Benefits Microsite

Sitemap/Content—Phase 1 (Enrollment)

Danaher

**Draft 1: August 24, 2018**

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| **About this material** | |
| **Deliverable** | Danaher microsite manuscript (phase 1) |
| **Current status** | * Internal draft for Aon’s review for technical accuracy * Has not been professionally proofread yet * Next steps: Client review |
| **Background** | The microsite is a new part of the Danaher benefits experience.    The objectives of the campaign are to:   * Help associates realize the value of their benefits * Increase awareness of programs and opportunities * Increase participation in benefits and wellness programs * Connect benefits to the Associate Value Proposition * Drive associates to actively enroll for 2019 benefits |
| **Purpose of this site** | * Communicate changes, including how to enroll * Convey why each change is a positive, as part of the new Danaher benefits experience * Compel associates to enroll with confidence |
| **Audience** | Active U.S. benefits-eligible associates and family members, U.S. expatriates and associates in Hawaii. |
| **Timing** | October 15: Microsite live date (Phase 1 – enrollment) |
| **Versions** | One population for initial implementation |
| **Final specifications** | Tile-based microsite |

# **Phase 1: October 15 launch**

Sitemap   
  
Home page features:

* Search bar
* AE Countdown

|  |  |
| --- | --- |
| *[Large, feature tile launches benefits commercial in video player]* | **Benefits to help you live your best life**  Your Danaher benefits give you the power to choose what’s right for you and your family. And now with even more support to help you realize your potential. Watch this video to get ready for enrollment this year. |

### **The Big Picture** See benefits enrollment through a wide-angle lens. Start with the basics.

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| **Top 3 Things to Know** | **Enroll November  1 – 20** | **Benefits Webinar** | **Top 10 Questions** |

### **A Closer Look** Want to know more about what’s new in 2019? It’s here.

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| --- | --- | --- | --- |
| **Medical Plan Pricing** | **Choose Your Medical Insurance Carrier** | **Silver and Gold Medical Plans** | **Act Now If You Have an HSA** |

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| **California** | **Hawaii** | **U.S. Expatriates** |

### **More Detail** Dig deeper on all of your choices for 2019.

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| **Medical and Rx** | **HSA** | **Health Care FSA** | **Dependent Care FSA** |

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| **Dental and Vision** | **Supplemental Benefits** | **Life & Accident Insurance** | **Disability Benefits** |

Footer: Compliance, Legal notices

The Big Picture  
See benefits enrollment through a wide-angle lens. Start with the basics.

### Navigation Page Title: Top 3 Things to Know

Subtitle: This year is different. Three things you need to know for enrollment November 1 – 20 [Link to Enroll November 1 – 20 page]

1. **New medical plan choices** [Accordion section title]

Good news—several medical insurance carriers will be available for you to choose from. More choice means you have the power to find a plan that’s truly best for you.

Find out why else more medical insurance carriersis a good thing.[Link to Choose Your Medical Insurance Carrier]

Overwhelmed by options? Don’t worry! The Help Me Choose tool when you enroll will make it super easy to see the best fit for you. [Link to MyDanaherBenefits.com]

FYI, most people will continue to have two medical plan options—with new names:

* The Health Plus Plan in 2018 is now closest to the Silver Plan in 2019.
* The Basic Plan in 2018 is now closest to the Gold Plan in 2019.

If you want more detail, you can see a side-by-side comparison. [Link to Medical and Rx page]

Note: There are differences if you live in California, [Link to California page] Hawaii, [Link to Hawaii page], and for U.S. Expatriates. [Link to U.S. Expatriates page]

1. **Updates to the Health Savings Account (HSA)** [Accordion section title]

The HSA is a great way to save money on health care expenses! And now, if you enroll in the lowest-cost Silver plan, you’ll be “ahead” on your health care spend, which gives you a nice starting point for contributing to an HSA.

The HSA is a great way to save money on health care expenses! And now, if you enroll in the lowest-cost Silver plan, you’ll be “ahead” on your health care spend, which gives you a nice starting point for contributing to an HSA.

Also, ***this is important***: If you have an existing HSA with Optum, the bank is changing to Fidelity. You need to take action to move your account during enrollment if you want to avoid hassle and fees later.

Learn more about the HSA changes, [Link to Act Now If You Have an HSA page] or get a refresher on how the HSA works. [Link to HSA page]

1. **New way to enroll** [Accordion section title]

**MyDanaherBenefits.com** is replacingthe MyBenefits site. The names are similar, so make note (and bookmark) the new site to make sure you’re in the right place.

See the checklist of what you need to do to be ready to enroll. [Link to Enroll November 1 – 20 page]

### Navigation Page Title: Enroll November 1 – 20

Subtitle: Make your move **November 1 – 20, 2018:**

* Go to MyDanaherBenefits.com beginning November 1. Sign in automatically from Danaher Connect. Or enter the same user ID and password as you use today on the MyBenefits site.
* Have doctors’ names and any medication taken on a regular basis on hand, so you can be matched to the perfect plan for you.
* Choose your medical plan. This is important! **Don’t miss out on choosing your medical insurance carrier.**
* Decide how much to contribute to a Health Savings Account (HSA) (if eligible) or a Flexible Spending Account for 2019. If you currently have an HSA with Optum, accept the terms to transition your account to Fidelity.
* Enroll in the rest of your benefits like dental, vision and life insurance. If you don’t make any changes, your current benefits will carry over to next year.
* Review your beneficiaries for your life and AD&D insurance plans and update them if you need to.

