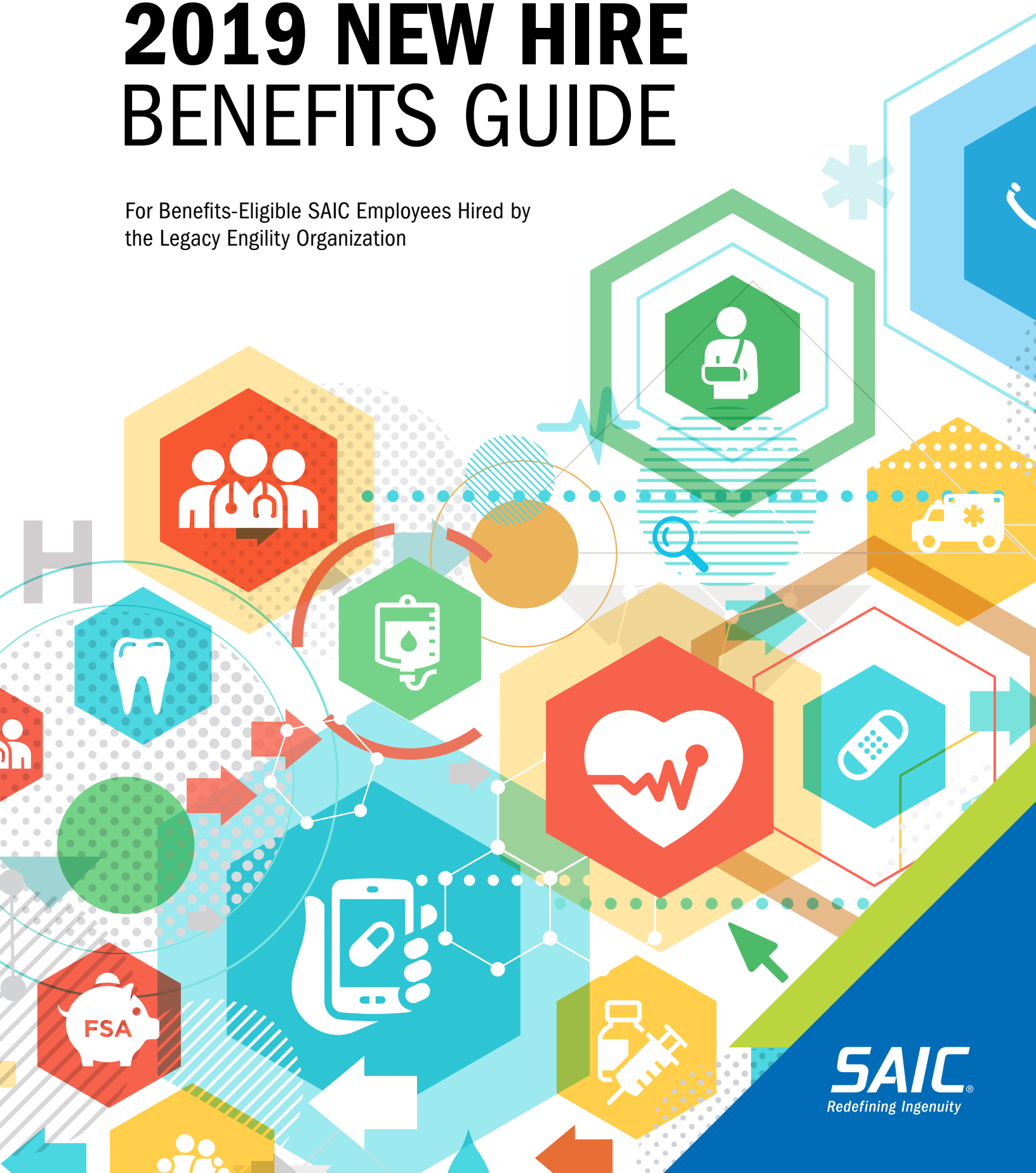
2019 NEW HIRE BENEFITS GUIDE

For Benefits-Eligible SAIC Employees Hired by the Legacy Engility Organization



SAIC®
Redefining Ingenuity

INSIDE

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

SAIC and You = A Healthy Partnership

You work hard on behalf of SAIC to provide the best solutions and support to further the mission of our customers. That's why SAIC 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 at www.saic.com/EGLBenefits.

