

# 2020 Fiserv New Hire Benefits Guide



# A Message from Jennifer

Welcome to Fiserv! Today we're stronger than ever with thousands of professionals worldwide joining our dynamic and growing organization. We have a shared purpose — to serve our clients, shareholders, communities and each other. We're on a quest to be the best — the best Fintech on the planet!

Our associates are the most important part of our business. When you're at your best, you bring your best self to work and deliver on our Aspiration and Purpose.

This guide provides an overview of our 2020 benefits and wellness offering. Please take time to review all the information and resources available, including My Fiserv Benefits and Alex® your online benefits counselor. We want you to have the information you need to make the best decisions for you and your loved ones.

- **Comprehensive and Competitive Benefits:** To support your total well-being, Fiserv offers a benefits package with a variety of medical plan choices, plus dental, vision, life insurance and disability, time-off benefits and more.
- **Plan Design:** At Fiserv, we have the unique opportunity to partner with leading benefits and wellness vendors. Our plans are designed to offer you flexibility and choice while balancing affordability.
- **Well-Being:** We all need to be champions of our own well-being. Our global wellness program — Fuel Your Life — is available to all associates in 2020. It is designed just for you, offering a holistic approach that focuses on your physical, financial, social and emotional well-being.



Being the best Fintech on the planet means bringing your best self to work, every day. We believe our benefits and well-being programs will provide you and your loved ones a path to meet your health and financial well-being goals. It's our sincere hope that you have the care and resources you desire to live well today and plan for the future.

To your well-being,

**Jennifer Dietrich**  
***Vice President, Global Benefits and Wellness***

## Our Focus: Guiding Principles

Stay Competitive

Manage Costs

Design Smartly

Promote Health

## A Guide for Your Benefits

3		Benefits Enrollment Checklist	18		Vision Benefits
4		2020 Benefits and Wellness Offering	19		Flexible Spending Accounts
6		Medical Benefits	20		Insurance Benefits
9		HSA Medical Plans	25		Additional Well-Being Benefits and Programs
10		PPO Medical Plan	30		Notices
11		Prescription Drug Benefits	32		Special Provisions When Associate and Spouse Work for Fiserv
12		Nicotine Surcharge	33		Reference
13		Physical and Financial Health			
17		Dental Benefits			

## Benefits Enrollment Checklist

### ✓ Step 1: Learn more about your Fiserv Benefits:

- Visit Alex, your online benefits counselor, to walk you through the benefit plans and help you choose the plans that are right for you. Visit Alex at [myalex.com/fiserv/2020/fiserv](https://myalex.com/fiserv/2020/fiserv).
- Check out the UnitedHealthcare pre-enrollment website located at [welcometouhc.com/fiserv](https://welcometouhc.com/fiserv) to view the provider directory, prescription drug list and preventive screening information.

### ✓ Step 2: Access My Fiserv Benefits to:

- Verify your personal information is correct, including mailing address, email and phone number. Make any corrections in Workday. Go to **FUEL** > Collaboration > My Applications > Workday > Personal Information.

### ✓ Step 3: Enroll on My Fiserv Benefits:

- Visit **FUEL** > Collaboration > My Applications > **My Fiserv Benefits** to enroll. If you are outside of the network, visit [myfiservbenefits.com/fiserv](https://myfiservbenefits.com/fiserv).
- Enroll and choose the benefits that are right for you and your family.

### Fiserv Benefits Center is Available to Assist with Enrollment

The **Fiserv Benefits Center** is available to answer your benefits-related questions. Call **1-877-858-5678**, 8:30 a.m. to 6:30 p.m. ET, Monday through Friday.

**My Fiserv Benefits** is where you will make benefit selections for you and your covered family members. To get started, go to **FUEL** > Collaboration > My Applications > My Fiserv Benefits.

In addition to enrolling in your benefits, you can also:

- **Log in directly to vendor partner sites** — UnitedHealthcare, BenefitWallet and more
- **Chat online** — enables a two-way exchange to have your benefits questions answered quickly and easily
- **Upload documents from your desktop or personal mobile device** — FSA reimbursement and dependent verifications

*Privacy Notice: Personally identifiable information is kept confidential in accordance with applicable privacy law. Fiserv will not share personally identifiable information with third-party benefits administrators except to the extent necessary to administer our benefits plans.*

# Your 2020 Benefits and Wellness Offering

## Eligible Associates

As an employer of full-time and part-time associates, we strive to balance benefits availability with benefits affordability. Full-time associates and part-time associates regularly scheduled to work 30 hours or more per week are eligible to enroll in the following benefit programs:

- Medical Benefits, including Prescription Drug coverage
- Dental Benefits
- Tuition Reimbursement

Additionally, all full-time and part-time associates scheduled to work at least 20 hours per week are eligible for the following benefit programs:

- 401(k) Savings Plan
- Accident Insurance
- Accidental Death and Dismemberment (AD&D) Insurance
- Adoption Reimbursement
- Ayco Financial Wellness
- Commuter Benefits
- Critical Illness Insurance
- Disability (Short-Term, Basic Long-Term and Long-Term Buy-Up)
- Discounts
- Employee Stock Purchase Plan (ESPP)
- Flexible Spending Accounts (Health Care and Dependent Care FSA)
- Home and Auto Insurance
- Identity Theft Protection
- Legal Plan
- Life Insurance (Basic, Supplemental and Dependent Life)
- Living Proof Recognition Program
- Parental Bonding Leave
- Pet Insurance
- SupportLinc Employee Assistance Program (EAP)
- Time Away — Recharge & Refuel (R&R), Well-Being Time Off, and Holidays
- Tobacco Cessation Program
- Vision Benefits
- Wellness Programs — Biometric Screening, Flu Shots, Wellness Champions, Fuel Your Life and Much More



## Eligible Dependents

When you enroll in the Fiserv benefit programs, you may also elect coverage for your eligible dependents. Your eligible dependents include:

- Your legal spouse, unless legally separated\*
- Your domestic partner (same or opposite sex)\*
- Your dependent child(ren) under the age of 26

You and each of your dependents (age one and older) enrolled in a medical, dental and/or vision plan must have a valid Social Security number (SSN) to enroll. Please have their SSN and date of birth ready before accessing the benefit enrollment system.

