

INTERCONTINENTAL EXCHANGE

2018

BENEFITS DECISION GUIDE

PREPARE

COMPARE

ENROLL

GET STARTED >

CONTENTS

3 **Benefits at a Glance**

4 **2018 Contributions
& Eligibility**

Life Happens — Know when
you can change your benefits

5 **Qualified Life Events**

6 **Medical & Prescription Drug**

Don't Miss Out — Pay no employee
contributions if you elect the CDHP in 2018!

12 **Savings & Spending Accounts**

13 **Health Programs & Services**

Health Support Programs —
These low or no-cost services are there
for you when you need it most.

15 **Dental & Vision**

16 **Income Protection**

19 **401(k)**

20 **Work/Life Programs & Discounts**

22 **Contacts**

24 **How to Enroll & The Fine Print**

GOOD TO KNOW

Open Enrollment is November 6 through November 17, 2017. Remember, Open Enrollment is your only opportunity to make elections and adjustments to your benefits for 2018 – **after November 17, you won't be able to make any changes unless you experience a [qualifying life event](#).**



BENEFITS AT-A-GLANCE

Here's a quick look at your 2018 options.

What it is...

Tell me more...

Medical & Prescription Drug Coverage with Anthem & OptumRx		<ul style="list-style-type: none"> • Consumer Driven Health Plan (CDHP) or Preferred Provider Organization (PPO) • ICE is waiving the employee contribution for the CDHP in 2018 • Automatic prescription drug coverage if you enroll in medical
Savings & Spending Accounts with HealthEquity	Health Savings Account (HSA)	<ul style="list-style-type: none"> • Tax-advantaged account only available if you enroll in the CDHP • Use for eligible benefit expenses, this year or in the future • Annual IRS limit is \$3,450 for employee only coverage and \$6,900 for all other coverage levels — ICE contributes \$600-\$1,200 of that for you even if you don't contribute anything yourself • Balance rolls over indefinitely — account is yours to keep
	Limited Purpose Flexible Spending Account (FSA)	<ul style="list-style-type: none"> • If you elect the CDHP, this is another account you may elect to reduce your taxable income and pay for eligible dental and vision expenses • Annual IRS limit of \$2,650; ICE does not contribute • Annual "use it or lose it"
	Health Care FSA	<ul style="list-style-type: none"> • Use for eligible benefit expenses if you elect the PPO or waive medical coverage • Use your debit card at time of service or request reimbursements online • Annual IRS limit of \$2,650; ICE does not contribute • Annual "use it or lose it"
	Dependent Care FSA	<ul style="list-style-type: none"> • Not for health expenses — ONLY for dependent care services (like daycare or eldercare) while you and your spouse are both at work or school • Annual IRS limit is \$5,000 (or \$2,500 for married couples filing separately) • Annual "use it or use it"
Dental with MetLife		<ul style="list-style-type: none"> • Comprehensive Preferred Dental Program (PDP)
Vision with EyeMed		<ul style="list-style-type: none"> • Coverage for routine exams, eyeglasses, and contacts
Income Protection with The Standard	Life Insurance	<ul style="list-style-type: none"> • Company-paid coverage of two times your annual base pay, up to \$500,000 • Optional supplemental coverage for you and your dependents
	AD&D	<ul style="list-style-type: none"> • Company-paid coverage of two times your annual base pay, up to \$500,000 • Optional supplemental coverage for you and your dependents
	Disability	<ul style="list-style-type: none"> • Company-paid short-term disability (STD) and basic long-term disability (LTD) coverage • Optional LTD "buy-up" coverage you can elect
401(k) with Fidelity Investments		<ul style="list-style-type: none"> • Review your 401(k) account and make changes at any time
Health Support Programs		<ul style="list-style-type: none"> • Anthem Engage* (NEW), Your Anthem Nurse*, AIM Specialty Health*, LiveHealth Online*, Rethink (NEW), Livongo for Diabetes, & Health Advocate to name a few
Work/Life Benefits		<ul style="list-style-type: none"> • Bright Horizons Back-up Child Care, Anthem EAP (Employee Assistance Program), WageWorks Commuter Benefit, plus MetLife and Liberty Mutual Home and Auto Policy discounts

* Available to Anthem medical plan members.

2018 CONTRIBUTIONS

Here's a look at the 2018 monthly health contribution rates.

Your eyesight is fine. ICE is waiving the employee contribution for all CDHP, Dental, and Vision coverage levels!

Medical	CDHP	PPO
Employee Only	\$0	\$136
Employee + Spouse	\$136	\$327
Employee + Child(ren)	\$104	\$273
Employee + Family	\$287	\$491

Dental	MetLife PDP
Employee Only	\$0
Employee + Spouse	\$19
Employee + Child(ren)	\$13
Employee + Family	\$37

Vision	EyeMed Select Plan
Employee Only	\$0
Employee + Spouse	\$1
Employee + Child(ren)	\$1
Employee + Family	\$3

GOOD TO KNOW

You can make a separate election for each of the benefits described in this guide. For example, you could enroll in family medical and dental and waive vision.

You can also enroll eligible dependents in different coverage, such as employee + child(ren) medical, family dental, and employee + spouse vision. This allows you to make selections that work best for your needs.