YOUR BENEFITS AT A GLANCE	
BENEFIT PLAN	**YOUR OPTIONS**
Medical Plans, including Prescription Drug Benefits	• UnitedHealthcare (UHC) – U.S. > CDHP Standard > CDHP Premium > CDHP Premium Plus • HMSA HMO or PPO – Hawaii only • Aetna International PPO – Extended assignment outside the U.S. If you enroll in a Consumer Driven Health Plan (CDHP), you may be eligible to open a tax-advantaged Health Savings Account (HSA) that can be used to pay for eligible health care expenses.
Dental Plans	• MetLife PPO Dental Low Plan • MetLife PPO Dental High Plan • Aetna International Dental PPO Plan — Extended assignment outside the U.S.
Vision Plans	• VSP Vision Low Plan • VSP Vision High Plan
Flexible Spending Accounts (FSAs)	There are three types of FSAs • **Health Care FSA (contribute up to $2,700 per year)** — For medical, dental and vision expenses (only if you do not enroll in a CDHP medical plan), or • **Limited Purpose FSA (contribute up to $2,700 per year** — For dental and vision expenses (only if you enroll in a CDHP with HSA), and • **Dependent Care FSA (contribute up to $5,000 per year)** — For child/elder care expenses
Short-Term Disability (STD)	• 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-calendar day waiting period)
Long-Term Disability (LTD)	• 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
Basic Life Insurance and Accidental Death and Dismemberment (AD&D)	• 1 ½x your base annual pay, up to a maximum of $1 million
Optional Term Life Insurance	• Purchase coverage from 1x to 8x your base annual pay, up to a maximum of $1 million
Optional AD&D Insurance	• Purchase coverage from 1x to 10x your base annual pay, up to a maximum of $1 million
Optional Dependent Life Insurance and AD&D	• Purchase coverage for your spouse/domestic partner and/or dependent children
Business Travel Accident (BTA) Insurance	• 3x your base annual pay, up to a maximum $1.5 million, at no cost to you for accidental death or serious injury while traveling on business
Other Benefits	• MetLife Accident Insurance • MetLife Critical Illness Insurance • MetLife Hospital Indemnity • SelmanCo TRICARE Supplement (if enrolled in TRICARE) • MetLaw Group Legal Insurance • InfoArmor Identity Theft Protection • Commuter Benefits • SAIC Personal Plans > Group Universal Life Insurance > Pet Insurance > Auto and Home Insurance
Employee Assistance Program (EAP)	• Offers confidential counseling and referrals for personal, family and job issues

To find UHC in-network providers near you, go to https://engility.welcometouhc.com and look for the Choice Plus network or call 1-844-859-5008.

To find Aetna International in-network providers, go to www.aetnainternational.com and look for the DocFind® directory or call 1-800-231-7729 within the U.S. and 1-813-775-0190 overseas.

To find HMSA in-network providers, go to www.hmsa.com/search/providers and select HMO or PPO plan or call 1-800-776-4672.

Enrolling in Your Benefits

Who? All benefits-eligible SAIC employees hired by the legacy Engility organization

When? Enroll within 31 days of your date of hire

How?

1. Go to https://engilitybenefits.benefitsnow.com
2. 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.)
3. After logging in, select “Enroll Now” on the benefits home page (blue button on the right hand side) and follow the steps to make your benefit elections and certify your tobacco-user status.
4. Print a copy of your benefit elections. A final new hire enrollment confirmation statement will be mailed to your home and an electronic confirmation statement will be sent via secure email for your records.

If you are unable to access the Internet, have any questions or need help, contact the Benefits Service Center at 1-877-248-8519 between 8 a.m. and 6 p.m. ET, Monday through Friday.

Eligibility

You are eligible for the benefits described in this guide if you are a U.S.-based employee working 30 or more hours per week.

Dependent Eligibility

You may enroll your eligible dependent(s) 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/domestic partner (DP)
- Your children/domestic partner's 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)

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.

Dependent Documentation

SAIC is required by the Defense Contract Audit Agency (DCAA) to demonstrate that our claims for benefit costs are legitimate and ensure that we provide health and welfare benefit coverage only to eligible dependents of our employees. When you enroll dependents, documentation is required to verify dependent eligibility.

Required Dependent Documentation

If you do not provide the supporting documentation by the deadline stated in the notices from the Benefits Service Center, unfortunately, your dependents will be dropped from any coverage you have elected for them.

Spouse. Marriage certificate and most current joint tax return showing proof of marital status (blackout/redact financial information) or both individual tax returns if filing separately. Tax returns are not required if married within the last 12 months.

Domestic Partner. Affidavit of Domestic Partnership and proof of domestic partnership from the state or municipality recognizing the partnership, or proof of minimum 6 months of shared residence.

Child. Birth certificate, hospital certificate of birth or court document showing proof of adoption/guardianship.

Disabled Child (26 and older). Birth certificate, hospital certificate of birth or court document showing proof of adoption/guardianship and copy of Social Security Income (SSI) notification or letter from physician.

ENROLLMENT CHECKLIST

Learn about all benefits available to you. Start by reviewing this guide, then review more detailed descriptions on **www.saic.com/EGLBenefits**.

Consider what health care expenses you expect to have in 2019.