**Take 15 minutes to find your perfect match**

There’s a lot to consider when you choose a medical plan, and more choices can feel a little overwhelming. But don’t worry! There’s a fast and easy way to find the best plan for you. Just use the Help Me Choose feature when you enroll.

All you need to do is take 15 minutes to enter some basic informaiton about yourself – like your doctors and medications.

The result? **Each medical plan is given a score—a single number—so you can quickly see which plans are most compatible with your needs.**

Even if you want to enroll in similar plan for 2019, it can help you compare your new medical insurance carrier options, provider networks and how your prescription drugs will be covered.

Help Me Choose will do all the thinking for you.

**How Help Me Choose works**[Accordion section title]

* Combines data from several sources to score each medical plan—your personal information, such as age, gender, zip code, prescription medication history, preferred doctors, and how you like to pay for things.\* Also factors in national trends in health care costs and claims.
* Then it “predicts” how much each medical plan will cost you and how useful the benefits may be for you, and scores each option accordingly. The scores range from 1 to 100. The higher the score, the better the fit for you.
* Get the estimated Annual RealCost™ of each plan, too—how much it would cost you to buy (what you pay out of your paycheck), and how much it estimates you’ll pay out of pocket to use the plan throughout the year. It’s based on your specific health needs and claims data from thousands of plan participants.

**\*** The personal information used to calculate your results is kept completely confidential and will not be seen by Danaher.

**If you don’t enroll** [Accordion section title]

* For 2019, you’ll have the medical plan and carrier that’s closest to what you have today in coverage and price.
* You won’t save money in a tax-free health savings account (HSA) or flexible spending account (FSA). The rest of your benefits will remain the same.
* If you currently have an HSA, you’ll miss the easy, fee-free way to move your HSA balance to the new bank.

### Navigation Page Title: Benefits Webinar

**Benefits Webinar**

*[Benefits webinar video embedded on page; opens in video player with accompanying text]*Watch this video for key information and answers to top benefits questions.

Want to hear benefits information and answers in real-time? Join us for a live session.

[TABLE WITH WEBINAR SCHEDULE AND WEBEX LINKS TO COME]

### Navigation Page Title: Top 10 Questions

Subtitle: Get answers to the top 10 questions associates are asking.

[CONTENT TO COME]

**A Closer Look**Want to know more about what’s new in 2019? It’s here.

### Navigation Page Title: Medical Plan Pricing

Subtitle: There’s an easy way to compare the cost of the plans and carriers you’re thinking about for next year.

The **Pricing Modeler** [open tool]is available now to help you compare the cost of your medical plan options. Use the code that was sent to you via email, or in the printed guide mailed home.

What you pay depends on:

* The plan you choose
* The carrier you choose
* Who you cover

### Navigation Page Title: Choose Your Medical Insurance Carrier

Watch this for tips on what to consider when choosing a medical carrier. [*Medical carrier video embedded on page; opens in video player]*

Subtitle**:** This year, you have the power to choose the medical carrier you want to support you.

You’ll be able to see the carriers available to you when you enroll. Depending on where you live, your options may include:

* Aetna
* CareFirst (BlueCross BlueShield)
* Cigna
* UnitedHealthcare
* Dean / Prevea 360 (generally available in WI)
* Geisinger (generally available in PA)
* Health Net (generally available in AZ, CA, OR, and WA)
* Kaiser Permanente **(generally available in CA, CO, DC, GA, MD, VA, OR, WA)**
* **Medical Mutual  (generally available in \_\_\_\_\_\_\_)**
* UPMC Health Plan (generally available in PA)

**U.S. Expatriates** [Accordion section title]

If you live outside the service area of all the medical carriers, Aetna will be your medical insurance carrier. Learn more [Link to U.S. Expatriates page]

**If you live in California** [Accordion section title]

You’ll be able to choose from Aetna, Cigna, Health Net, Kaiser Permanente, and UnitedHealthcare. Your plans will also be slightly different, depending on the carrier you choose. Learn more [Link to California page]

**If you live in Hawaii** [Accordion section title]

Good news, both Kaiser Permanente and HMSA will be available to you. Your current medical insurance carrier—UnitedHealthcare—will no longer be an option for you.

Your plans will also be different. Learn more [Link to Hawaii page]

**Quick tips for choosing** [Accordion section title]

Here are few smart questions to consider when comparing the insurance carriers:

1. **Who** is in each carrier’s network? Which carriers include my doctors?

*Note they all have quality doctors, hospitals, urgent care clinics, and more that offer you discounts.*

1. **What** doesmy prescription drug coverage look like**? How much** will my medications cost? Is my local pharmacy in the network?

*Each medical carrier**uses a pharmacy benefit manager who decides which prescriptions are covered, how much you pay and which pharmacies offer you discounts.*

1. **What** other services does the carrier offer? What would help me get healthy and stay healthy?

*Compare the “extras” a carrier might offer, including:*

* + *Telemedicine*
  + *Health experts*
  + *Discount programs*
  + *Extended customer service hours*
  + *Mobile apps and tools*
  + *Mental health resources (in addition to services available through Danaher’s Employee Assistance Program)*
  + *Health pregnancy programs*
  + *Help with managing conditions, like diabetes*
  + *Lifestyle coaching, for changes like losing weight*

1. **How much** will it cost me?

*Each carrier sets its own price per paycheck for the plan you select.*

**Is your address up to date?** [Accordion section title]Your specific options are based on where you live—so it’s important to make sure your address on record is correct before you enroll.