See page 32 for special provisions when associate and spouse work for Fiserv.

\*All references to “spouse” in this guide refer to both spouses and domestic partners. See exclusions and dependent verification requirements below.

## Working Spouse Exclusion

Fiserv believes that employers have a responsibility to provide health care coverage for employees. Spouses and domestic partners who have access to group coverage through their own employer are not eligible to enroll in the Fiserv medical plan. This working spouse exclusion applies even if your spouse is not enrolled in that coverage. When you enroll a spouse in a Fiserv medical plan, you will need to complete an online certification at time of enrollment validating that your spouse is not eligible for the other employer’s coverage.

The exclusion for a working spouse does not apply if any of these conditions are true:

- Your spouse is a Fiserv associate.
- The other employer does not offer medical coverage.
- Your spouse is not eligible for the other employer’s medical coverage.
- Your spouse is self-employed and not eligible for group medical coverage.
- Your spouse is covered under Medicare.
- Your spouse is unemployed or self-employed.

## Dependent Verification Requirements

When enrolling new dependents on a Fiserv medical, dental or vision plan, you will need to complete the dependent verification process. A dependent verification packet will be mailed to your home address, and you'll need to provide specific documents validating the enrolled dependents meet eligibility requirements. Refer to the dependent verification requirements on the **My Fiserv Benefits** enrollment site for more information. If you do not complete the verification request completely and on time, your dependents will be dropped from coverage without access to COBRA continuation coverage.

## Spouse/Domestic Partner Eligibility

With a goal of supporting diversity and inclusion, Fiserv is pleased to offer coverage to your eligible spouse or domestic partner (same or opposite sex). If you meet the requirements and enroll a domestic partner, you will be asked to submit an affidavit and complete the Fiserv dependent verification process shortly after enrollment. This is an important step in the process to ensure coverage remains in place.

### Dependent Child(ren)

To be an eligible dependent child, the child must be under the age of 26. This includes: a birth child; a stepchild; a child of a domestic partner; a legally adopted child (including children placed for adoption for whom legal adoption proceedings have started); a child under your or your spouse’s legal guardianship, as ordered by a court; a child who is considered an alternate recipient under a Qualified Medical Child Support Order (QMCSO).

Coverage under the Fiserv medical plans may be extended beyond age 26 for a dependent child if the child is totally disabled, either mentally or physically, and is incapable of self-sustaining employment. See the Summary Plan Description (SPD) on **My Fiserv Benefits** for plan details.





## Your Medical Benefits

At Fiserv, we are committed to providing comprehensive benefit plans and wellness programs to suit your family's unique needs, health and wellness goals and budgets. Our plans offer choices when it comes to your contributions and deductibles, all to help you maintain or improve your well-being. UnitedHealthcare is the national insurance carrier for the medical plans, and the network is UnitedHealthcare's Choice Plus Network.

### **Associates may enroll in one of the following medical plans:**

- Basic HSA Medical Plan
- Basic Plus HSA Medical Plan
- Core HSA Medical Plan
- PPO Medical Plan

### **All four plans:**

- Allow you to receive services from any provider you choose, although when you use a network provider, you have access to discounts on the services you receive. If you use an out-of-network provider, you will pay higher costs for those services. Plus, no out-of-pocket maximum applies when you go out-of-network.

- Have an annual deductible — the amount you must pay before Fiserv begins to pay. Once you have met your deductible, Fiserv will pay 80% of the cost (when using network providers); the remaining percentage is the coinsurance you must pay. The plan includes an annual out-of-pocket maximum on network services, protecting you from financial uncertainty.

Fiserv benefit plans and wellness programs not only help you get and stay well, they can also help you save money. Since you and Fiserv share the costs of health care, we all save more when we focus on our health.

- Taking advantage of preventive screenings, getting an annual flu shot, adding movement into your day and eating healthier all help improve your well-being.
- Completing certain wellness activities can qualify you and/or your medically enrolled spouse for up to \$420 in annual wellness incentives.

All of us are responsible to make informed health care decisions. Every dollar we save by being good consumers is one less dollar that's spent by you and the company. That's why we take a shared approach where everyone takes initiative to be responsible consumers to control health care costs. We also embrace the philosophy that those associates who earn more will pay more than those who earn less.

Be sure to review the following information about medical plan options carefully before you choose the one that's right for you.

## 2020 Medical Contributions

The charts on the next two pages detail the 2020 medical plan contributions and high-level plan design. For more information about our medical plans administered by UnitedHealthcare, visit [welcometouhc.com/fiserv](https://welcometouhc.com/fiserv).