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 period contribution rates and the amount you will pay when you need care (e.g., the deductible, coinsurance, copays). 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 Benefits Service Center at **1-877-248-8519** between 8 a.m. and 6 p.m. ET, Monday through Friday.

When you are ready to elect your benefits, follow the instructions on page 4.

Take action by your deadline to make sure you will have the desired coverage for you and your family in 2019.

Paying for Coverage

Company-Paid Benefits

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

- Basic Life and AD&D* Insurance
- Short-Term Disability (STD)
- Employee Assistance Program (EAP)
- Business Travel Accident (BTA)
- Health Advocate

Pre-Tax Benefits

You and SAIC share the cost of medical and dental coverage based on the plan(s) and coverage level you choose. SAIC 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 your 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 are defaulted into the Tax the Premium option. You may choose to change it to the Tax the Benefit option. See page 25.

Please Note: There can be certain tax implications if covering an eligible domestic partner and their children. Please call the Benefits Service Center at 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 or by your age when purchasing Optional Term Life Insurance.

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 SAIC medical plan. You can **avoid this surcharge** by certifying during enrollment that you do not use tobacco products or by enrolling in a free tobacco cessation program through Quit4Life (1-866-784-8454) for UHC and Aetna International members, and QuitNet (1-855-329-5461) for HMSA members.

Additionally, Express Scripts offers prescription tobacco cessation medications (Zyban and Chantix) at no cost to employees and covered dependents enrolled in UHC plans.

* *Employees incurring injuries in countries declared as a war risk area may not be covered under SAIC's AD&D plan.*

MEDICAL

U.S. Employees

We offer three Consumer Driven Health Plan (CDHP) options through UnitedHealthcare (UHC) with prescription drug coverage through Express Scripts:

- 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 12.

With the CDHPs, 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.

More details about each plan can be found on the benefits website at www.saic.com/EGLBenefits.

** 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.saic.com/EGLBenefits.*

International Employees

Employees on a U.S. payroll who are on extended assignment (generally 6 months or more) outside the United States have the option to enroll in the Aetna International plans. See page 17 for high-level descriptions of these plans.

Hawaii Employees

Hawaii locations offer the locally mandated HMSA HMO and PPO 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. See page 11 for details.

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 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, Critical Illness Insurance and/or Hospital Indemnity Insurance to help pay your deductible and coinsurance.

How Your UHC 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. To find in-network doctors near you, go to https://engility.welcometouhc.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 UHC 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*	$300/individual $700/family		$300/individual $700/family		$300/individual $700/family	
Deductible	$4,500		$3,000		$1,500	
Employee Only	$4,500 per individual;		$3,000 per individual;		$3,000 per individual;	
Employee + Dependents	$9,000 per family		$6,000 per family		$3,000 per family	
Preventive Care**	Plan pays 100% (no deductible or coinsurance)	Not covered	Plan pays 100% (no deductible or coinsurance)	Not covered	Plan pays 100% (no deductible or coinsurance)	Not covered
Coinsurance %	Plan pays 70% You pay 30% (after deductible)	Plan pays 50% You pay 50% (after deductible)	Plan pays 80% You pay 20% (after deductible)	Plan pays 60% You pay 40% (after deductible)	Plan pays 90% You pay 10% (after deductible)	Plan pays 70% You pay 30% (after deductible)
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 SAIC through the Wellness Incentives program. See page 13 for more information.*

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

Please Note: The above chart provides 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

Medical plan ID cards, prescription cards and HSA debit cards will be mailed to your home within 2-3 weeks from your enrollment submission

Prescription Drug Benefits

When you enroll in a UHC medical plan, you are automatically enrolled in prescription drug benefits administered through Express Scripts. Benefits 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 8. 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 Home Delivery Pharmacy, as shown below. All plans have the same prescription drug provisions; only the deductibles are different.

	PRESCRIPTION DRUG BENEFITS		
	CDHP STANDARD	CDHP PREMIUM	CDHP PREMIUM PLUS
Prescription Drugs Designated by the Plan as Preventive	100% (no deductible) A listing of preventive drugs is available at www.saic.com/EGLBenefits.		
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 www.express-scripts.com or call 1-866-281-2409 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 also help you save money. 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.

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

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 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 U.S. 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 1-800-417-1764 or visit www.express-scripts.com for additional information.

Accredo Specialty Pharmacy

Accredo is the Express Scripts specialty pharmacy. A specialty pharmacy provides medicine and therapy for patients with serious, chronic conditions like cancer and hepatitis C. Accredo employs teams of pharmacists, nurses and clinicians who are specially trained on your condition. This level of specialization gives you the most comprehensive, compassionate and customized care available. Specialty medications must be filled through Accredo. To learn more about Accredo, please visit www.accredo.com.