### Navigation Page Title: Silver and Gold Medical Plans

Subtitle: For 2019, there are a few changes to your medical plans.

Don’t get overwhelmed—the Help Me Choose feature on the enrollment website will do all the thinking for you to help you find the best plan for you.

[Sidebar] Please go to your specific page if you live in California, [Link to California page] Hawaii, [Link to Hawaii page], or are a U.S. Expatriates. [Link to U.S. Expatriates page].

**New plan names** [Accordion section title]

For 2019, your medical plan options are the Silver Plan (similar to the Health Plus Plan in 2018) and the Gold Plan (similar to the Basic Plan in 2018).

### Compare the plans [Link to Medical and Rx page]

**Doctor’s office visits** [Accordion section title]

In 2019, the Gold Plan (similar to the Basic Plan in 2018) copayments for office visits will be less: $20 copay for primary care physician and $35 for specialists.

See a side-by-side comparison of the plans. [Link to Medical and Rx page]

**Emergency care** [Accordion section title]

In 2019, you need to meet the deductible for emergency care in both plans, before the plan starts paying. Previously, the Gold Plan (similar to the Basic Plan in 2018) had a copay.

See a side-by-side comparison of the plans. [Link to Medical and Rx page]

**Prescription drugs** [Accordion section title]

In 2019, in the Gold Plan (similar to the Basic Plan in 2018) you’ll pay a copay for both your retail and mail-order medications.

For both plans, the cost will depend on how the medication is classified by your medical carrier’s pharmacy benefit manager. See details [Link to Medical and Rx page]

No other changes to the Silver Plan (similar to the Health Plus Plan in 2018).

**Out-of-pocket maximum** [Accordion section title]

The annual out-of-pocket maximum is the most you and your covered family members would have to pay in a year for health care costs. The maximums for 2019 are as follows:

|  |  |  |
| --- | --- | --- |
|  | **Silver Plan** (similar to the Health Plus Plan in 2018) | **Gold Plan** (similar to the Basic Plan in 2018) |
| Associate only Associate + family | “True family” out-of-pocket max [Link to “**True family” out-of-pocket maximum in the Silver Plan** on this page]  $3,575  $7,150 | “Traditional” out-of-pocket max [Link to “**Traditional” out-of-pocket maximum in the Gold Plan** on this page]  $3,500  $7,000 |

These maximums include out-of-pocket expenses for prescription drugs.

**If you have family coverage:**

The out-of-pocket maximum works differently if you cover family members, depending on the plan you choose.

* **“True family” out-of-pocket maximum in the Silver Plan**: This means the entire family out-of-pocket maximum must be met before your insurance will pay the full cost of covered charges for any covered family member. There’s no “individual out-of-pocket maximum” when you have family coverage.
* **“Traditional” out-of-pocket maximum** **in the Gold Plan:** Once a covered family member meets the **individual** out-of-pocket maximum, your insurance will pay the full cost of covered charges for that family member. Charges for all covered family members will continue to count toward the family out-of-pocket maximum. Once the family out-of-pocket maximum is met, your insurance will pay the full cost of covered charges for all covered family members.

Compare the plansin more detail. [Link to Medical and Rx page]

### Navigation Page Title: Act Now if You Have an HSA

[*HSA video embedded on page; opens in video player with accompanying text]* Ever wonder if an HSA is worth it? This video might help you decide.

Subtitle**:** Have a Health Savings Account (HSA) now? Know what you need to do to move your HSA balance, if you have one.

**Danaher’s contribution** [Accordion section title]

* Previously, Danaher contributed to associates’ HSAs *and* their medical coverage. Starting in 2019, Danaher will put all the money toward medical coverage. That means Danaher will not be contributing to HSAs.
* Because Danaher is contributing more to your medical coverage, you could end up paying less out of your paycheck than you do today, if you enroll in a low-cost Silver plan.

**Take the opportunity to “get ahead” on expenses!**

* Since you’re already used to a certain amount of money coming out of your paycheck, it’s a great idea to “reinvest” your money into your HSA. You’ll see minimal (if any) impact to your paycheck if you contribute:
  + $500 for associate coverage
  + $1,000 for associate + family coverage
* But don’t stop there! Take it to the next level by contributing enough to cover your medical plan deductible—$3,575 for associate coverage, or $7,150 for associate + family coverage. Or anywhere in between.
* Use the online tools when you enroll to decide the right amount to contribute.

Get a refresher on how the HSA works. [Link to HSA page]

**New HSA bank** [Accordion section title]

* The bank that manages our Health Savings Accounts (HSA) is changing from Optum to Fidelity.
* If you currently have a balance in your HSA with Optum, check the box to accept the terms and move your balance to Fidelity when you enroll. That way your HSA money is all in one place.
* It’s your choice to move the money or not—just know that it’s more complicated after November 22, and you’ll have to pay a $20 transfer fee if you decide to move it later.

**Important dates** [PLEASE CONFIRM]

[December 2018]: Receive your Fidelity/Your Spending AccountTM welcome kit and new debit card

[January 20, 2019]: Final day to use your Optum HSA debit card

January 21 – 25, 2019: Blackout period—no access to your account as balances are transferred to Fidelity

January 31, 2019: Any transferred funds from your old HSA appear in your new account and are available for your use

Get a refresher on how the HSA works. [Link to HSA page]

### Navigation Page Title: California Subtitle: If you live in California, your medical and prescription drug options will be different, depending on the insurance carrier you choose.

**2019 medical plan options**

Some California plans are like HMOs—they don’t cover any care you get from doctors, hospitals and other providers outside the carrier’s network.