ELIGIBILITY

You're eligible for most ICE benefits if you're an employee who is regularly scheduled to work more than 30 hours per week. You can cover your spouse or domestic partner and kids, too — just be sure they meet these requirements:

- Spouse/domestic partner must be your legal spouse/domestic partner (same or opposite sex)
- Your children under age 26
- Or, your children over age 26 who are unmarried and incapable of self-support due to physical or mental disability

Children include your biological children, stepchildren, children of your domestic partner, legally adopted children or those placed with you for adoption and children for whom you or your spouse are legal guardians. **Children for the purposes of Supplemental Life and AD&D insurance may have additional stipulations so see [page 17](#) for details.**

If you enroll your domestic partner or their qualified children:

- Unless they are your qualified tax dependents as defined by the IRS, you'll be taxed on the value of that coverage under federal tax law
- This value will be reported as additional taxable income, and taxes will be withheld through payroll deductions

QUALIFIED LIFE EVENTS

You may change your benefit elections outside the Open Enrollment period **within 30 days of a qualifying life event if (and only if):**

- > You are a new hire signing up for ICE benefits for the first time
- > You have a qualifying life event or a HIPAA special enrollment event:
 - Marriage/divorce, or beginning or ending a domestic partnership
 - Birth or adoption of a child, or dependent who no longer meets eligibility requirements
 - Work hours or employment changes that affect benefits eligibility for you or your spouse
- > Your coverage options change under your spouse's employer plan during their employer's enrollment period

Certain elections are allowed to be made on a retroactive basis, such as the birth of a child. Others are required to be on a prospective basis, such as marriage. **If you anticipate such an event in the coming year, please review the complete list of rules on [ICESpace](#) so you are prepared to make changes.**

GOOD TO KNOW

Except during Open Enrollment, you are required to provide documentation to support all benefit changes (other than the birth of a child).

You can upload documentation to [Workday](#). More details can be found on [ICESpace](#). Remember all changes must be initiated in Workday within 30 days of a qualifying life event.

ELIGIBLE FOR MEDICAID OR CHIP PROGRAMS?

Employees and dependents who are eligible for, but not enrolled in the ICE plan, may enroll if they lose Medicaid or CHIP coverage, if they are no longer eligible or if they become eligible for a state's premium assistance program. **You have 60 days from the date of the Medicaid/CHIP event to request enrollment under the plan.** If you request this change, coverage will be effective the first of the month following your request for enrollment.

Find more details on state premium assistance programs that can help pay for your employer-sponsored plan by calling **1-877-KIDS NOW** or visiting insurekidsnow.gov. You may also want to review the CHIP notice in the [Fine Print](#) of this guide.



MEDICAL & PRESCRIPTION DRUG

Your health and well-being is important to us.

We offer the choice of two medical plans, each available in four tiers of coverage so you can elect what makes sense for your family's needs.

You can choose from two [Anthem](#) plans: the **Consumer Directed Health Plan (CDHP)** or the **Preferred Provider Organization (PPO) Plan**.

WHAT'S THE DIFFERENCE BETWEEN PLANS?

Both medical options offer comprehensive coverage for you and your family, including 100% coverage for in-network preventive care such as annual checkups, cancer screenings, vaccinations, and more. Both plans also have an out-of-pocket maximum; after you meet this maximum, the plan pays for 100% of eligible in-network care. Although the two plans share many features, there are some important differences.

Discount on 2018 CDHP coverage!

If you elect employee only coverage for the CDHP, your employee only monthly contributions will be FREE.

ICE will also waive the cost of the employee contribution that is included in **all other CDHP coverage tiers**. That means you'll only pay a contribution to cover any enrolled dependent(s). Check out this [CDHP Cheat Sheet](#) and the [HealthEquity Calculator](#) to see how it all adds up for a big savings for you.

WHAT SHOULD I KEEP IN MIND?

	CDHP	PPO
Contributions What you pay in paycheck deductions for coverage	<ul style="list-style-type: none"> Lower per-paycheck & for 2018 your employee contribution will be FREE 	<ul style="list-style-type: none"> Higher per-paycheck
Deductible, Copays, and Coinsurance The deductible is the amount you pay before the health plan starts to pay its share Once you meet your deductible, you & the plan share the costs through coinsurance or copays Note that some preventive prescriptions are covered at 100%	<ul style="list-style-type: none"> Higher annual deductible The deductible applies to all non-preventive care & prescriptions If you enroll dependents, you must meet the family deductible before the plan pays for non-preventive care for anyone Prescription drug costs do count towards the deductible – meaning you pay 100% of the costs until you meet your deductible After you meet the deductible, you pay coinsurance for services 	<ul style="list-style-type: none"> Lower annual deductible You pay copays with no deductible for in-network office visits & urgent care Each person enrolled has an individual deductible; once their individual deductible is met, the plan will pay for non-preventive care — even if other family members haven't met their deductible You pay coinsurance for prescription drugs, whether or not you've met the deductible You pay the deductible & coinsurance for other services like labs & hospital visits

[Continued](#) >

MEDICAL & PRESCRIPTION DRUG

WHAT SHOULD I KEEP IN MIND?

	CDHP	PPO
Out-of-Pocket Maximum (OOP) This is the most you will pay before the plan pays at 100% for eligible in-network services	<ul style="list-style-type: none"> OOP max includes the deductible & coinsurance Medical & prescription expenses count towards the same OOP max 	<ul style="list-style-type: none"> OOP max includes deductibles, copays, & coinsurance Prescriptions have a SEPARATE OOP max from the medical OOP max
Remember the OOP maxes accumulate separately for in and out-of-network, plus out-of-network amounts in excess of the Maximum Allowed Amount, non-covered services & penalties don't apply to OOP max		
Savings & Spending Account(s) See page 12 for a breakdown of these accounts Tax-advantaged accounts to lower your taxable income & use to pay for eligible benefit expenses	<ul style="list-style-type: none"> Comes with an HSA to use for eligible benefit expenses; ICE contributes to this account (& you can too); the funds are yours to keep & rollover indefinitely — like a 401(k) account To maximize pre-tax money you can set aside to pay for benefits, contribute to a Limited Purpose FSA. See page 12. 	<ul style="list-style-type: none"> You can elect the Health Care FSA & it's fully funded by you to help pay for eligible benefit expenses Use it or lose it account
Network of Providers "In-network" providers offer lower cost benefits — these providers agreed to give Anthem (& you) a discount on care	Both plans enjoy the same Anthem network of providers. Your costs will always be lower with an in-network provider. Of course if you need to go out-of-network for whatever reason, you're covered — it will just be at a higher cost to you & to ICE.	