Associates Earning <\$40,000				
Per Pay Period	Basic HSA Medical Plan	Basic Plus HSA Medical Plan	Core HSA Medical Plan	PPO Medical Plan
Associate Only	\$50.50	\$64.00	\$85.50	\$127.50
Associate + Spouse/ Domestic Partner	\$157.00	\$196.50	\$249.50	\$406.00
Associate + Child(ren)	\$97.00	\$122.50	\$161.00	\$229.50
Associate + Family	\$167.00	\$209.00	\$282.00	\$423.50
Nicotine Surcharge <sup>1</sup>	\$70.00	\$70.00	\$70.00	\$70.00
All Associates Earning >\$40,000 (Excluding Directors and Above)				
Per Pay Period	Basic HSA Medical Plan	Basic Plus HSA Medical Plan	Core HSA Medical Plan	PPO Medical Plan
Associate Only	\$50.50	\$64.00	\$86.00	\$127.50
Associate + Spouse/ Domestic Partner	\$157.00	\$196.50	\$249.50	\$406.00
Associate + Child(ren)	\$97.00	\$122.50	\$161.50	\$229.50
Associate + Family	\$167.00	\$209.00	\$282.00	\$423.50
Nicotine Surcharge <sup>1</sup>	\$70.00	\$70.00	\$70.00	\$70.00
Directors				
Per Pay Period	Basic HSA Medical Plan	Basic Plus HSA Medical Plan	Core HSA Medical Plan	PPO Medical Plan
Associate Only	\$52.00	\$65.50	\$88.00	\$131.50
Associate + Spouse/ Domestic Partner	\$161.50	\$202.00	\$250.50	\$418.00
Associate + Child(ren)	\$100.00	\$126.00	\$170.00	\$236.50
Associate + Family	\$171.50	\$215.50	\$288.50	\$436.00
Nicotine Surcharge <sup>1</sup>	\$70.00	\$70.00	\$70.00	\$70.00
VPs				
Per Pay Period	Basic HSA Medical Plan	Basic Plus HSA Medical Plan	Core HSA Medical Plan	PPO Medical Plan
Associate Only	\$55.50	\$69.50	\$91.50	\$139.50
Associate + Spouse/ Domestic Partner	\$171.50	\$214.50	\$272.00	\$442.50
Associate + Child(ren)	\$106.00	\$134.00	\$175.50	\$250.50
Associate + Family	\$182.50	\$228.50	\$310.00	\$461.50
Nicotine Surcharge <sup>1</sup>	\$70.00	\$70.00	\$70.00	\$70.00
Senior VPs and Above				
Per Pay Period	Basic HSA Medical Plan	Basic Plus HSA Medical Plan	Core HSA Medical Plan	PPO Medical Plan
Associate Only	\$59.00	\$74.00	\$96.50	\$147.00
Associate + Spouse/ Domestic Partner	\$181.50	\$226.50	\$272.50	\$468.50
Associate + Child(ren)	\$112.00	\$141.00	\$182.50	\$265.50
Associate + Family	\$192.50	\$241.50	\$312.00	\$488.50
Nicotine Surcharge <sup>1</sup>	\$70.00	\$70.00	\$70.00	\$70.00

<sup>1</sup>Refer to page 12 for nicotine surcharge.

## 2020 Medical Plan Comparison Chart

What You Pay	Basic HSA Medical Plan		Basic Plus HSA Medical Plan		Core HSA Medical Plan		PPO Medical Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>								
Individual	\$2,800	\$10,000	\$2,000	\$10,000	\$1,500	\$10,000	\$600	\$10,000
Family	\$5,600	\$20,000	\$4,000	\$20,000	\$3,000	\$20,000	\$1,200	\$20,000
Type	Individual	Individual	Aggregated	Aggregated	Aggregated	Aggregated	Individual	Individual
<b>Out-of-Pocket Maximum<sup>1</sup></b>								
Individual	\$6,000	Unlimited	\$4,000	Unlimited	\$4,000	Unlimited	\$3,500	Unlimited
Family	\$12,000	Unlimited	\$8,000	Unlimited	\$8,000	Unlimited	\$7,000	Unlimited
Type	Individual	Unlimited	Aggregated	Unlimited	Aggregated	Unlimited	Individual	Unlimited
<b>Employer-Funded Account</b>	HSA		HSA		HSA		None	
<b>Preventive Care Visit</b>	\$0 (no deductible)	80% (after deductible)	\$0 (no deductible)	80% (after deductible)	\$0 (no deductible)	80% (after deductible)	\$0 (no deductible)	80% (after deductible)
<b>Office Visit/ Primary Care Physician (PCP), Specialist, Urgent Care</b>	20% (after deductible)	80% (after deductible)	20% (after deductible)	80% (after deductible)	20% (after deductible)	80% (after deductible)	\$30 copay PCP <sup>2</sup> \$45 copay specialist <sup>2</sup> \$75 copay urgent care <sup>2</sup>	80% (after deductible)
<b>Virtual Visit</b>	20% (after deductible)	80% (after deductible)	20% (after deductible)	80% (after deductible)	20% (after deductible)	80% (after deductible)	\$30 copay <sup>2</sup>	80% (after deductible)
<b>Lab and X-ray</b>	20% (after deductible)	80% (after deductible)	20% (after deductible)	80% (after deductible)	20% (after deductible)	80% (after deductible)	20% (after deductible)	80% (after deductible)
<b>Emergency Room</b>	20% (after deductible)		20% (after deductible)		20% (after deductible)		\$250 copay <sup>2</sup> + 20% (after deductible)	
<b>Inpatient Hospital</b>	20% (after deductible)	80% (after deductible)	20% (after deductible)	80% (after deductible)	20% (after deductible)	80% (after deductible)	20% (after deductible)	80% (after deductible)

<sup>1</sup>Out-of-pocket maximum includes the annual deductible.

<sup>2</sup>On the PPO Plan, copays do not count toward your deductible, but copays do count toward your out-of-pocket maximum.

Note: Benefit contributions are taken from your first two paychecks each month for a total of 24 payroll contributions annually.

## How Medical Plan Deductibles Work

The deductible is what you pay out of your own pocket before your insurance begins to pay a share of your costs. For example, let's say you break your wrist. If you have a deductible, you pay the full "negotiated" costs of all in-network services until you reach the deductible. The "negotiated" costs are the payments providers (doctors, hospitals, labs, etc.) have agreed to accept for the particular service from the insurance carrier.

The Basic HSA Plan and the PPO plan have a "traditional individual" deductible. Once a covered family member meets his or her individual deductible, their insurance will begin paying benefits for that specific family member. Charges for all covered family members will continue to count toward the family deductible. Once the family deductible is met, your insurance will pay benefits for all covered family members.

The Basic Plus HSA and Core HSA medical plans have an "aggregated family" deductible. This means that the entire family deductible must be met before your insurance will pay benefits for any covered family members. There is no "individual deductible" in these coverage levels when you have dependents covered. So even if one person in your family has a lot of expenses, you will have to pay for it on your own until the full family deductible is met.

Do you use out-of-network providers? Out-of-network charges will not count toward your in-network deductible or out-of-pocket maximum. The same goes for in-network charges, they will not count toward your out-of-network deductible or out-of-pocket maximum.