Where the table below says “in-network only,” that means you pay 100% for out-of-network care. **Why that’s important:** Before you choose one of those plans, make sure you’re okay using only providers in the network—or you’re ready to pay 100% when you don’t.

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| --- | --- | --- | --- |
|  | **Silver** | **Gold** | **Gold II** |
| **Aetna** | In- and out-of-network | In- and out-of-network | Not offered |
| **Cigna** | In- and out-of-network | Not offered | In-network only |
| **Health Net** | **Northern CA:** In-network only  **Southern CA:** In- and out-of-network | Not offered | In-network only |
| **Kaiser Permanente** | In-network only | Not offered | In-network only |
| **UnitedHealthcare** | In- and out-of-network | In- and out-of-network | Not offered |

This chart shows what you pay for covered services using in-network providers.

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Silver** | | **Gold** | | **Gold II** | |
| **Annual deductible** What you pay out of your own pocket before your insurance begins to pay a share of your costs (doesn’t include amounts taken out of your paycheck for health coverage) | | | | | | |
| Associate only Associate + family | “True family” deductible1 | | “Traditional” deductible2 | | “Traditional” deductible2 | |
| **In-network** $1,500 $3,0003,4 | **Out-of-network** $1,500 $3,0003,4 | **In-network** $600 $1,200 | **Out-of-network** $1,200 $2,400 | No deductible | |
| **Annual out-of-pocket maximum** The most you and your covered family members would have to pay in a year for health care costs | | | | | | |
| * Associate only Associate + family | “True family” out-of-pocket max Link to “**True family” out-of-pocket maximum in the Silver Plan**] | | “Traditional” out-of-pocket max Link to “**Traditional” out-of-pocket maximum in the Gold Plan**] | | “Traditional” out-of-pocket max Link to “**Traditional” out-of-pocket maximum in the Gold Plan**] | |
| **In-network** $3,575 $7,150 | **Out-of-network** $7,500 $15,000 | **In-network** $3,500 $7,000 | **Out-of-network** $7,000 $14,000 | **In-network** $5,000 $10,000 | **Out-of-network** Not covered |
| **Preventive care** | Covered 100%, no deductible | | Covered 100%, no deductible | | Covered 100% | |
| * **Office visits** Primary care physician  Specialist | You pay 20% after deductible | | $20 copay, no deductible   $35 copay, no deductible | | $20 copay   $35 copay | |
| * **Emergency room** | You pay 20% after deductible | | You pay 20% after deductible | | You pay 30% | |
| **Urgent care** | You pay 20% after deductible | | You pay 20% after deductible | | You pay 30% | |
| **Inpatient care** | You pay 20% after deductible | | You pay 20% after deductible | | You pay 30% | |
| **Outpatient care** | You pay 20% after deductible | | You pay 20% after deductible (if not an office visit) | | You pay 30%  (if not an office visit) | |

1True family deductible means that the entire deductible must be met before your insurance will pay benefits for any covered family member. There is no “individual deductible” when you have family coverage.

2Traditional family deductible means once a covered family member meets the individual deductible, your plan will begin paying benefits for that family member. Charges for all other covered family members will continue to count toward the family deductible. Once the family deductible is met, your plan will pay benefits for all covered family members.

3Under Health Net and Kaiser Permanente, if you cover dependents under the Silver coverage level, no covered member pays more than $2,700 toward the family deductible.

4Under Health Net, the family deductible is $3,375.

If you choose coverage under Kaiser Permanente, copays from certain medical benefits may not apply toward the annual out-of-pocket maximum under both Silver and Gold plans.

The charts above are a high-level listing of commonly covered benefits across carriers and plan options. This chart is intended to provide you with a snapshot of benefits provided across the plan options. In general, carriers have agreed to the majority of standardized plan benefits. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

**MyDanaherBenefits.com** gives a more detailed look at these and additional coverages—and does account for some carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, call the carrier directly.

**Some carriers require a primary care physician** [Accordion section title]

You’ll need to choose a primary care physician to coordinate your care if you:

* Choose Kaiser Permanente;
* Live in Northern California and choose Health Net as your insurance carrier; or
* Live in Southern California and choose Health Net as your insurance carrier and Gold II as your coverage level.

**Prescription drug coverage** [Accordion section title]

* Your prescription drug coverage in 2019 depends on the medical plan you choose *and* your medical insurance carrier.
* CVS Caremark will continue to manage your prescription drug benefits if you enroll in a medical plan through Aetna, Cigna or UnitedHealthcare.
* A different company will manage your prescription drug benefits if you enroll in a medical plan through Kaiser Permanente.
  + Use the prescription drug search tool when you enroll to see how your medication is covered under each plan.

### Navigation Page Title: Hawaii Associates

Subtitle: You have new choices to make for your medical coverage in 2019.   
 **New medical insurance carrier choices**

You’ll have two new carrier options to choose from—Kaiser Permanente or HMSA. Your current medical insurance carrier—UnitedHealthcare—will no longer be an option for you.

**New medical plan options**

You’ll have two new medical plan options to choose from—Gold or Platinum—and you can choose whether you prefer a PPO type plan (like you currently have) or an HMO.

Note that in an HMO, the plan doesn’t cover any care you get from doctors, hospitals and other providers outside the carrier’s network.