Deductibles and out-of-pocket maximums do not cross-apply between in-network and out-of-network providers. So in-network costs only count toward the in-network deductible and OOP max, while out-of-network costs only count toward the out-of-network deductible and OOP max.

Health Support Programs — Don't be shy about using no or low-cost services from Anthem or other benefit services ICE offers to get the best care at affordable prices (some are even FREE)!

MEDICAL & PRESCRIPTION DRUG

Here's a breakdown of how the CDHP and PPO cover care.

	CDHP		PPO	
	In-network	Out-of-network	In-network	Out-of-network
Annual Employee Contribution	\$0 employee only \$1,632 employee + spouse \$1,248 employee + child(ren) \$3,444 employee + family		\$1,632 employee only \$3,924 employee + spouse \$3,276 employee + child(ren) \$5,892 employee + family	
Annual Deductible*	\$1,500 individual \$3,000 family	\$3,000 individual \$6,000 family	\$500 individual \$1,500 family	\$1,000 individual \$3,000 family
ICE HSA Contribution	\$600 individual \$1,200 family		\$0 individual \$0 family	
Annual Out-of-pocket Maximum*	\$3,000 individual \$6,000 family	\$6,000 individual \$12,000 family	\$1,500 individual \$4,500 family	\$4,500 individual \$13,500 family
			(see page 9 for the separate Prescription out-of-pocket max)	
Preventive Care	100%	60% after deductible	100%	70% after deductible
Office Visits	80% after deductible	60% after deductible	\$25 copay (primary doctor**) \$40 copay (specialist)	70% after deductible
Emergency Room	80% after deductible	80% after deductible	\$150 copay, then 90% after deductible	\$150 copay, then 90% after deductible
Urgent Care	80% after deductible	60% after deductible	\$40 copay	70% after deductible
Therapy: Physical, Occupational, Speech	80% after deductible; 45 visits max per year for each therapy	60% after deductible; 45 visits max per year for each therapy	\$40 copay; 45 visits max per year for each therapy	70% after deductible; 45 visits max per year for each therapy
Chiropractic	80% after deductible; 30 visits max per year	60% after deductible; 30 visits max per year	\$40 copay; 30 visits max per year	70% after deductible; 30 visits max per year
Most Other Covered Care	80% after deductible	60% after deductible	90% after deductible	70% after deductible

*The annual deductible and out-of-pocket maximums do NOT cross-apply between in-network and out-of-network. Out-of-network claims are subject to Anthem's Maximum Allowed Amount. Charges in excess of Maximum Allowed Amount are not applied to the out-of-network deductible or out-of-pocket maximum. You will be responsible for paying these charges.

** Your primary doctor is a general or family practitioner, internist, pediatrician, or OB/GYN.

GOOD TO KNOW

Do you know if your doctor's in the Anthem Network? Here's a quick way to check — visit [anthem.com](https://www.anthem.com), and click on the menu button on the left hand side of the page and under *Care*, click "Find a Doctor." This is pretty important to know, because you'll always pay less when you see an in-network provider, as opposed to an out-of-network one. Save those bucks by choosing in-network care whenever you can!

MEDICAL & PRESCRIPTION DRUG

When you enroll in a medical plan, you will automatically receive prescription drug coverage through **OptumRx**. OptumRx's network of pharmacies includes all major pharmacy, discount, and grocery chains.

Keep in mind the **PPO has a SEPARATE prescription out-of-pocket maximum**. The CDHP has one combined out-of-pocket maximum for prescriptions and medical — that's worth a second look.

Keep track of prescriptions on-the-go with OptumRx's mobile app! See **Contacts** for links to all vendor apps.

	CDHP	PPO
Annual Out-of-pocket Maximum	Included with medical plan	\$1,500 single \$3,000 single + one \$4,500 family
Retail prescriptions (31-day supply)		
Generic	80% after medical plan deductible	80% coinsurance; \$10 min, \$30 max 100% for diabetic meds/supplies
Preferred Brand Name	100% after deductible for diabetic meds/supplies	80% coinsurance; \$25 min, \$75 max 100% for diabetic meds/supplies
Non-preferred Brand Name	60% after medical plan deductible	60% coinsurance; \$40 min, \$120 max
Mail order prescriptions (90-day supply)		
Generic	80% after medical plan deductible	80% coinsurance; \$25 min, \$75 max
Preferred Brand Name	100% after deductible for diabetic meds/supplies	80% coinsurance; \$65 min, \$185 max
Non-preferred Brand Name	60% after medical plan deductible	60% coinsurance; \$100 min, \$300 max



GOOD TO KNOW

Can't decide which medical plan is best for you?

Health Advocate can help you better understand your plan choices, plus how coverage works under each plan.

Health Advocate is a service provided at absolutely no cost to you. Simply visit the site or contact a representative at the phone number below to get help understanding your options before you make 2018 benefits elections. Visit healthadvocate.com or call 866-695-8622.

MEDICAL & PRESCRIPTION DRUG

Prescription Details

FORMULARY UPDATES:

Twice a year, OptumRx updates their “Prescription Drug Formulary” (the list of covered drugs in the plan). When formularies change, medications may be added to or removed from the plan, or, medications may change tiers (for example, medications may move from preferred brand name once a generic version becomes available).

If you are affected by a formulary change that results in your medication being removed from coverage, you’ll get a letter from OptumRx in advance with suggested alternative medications to discuss with your doctor. If you continue using an excluded drug you will pay the full cost unless you are medically required to continue the original prescription.

The relevant formularies are always posted on [ICEspace](#) for your reference.

MAIL ORDER PROGRAM UPDATES:

The OptumRx CVS90 Saver Plus program allows you to get a 90-day supply of your [maintenance medication](#) delivered to your home. **New for 2018, you can also get 90-day refills through the program at a retail CVS pharmacy, instead of your home mail — the choice is yours!**

- You’ll pay less when you order maintenance drugs through this program
- Your pharmacy benefit only covers a limited number of 31-day refills for maintenance medications — after two 31-day fills, you must utilize the CVS90 Saver Plus program
- To initiate home delivery, complete the [home delivery order form](#).