Hawaii HMSA

Employees who live and work in Hawaii are offered medical insurance through the Hawaii Medical Services Association (HMSA). You may choose an HMO (in-network only) plan or a PPO (in- and out-of-network) plan depending on your family's medical needs. Both offer comprehensive medical and prescription coverage.

	HMSA MEDICAL PLAN		
	HMO	PPO	
	In-Network Only	In-Network	Out-of-Network
Calendar-Year Deductible	$0	$0	$100/individual $300/family
Annual Out-of-Pocket Maximum	$2,500/individual $7,500/family	$2,500/individual $7,500/family	$2,500/individual $7,500/family
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 70% You pay 30% (no deductible)
Doctor's Office Visit	$20 copay	$12 copay	Plan pays 70% You pay 30% (after deductible)
Specialist Office Visit	$20 copay	$12 copay	Plan pays 70% You pay 30% (after deductible)
Outpatient Services	$20 copay	Plan pays 90% You pay 10% (after deductible)	Plan pays 70% You pay 30% (after deductible)
Inpatient Services	Plan pays 90% You pay 10% (after deductible)	Plan pays 80% You pay 20% (after deductible)	Plan pays 70% You pay 30% (after deductible)
Emergency Room Visit	$100 copay	Plan pays 80% You pay 20% (no deductible)	Plan pays 70% You pay 30% (no deductible)
Prescription Drugs			
Annual Out-of-Pocket Maximum (separate from medical)	$3600/individual $4,200/family	$3600/individual $4,200/family	$3600/individual $4,200/family
Generic, Formulary Drugs and Brand Name Drugs (retail and mail order)	Refer to the HMSA SBC for details on www.saic.com/EGLBenefits.		

BE 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 UHC Telemedicine Virtual Visits 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.

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. 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 **www.accredo.com**.

Tools to Help You Save Money

Health care services are expensive and sometimes confusing to navigate. SAIC'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 plans, 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 the HSA.

	HEALTH SAVINGS ACCOUNT (HSA) AT A GLANCE
Company Contributions	• To get you started, SAIC will contribute $300 to your HSA for 2019 if you enroll in individual coverage or $700 if you are covering any dependents. These amounts will be contributed to your HSA in 1/12 increments on a monthly basis, based on eligibility and participation in the medical plan. • 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 13).
Your Contributions	• You can elect to make your own pre-tax contributions through payroll deductions. • Your contributions plus SAIC's (including wellness incentives) cannot exceed the annual maximum set by the IRS. For 2019, the maximum amounts are $3,500 for individual coverage and $7,000 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	• You can invest your HSA once you have accumulated $2,000 and you are not taxed on any investment earnings.
Paying for an Expense	• 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	• You may contribute to a Limited Purpose FSA (for dental and vision expenses only) in addition to the HSA (see page 21).

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 SAIC's CDHP options), you cannot be enrolled in Medicare Part 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 at www.saic.com/EGLBenefits.

Accessing Your HSA. You must open your HSA (if you are eligible) through Optum Bank to receive SAIC's HSA contribution, any wellness incentives or make your own HSA contributions. Go to https://engilitybenefits.benefitsnow.com, click on "Enroll" 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 in to www.myuhc.com. All contributions (employee, employer and wellness incentives) cannot be funded until you open your HSA with Optum Bank. Retroactive contributions will not be made for delayed opening of your HSA.

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 SAIC 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.

Earn Wellness Incentive Dollars

When you perform any of the activities outlined below, you can earn wellness incentive dollars that are deposited directly to your HSA 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 through SAIC.

The wellness incentives you (and your covered spouse or domestic partner) earn are contributed automatically to your HSA and can be used to pay for qualified healthcare expenses.

The total amount of your HSA contributions (yours and SAIC's) cannot exceed the annual maximum set by the IRS. For 2019, the maximum amounts are $3,500 for individual coverage and $7,000 for family coverage.

Employees must complete the wellness incentive activities by November 30, 2019, to receive incentives for the 2019 plan year.

	WELLNESS INCENTIVES	
INCENTIVE OPTIONS	EMPLOYEE Can earn up to $600	SPOUSE/DOMESTIC PARTNER Can earn up to $350
Complete Online Health Survey	$100	$50
Complete Annual Physical	$100	$100
Complete Mammography Screening (for women 40 or older)	$100	$50
Complete Colorectal Screening (for members 50 or older)	$100	$50
Complete Cervical Cancer Screening (for women 21 or older)	$100	$50
Complete Personal Coaching (phone or online curriculum) **Nutrition, exercise, stress, family wellness, etc.**	$300	$100
Missions* Complete any three missions - member chooses missions and must complete three	$300	$100
Health Cost Estimator Utilization	$100	$100
Complete Biometric Screening	$100	None

* *Missions include a wide range of healthy activities, such as swapping a sugary drink for water each day for four weeks, walking 10,000 steps a day for four weeks, and dimming the lights well before bedtime three times per week for four weeks.*

TRICARE Supplement

The TRICARE Supplement Plan may be an alternative to SAIC's medical plan coverage. It 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 Select, 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 https://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.