See page 11 for information about prescription drugs and deductibles under the Fiserv medical plans.



# The Basic, Basic Plus and Core HSA Medical Plans

The Basic HSA, Basic Plus HSA and Core HSA plans are all health plans offering medical coverage with lower payroll contributions and a higher deductible. The Basic HSA, Basic Plus HSA and Core HSA medical plans are all eligible to use with a Health Savings Account (HSA). By enrolling in one of these plans, you can contribute the pretax dollars you save from making lower monthly contributions into an HSA to pay for eligible health care expenses throughout the year or save for future expenses.

## What is an HSA?

An HSA is a bank account that allows you to set aside tax-free dollars for health care expenses. Think of it as a personal bank account for your health care expenses. You can use the money in your HSA to pay for, or reimburse yourself for, eligible medical, pharmacy, dental, vision or hearing expenses today or anytime in the future. Refer to IRS Publication 502.

## Open Your HSA

If you select one of the HSA plans, you may be eligible to open an HSA with Optum Bank® when you complete your benefit enrollment on the **My Fiserv Benefits** site. The HSA is an essential benefit of the Basic, Basic Plus and Core HSA medical plans. It can help you pay for health care expenses now or in the future while helping you save on taxes.

## Fiserv Contributes to Your HSA

When you enroll in the Basic HSA, Basic Plus HSA or Core HSA medical plan, and elect to open an Optum Bank HSA through the **My Fiserv Benefits** enrollment site, Fiserv will contribute money to your account.\*

\*Senior VPs and above are not eligible to receive the company-paid HSA contributions. Your eligibility will be determined based upon your job level in January or at time of hire, if hired after January 1. Associates who enroll in an eligible HSA medical plan and elect to open an Optum HSA after January 1 will receive prorated HSA contributions.

## Your Own Contributions Offer Triple Tax Savings

- The money you put in an HSA is tax deductible, up to the legal limit.
- Your savings grow tax-free.
- Any money you take out of an HSA to pay for qualified health care expenses is income tax-free.

## Save Money for Eligible Expenses

You can use your HSA to help cover out-of-pocket costs, such as deductibles and coinsurance. Any money you

don't use rolls over from year to year. It's your money — and it's tax-free — so you want to contribute as much as you can and make the most of every dollar. You can contribute up to the annual IRS limit. Fiserv will contribute money to your account, according to the chart below, once you have enrolled and opened your HSA.

Basic HSA, Basic Plus HSA and Core HSA Medical Plans	Fiserv Contribution
Associate Only	Two contributions for a total of \$400: <ul style="list-style-type: none"><li>• January: \$275</li><li>• July: \$125</li></ul>
Associate + Spouse, Child(ren) or Family	Two contributions for a total of \$800: <ul style="list-style-type: none"><li>• January: \$550</li><li>• July: \$250</li></ul>

You must be actively employed and enrolled in the Basic, Basic Plus or Core HSA medical plan on January 1, 2020, to receive the first contribution, and on July 1, 2020, in order to receive the second contribution to your account. If you are enrolled in Medicare, you are not eligible to receive the Fiserv HSA contribution or contribute to an HSA. We encourage you to review all of the details on who can contribute and who qualifies for an HSA by accessing **My Fiserv Benefits**.

2020 HSA Contribution Maximum (Including Fiserv Contribution)	
Associate Only	\$3,550
Associate + Spouse, Child(ren) or Family	\$7,100
Associates who enroll in an eligible HSA medical plan after January 1 will receive prorated Fiserv HSA contributions.	

Participants ages 55 or older are permitted to contribute an additional catch-up contribution of up to \$1,000 per year. Associates must open an Optum Bank HSA by November 25, 2020, otherwise Fiserv's 2020 HSA contribution will be forfeited.

## What Should I Remember About the HSA Medical Plans?

- You will pay less in payroll contributions, but the HSA plans have higher deductibles.
- You can receive up to \$400 individual or \$800 family in company-paid HSA contributions to help you pay eligible out-of-pocket expenses.
- Contributions to your HSA are 100% deductible (up to the legal limit).
- Withdrawals to pay qualified medical expenses, including dental and vision, are never taxed.
- Interest earnings accumulate tax-deferred, and if used to pay qualified medical expenses, remain tax-free.
- Unlike a Flexible Spending Account (FSA), unused money in your HSA is still yours, and you don't lose those funds at the end of the year.
- In-network preventive care is covered at 100% in the HSA medical plans.

## Here's the Standard Claim Process for the Basic, Basic Plus and Core HSA Medical Plans:

1. Visit your doctor for an eligible service and present your health plan ID card.
2. You don't pay anything to the provider at the time of service.
3. Your doctor submits a claim to UnitedHealthcare for the cost of the visit.
4. UnitedHealthcare processes your claim and then provides an Explanation of Benefits (EOB). Remember, preventive care and preventive generic prescription medication expenses are paid at 100% by Fiserv.
5. If you already met your annual deductible, you and Fiserv share expenses through coinsurance.
6. Once you've met your out-of-pocket maximum for network services, you owe nothing.
7. Your provider bills you directly if you owe money.
8. You pay your bill directly or with your HSA debit card.

## The PPO Medical Plan

The Preferred Provider Organization (PPO) Medical Plan offers traditional medical coverage with lower deductibles and higher payroll contributions.

With the PPO Medical Plan, your prescription drugs are not subject to the medical plan deductible. You will pay copays for medications based on which tier they fall on the prescription drug list.

Associates can open a Regular Purpose Health Care FSA and deposit pretax payroll dollars as part of the PPO plan. This may help you spread the cost of your medical expenses over the year.

## What Should I Remember About the PPO Medical Plan?

- You will pay more in payroll contributions compared to the other Fiserv medical plans, but this plan has a lower deductible.
- There is no Fiserv-funded account to help you pay for medical expenses. This means you will be responsible for paying all costs for eligible expenses out of pocket until you meet your deductible.
- Preventive care is covered at 100% on this plan.
- You can open a Regular Purpose Health Care FSA to go with this plan.