How do I use a Formulary? When choosing a medication, you and your doctor should consult the Formulary. It helps you and your doctor choose the most cost-effective medication by listing if a medication is generic or brand, and if special rules apply. So bring the Formulary with you to your doctor appointment or use the [Anthem Engage App](#).

IMPORTANT REMINDERS:

Dispense As Written (DAW) Penalty

If you choose a brand name drug when a generic is available, you’ll pay the brand name coinsurance plus the difference between the generic and brand name drug cost even if your doctor indicates to “dispense as written.” If you are unable to take the generic, your doctor **must** contact [OptumRx](#) for a medical necessity authorization to avoid the penalty.

Prior-authorization & Quantity Limits

Prior-authorization will apply to certain drugs to make sure they’re used appropriately. Drug Quantity Limits ensure you receive a safe prescription dosage. In either case, this means that your doctor may need to initiate an approval process by calling [OptumRx](#).

Specialty Medications

Drugs to manage complex, chronic conditions such as multiple sclerosis, hepatitis C, hemophilia, autoimmune conditions, and some oncology drugs are only available as a 31-day supply through the specialty drug pharmacy, Briova. For questions about specialty drugs call 1-855-4BRIOVA (855-427-4682).

MEDICAL & PRESCRIPTION DRUG

Ways to Keep Your Medical and Prescription Costs Low



Use free in-network preventive care

> [Annual Physical](#) > [Mammogram](#) > [Colonoscopy](#) > [Immunizations](#) > [Screenings](#)



Access in-network providers to lower your coinsurance and deductible – the in-network coinsurance is **20% less** & deductible is **50% less** than if you use out-of-network care (& the overall cost of services is lower too!)



When you need non-emergency care, take advantage of [LiveHealth Online](#), a telemedicine service that lets you speak with a doctor anytime, anywhere, for a flat copay.



Get generic prescriptions when possible, and take advantage of the **90-day CVS90 Saver Plus program** (with delivery to your home or a local CVS pharmacy) when you fill maintenance medications. Also, check prescription costs with the [OptumRx Price and Save](#) tool or download the OptumRx mobile app for [Apple](#) or [Android](#) to use their pricing tool on-the-go.



Take advantage of no- or low-cost [Health Support Programs](#) to manage chronic conditions or shop for care. See [page 13](#) for details!

Anthem Engage is a new service offering an online tool that provides real-time health and wellness help.

GOOD TO KNOW

A word on ID cards...

Medical: New enrollees will receive a separate ID card for each family member covered by the medical plan, though you'll all have the same ID number and Group ID #270017. Be sure to register your cards at [anthem.com](#). Temporary ID cards can be printed online.

Prescription Drug: New medical plan enrollees (including those moving from legacy IDC CVS/ Caremark coverage to OptumRx this year) will receive a separate prescription drug ID Card with Group ID "ICE." Existing members will not receive a new ID card and can continue to use your current pharmacy card.

HEALTH SAVINGS & SPENDING ACCOUNTS

ICE offers a few different savings and spending accounts to help you lower your taxable income and allocate tax-free dollars for eligible benefit expenses.

See how each account works below, and check out this [HSA video](#) and other informative videos and tips on the [HealthEquity](#) website. Keep in mind, if you enroll in one of these accounts, you'll receive a debit card for EACH HealthEquity account you have. New debit cards are provided every three years. It's a good idea to keep your receipts. For Flexible Spending Accounts (FSA) you may need to provide a receipt when requesting a reimbursement via online, fax or mail. For Health Savings Accounts (HSA) you may need the receipt in case of an IRS audit.

Got a kid in day care?

There's an FSA for that, too. See [page 20](#) for details.

	HSA	LIMITED PURPOSE FSA	HEALTH CARE FSA
Who is Eligible to Contribute	<ul style="list-style-type: none"> Only if enrolled in the CDHP There are other eligibility rules, such as not being enrolled in another health plan (including Medicare) or being claimed as a dependent on another person's tax return 	Only if enrolled in the CDHP	<ul style="list-style-type: none"> Only if enrolled in the PPO Employees not enrolled in an ICE medical plan
ICE Contribution (prorated for mid-year hires & changes)	<ul style="list-style-type: none"> \$600 individual \$1,200 family 	N/A	N/A
Annual IRS Contribution Limits (the total of your contribution & ICE's contribution can't exceed this limit)	<ul style="list-style-type: none"> \$3,450 individual \$6,900 family Add another \$1,000 in catchup contributions if you'll be 55 or older in 2018 	\$2,650	\$2,650
Changing Contributions	Change, start, or stop contributions at any time, but it is smart to annually check your HSA eligibility when enrolling	Must elect a contribution during annual enrollment & you can't change it unless you have a qualified life event	
What's Covered (See IRS Publications 969 & 502 , for eligible expenses)	Eligible medical, prescription, dental & vision expenses	Eligible dental & vision expenses only	Eligible medical, prescription, dental & vision expenses
Can I Keep It vs. Use It or Lose It	Unused funds roll over each year, & are yours to keep , even if you switch to another medical plan or leave ICE – this is a great way to save tax-free money to pay for care in retirement	<ul style="list-style-type: none"> Must incur claims by December 31, 2018 Claims must be submitted by March 31, 2019 <p>If your ICE employment ends, you have 90 days from your termination date to submit claims incurred through the end of the month in which you terminate</p>	

HEALTH PROGRAMS & SERVICES

ICE offers a variety of health and wellness resources to help make getting or staying healthy easier.