UHC Telemedicine Virtual Visits

If you enroll in one of the UHC medical plan options, you will have access to Telemedicine Virtual Visits using network groups American Well (AmWell) and Doctors on Demand. Virtual Visits 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 Virtual Visits any time you can't get to your regular doctor—when traveling, after hours or at your convenience. Register at www.uhc.com/virtualvisits. You can also go directly to www.amwell.com or www.doctorondemand.com or download the AmWell or Doctor on Demand mobile apps.

The cost per visit is just $49, and this amount applies toward your annual deductible. After you have met your annual deductible, the cost will be based on your elected UHC medical plan's coinsurance (30%, 20% or 10% of the $49 per visit cost).

DENTAL

U.S.-based employees have two dental coverage options through MetLife:

- MetLife PPO Low Dental Plan (without Orthodontia)
- MetLife PPO High Dental Plan (with Orthodontia)

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 chart on the next page 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.

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 SAIC 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.

6 MetLife does not issue ID cards.

	DENTAL BENEFITS	
	METLIFE PPO LOW DENTAL PLAN	METLIFE PPO HIGH DENTAL PLAN
Calendar-Year Deductible *(The amount you pay before the plan pays benefits)*	$75/individual $225/family	$75/individual $225/family
COVERED SERVICES		
Preventive Services • 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 3 years)	Plan pays 100% (no deductible)	Plan pays 100% (no deductible)
Basic Services • 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	Plan pays 50% You pay 50% (after deductible)	Plan pays 80% You pay 20% (after deductible)
Major Services • Onlays or crowns • Bridgework • Full and partial dentures	Plan pays 50% You pay 50% (after deductible)	Plan pays 60% You pay 40% (after deductible)
ANNUAL MAXIMUM	$1,500 per covered person	$2,000 per covered person
Orthodontia *for enrolled adults and dependent children* • Diagnosis and treatment plan • Braces • Examinations and related x-rays • Appliances • Appliance adjustments	Not covered	Plan pays 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
MEDICAL AND DENTAL COVERAGE

Aetna International Medical Plan

The Aetna International Medical Plan is available to employees who are on the U.S. payroll and are on extended assignment outside the United States (6 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 offers you the choice to receive services from in-network providers, at a lower cost to you and your enrolled dependents, or from providers out-of-network at a higher cost. In-network, you can see any physician/specialist at any time and are not required to get a referral. Some services, such as scheduled hospital admissions, do require pre-certification.

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

Aetna International Dental Plan

The Aetna International Dental Plan is available to employees who are on a U.S. payroll and are on extended assignment outside the United States (generally 6 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 Family	 $50 $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% You pay 20% (after deductible)
Major Services (such as crowns, bridges and dentures)	Plan pays 50% You pay 50% (after 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		
	International	U.S. In-Network	U.S. Out-of-Network
Calendar-Year Deductible	$0	$600/individual $1,800/family	$1,000/individual $3,000/family
Annual Out-of-Pocket Maximum	N/A	$4,000/individual $8,000/family	$8,000/individual $16,000/family
Preventive Care	Plan pays 100% (routine adult physical exams are limited to $1,000)	Plan pays 100% (no deductible)	Plan pays 60% You pay 40% (after deductible)
Doctor's Office Visit	Plan pays 100%	Plan pays 100% You pay $30 copay per visit	Plan pays 60% You pay 40% (after deductibe)
Specialist Office Visit	Plan pays 100%	Plan pays 100% You pay $50 copay per visit	Plan pays 60% You pay 40% (after deductibe)
Outpatient Services	Plan pays 100%	Plan pays 80% You pay 20% (after deductible)	Plan pays 60% You pay 40% (after deductibe)
X-ray and Lab Tests **(billed by separate facility)**	Plan pays 100%	Plan pays 80% You pay 20% (after deductible)	Plan pays 60% You pay 40% (after deductibe)
Inpatient Services	Plan pays 100%	Plan pays 80% You pay 20% (after deductible)	Plan pays 60% You pay 40% (after deductibe)
Emergency Room (ER) Visit	Plan pays 100% (no deductible)	Plan pays 80% You pay $150 copay and 20% (for non-emergency use of ER, plan pays 50%; you pay 50% after deductible)	Plan pays 80% You pay $150 copay and 20% (for non-emergency use of ER, plan pays 50%; you pay 50% after deductible)
Urgent Care Facility	Plan pays 100%	Plan pays 100% You pay $50 copay	Plan pays 60% You pay 40% (after deductibe)
Prescription Drugs			
Generic Drugs (365-day maximum supply)	Plan pays 100%	You pay $10 copay per month supply (includes mail order drugs)	Plan pays 60% You pay 40% (after deductibe)
Formulary Drugs (365-day maximum supply)	Plan pays 100%	You pay 20% copay per month supply ($30 minimum; $75 maximum) (includes mail order drugs)	Plan pays 60% You pay 40% (after deductibe)
Brand Name Drugs (365-day maximum supply)	Plan pays 100%	You pay 30% copay per month supply ($50 minimum; $100 maximum) (includes mail order drugs)	Plan pays 60% You pay 40% (after deductibe)