This chart shows what you pay for covered services using in-network providers.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **HMSA  Gold** | **Kaiser  Gold** | | | **HMSA  Platinum** | **Kaiser  Platinum** |
| **Type of plan** | **PPO** | **HMO** | | | **PPO** | **HMO** |
| **Annual deductible** What you pay out of your own pocket before your insurance begins to pay a share of your costs (doesn’t include amounts taken out of your paycheck for health coverage) | | | | | | |
| Associate only Associate + family | * $200 $600 | * $200 $400 | | | No  deductible | No  deductible |
| **Annual out-of-pocket maximum** The most you and your covered family members would have to pay in a year for health care costs | | | | | | |
| Associate only Associate + family | $2,200 $6,600 | $2,200 $4,400 | | | $2,500 $7,500 | $2,500 $7,500 |
| **Preventive care** | 100% covered; deductible waived for most services | 100% covered, no deductible | | | 100% covered | |
| **Office visits** | * You pay $12 | You pay $15 | | | You pay $12 | You pay $15 |
| **Emergency room** | * You pay 20% after deductible | * You pay 20%,  no deductible | | * You pay 20% | | You pay $75 |
| **Inpatient hospital services (**per admission) | * You pay 20% after deductible | You pay 10% after deductible | | You pay 10% | | You pay $75 per day |
| **Prescription drugs** | | | | | | |
| * Annual out-of-pocket maximum for prescription drugs | You pay $0\* | | | | | |
| * Annual out-of-pocket maximum for preventive drugs\*\* * Associate only Associate + family | $3,000 $7,200 | Included in medical out-of-pocket max | | | $3,000 $5,700 | Included in medical out-of-pocket max |
|  | **30-day retail supply** | | | | | |
| * Tier 1: Generally lowest cost options * Tier 2: Generally medium cost options Tier 3: Generally highest cost options | $7 copay      $35 copay  $75 copay | $5 copay for generic maintenance drugs/$10 copay for other generics  $35 copay  Not covered | $5 copay  $30 copay  $70 copay | | | $5 copay for generic maintenance drugs/$10 copay for other generics  $35 copay  Not covered |
|  | **90-day retail supply** | | | | | |
| * Tier 1: Generally lowest cost options * Tier 2: Generally medium cost options Tier 3: Generally highest cost options | $14 copay      $70 copay  $150 copay | $10 copay for generic maintenance drugs/$20 copay for other generics  $70 copay  Not covered | $10 copay      $60 copay  $140 copay | | | $10 copay for generic maintenance drugs/$20 copay for other generics  $70 copay  Not covered |

\*You must have a doctor's prescription for the medication—even for products sold over the counter (OTC)—and you must use an in-network retail pharmacy or mail-order service.

\*\*Determined by medical insurance carrier, as required by the Affordable Care Act

These charts may not take into account how each coverage level covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the plan. If you have questions about a specific benefit, contact the insurance carrier for additional information.   
  
These charts are a high-level listing of commonly forcovered benefits across carriers and coverage levels. They are intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by the exchange. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.   
  
MyDanaherBenefits.com gives a more detailed look at these and additional coverages—and does account for some carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly. 

**If you choose HSMA as your medical insurance carrier** [Accordion section title]

You’ll have a separate and additional out-of-pocket maximum for prescription drugs. That means your medication costs will not count toward your medical out-of-pocket maximum (and vice versa).

**Waiving medical coverage?** [Accordion section title]

If you elect “no medical coverage,” the state of Hawaii requires that you complete and submit a Hawaii medical coverage waiver form (HC-5). A copy of this form will be sent to you through the U.S. mail. By completing this form, you claim to be exempt from coverage requirements under the Prepaid Health Care Act.

### Navigation Page Title: U.S. Expatriates

Subtitle: This year you’ll find that much is staying the same for your 2019 benefits. However, there’s a new way to enroll in case you do want to make some changes.

**MyDanaherBenefits.com** is replacingthe MyBenefits site. The names are similar, so make note (and bookmark) the new site to make sure you’re in the right place.

**If you want to make changes for 2019, the enrollment period is November 1 – 20, 2018.**

* Go to **MyDanaherBenefits.com** beginning November 1. You can automatically sign in from Danaher Connect. Or enter the same user ID and password as you use today on the MyBenefits site.
* If you do not make any changes, you’ll have the same benefits and coverage levels as you do now.
* Review your beneficiaries for your life and AD&D insurance plans and update them if you need to.

### **More Detail** Dig deeper on all of your choices for 2019.

### Navigation Page Title: Medical and Rx

Subtitle: Here you’ll find a coverage comparison for the Silver and Gold plans in 2019.

[Sidebar] Please go to your specific page if you live in California, [Link to California page] Hawaii, [Link to Hawaii page], or are a U.S. Expatriates. [Link to U.S. Expatriates page].

**2019 medical plan options**

This chart shows what you pay for covered services using in-network providers.

|  |  |  |  |
| --- | --- | --- | --- |
| **Plan Features** | **Silver Plan (HSA-eligible)** *(*similar to theHealth Plus Plan in 2018) | **Gold Plan** (similar to the Basic Plan in 2018) | |
| **Annual deductible** What you pay out of your own pocket before your insurance begins to pay a share of your costs (doesn’t include amounts taken out of your paycheck for health coverage) | | | |
| Associate only Associate + family | * $1,500\* $3,000\* | * $600 $1,200 | |
| **Coinsurance** Amount you pay after you meet deductible | You pay 20% | | |
| **Annual out-of-pocket maximum\*** The most you and your covered family members would have to pay in a year for health care costs | | | |
| Associate only Associate + family | “True family” out-of-pocket max [Link to “**True family” out-of-pocket maximum in the Silver Plan** on this page]  $3,575 $7,150 | “Traditional” out-of-pocket max  [Link to “**Traditional” out-of-pocket maximum in the Gold Plan** on this page]  $3,500 $7,000 | |
| **Preventive care** | Covered 100%, no deductible | | |
| **Office visits** Primary care physician  Specialist | You pay 20% after deductible | $20 copay $35 copay | |
| **Emergency room** | * You pay 20% after deductible | |
| **Inpatient hospital services (**per admission) | You pay 20% after deductible | |
| * **Prescription drugs** | 30-day retail supply | 90-day supply |
| * Tier 1: Generally lowest cost options Tier 2: Generally medium cost options Tier 3: Generally highest cost options | $8 copay $30 copay $50 copay | $20 copay $75 copay $125 copay |