ANTHEM TOOLS & RESOURCES

NEW

ANTHEM ENGAGE

This **NEW free online tool** gives real time wellness and health care advice. Access [Anthem Engage](#) online or through a mobile app for real time guidance to programs that can save money and improve medical outcomes. **Get answers to questions like:**

- How does my health plan work?
- How much should I pay for this test?
- Is the prescription covered under my plan?
- Who is the best doctor for me?

This tool provides personalized outreach via email, text message, or push notifications depending on your preferences and health care needs. Watch this [video](#) to learn more about this amazing tool and [register](#) today! Then download the mobile app from the Apple Store or Android Google Play.

YOUR ANTHEM NURSE

With [Your Anthem Nurse](#), a dedicated nurse is available to help you understand doctor's instructions, coordinate care, or answer health-related questions for you and your family members when faced with a hospital stay, surgery, a chronic condition or serious medical diagnosis. **Your Anthem Nurse can help you:**

- Find the right care as well as coordinate care or services needed
- Improve your health status through coaching and support
- Make informed decisions about treatment options
- Manage high-risk conditions before and after a hospital stay and more

Your Anthem Nurse will actually call you if your medical records show you could benefit from this service — especially after a hospital stay, surgery or serious health condition diagnosis. So, please take the call!

OTHER ANTHEM RESOURCES

- [Blue Distinction Specialty Care](#), a program for when you face a major health issue and want expert care – over 2,800 providers identified by this program are certified for specialty procedures and treatment based on their proven, successful track record for specialized services. Look for the Blue Distinction award next to a providers name when using the Anthem Find a Doctor tool.
- [Compare Quality and Cost](#), an Anthem online tool that estimates the cost and quality of medical services so you can know before you go.

AIM SPECIALTY HEALTH

[AIM Specialty Health](#) offers two programs to save you serious coin when you need these services:

- **Imaging Management Program**, AIM will reach out to you to provide high quality, low-cost outpatient advanced imaging provider options for procedures, like MRIs, CT scans, nuclear cardiology and more if your doctor recommends any of these services.
- **Sleep Management Program**, AIM will directly coordinate with your doctor to find a high quality, low-cost sleep study at-home or at a facility when you need a sleep study for obstructive sleep apnea.

Keeping your spouse up at night? Get help through the AIM Sleep Management Program.

HEALTH PROGRAMS & SERVICES

OTHER HEALTH TOOLS & RESOURCES

LIVEHEALTH ONLINE

LiveHealth Online lets you connect with U.S. board-certified doctors over the Internet, 24/7/365. There is no need to schedule an appointment or even leave your home or office. You can see a doctor on the go, right from your mobile device. Doctors can answer your questions, make a diagnosis, and, in most cases, even prescribe basic medications. They also offer virtual therapy sessions for mental and behavioral health conditions, like anxiety, depression, grief, panic attacks and more. **If enrolled in the:**

- **CDHP, you'll pay \$49 per visit** until you meet the deductible, then you pay coinsurance. That's less than paying for most office or urgent care visits.
- **PPO, it'll cost you just \$25 a pop.**
If covered under your Anthem medical plan, your spouse and kids can use LiveHealth Online, too.

A doctor's visit in your PJs from the comfort of your own couch? Could it get any easier?

NEW

RETHINK

Rethink's award-winning, research-based program provides support to parents who have children (or adults*) with learning or behavior challenges, or developmental disabilities. Free, live tele-consultations with behavior experts are available to answer questions, and give guidance or resources.

Common tele-consultation topics include:

- Teaching new skills
- Addressing problem behaviors at home
- Troubleshooting lack of progress
- And collaborating with school and other providers.

Rethink also provides over 1,500 easy-to-follow videos depicting behavior experts and educators teaching children skills such as language, socialization, self-help, academics, vocational, and more. Printable materials and on-demand web-based training complement these tools to support participants in reaching their potential.

**Services are also available for adults.*

Enroll in **Rethink** after January 1, 2018 using the code: ICErethink.

HEALTH ADVOCATE

Health Advocate nurses and health care specialists can help you 24/7 with a broad range of health care-related issues, and have knowledge of ICE plan-specific information. **They can assist you on:**

- Understanding the difference between the PPO and the CDHP
- Resolving claims, billing mistakes, and researching coverage denials
- Finding the right doctors and facilities, (even for non-covered family members such as parents and parents-in-law) and more!

LIVONGO

If you or your dependent is a diabetic, **Livongo** will help manage the condition with a free, two-way wireless glucometer that captures data and tracks progress, plus enables communications with a health coach.

- **The program is no-cost to you, and includes free, unlimited test strips.**
- Personalized support and coaching are also available for pre-diabetics to reduce risks for type 2 diabetes.

DENTAL

ICE wants to help keep your pearly whites healthy. That's why we offer dental coverage through [MetLife's](#) Preferred Dental Provider (PDP) plan. The plan covers preventive, basic, major, and orthodontic care. And remember, when you stay in-network you benefit from a discounted cost of care.

	In-network or Out-of-network
Individual Deductible	\$50
Family Deductible	\$150
Annual Maximum Benefits	\$2,000 per person
Covered care:	
Preventive Care	100%; no deductible
Basic Care	80% after deductible
Major Care	50% after deductible
Orthodontia for Children or Adults	50% after deductible up to \$1,500 per person per lifetime

GOOD TO KNOW

A word on ID cards...

Dental: If your dental provider requires a dental ID card, you will need to register online at mybenefits.metlife.com, to print one. You'll need to write in your employee ID, which is your five-digit Workday Employee ID along with Group #313024. MetLife does not mail out dental cards.

Vision: New enrollees will receive an ID card from EyeMed (Group #978837).

VISION

The [EyeMed](#) vision plan covers routine eye exams, as well as prescription eyeglasses (lenses and frames) and contact lenses once every 12 months. You can see any provider you choose, but you'll pay less when you use an EyeMed network provider.