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

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

Both options cover in-network and out-of-network care. You may enroll yourself and your eligible dependents or you may waive vision coverage. 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 three leading zeroes. VSP does not issue ID cards.

	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
PRESCRIPTION GLASSES *(every calendar year)*				
Lenses				
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 *(in lieu of prescription glasses)*				
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 (see page 20 for details)	Not applicable	Not applicable	Choose one: • $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.

Easy Options Available Under VSP High Vision Plan

Everyone's eyes are different. So with VSP EasyOptions, you and your covered dependents have the flexibility to individually choose an upgrade that best meets your current eye care needs. You may choose one of these options:

- $250 frame allowance
- $200 contact allowance
- Anti-reflective lens coating covered in full
- Photochromic lenses covered in full

How it works:

1 To take advantage of EasyOptions, you must elect the VSP High Vision Plan.

2 Once coverage goes into effect, schedule an eye exam with a VSP doctor.

3 Review upgraded allowances to determine which one fits your needs.

4 At your visit, inform the VSP doctor of your selection. Every covered member on your vision plan has the opportunity to choose a different customizable benefit at the time of their appointment.

EAP

Employee Assistance Program

You automatically have access to the Optum Employee Assistance Program (EAP). This program provides professional, confidential telephonic or face-to-face counseling services (five issues per person per plan year) to you and your household members at no cost. SAIC pays the full cost of this benefit.

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

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

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 resources
- Problems with coworkers
- Balancing work and family responsibilities
- Stress management
- Alcohol and drug abuse
- Family/relationship concerns
- Anxiety or depression

FSAs

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) 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% to 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 in your FSA after December 31. Therefore, you will want to 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 $2,700 to a Health Care FSA for 2019. SAIC 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 plan 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 plan options, per IRS rules you will only be eligible to participate in the Limited Purpose FSA in 2019. 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.

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.

3 You cannot start, stop or change your contribution amounts during the year, unless you experience certain qualifying events (see page 27).

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 plan options, you can only participate in the Limited Purpose 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 Flexible Spending Accounts, visit the **Your Spending Account (YSA)** website through the Benefits Service Center, **https://engilitybenefits.benefitsnow.com** or call 1-877-248-8519.

Dependent Care FSA

The Dependent Care FSA lets you reimburse yourself with tax-free dollars for child/elder daycare 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 daycare 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 8 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 2019. 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 limit 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 5 months of the year. For more information, contact the Benefits Service Center at 1-877-248-8519.

Getting Reimbursed

You will automatically receive an FSA debit card to pay for eligible expenses. Using the debit 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 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!

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.

LIFE AND AD&D

Life Insurance and Accidental Death and Dismemberment Insurance

SAIC 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. 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), 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 and AD&D Insurance via the benefits enrollment website, https://engilitybenefits.benefitsnow.com.

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 SAIC 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 of the coverage.

Business Travel Accident (BTA) Insurance

SAIC provides BTA coverage of 3x your base annual salary (up to a maximum $1.5 million) at no cost to you. BTA covers accidental death or serious injury while traveling on business for SAIC.

	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/ Domestic Partner Life*	Employee must elect optional life coverage in order to enroll for this coverage, and coverage cannot exceed 100% of employee's coverage amount. • $25,000 • $50,000 for one or more children • 1x to 4x your base annual pay, up to a maximum benefit of $500,000	Required for amounts equal to or greater than $50,000
Child Life	• $10,000 • $20,000 • $30,000	None
Spouse/ Domestic Partner and Child(ren) AD&D	• 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

** Spouse/Domestic Partner rates are calculated based on employee's age. Benefits will be reduced by 35% at age 70, by 60% at age 75 and by 75% at age 80.*

THINGS TO THINK ABOUT

Here are some things to consider when deciding to enroll in 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 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) in the benefits enrollment website, **https://engilitybenefits.benefitsnow.com**.

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 66 2/3% of pre-disability earnings on the eighth calendar day of a disabling non-work-related injury or illness. Long-Term Disability (LTD) benefits will begin after an approved continuous disability period of 180 calendar days.

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	
SAIC pays the full premium cost	SAIC 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:

- *Four paid days of parental leave are offered to new parents.*
- *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.*

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

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 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 3 months before your LTD coverage takes effect.

