of employee Optional AD&D amount, up to a maximum benefit of \$50,000 for each covered child 	None

* Benefits will be reduced by 35% at age 70, by 60% at age 75 and by 75% at age 80.

** Up to a maximum benefit of \$500,000

THINGS TO THINK ABOUT

Here are some things to consider when deciding to enroll for Optional Term Life and AD&D Insurance:

- 1 Typically, the right amount of coverage will depend on your age, your family situation and personal savings you may have.
- 2 Also, make sure you understand any “Evidence of Insurability” rules that apply. If you enroll when you first become eligible, Optional Term Life Insurance for you and your spouse is guaranteed up to the amounts shown in the table above. If you initially waive this coverage but want to enroll at a later date, you will need to provide satisfactory Evidence of Insurability before any coverage can take effect.
- 3 Be sure to name your beneficiary(ies).
- 4 You should review your coverage each year and update your elections and beneficiary designations, if needed.

DISABILITY

Short-Term and Long-Term Disability



Short-Term Disability (STD) benefits replace a portion of your pay beginning on the eighth calendar day of a disabling non-work related injury or illness, or the fourth day of an approved maternity leave. Long-Term Disability (LTD) benefits may begin after a continuous disability period of 180 calendar days.

State-Mandated STD Benefits. Employees in California, Hawaii, New Jersey, New York and Rhode Island are subject to state-mandated STD benefits. If you work in one of these states, you may be required to pay state disability-related payroll taxes and may receive benefits in two parts — one from the state and one from Aetna.

SHORT-TERM DISABILITY BENEFITS AT A GLANCE

OPTION 1: TAX THE BENEFIT	OPTION 2: TAX THE PREMIUM
Election is required	No election is required
Benefit: 66 2/3% of your pre-disability earnings* for up to 180 calendar days or until you recover, whichever is less	
Enhanced Maternity Benefit: 80% of pre-disability earnings* for days 4-21; 75% for days 22-35; and 66 2/3% for days 36-180	
Engility pays the full premium cost	Engility adds the value of the premium cost to your pay and then deducts it from your paycheck
Benefit is taxable upon receipt	Benefit is non-taxable (Federal and most states) upon receipt

LONG-TERM DISABILITY BENEFITS AT A GLANCE

OPTION 1: 50%	OPTION 2: 66 2/3%
Election is required	
Benefit: 50% of your pre-disability earnings, up to a maximum benefit of \$10,000 per month* until you recover or reach age 65	Benefit: 66 2/3 % of your pre-disability earnings, up to a maximum benefit of \$20,000 per month* until you recover or reach age 65
You pay the full premium cost on an after-tax basis	
Benefit is non-taxable upon receipt	

* Minus disability income from other sources

Please Note: The plans have additional rules that may apply to these benefits. Please contact Aetna at 1-866-326-1380 for information about the plans, when benefits are not payable, and when benefits are reduced by other income you receive during your disability.

THINGS TO THINK ABOUT

Here are some things to consider when deciding to enroll:

- 1 If you elect the “tax the premium” option for STD coverage, you can increase the value of your company-paid benefit through Aetna, by choosing to take it tax free (federal and most state taxes).
- 2 If you enroll in LTD coverage when you first become eligible, you will not need to answer any questions about your health. If you initially waive participation but want to enroll at a later date, you will need to provide satisfactory “Evidence of Insurability” (EOI) before coverage can take effect.
- 3 The LTD Plan will not pay benefits for “pre-existing conditions” until you have been covered under the plan for 12 consecutive months. A pre-existing condition is any illness or injury for which you were diagnosed or treated or took medicines as prescribed or recommended by a physician within three months before your LTD coverage takes effect.

For more information or **to file a disability claim**, contact Aetna at 1-866-326-1380.



VOLUNTARY PLANS

Voluntary benefits provide financial protection and complement CDHPs by covering services not covered by your medical benefits. Find more information on the benefits website at www.engilitycorp.com/benefits

Accident Insurance

If you have an accident, it can lead to extra out-of-pocket costs, beyond what your medical plan may cover. For example, you may experience medical plan deductibles and coinsurance, or out-of-network care that is not covered. Accident Insurance can help with these expenses by providing a payment you can use as you see fit if you experience a covered accident. There are no waiting periods to satisfy and any payment will be in addition to any other insurance you may have.

Accident Insurance through MetLife provides you with a lump-sum payment for over 150 different covered conditions, such as fractures, dislocations, concussions, eye injuries and more, as well as covered medical services, like an ambulance ride, emergency care and surgery.

You may choose from two different options—Low or High, and coverage is available for you, your spouse or domestic partner and your dependent children up to age 26.

Critical Illness Insurance

Critical Illness Insurance can help safeguard your finances by providing a payment if you or a family member suffers from a covered condition. Similar to Accident Insurance, this policy provides a lump-sum payment that is yours to spend as you see fit, in addition to any other insurance you may have.