## Here's the Standard Claim Process for the PPO Medical Plan:

1. Visit your doctor for an eligible service and present your health plan ID card.
2. You pay either a copay or deductible and coinsurance for your services, depending upon the services provided. You don't pay anything else to the provider at the time of service.
3. Your doctor submits a claim to UnitedHealthcare for the cost of the visit.
4. UnitedHealthcare processes your claim and then provides an Explanation of Benefits. If you have not met your deductible, you pay the entire cost of the service up to your deductible.
5. If you already met your deductible, you and Fiserv share expenses through coinsurance.
6. If you already met your out-of-pocket maximum, you owe nothing.
7. Your provider bills you directly if you owe money.
8. You pay your bill directly.

# Prescription Drug Benefits

OptumRx® is our prescription provider. As you consider which medical plan to enroll in, be sure to think about each plan's prescription benefits.

In general, the Basic, Basic Plus and Core HSA medical plans have similar prescription benefits. With the PPO Medical Plan, you will pay copays for medications based on which tier they fall on the prescription drug list. The same medications are covered across all medical plans offered. All of the medical plans cover an extensive list of generic preventive prescription drugs at 100% pre-deductible, including medications for controlling serious but common conditions, such as asthma, breast cancer, diabetes, heart disease, high blood pressure and stroke. Refer to the Prescription Comparison Chart below for more information.

For a complete listing of covered medications, a prescription pricing tool and list of network pharmacies, visit the UnitedHealthcare pre-enrollment site at [welcometouhc.com/fiserv](https://welcometouhc.com/fiserv).

## Preferred In-Network Pharmacy

Coverage is available only at in-network pharmacies.

We selected Walgreens as our preferred in-network pharmacy, which means associates who use Walgreens will benefit from lower pricing.

There are more than 50,000 pharmacy locations, including Walgreens, Walmart, Costco, Hy-Vee, Kroger and Ralphs, that are considered in-network. You can also get your 90-day prescriptions filled by mail order through OptumRx and Walgreens, which saves even more money.

CVS is not considered in-network and will not be covered in our plans. If you currently get your prescriptions filled at CVS, the transfer process is easy. You will receive communications and support to help you transfer your prescriptions to an in-network pharmacy of your choice.

If you decide to get your prescription filled using an out-of-network pharmacy, it will not be covered on our plans. Using out-of-network providers costs you and the company more.

For a complete list of covered medications and costs, visit [welcometouhc.com/fiserv](https://welcometouhc.com/fiserv).

## 2020 Prescription Comparison Chart

What You Pay	Basic HSA Medical Plan	Basic Plus HSA Medical Plan	Core HSA Medical Plan	PPO Medical Plan
	In-Network	In-Network	In-Network	In-Network
Prescription Drugs	20% (after deductible)	20% (after deductible)	20% (after deductible)	Tier 1: \$10 copay Tier 2: \$35 copay Tier 3: \$60 copay
Mail Order	20% (after deductible)	20% (after deductible)	20% (after deductible)	Tier 1: \$20 copay Tier 2: \$70 copay Tier 3: \$120 copay
90-day at Retail (Walgreens only)	20% (after deductible)	20% (after deductible)	20% (after deductible)	Tier 1: \$20 copay Tier 2: \$70 copay Tier 3: \$120 copay
Prescription Deductible	Included with Medical	Included with Medical	Included with Medical	None
Prescription Out-of-Pocket Maximum	Included with Medical	Included with Medical	Included with Medical	Included with Medical
Preventive Generics at \$0	Yes	Yes	Yes	Yes
Mandatory Generics	Yes	Yes	Yes	Yes

Note: CVS is not an in-network, covered pharmacy. Out-of-network pharmacies are not covered.

# Nicotine Surcharge

Fiserv is committed to promoting your health and wellness. We share the costs of health care, encourage individual accountability and seek to establish improved wellness as a foundation for managing these costs. Because nicotine use drives up health care costs and leads to chronic health problems, Fiserv has implemented a nicotine surcharge for medically enrolled associates and covered spouses to help offset the additional costs associated with nicotine use.

A \$70 nicotine surcharge will be applied per pay period for you and your covered spouse if you use nicotine products (cigarettes, chew, cigars, pipe, e-cigarettes, etc.) up to a maximum of \$140 per family per pay period. The 2020 Nicotine Surcharge is waived for those hired or newly enrolled between January 1 and December 31, 2020.

All associates and spouses hired, or newly medically enrolled, between January 1 and May 31, 2020, must complete a negative nicotine test by the November 15, 2020, deadline in order to avoid the 2021 Nicotine Surcharge. Associates and spouses newly hired or enrolled between June 1 and December 31, 2020, will also have the 2021 Nicotine Surcharge waived. However, you both will need to take action in 2021 to avoid the 2022 surcharge.

A nicotine test is included in your biometric health screening.\* If you or your covered spouse tests positive in 2020 or chooses not to complete the nicotine test by the November 15, 2020, deadline, the Nicotine Surcharge will apply to you in 2021 unless you complete the reasonable alternative program. If you or your covered spouse use nicotine products, you can avoid the Nicotine Surcharge for 2021 when you complete five coaching sessions through the Quit For Life program by the November 15, 2020, deadline. This program is available at no cost to you or your dependents age 18 or older.

Search for “Nicotine Surcharge FAQ” on **My Fiserv Benefits** for more information.

\*Visit the Fuel Your Life wellness platform for information on completing the biometric health screening. On-site screening events will be held at select Fiserv locations.

## Quit For Life® Tobacco Cessation Program\*

Fiserv provides complimentary tools and counseling to help you quit. The tobacco cessation program includes:

- Phone-based coaching sessions with a professional tobacco treatment specialist
- Unlimited toll-free telephone access to tobacco treatment specialists
- A Quit Kit of materials
- Recommendations on type, dose and duration of medication, if appropriate
- FREE nicotine replacement products (patch and/or gum), if recommended. Bupropion is available through your pharmacy benefit.