VOLUNTARY PLANS

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

MetLife Accident Insurance

If you have an accident, it can lead to extra out-of-pocket costs, beyond what your medical plan may cover.

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.

There are no waiting periods to satisfy, and any payment will be in addition to any other insurance you may have.

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.

MetLife 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 covers you or a covered family member if 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, that 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.

MetLife Hospital Indemnity Insurance

Hospital Indemnity Insurance can help offset hospitalization expenses that can be costly. Even quality medical plans can leave you with extra expenses to pay. You can use the benefit payment as you see fit to help cover your household bills, medical insurance deductibles, copayments and more. Payments will be paid directly to you, and there is no coordination with other insurance coverage. The claims reimbursement process is simple. Once all required information is received, claims are generally processed within 10 business days.

You may choose from two different options—Low or High. The Low plan provides $500 for hospital admission, $100 for daily hospital confinement, $1,000 for ICU admission and $200 for ICU confinement per accident/illness. The High plan provides $1,000 for hospital admission, $200 for daily hospital confinement, $2,000 for ICU admission and $400 for ICU confinement per accident/illness.

You may also elect coverage for your spouse/domestic partner and your dependent children up to age 26.

Commuter Benefits

The Commuter Benefits program can help you save 40% or more on your monthly work-related commuting costs. The program allows you to set aside pre-tax and after-tax dollars to purchase transit and/or parking expenses for commuting between your home and work. This includes mass transit passes, vanpooling, tokens, fare cards, vouchers and parking passes. The great advantage is that you don't pay federal taxes on your contributions, thus lowering your taxable income. Commuter products will be mailed directly to your home, and payroll will withhold the appropriate amounts from your paycheck.

Through the program you may order pre-loaded, stored value debit cards; transit tickets, smart cards, and subscription transit services; or you may order vouchers for use when purchasing commuter products directly from providers. The program has relationships with every transit authority in the continental U.S., allowing you the option to purchase from 100,000 different fare media that are currently available.

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 PrivacyArmor Plus Identity Theft Protection

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 (GUL) Insurance 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.

Nationwide Pet Insurance. Your pets are part of your family, so make sure they are protected if an accident or illness occurs. Nationwide 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.

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
- 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 Benefits Service Center at **1-877-248-8519**.

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

Summary of Required Health Coverage Notices

The following are summaries of required notices for new and/or existing enrollees in the Engility Health Plan (the "Plan"). Please visit www.saic.com/EGLBenefits to access the full version of each notice and the Summary Plan Description (SPD) of the Engility Health Plan.

Medicare Part D

SAIC's prescription plan through Express Scripts is creditable. Because our existing prescription coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan. You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a 60-day special enrollment period to join a Medicare Part D plan.

Health Care Reform Exchange Notice

Starting on January 1, 2014, the Affordable Care Act (ACA) requires you to have health coverage or pay a penalty. All SAIC medical plans offered to benefits-eligible employees meet the standards set by the ACA for value and affordability. If you are not eligible for SAIC medical plan coverage or otherwise decline this coverage, the public Health Insurance Marketplace is available to obtain health coverage. Please refer to the full notice at www.saic.com/EGLBenefits for more information or visit www.healthcare.gov.

Women's Health and Cancer Rights Act of 1998

If you are covered under one of the Plan's medical options, you have certain rights to benefits provided under the Plan in connection with a mastectomy. In situations where a covered subscriber is eligible to receive mastectomy benefits under a group health insurance plan and the subscriber elects breast reconstruction in connection with the mastectomy, this coverage must include:

- Surgical services for reconstruction of the breast on which the mastectomy was performed
- Surgical services for reconstruction of the non-diseased breast to produce symmetrical appearance
- Postoperative breast prostheses
- Mastectomy bras and external prosthetics (limited to the lowest cost alternative available that meets external prosthetic placement needs)

During all stages of a mastectomy, treatment of physical complications, including lymphedema therapy, are covered. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage.

Special Enrollment Rights under the Health Insurance Portability and Accountability Act (HIPAA)

If you decline medical coverage under the Plan for you or your dependents, you have special enrollment rights to join the Plan in the middle of a year in certain circumstances, including the loss of other employer-sponsored coverage and the addition of new dependent(s) due to marriage, birth, adoption, or placement of adoption. Timing requirements and information regarding how to make these requests is posted on the benefits enrollment portal; https://engilitybenefits.benefitsnow.com.

Medicaid and State Child Health Insurance Program (SCHIP)

If you or your eligible dependent loses eligibility under an SCHIP program or Medicaid plan in the state you reside, you and/or your eligible dependent has special enrollment rights to join the Plan. If you or your children are eligible for Medicaid or SCHIP and you're eligible for health coverage from SAIC, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or SCHIP programs. If you or your children aren't eligible for Medicaid or SCHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

Notice of Privacy Practices under HIPAA

SAIC, as the sponsor of the Plan, is required by law to take steps to ensure the privacy of your personally identifiable health information and to provide you with a Notice of Privacy Practices. This notice describes how medical information about you may be used and disclosed and how you access this information. Please review this notice at www.saic.com/EGLBenefits.