Critical Illness Insurance through MetLife provides a lump-sum payment to you if you or a covered family member is diagnosed with any of the following covered conditions: cancer, heart attack, coronary artery

bypass graft, stroke, Alzheimer's disease or kidney failure, as well as more than 20 other conditions. This policy also includes a \$50 wellness benefit per person per calendar year for a covered health screening or test, such as a mammogram, stress test or colonoscopy. A recurrence benefit, which pays a benefit equal to 50% of the initial payment for a covered incidence of cancer, coronary artery bypass graft, heart attack or stroke, is also included.

As an eligible employee, you may choose from two different options—the Low option which includes \$15,000 of coverage and the High option which includes \$30,000 of coverage. You may also elect coverage for your spouse or domestic partner and eligible children up to age 26.

MetLaw Group Legal Insurance

MetLaw Group Legal Insurance gives you access to a network of attorneys for a variety of legal needs, including estate planning, financial matters, real estate matters, defense of civil lawsuits, family law, traffic offenses, document preparation and review, immigration assistance, juvenile matters and consumer protection. Most services provided by a network attorney are covered in full, while services provided by non-network attorneys are payable up to specified plan maximums.

InfoArmor Identity Theft Insurance

InfoArmor provides credit monitoring and fully managed identity restoration services should you or an immediate family member become a victim of identity theft. This will help

you remain productive at home and at work while InfoArmor is restoring your identity to pre-theft status.

Engility Personal Plans Group Universal Life Insurance

Group Universal Life Insurance (GUL) with MetLife is another option for additional life insurance protection. Unlike Optional Term Life Insurance, GUL is permanent coverage that you keep if you retire or leave the company. What's more, GUL builds cash value and offers you the opportunity to contribute additional dollars through a tax-deferred savings feature. You can also take withdrawals and loans from the accumulated cash value of your policy.

You may purchase GUL for yourself, your spouse or domestic partner and your dependent children up to age 26. Evidence of Insurability (or "proof of good health") may be required for you and/or your spouse/domestic partner, depending on the amount of insurance you elect.

VPI Pet Insurance

Your pets are part of your family, so make sure they are protected if an accident or illness occurs. VPI Pet Insurance provides benefits for preventive care, emergency treatment and surgery for your covered pets.

Auto and Home Insurance

Auto and Home Insurance through Engility Personal Plans gives you access to discounts (available in most states for those who qualify) for your personal insurance needs. Policies are available through MetLife, Liberty Mutual, Travelers and Safeco.

Whom to Call for What

Please see the chart below for website and phone information for your plans.

BENEFIT	VENDOR	WEBSITE	PHONE
General Questions About Your Benefits	Engility Benefits Service Center	https://engilitybenefits.benefitsnow.com	1-877-248-8519
CDHP Medical/HSA	UnitedHealthcare Teladoc Express Scripts	www.myuhc.com ; Network: Choice Plus www.teladoc.com www.express-scripts.com	1-844-859-5008 1-800-TELADOC 1-866-281-2409
International Medical Plan	Aetna	www.aetnainternational.com	1-800-231-7729 US and 1-813-775-0190 overseas
Hawaii Medical Plans	HMSA	www.hmsa.com	1-800-776-4672
Dental	MetLife	www.metlife.com/dental ; Network: PDP Plus	1-800-942-0854
Vision	VSP	www.vsp.com	1-800-877-7195
Flexible Spending Accounts	Engility Benefits Service Center	https://engilitybenefits.benefitsnow.com	1-877-248-8519
Short and Long-term Disability	Aetna	www.aetnadisability.com	1-866-326-1380
Life and AD&D	Aetna	www.aetna.com	1-800-523-5065
Accident	MetLife	www.engilitycorp.com/benefits	1-800-GET-MET8
Critical Illness			
Group Legal	MetLaw	www.info.legalplans.com	1-800-GET-MET8
Identity Theft	InfoArmor	www.myprivacyarmor.com	1-800-789-2720
Engility Personal Plans			
Group Universal Life Insurance	MetLife	www.engilitypersonalplans.com	1-800-441-5573
Pet Insurance	VPI		
Auto and Home Insurance	MetLife, Liberty Mutual, Travelers, SafeCo		
TRICARE Supplement	Selman & Company	www.selmantricareresource.com/engility	1-800-638-2610 option 1
Employee Assistance Program (EAP)	Optum	www.liveandworkwell.com access code: engility	1-866-248-4094

The official plan documents legally govern the administration of the plans described in this guide. If there is any difference between the information in this guide and the information in the official plan documents, decisions will be based on the plan documents. Benefits are provided at the discretion of Engility, Inc. and do not create a contract of employment. Engility, Inc. reserves the right to modify, suspend, revise and/or terminate any or all of the plans at any time and for any reason.