	In-network	Out-of-network
Exam with dilation (one per year)	Plan pays 100% after \$10 copay	Plan pays up to \$30
Frames	Plan pays up to \$250 + 20% off any amount over \$250	Plan pays up to \$125
Standard Plastic Lenses*	Plan pays 100% after you pay a \$10 copay	Plan pays up to:
Single Vision		\$30
Bifocal		\$50
Trifocal		\$70
Lenticular		\$70
Standard Progressive Lens	+ 20% off any amount over \$120	\$77
Premium progressive lens		\$77
Conventional or Disposable Contact Lenses	Plan pays up to \$155 allowance + 15% off any amount over \$155	Plan pays up to \$125

*You pay extra for tinting, scratch coating, polycarbonate, and other special treatments.

INCOME PROTECTION

No one likes to think about the worst-case scenario, but it pays to be prepared.

ICE offers coverage options to ease your or your family's financial burden in case of death or a serious illness or injury. Some coverage is automatically provided at no cost to you by ICE. But you also have the option to buy additional protection for yourself, as well as coverage for your dependents.

COMPANY-PAID INSURANCE

To help protect your family's financial future, ICE provides all regular employees with **basic life** and **AD&D** insurance through [The Standard](#), at no cost to you. Both types of insurance provide two times your annual base pay, with a maximum benefit of \$500,000.

Short-term disability (STD) and long-term disability (LTD) through The Standard are also provided by ICE at no cost to you if you become disabled due to a non-occupational illness or injury and are unable to work. Eligible employees are automatically enrolled for these benefits.

The Standard is our new Income Protection Provider. Remember to designate a beneficiary in Workday, so you can make sure your loved ones will be taken care of.

STD

- STD provides a percentage of your base pay, beginning on the eighth calendar day of an illness or accident, up to a maximum of 26 weeks.
- Non-maternity-related STD provides 70% of base pay with a maximum benefit of \$2,500 per week.
- Maternity or pregnancy-related STD provides 100% of base pay for six weeks and 70% of base pay if disabled after six weeks with no salary cap.
- Additional paid maternity and parental leave policies are on [ICEspace](#) along with other leave and time off policies.

LTD

- Basic LTD provides 60% of base pay with a maximum benefit of \$10,000 per month, after 26 weeks of disability.

GOOD TO KNOW

Our new life, AD&D and disability insurance provider, The Standard offers free services (for you, your spouse and dependents under age 26) that are worth looking into.

[Life Services Toolkit:](#) Services include estate planning and financial planning tools, forms to create a will or other end of life documentation, tips on preventing ID theft, health and wellness articles, and guidance on funeral planning services.

[Travel Assistance:](#) Services include pre-trip assistance on passports, visas and health requirements; and during your trip they can help with emergency tickets, lost documents or baggage, 24/7/365 health support and emergency evacuation, connection to medical or government resources, and more.

INCOME PROTECTION

SUPPLEMENTAL INSURANCE

If you are enrolling for the first time, or increasing your coverage for employee or spouse supplemental coverage, you may be required to complete a Medical History Statement (MHS) as you enroll for benefits through Workday. A MHS (also called Evidence of Insurability or EOI) is a series of health questions you answer for coverage approval. Note that your MHS must be submitted to The Standard within 30 days of enrolling. The Standard will contact you directly with the status of your coverage approval, or to let you know that additional information is required.

Also, The Standard does not require a MHS if you are enrolling or increasing coverage for a child. **Supplemental Life and AD&D insurance coverage defines child(ren)** as your natural child, stepchild (including the children of your Domestic Partner, adopted child as well as a child from the date of placement with the adopting parents until the legal adoption) and who, in each case, is under age 26 and supported by you.

Even though we have a new provider, you won't need to re-enroll if you are currently enrolled in supplemental life coverage. Also, The Standard won't require a Medical History Statement (formerly called a Statement of Health or SOH) and your current coverage will remain the same.

LIFE

You can purchase additional life insurance coverage for yourself through The Standard, plus coverage for your spouse and child(ren), if you want.

Supplemental Life	Coverage Limits
Employee	One to six times annual base salary (increments of base salary) up to \$2 million rounded to the next higher thousand
Spouse or Domestic Partner	\$25,000 increments up to \$500,000
Child(ren)*	\$10,000 increments up to \$50,000

**If you elect supplemental life coverage for your child(ren) as a new hire or at Open Enrollment, a MHS isn't required. Child supplemental life elections provide coverage for all your children as defined by the policy.*

2018 Employee & Spouse Supplemental Life Rates:

Employee age	Rate per \$1,000 of coverage
Less than 25	\$0.050
25-29	\$0.058
30-34	\$0.077
35-39	\$0.087
40-44	\$0.097
45-49	\$0.145
50-54	\$0.222
55-59	\$0.415
60-64	\$0.637
65-69	\$1.226
70-74	\$1.998
75-79	\$1.998
80+	\$1.998

Child Rate:

Child(ren) — all	\$1.136
-------------------------	---------

INCOME PROTECTION

AD&D

You can purchase supplemental AD&D insurance coverage for yourself in \$25,000 increments, up to the lesser of 10 times your base pay or \$1 million.

If you select supplemental AD&D coverage, you can also choose family coverage, which automatically covers any of your eligible dependents. The benefit amount for your family members will be equal to a percentage of your coverage, and it will be based on your family makeup at the time of a covered death or injury. This table shows how family coverage works.

If Your Family Includes:	Benefit is a % of Employee Coverage Amount:
Employee Only	100% up to \$1million
Spouse or Domestic Partner & Child(ren)	40% for your spouse/domestic partner; 10% for your child(ren)
Spouse or Domestic Partner Only	50%
Child(ren) Only	15% for your child(ren)

2018 Supplemental AD&D Rates:	
Employee Only	\$0.020 per \$1,000 of coverage
Employee + Dependent(s)	\$0.028 per \$1,000 of coverage

LTD

The Standard also offers an LTD buy-up option to increase your LTD coverage to 66 2/3% of eligible earnings (including bonus and/or commissions based on average over the last three years), subject to a monthly maximum benefit of \$30,000.