**Phone: 1-866-QUIT-4-LIFE (1-866-784-8454)**

**Hours: 24 hours a day, seven days a week (except holidays)**

**Web: [quitnow.net/fiserv](https://quitnow.net/fiserv)**

— log on today!

\*This program is available to associates who regularly work 20 or more hours per week and their eligible dependents (age 18 and older).

# Your Physical and Financial Health—Staying Healthy, Saving Money

## UnitedHealthcare Network of Providers — Utilize Network Providers and Save Money

Fiserv has selected UnitedHealthcare as the third-party administrator of our medical plans. They have negotiated prices, so you pay less when you see network providers. UnitedHealthcare offers one of the nation's broadest health care networks with more than 970,000 physicians and health care professionals, 6,100 hospitals and 50,000 pharmacies, allowing you to choose your physician, hospital and specialist. No referrals are required.

To locate a UnitedHealthcare Choice Plus Network Provider, visit [welcometouhc.com/fiserv](https://welcometouhc.com/fiserv).

Certain geographic areas have a limited number of providers in UnitedHealthcare's Choice Plus Network. If you live in one of these areas, you will be offered an out-of-area plan by UnitedHealthcare and will have access to UnitedHealthcare's Options PPO Network.

### Preventive Care

Regular preventive care can help to diagnose and prevent conditions before they become health problems or chronic conditions, saving you money and improving your health. At Fiserv, network eligible preventive care and screenings are covered 100% pre-deductible.

\*Visit [welcometouhc.com/fiserv](https://welcometouhc.com/fiserv) to learn more about age-appropriate screenings and create your personal checklist.

Preventive Care	Frequency	Age
Wellness Exam	Annual	All ages
Flu Shot	Annual	All ages over 6 months
Immunizations	As appropriate*	All ages
Colorectal Cancer Screening	Varies based on type of screening*	Beginning at age 50
Breast Cancer Screening	Every 1-2 years based on standard risk	Beginning at age 40

**Note:** This chart does not represent the full list of in-network preventive care and screenings that are covered 100% pre-deductible in our medical plans.

In addition, all of the UnitedHealthcare medical plans cover an extensive list of generic preventive prescription drugs at 100% pre-deductible, including medications for controlling serious but common conditions such as asthma, breast cancer, diabetes, heart disease, high blood pressure and stroke. For a complete listing of covered medications, visit [welcometouhc.com/fiserv](https://welcometouhc.com/fiserv).





## Saving You Time and Money — Know Your Care Options

When you need health care, where will you go? Whether you value short wait times, 24/7 care, no appointment needed or a location close to home, you have several care options. Take time to get familiar with them!



### Save Time. Save Money. Compare Care.

When you need care, where you go depends on the type of care you need. In a true emergency, call 911 or go to the emergency room (ER). For everything else, you'll save time and money by comparing care options based on quality, cost and convenience.

Virtual Visits	Convenience Care Clinic	Your Doctor	Urgent Care Center	Emergency Room (ER)
\$49*	\$90*	\$150*	\$170*	\$2,000*
<p>See and talk to a doctor from your mobile device or computer anytime, anywhere, without an appointment.</p> <ul style="list-style-type: none"> <li>Available 24 hours a day/7 days a week</li> <li>Get care in 30 minutes or less</li> <li>Doctors can write a prescription, if needed, that you can pick up at your local pharmacy</li> <li>Care is secure and confidential in compliance with applicable privacy laws and regulations</li> </ul> <p><b>Examples of when to use:</b></p> <ul style="list-style-type: none"> <li>Bronchitis</li> <li>Cold and flu</li> <li>Diarrhea</li> <li>Fever</li> <li>Headache/migraine</li> <li>Mild rash</li> <li>Sinus infection</li> </ul>	<p>These clinics provide fast, appointment-free care for minor illnesses and injuries. Available in some larger retail stores, drugstores and grocery stores.</p> <p><b>Examples of when to use:</b></p> <ul style="list-style-type: none"> <li>Bladder infection</li> <li>Bronchitis</li> <li>Cold and flu</li> <li>Diarrhea</li> <li>Earache</li> <li>Headache/migraine</li> <li>Mild rash</li> <li>Pink eye</li> <li>Sinus infection</li> <li>Sore throat</li> </ul>	<p>Your doctor knows you and can provide preventive and routine care, manage your medications and refer you to a specialist, if necessary.</p> <p>Visit <a href="http://myuhc.com">myuhc.com</a>® to find a doctor, convenience care clinic or urgent care center near you.</p> <p><b>Examples of when to use:</b></p> <ul style="list-style-type: none"> <li>Allergies</li> <li>Annual physical</li> <li>Back pain</li> <li>Basic lab tests</li> <li>Chronic condition management</li> <li>Earache</li> <li>Fever</li> <li>Immunizations</li> <li>Sore throat</li> </ul>	<p>Go to urgent care if you need care quickly, it's not an emergency and your doctor is not available. There's no appointment necessary and the wait is generally much shorter than the emergency room (ER).</p> <p><b>Examples of when to use:</b></p> <ul style="list-style-type: none"> <li>Animal and insect bites</li> <li>Mild asthma symptoms</li> <li>Minor burns</li> <li>Minor cuts</li> <li>Sprains, strains and minor fractures</li> <li>Vomiting</li> </ul>	<p>The emergency room is for emergencies. Minor issues must wait until people with more critical conditions are seen. So if your condition isn't life threatening, you may want to visit urgent care, your doctor's office, a convenience care clinic or use a Virtual Visit instead.</p> <p><b>Examples of when to use:</b></p> <ul style="list-style-type: none"> <li>Broken bones</li> <li>Difficulty breathing</li> <li>Difficulty speaking or walking</li> <li>Fainting or feeling suddenly dizzy or weak</li> <li>Pain/pressure in chest or abdomen</li> <li>Shortness of breath</li> <li>Sudden or severe pain</li> <li>Uncontrollable bleeding</li> </ul>

Note: You may also visit the on-site Wellness Center in Alpharetta, GA, to receive preventive care services, as well as allergy shots, chronic condition management, immunizations, physical therapy and much more.