1. \*Includes out-of-pocket expenses for prescription drugs. Amounts paid toward your deductible under both Silver and Gold plans are included in the annual out-of-pocket maximum. It **doesn’t include** amounts taken out of your paycheck for health coverage.

The charts in this guide may not take into account how each coverage level covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the plan. If you have questions about a specific benefit, contact the carrier for additional information.

1. Out-of-network charges will **not** count toward your in-network annual deductible or out-of-pocket maximum. The same goes for in-network charges—they will **not** count toward your out-of-network annual deductible or out-of-pocket maximum.
2. Some insurance carriers in CA, CO, DC, GA, MD, OR, VA, and WA do **not** cover out-of-network benefits at all.
3. **MyDanaherBenefits.com** gives a more detailed look at these and additional coverages—and does account for some carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, call the carrier directly.
4. **If you cover family members** [Accordion section title]
5. How the out-of-pocket maximum works depends on the plan you choose:

* **It’s a “true family” out-of-pocket maximum in the Silver Plan:** This means the entire family out-of-pocket maximum must be met before your insurance will pay the full cost of covered charges for any covered family member. There is no “individual out-of-pocket maximum” when you have family coverage.
* **It’s a** “**traditional” out-of-pocket maximum** **in the Gold Plan:** Once a covered family member meets the **individual** out-of-pocket maximum, your insurance will pay the full cost of covered charges for that family member. Charges for all covered family members will continue to count toward the family out-of-pocket maximum. Once the family out-of-pocket maximum is met, your insurance will pay the full cost of covered charges for all covered family members.

Navigation Page Title: HSA

Subtitle: Choosing the Silver Plan in 2019? You’ll want a Health Savings Account.

When you choose the Silver Plan for medical coverage, don’t miss your opportunity to pair it with a Health Savings Account, or HSA. It’s a great way to save money and invest in your future.

[GRAPHIC]

* Decide how much money you want to save from your paycheck when you enroll
* Then use the money in your HSA to pay for health care expenses
* Like medical care, chiropractic care, prescription drug expenses, dental or vision care, or even alternative therapies
* Use it to pay for expenses during the year, or save it for the future

**Already have an HSA?** What you need to know for 2019[link to HSA News section]

**HSA key features and contribution limits**

|  |  |
| --- | --- |
| **Automatic contribution from your paycheck** | You decide how much when you enroll |
| **Contribute up to the annual maximum** | For 2019, up to $3,500 (associate only) or $7,000 (family coverage) |
| **It’s tax-free when it goes in** | Your contributions go in before taxes are taken out, so your taxable income is lowered |
| **It’s tax-free when it grows** | You earn tax-free interest on your money |
| **It’s tax-free when you spend it** | You don’t pay any taxes when you spend your HSA money on qualified health care expenses |
| **It’s always your money** | It’s yours to keep and use even if you change medical plans, leave the company, or retire |
| **Add more if you’re age 55 or older (or will turn 55 in 2019)** | Up to $1,000 more (“catch-up contribution”) |
| **You can change the amount anytime** | If you need to, you can change the amount you contribute at any time during the year |
| **Convenient debit card** | Use it to pay the doctor, dentist or at the pharmacy (except for OTC expenses) |

**Want to put money in an HSA? Make sure you can!** [Accordion section title]

* To contribute to an HSA, you must be enrolled in the Silver Plan.
* However, if you’re also covered by a second medical plan—like your spouse’s plan—it must also be a high-deductible option.
* You can’t contribute to an HSA if:
  + You’re enrolled in Medicare or a veteran’s medical plan (TRICARE).
  + You’re claimed as a dependent on someone else’s federal tax return.
  + You or your spouse currently participate (or previously participated within the current plan year) in a **general purpose** Health Care Flexible Spending Account (Health Care FSA).
* Although you can enroll your children up to age 26 in your medical coverage, you can’t use money from your HSA to pay their health care expenses unless you claim them as dependents on your federal income taxes (generally children up to age 19 or under age 24 if they are full-time students).

Navigation Page Title: Health Care FSA

Subtitle: Choosing the Gold Plan in 2019, or perhaps you’re covered by your spouse’s plan? Consider a Health Care Flexible Spending Account (FSA) to help you save money on health care expenses throughout the year.

With a Health Care FSA you can set aside dollars from your paycheck before taxes are taken out to reimburse yourself for eligible out-of-pocket expenses.