2018 Supplemental LTD Rate:
\$0.139 per \$100 of coverage

GOOD TO KNOW

Age reduction applies to your Company-paid basic life and AD&D insurance as well as supplemental life coverage amounts. Please see the [coverage certificate](#) for additional detail.



401(k)

Remember to review your 401(k) elections at least annually.

You can change your 401(k) enrollment options at any time, but it's a good idea to review it periodically to make sure you are:

- > Considering any changes in the plan and
- > Keeping up with your retirement savings goals or any relevant life changes such as turning 50 this year making you eligible for catch-up contributions.

DON'T MISS OUT

In 2017, ICE made three [fund lineup](#) changes in the plan and added a "Managed Accounts" feature if you are looking for extra help from Fidelity in planning your investment decisions.

The plan isn't changing in 2018, but you should take time to log into [401k.com](#) and make sure you are making the most of your retirement savings:

- > ICE contributes up to 6% of your eligible compensation to your 401(k) account if you contribute at least 6% (we match 100% up to 6% of compensation) — up to IRS limits.
- > You are always vested in your own contributions, as well as ICE's contributions under the plan.
- > You can contribute up to 60% of cash earnings, up to the annual IRS limit. And, employees age 50 and over can contribute up to 100% of cash earnings, up to the IRS limit.

GOOD TO KNOW

The 2018 IRS 401(k) contribution limit is \$18,500 per year. But did you know that when you turn 50 years old you are eligible to make an extra \$6,000 in catch-up 401(k) contributions?

This is automatically available to you during the year that you turn 50 even if your birthday is December 31!

401(k) RESOURCES

You can find plan materials, including an overview of investment choices, here:

- [General 401\(k\) Information](#)
- [401\(k\) Enrollment Guide](#)
- [Edit 401\(k\) Contributions](#)
- Fidelity's website, [401k.com](#), also provides tools to help you consider whether you want to contribute to your 401(k) on a regular pre-tax basis or on a Roth basis

WORK/LIFE PROGRAMS & DISCOUNTS

ICE offers a variety of benefits, programs, and perks to help make balancing your work and life easy (well, at least easier).

EMPLOYEE ASSISTANCE PROGRAM

Through ICE's Employee Assistance Program (EAP), you can get up to three sessions with a licensed clinician, 24/7 phone support, and access web-based tools and resources to support you and your family's well-being. Need legal assistance? You get one free half-hour session per issue per year with a respective attorney.

EAP services are administered by our medical provider, [Anthem](#). Access EAP resources by logging into the site using the company code: ICE. **You can use the service whether or not you're enrolled in an ICE plan to get help with:**

- Behavioral health (depression, anxiety, stress, mental disorders, marriage counseling, etc.)
- Financial and estate planning
- Legal matters
- Addiction recovery or family support for addiction recovery (alcohol, drugs, gambling, etc.)
- Child or elder care (college prep, adult day care, assisted living, etc.)
- And more...

DEPENDENT CARE FSA

You can elect a Dependent Care FSA to pay dependent care expenses that are necessary for you and your spouse to work or attend school full time.

The Dependent Care FSA is a tax-advantaged account that you can use to pay for day care or elder care expenses for dependents. After-school program and day camp expenses may also be eligible for reimbursement. You can contribute up to \$5,000 (or \$2,500 for married couples filing separately) to a Dependent Care FSA.

The Dependent Care FSA provides coverage for your children who are under age 13, or for dependent adults who are physically or mentally unable to care for themselves. Note that the care provider cannot be anyone you can claim as a dependent for tax purposes.

This account is not for dependent health care expenses. But, there is an FSA for that – see [page 12](#) for details.

Visit [HealthEquity](#) or see [IRS publication 503](#) to see a list of eligible day care expenses.

EMERGENCY BACK-UP CHILD CARE

The **Bright Horizons Back-Up Care Advantage Program** provides reasonably-priced child care on short notice. Take advantage of care services at a Bright Horizon location when your normal caregiver is sick, school is closed for holidays or for inclement weather, or you simply need additional child-care assistance.

Ten uses of back-up care are available to every employee each calendar year. Register online or by phone, and you can make a reservation for care up to 30 days in advance or the same day you need care.

- **Copays are \$15 per child per day.**
- **Got more than one kid? You'll only pay a \$25 per-family per-day maximum.**

WORK/LIFE PROGRAMS & DISCOUNTS

COMMUTER BENEFIT

If you take public transportation or pay for parking near work or near public transportation, you can use pre-tax dollars to save on your commuting costs. ICE's transit plan is provided through [WageWorks](#) and allows employees to set aside a portion of their pay toward qualified transportation expenses for mass transit and/or parking. You can elect up to \$260 per month for transit and/or \$260 per month for parking to be deducted pre-tax. Benefit options include:

- > Over 250,000 transit passes that can be mailed to your home.
- > Commuter or Parking Debit Cards if your transit accepts debit card payments.
- > Direct pay for parking if you have a monthly parking arrangement (up to the benefit maximum).
- > Speed up your claim repayments by setting up Parking Pay-Me-Back for online claims filing.

HOME & AUTO POLICY DISCOUNTS

MetLife and Liberty Mutual offer corporate discounts to all employees. For details, please visit [ICEspace](#).