To try Virtual Visits, go to [myuhc.com/virtualvisits](http://myuhc.com/virtualvisits) and register with one of the Virtual Visit providers.

Virtual Visits are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations. Payment for Virtual Visit services does not cover pharmacy charges; members must pay for prescriptions (if any) separately. The Designated Virtual Visit Provider's reduced rate for a Virtual Visit is subject to change at any time.

\*Average allowed amounts charged by UnitedHealthcare Network Providers and not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage.

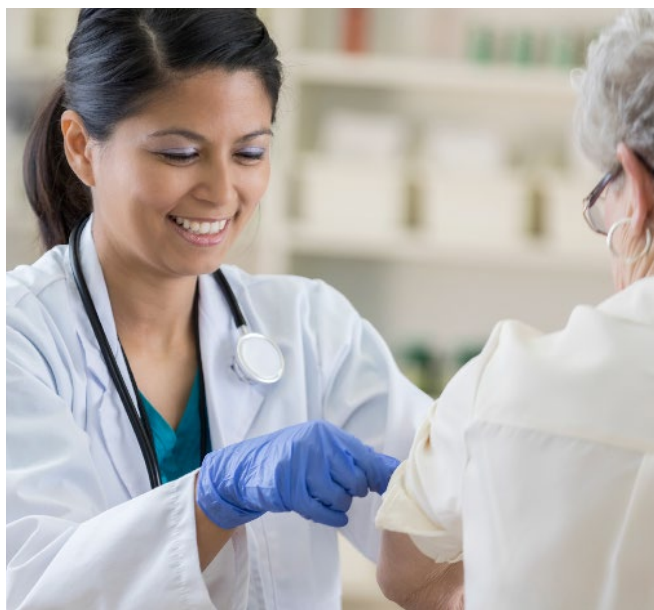
## Nutritional Counseling with UnitedHealthcare

Fiserv medical plan enrollees who have certain medical conditions diagnosed by a physician can receive individualized nutrition counseling from a registered dietitian. Examples of eligible medical conditions include, but are not limited to, diabetes, high cholesterol, high blood pressure, kidney disease, gastrointestinal disease and certain types of cancer. Services are also covered for those with a body mass index (BMI) of 30 or greater, or 25-29.9 with two or more risk factors. Benefits are subject to deductible and coinsurance.

## Healthy Pregnancy Program

During the early months of pregnancy, regular doctor visits (prenatal care) are especially important. The Fiserv Healthy Pregnancy Program, offered to all Fiserv associates and dependents enrolled in a Fiserv medical plan, educates mothers-to-be about their pregnancies and how to recognize risks that could lead to complications.

If an expecting associate or dependent contacts UnitedHealthcare at **1-800-552-4679**, sees her physician for the first time within the first trimester of pregnancy and actively participates in the program, she will receive a \$300 gift card incentive upon the birth of the child(ren). If an expecting associate or dependent contacts UnitedHealthcare at **1-800-552-4679**, sees her physician for the first time within the second trimester of pregnancy and actively participates in the program, she will receive a \$100 gift card incentive upon the birth of the child(ren).



## Estimate Health Care Costs

**myuhc.com** provides tools that help you estimate the cost of many health care services to help you better manage your health care costs. On **myuhc.com**, you can:



### Learn more.

**myuhc.com** is the gateway to your benefits and claims information. You can view your own personalized plan information, choices for where to go for care, budgeting tools, helpful wellness tips and more.



### Manage your claims.

**myuhc.com** gives you practical, personalized information so you can easily search for and track your claims and see how much you may owe out of pocket. You can flag claims you would like to watch, mark claims that you have already paid, and add notes to each claim. And, if you do owe your health care provider, you may be able to send a payment.



### Find and price care.

The Find and Price Care tool is available when you want to know where to go for the services you need. Use it to find a doctor, clinic, hospital or lab using multiple search options, including location, specialty, quality, cost, services offered and more. You can even see patient ratings. Review your choices before you make appointments to help control spending and choose the level of service you need for your situation.



### UnitedHealthcare® app.

Whether you need to find urgent care, you forgot your health plan ID card, or you need to call customer care, the UnitedHealthcare app helps put your insurance information in the palm of your hand.

You can download the UnitedHealthcare app onto your personal smartphone from the App Store® for iPhone® or from Google Play™ for Android®.

## Transition of Care

Fiserv recognizes that in certain circumstances you or a covered family member are already receiving treatment for a specific health issue, and UnitedHealthcare's Transition of Care program may be advised.

The program will allow a transition period before you are required to transfer from a non-network health care provider to a network health care provider to receive network benefits under the plan. Under Transition of Care, services with a non-network provider are reimbursed at the network level of coverage for a limited period of time.

### Transition of Care applies to the following clinical conditions:

- End-stage renal disease and dialysis — applied to physician or dialysis center; limited to 30 days
- Non-surgical cancer therapies, including chemotherapy and radiation — limited to 30 days or completion of current cycle, whichever is longer
- Pregnancy, low risk — third trimester through postpartum follow-up visit (however, pediatric services for the newborn should be performed by a network health care provider chosen prior to the birth of the newborn)
- Pregnancy, moderate risk and high risk — first, second or third trimester through postpartum follow-up visit (however, pediatric services for the newborn should be performed by a network health care provider chosen prior to the birth of the newborn)
- Symptomatic AIDS — limited to 30 days
- Transplants — solid organ and bone marrow
- Mental health and substance abuse  
Transition of Care criteria administered through United Behavioral Health

If applicable, you are encouraged to review the Transition of Care form on the UnitedHealthcare pre-enrollment site at [welcometouhc.com/fiserv](https://welcometouhc.com/fiserv).



# Your Dental Benefits

We're pleased to offer two dental plan options for 2020. Below are highlights of the plans and the dental plan premiums.