[GRAPHIC]

* Estimate your expenses for the calendar year, such as deductibles and copays, eyeglasses, braces and hearing aids
* Decide how much money you want to contribute for the year
* Then use the money in your Health Care FSA beginning January 1 [CONFIRM] to pay for qualified health care expenses
* Like medical care, chiropractic care, prescription drug expenses, dental or vision care, or even alternative therapies\*
* Use it to pay for expenses during the year

Find a list of eligible expenses here: [Link to [Current PDF](http://www.danaherbenefits.com/sites/default/files/YSA_Dependent_Care_ExpList_3_4_11.pdf)]

**Health Care FSA key features and contribution limits**

|  |  |
| --- | --- |
| **Automatic contribution from your paycheck** | You decide how much to contribute for the year when you enroll |
| **Contribute up to the maximum** | Up to $2,650 for 2019 ($120 minimum) |
| **It’s tax-free when it goes in** | Your contributions go in before taxes are taken out, so your taxable income is lowered |
| **It’s tax-free when you spend it** | You don’t pay any taxes when you spend your Health Care FSA money on qualified health care expenses |
| **Access your funds right away** | Your entire balance is available January 1 [CONFIRM] |
| **Convenient debit card** | Use it to pay the doctor, dentist or at the pharmacy (except for OTC expenses\*) |
| **Estimate conservatively—"use it or lose it” rule** | Any balance at the end of the year does not carry over |
| **Cannot change or stop contributions** | Your contribution for the year is locked in, unless you experience a qualified change in status, like marriage or birth of a child |

\*Over-the-counter medications are not eligible expenses unless you have a doctor’s prescription.

**Limited Purpose FSA**

* If you enroll in the Silver Plan, you can use an HSA, a Health Care FSA, or both an HSA **and** Health Care FSA.
* If you contribute to an HSA and Health Care FSA, your Health Care FSA will be “limited purpose” and can only be used to pay for qualified dental and vision expenses. However, once you meet the medical deductible, then it can be used toward qualified medical expenses as well. (Your HSA can be used for qualified medical, dental and vision expenses.)

**Limited Purpose FSA key features and contribution limits**

|  |  |
| --- | --- |
| **Automatic contribution from your paycheck** | You decide how much to contribute for the year when you enroll |
| **Contribute up to the maximum** | Up to $2,650 for 2019 ($120 minimum) |
| **It’s tax-free when it goes in** | Your contributions go in before taxes are taken out, so your taxable income is lowered |
| **It’s tax-free when you spend it on eligible dental and vision expenses only** | * Use it to pay for eligible dental and vision expenses only until you meet the deductible in the Silver Plan. Once you meet your deductible, you can use the FSA to pay for eligible medical expenses. |
| **Access your funds right away** | Your entire balance is available January 1 [CONFIRM] |
| **File claims to be reimbursed** | Pay expenses yourself and submit a claim for reimbursement |
| **Estimate conservatively—"use it or lose it” rule** | Any balance at the end of the year does not carry over |
| **Cannot change or stop contributions** | Your contribution for the year is locked in, unless you experience a qualified change in status, like marriage or birth of a child |

### Navigation Page Title: Dependent Care FSA

Subtitle: A Dependent Care FSA can help you pay for day care expenses you have during the year.

You can use a Dependent Care FSA to help pay for day care for your eligible family members so you and your spouse can work or actively look for work.

[GRAPHIC]

* Estimate your day care expenses for the calendar year, including elder care
* Decide how much money you want to contribute for the year
* Then use the money in your Dependent Care FSA to pay for qualified expenses during the year
* Like preschool expenses for your children or daycare expenses for an elderly parent who lives with you

Find a list of eligible expenses here: [Link to [Current PDF](http://www.danaherbenefits.com/sites/default/files/YSA_Dependent_Care_ExpList_3_4_11.pdf)]

**Dependent Care FSA key features and contribution limits**

|  |  |
| --- | --- |
| **Automatic contribution from your paycheck** | You decide how much to contribute for the year when you enroll |
| **Contribute up to the maximum** | Up to $5,000 in 2019 (or $2,500 if you are married and file separately) |
| **It’s tax-free when it goes in** | Your contributions go in before taxes are taken out, so your taxable income is lowered |
| **It’s tax-free when you spend it on eligible expenses** | * Use it to pay for weekly childcare, day camp, preschool, nursery school, after school programs and elder care |
| **Pay for eligible day care expenses for family members** | Generally, your child who is under age 13, your disabled spouse or any disabled dependent of any age who lives with you at least 8 hours a day |
| **File claims to be reimbursed** | Pay expenses yourself and submit a claim for reimbursement |
| **Estimate conservatively—"use it or lose it” rule** | Any balance at the end of the year does not carry over |
| **Cannot change or stop contributions** | Your contribution for the year is locked in, unless you experience a qualified change in status, like marriage or birth of a child |

### Navigation Page Title: Dental and Vision

Subtitle: Like your medical plan, dental and vision coverage also includes preventive care benefits. Take advantage of these benefits and schedule regular checkups—and avoid bigger problems down the road.

**Dental key features**

* Covers routine checkups and other comprehensive dental services (including orthodontic treatment).
* Administered by CIGNA, the plan pays the full cost of preventive care, including semi-annual exams, cleanings and X-rays.
* Pay an annual deductible for other services, and then the plan shares the cost with you.
* Pay less for covered services when you see a CIGNA dentist.

**Vision key features**

* Helps you save money on eye exams, glasses and corrective contact lenses. Vision services are provided through Vision Service Plan (VSP).
* Use a VSP network provider and get more for your money on eye care services and supplies, and qualify for discounts.
* No ID cards needed.
* Pay your copay and the plan pays in-network benefits, and your provider will handle the claims filing.

### Navigation Page Title: Supplemental Benefits

Subtitle: The Silver and Gold medical plans include out-of-pocket maximums to protect you from catastrophic expenses. But you can also choose to enroll in voluntary plans that help pay other expenses if you experience a critical illness or accident.