CONTACTS

If you want to...	Contact
Find a doctor or other medical provider, ask a question on medical coverage, check claim status, research provider quality & cost, find a Blue Distinction Specialty Care provider, get an ID card	Anthem at anthem.com or call 800-875-9417 Attn: Claims, PO Box 54139, Los Angeles, CA 90054-0139 Group#: 270017 Mobile App: Anthem Anywhere for Apple & Android
Get help with a hospital stay, chronic condition or serious medical diagnosis	Your Anthem Nurse at 877-529-1693 , option 2
Find a high quality, low cost MRI, CT or sleep study provider	AIM Specialty Health at 888-953-6703
Video conference a doctor 24/7/365	LiveHealth Online at livehealthonline.com Mobile App: LiveHealth Online Mobile for Apple & Android
Find a pharmacy, review formularies, drug costs or ask a question on prescription coverage, start home delivery, have a doctor get prior authorization or drug quantity approval, get an ID card	OptumRx at optumrx.com or call 877-665-6609 Group ID: ICE Mobile App: OptumRx for Apple & Android BrioVA (for specialty drugs only) call 855-4BRIOVA (855-427-4682) Mobile App: BrioVA Rx for Apple & Android
Find a dentist, ask a question on dental coverage, check claim status, print an ID card	MetLife at metlife.com/mybenefits or call 800-942-0854 Group#: 313024 (your Workday employee ID is your MetLife ID) Mobile App: MetLife US for Apple & Android
Find an eye doctor, ask a question on vision coverage, print an ID card	EyeMed at eyemedvisioncare.com or call 866-723-0514 Group#: 9788837 Mobile App: EyeMed Members for Apple & Android
Find details or ask a question on your Life, AD&D & Disability Insurance, file or check claim status, access end of life preparation and 24/7/365 travel assistance resources	The Standard at standard.com or call 866-756-8116 Life Services Toolkit at standard.com/mytoolkit Travel Assist at standard.com/travel or call 800-527-0218 (US, CAN, Puerto Rico, US Virgin Islands, Bermuda) or 410-453-6330 (everywhere else) Email: assistance@uhcglobal.com

[Continued](#) >

CONTACTS

If you want to...

Contact

Learn about HSA or FSA eligible expenses, check &/or invest funds in your HSA, check FSA claim status or your account balance, replace debit card

HealthEquity at myhealthequity.com or call **877-713-7712**

HSA Fax: 801-727-1005; Attn: HSA Member Services, 15 W Scenic Pointe Dr., Ste 400, Draper, UT 84020

FSA Fax: 801-999-7829; Attn: FSA Reimbursement Accounts, 15 W Scenic Pointe Dr., Ste 100, Draper, UT 84020

Mobile App: HealthEquity for **Apple** & **Android**

24/7/365 employee assistance program

Anthem EAP at anthemeap.com or call **855-229-7820**

Company Code: ICE

Help with medical coverage questions (even Medicare or Medicaid for you or a family member), resolve claim or billing issues, find providers or other care services including setting appointments

Health Advocate at healthadvocate.com or call **866-695-8622**

Mobile App: Health Advocate for **Apple** & **Android**

Manage diabetes with a free glucometer, unlimited test strips and coaching

Livongo Diabetes at livongo.com or call **800-945-4355**
Email: help@livongo.com

Mobile App: Livongo for Diabetes for **Apple** & **Android**

Obtain free tools for a dependent with developmental disability (Available January 1, 2018)

ReThink at rethinkbenefits.com or call **877-988-8871**
Email: support@rethinkbenefits.com

Enroll or file a claim for commuter benefits

WageWorks at wageworks.com or call **877-924-3967**
Fax: 877-353-9236; PO Box 14053, Lexington, KY 40512

Mobile App: WageWorks EZ Receipts for **Apple** & **Android**

Register or coordinate emergency child care

Bright Horizons at backup.brighthouse.com or call **877-BH-CARES (242-2737)**
Username: ICE-NYSE Password: 4backup

Mobile App: Bright Horizons for **Apple** & Back Up Care for **Android**

Administration of Family Medical Leave Act (FMLA)

The Standard at **866-756-8116** (As of 1/1/2018)

Review 401(k) account balance, change contribution rate or fund choices

Fidelity at 401k.com or call **800-835-5097**

Mobile App: Fidelity Mobile for **Apple** & **Android**

HOW TO ENROLL

1

REVIEW
all of your benefit options for medical, dental, vision, life and AD&D insurance, and disability coverage.

Yes, that means you actually should read this guide.

2

WATCH
the [HSA video](#) on ICEspace to learn more about how this clever tax-savings account works. You can also check out helpful videos from HealthEquity.

3

VISIT
benefits provider websites, listed in [Contacts](#), to check them out before signing up.

4

CHOOSE
your benefits online through [Workday](#). See the [Workday Open Enrollment Guide](#) for help.

5

CLICK “SUBMIT” in [Workday](#) to finalize your elections. Otherwise, Steps 1-4 were a waste! Also be sure to print a copy of your elections for your records.

THE BOTTOM LINE IF YOU DON'T ENROLL

If you are currently enrolled in ICE benefits and take no action during **Open Enrollment (November 6 through November 17, 2017)**, your 2017 elections will carry over into 2018, **except** for Flexible Spending Accounts (FSAs). You must re-enroll in FSAs during Open Enrollment, or your current election will end on December 31, 2017. **Also, if you don't enroll – you can't make changes to your benefits unless you have a [qualified life event](#).**

Like having a baby, getting married or divorced... see [page 5](#) for details.

GOOD TO KNOW

Workday operates best when using Chrome or Firefox, rather than Internet Explorer. But who still uses Internet Explorer, anyways?

THE FINE PRINT

Required Employer Notices and Disclosures, plus plan summaries are posted in the Benefits section on [ICESpace](#). There, you can check out:

- > [HIPAA Privacy Reminder](#)
- > [HIPAA Privacy Notice](#)
- > [CHIP Annual Notice](#)
- > [Medicare Part D](#)
- > [Summary Plan Descriptions](#)



This document contains brief descriptions of Intercontinental Exchange's 2018 benefits program. Should there be a conflict between this guide and the actual terms and provisions of the plan documents and contracts, the terms of the plan documents and contracts will govern in all cases. You will not gain any new rights or benefits because of a misstatement or omission in this guide. None of this information should be interpreted as a guarantee of employment. Intercontinental Exchange reserves the right to amend, change, or terminate any benefit plan at any time.

October 2017