Continuation Coverage Rights under COBRA

As a participant in the Plan, you have a right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. These rights apply to the medical, dental, vision and health FSA benefits offered under the Plan. The full notice posted at www.saic.com/EGLBenefits explains when it may become available to you and your family, and what you need to do to protect the right to receive it.

Newborns' and Mothers' Health Protection Act

The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) is a federal law that affects the length of time a mother and newborn child are covered for a hospital stay in connection with childbirth. In general, group health plans and health insurance issuers that are subject to NMHPA may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section.

Mental Health and Substance Use Disorder Parity

The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) requires group health plans and health insurance issuers to ensure that financial requirements (such as copays and deductibles) and treatment limitations (such as visit limits) applicable to mental health or substance use disorder (MH/SUD) benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits.

ADA Wellness Notice

The Americans with Disabilities Act of 1990 (ADA) requires employers that offer wellness programs that collect employee health information to provide a notice to employees informing them of the information that will be collected, how it will be used, who will receive it and what will be done to keep it confidential.

GINA Notice

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits discrimination in group health plan coverage based on genetic information.

Health-Contingent Notice

If a wellness program requires individuals to meet a standard related to a health factor in order to obtain a reward, the HIPAA nondiscrimination rules require the program to comply with five conditions involving frequency of opportunity to qualify, size of reward, availability to similarly situated individuals and reasonable alternative standards, and reasonable design (to promote health or prevent disease), including a disclosure requirement. In connection with the Tobacco Surcharge, SAIC offers a smoking cessation program through Quit4Life for UHC and Aetna International members, and QuitNet for HMSA members. They will work with you and your doctor to help you stop smoking. If you complete the program, you can avoid the annual surcharge.

Resources

Please see the chart below for website and phone information for your plans. When contacting benefits vendors, employees should identify their employer as Engility, an SAIC company.

VENDOR	BENEFIT	WEBSITE	PHONE
Benefits Service Center	General Questions About Your Benefits	https://engilitybenefits.benefitsnow.com	1-877-248-8519
Aetna	International Medical and Dental Plan	aetnainternational.com	1-800-231-7729 U.S. and 1-813-775-0190 overseas
	Life and AD&D	aetna.com	1-800-523-5065
	Short- and Long-Term Disability	aetnadisability.com	1-866-326-1380
Benefits Service Center	Commuter Benefits Flexible Spending Accounts (FSAs)	https://engilitybenefits.benefitsnow.com	1-877-248-8519
Engility Personal Plans	MetLife Group Universal Life Insurance MetLife, Liberty Mutual, Travelers, SafeCo Auto and Home Insurance Nationwide Pet Insurance	engilitypersonalplans.com	1-800-441-5573
Express Scripts	Prescription Drug Plan for CDHP	express-scripts.com	1-866-281-2409
Fidelity	401(k)	netbenefits.com	1-800-354-7125
HMSA	Hawaii Medical Plans	hmsa.com	1-800-776-4672
	QuitNet Tobacco Cessation	hmsa.com	1-855-329-5461
Health Advocate	Health Advocacy Services	healthadvocate.com/members	1-866-695-8622
InfoArmor	Identity Theft	myprivacyarmor.com	1-800-789-2720
Hyatt Legal	MetLaw Group Legal	info.legalplans.com access code: GetLaw	1-800-GET-MET8
MetLife	Dental	metlife.com/dental; Network: PDP Plus	1-800-942-0854
	Accident Critical Illness Hospital Indemnity	saic.com/EGLBenefits	1-800-GET-MET8
Optum	Employee Assistance Program (EAP)	liveandworkwell.com access code: engility	1-866-248-4094
	Rally Wellness Incentive	myuhc.com	1-877-818-5826
	Quit4Life Tobacco Cessation	quitnow.net	1-866-784-8454
Optum Bank	Health Savings Account (HSA)	optumbank.com	1-800-791-9361
Selman & Company	TRICARE Supplement	selmantricareresource.com/engility	1-800-638-2610, option 1
UHC	CDHP Medical	myuhc.com Network: Choice Plus	1-844-859-5008
	NurseLine 24/7	myuhc.com	1-877-365-7949
	Telemedicine Virtual Visits	uhc.com/virtualvisits	N/A
VSP	Vision	vsp.com	1-800-877-7195

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 SAIC and do not create a contract of employment. SAIC reserves the right to modify, suspend, revise and/or terminate any or all of the plans at any time and for any reason.

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