Voluntary benefits—like supplemental illness, accident or hospital insurance—provide an additional layer of protection against unexpected medical costs. If you choose to enroll, you pay the full cost of this coverage through paycheck contributions.

**Key features** [Accordion section title]

* If you have an HSA, you can use this insurance to cover health expenses. Your HSA balance can continue to grow so it’s available for future health expenses, even into retirement.
* You can participate in these plans if you’re enrolled in either the Silver or Gold plan.
* The coverage is yours to keep and can be transferred to an individual plan, even if you leave Danaher.
* There are no pre-existing condition limitations.\*
* Choose between high or low coverage options for each plan.
* MetLife will not raise rates or cancel coverage because of a claim.
* Even if you have a claim, you can still use the coverage for future claims.

\*Eligibility for portability through Continuation of Insurance with premium payment provision may be subject to certain eligibility requirements and limitations. For more information, contact MetLife*.*

Find details about each of the plans here: [Links to PDFs]

[Supplemental Accident Summary](http://danaherbenefits.com/sites/default/files/Danaher%20Supplemental%20Accident%20summary-%20Danaher%202018_AA_Final.pdf)

[Supplemental Hospital Summary](http://danaherbenefits.com/sites/default/files/Danaher%20Supplemental%20Hospital%20Insurance%20Plan-%202018%20-%20AA_FINAL.pdf)

[Supplemental Illness Summary](http://danaherbenefits.com/sites/default/files/Danaher%20Supplemental%20Illness%20%20SUMMARY%20final%20_AA%202018.pdf)

If you’re considering enrolling in these benefits and have questions about your own personal situation, call **800-GETMET8** (**800-438-6388**) to speak with a MetLife representative.

### Navigation Page Title: Life & Accident Insurance

Subtitle: Life and accident insurance can help protect your income and prepare for the unexpected.

Dealing with injury or the loss of a loved one is hard enough. Financial stress is the last thing you need to worry about. Your life insurance options pay a benefit if you die or for the loss of a covered spouse or dependent child.

**Optional Life Insurance key features** [Accordion section title]

* Choose associate-only coverage of 0.5 times to 7 times your pay (up to a combined basic and optional coverage maximum of $3 million).
* This coverage supplements the basic life insurance Danaher provides at no cost to you.
* Enroll during Annual Enrollment or when you are newly eligible for benefits.
* Pay the full cost of this additional coverage on an after-tax basis (based on age bands and your tobacco use status). Find your costs on MyDanaherBenefits.com.

**Optional Accidental Death & Dismemberment Insurance key features** [Accordion section title]

* Purchase this associate-only coverage in increments of 1 to 5 times your pay, up to $1 million.
* Pay the full cost of this additional coverage on an after-tax basis. The monthly cost for coverage is $0.025 per $1,000 of coverage.
* If you die accidentally, the plan pays the full amount. For injuries, the plan pays a scheduled amount depending on the severity of the injury.
* No Evidence of Insurability is required to enroll in or increase this coverage.
* Enroll in this coverage during Annual Enrollment or when you’re newly eligible for benefits.

**Optional Spouse and Child Life Insurance options** [Accordion section title]

* You can purchase life insurance for your spouse and children during the enrollment period.
* Pay the full cost of this coverage on an after-tax basis.
* Choose one of five coverage options for your spouse: $10,000, $25,000, $50,000, $75,000 or $100,000. Premiums (available on MyDanaherBenefits.com) are based on your spouse’s age and tobacco use status, and the coverage option you choose.
* Choose from a $5,000 or $10,000 option for child coverage, which provides coverage for all eligible children from day of birth to the end of the month in which the child turns 25.

[PLEASE PROVIDE RATE CREDIT INFORMATION]

### Navigation Page Title: Disability Benefits

Subtitle: Long-term disability benefits can provide peace of mind if you become ill or injured for a long period of time. It can supplement the short-term disability coverage Danaher provides at no cost to you.

### **Long-Term Disability (LTD)**

* Enroll in this coverage during annual enrollment or when you’re newly eligible for benefits.
* If you enroll, LTD coverage will replace up to 60% of your monthly base pay.
* LTD benefits begin after your short-term disability benefits end, when you are approved by Liberty Mutual.
* For disability coverage purposes, “monthly base pay” does not include bonuses, overtime pay and extra compensation.
* Pay the full cost of this coverage on an after-tax basis.
* Find the LTD option that applies to you and the cost per paycheck on MyDanaherBenefits.com.
* Benefits are offset by other disability benefits for which you are qualified, such as Social Security, Workers’ Compensation and benefits from a disability pension plan.
* As long as you continue to meet the definition of disabled under this plan, your LTD benefits will generally continue until your recovery, retirement or death.

**Pre-existing conditions and Evidence of Insurability (EOI)** [Accordion section title]

* If you’re a current associate enrolling for LTD coverage for the first time during annual enrollment, you must be approved for coverage by Liberty Mutual. When you enroll online, you’ll be asked to print and complete an [Evidence of Insurability form](http://danaherbenefits.com/news-and-resources/glossary-terms#EOI) [Link to PDF] and mail to Liberty Mutual for approval.
* If you’re enrolling in Danaher benefits for the first time as a newly hired or eligible associate, you don’t have to be approved for coverage. However, benefits are not payable for pre-existing conditions under the LTD plan if you are treated for an illness or injury during the three months before coverage begins and you take disability leave due to that condition during the first 12 months of coverage.