## Dental Preferred Provider Organization (DPPO), Administered by MetLife

The DPPO has a network of preferred providers but also offers you the flexibility to have services performed by any dentist you choose. MetLife has negotiated prices with its network providers, so you pay less when you see a network provider. If you receive services from an out-of-network provider and charges exceed the network reasonable and customary rates, you will also be responsible for paying the excess charges. For more information, contact MetLife at **1-800-942-0854** or find a list of network providers by visiting **metlife.com**. Click "Find a Dentist," click "PDP Plus" in the "Your Network" field, enter your ZIP Code, City or State, and click the "Find a Dentist" button. Once enrolled, you will receive a Dental PPO ID card in the mail from MetLife.

## Dental Health Maintenance Organization (DHMO), Administered by Cigna®

The DHMO plan is a managed dental care plan with a limited number of participating dentists. When you elect coverage under the DHMO, you must select and visit a primary care dentist within the Cigna network to guide your dental care. You must receive care from this primary care dentist and get a referral from your dentist for any specialist treatments to be covered. For more information, contact Cigna at **1-800-244-6224**. To view the DHMO provider directory, go to **hcpdirectory.cigna.com** and follow prompts on the screen. When asked to choose your plan, select Cigna Dental Care DHMO > Cigna Dental Care Access Plus. You will not receive an ID card for the Cigna DHMO.

## 2020 Dental Plan Contributions and Comparison Chart

Per Pay Period	MetLife DPPO		Cigna DHMO
Associate Only	\$13.00		\$7.50
Associate + Spouse	\$25.00		\$13.25
Associate + Child(ren)	\$25.00		\$13.25
Associate + Family	\$35.50		\$20.75
Dental Plan Administrator	MetLife		Cigna
Network	Save money in-network; out-of-network coverage available		In-network coverage only; select an in-network dentist
Link to Find a Provider	<b>metlife.com</b>		<b>hcpdirectory.cigna.com</b>
How This Plan Covers Your Dental Costs	In-Network	Out-of-Network	In-Network Only
<b>Deductible</b>			
Associate	\$50	\$50	None
Family	\$150	\$150	None
Preventive Care	Covered 100% (no deductible)	Covered 90% (no deductible)	Copays apply <sup>1</sup>
Basic Care	Covered 80% (after deductible)	Covered 70% (after deductible)	Copays apply <sup>1</sup>
Major Care	Covered 50% (after deductible)	Covered 40% (after deductible)	Copays apply <sup>1</sup>
Annual Coverage Maximum	\$2,000	\$1,500	None
Orthodontia Availability	Orthodontia coverage available for children only		Orthodontia coverage available for adults and children
Orthodontia Lifetime Maximum	\$2,000		N/A

<sup>1</sup>Refer to the Cigna Patient Charge Schedule.

# Your Vision Benefits

You have a choice when it comes to your vision benefits. Fiserv offers two plans through VSP® — the Basic and Premier Plans. Your VSP vision coverage is simple to use, provides savings and offers the latest eyewear styles and brand names. Fiserv uses the VSP Choice Network.

When you enroll in vision coverage, you will not receive a vision plan ID card. Contact VSP at **1-800-877-7195** to find out if your vision provider is included in the network, or log in to **vsp.com**.



## 2020 Vision Plan Contributions and Comparison Chart

Per Pay Period	Basic Plan	Premier Plan
Associate Only	\$3.10	\$6.58
Associate + Spouse	\$6.21	\$13.17
Associate + Child(ren)	\$6.64	\$14.09
Associate + Family	\$10.61	\$22.52
Plan Provisions	Basic Plan	Premier Plan
Well Vision Exam	Every calendar year; \$10 copay	Every calendar year; \$10 copay
Prescription Glasses	\$25 copay	\$20 copay
Frames	Every <u>other</u> calendar year	Every calendar year
Lenses	Every calendar year	Every calendar year
Contact Lenses (instead of glasses)	Every calendar year	Every calendar year
Network Retail Frame or Contact Lens Allowance	\$180	\$250
Contact Lens Exam	\$60 copay	\$25 copay
Polycarbonate Lenses (adults)	20% discount	\$10 copay
UV Lens Protection	20% discount	Covered in full
Out-of-Network Vision Providers Reimbursement Amounts		
Exam		Up to \$45
Frames		Up to \$70
Contacts		Up to \$105



# Flexible Spending Accounts

Participating in an FSA allows you to pay for certain out-of-pocket expenses with money you set aside before taxes are taken out of your paycheck. With a little planning, you can maximize your use of the spending accounts and minimize the tax impact on money you spend on eligible expenses. BenefitWallet administers our FSA plans.

**FSAs are use it or lose it.** Any monies placed in an FSA must be used for eligible expenses in the year elected.\* To estimate your potential FSA-eligible expenses, use the FSA calculator located on **My Fiserv Benefits**.

## Understanding a Health Care Flexible Spending Account

### Regular Purpose Health Care FSA

This account allows you to set aside pretax dollars each pay period for eligible expenses. Eligible health care expenses include:

- Amounts not paid by health care plans, such as deductibles, coinsurance, copays, amounts above plan limits, or dental and vision expenses.
- Prescription drugs, including deductibles, coinsurance, copays and other prescription costs not covered.
- The annual maximum you can contribute is \$2,750 in 2020.

**Note:** Enrollment in a Regular Purpose Health Care FSA will make you ineligible to contribute to an HSA. See the Limited Purpose Health Care FSA if you want to contribute to an FSA and an HSA.

### Limited Purpose Health Care FSA

The Limited Purpose Health Care FSA allows you to set aside pretax dollars each pay period for eligible vision and dental expenses. The maximum you can contribute is \$2,750 in 2020.

### Why Participate in a Limited Purpose Health Care FSA?

- You have significant FSA-eligible health care expenses planned, such as LASIK eye surgery or dental work.
- You have other health care uses for your HSA and want to take advantage of the FSA tax savings for dental and vision expenses.

## Understanding a Dependent Care Flexible Spending Account (DCFSA)

You may establish a DCFSA to pay for dependent care eligible expenses such as daycare and elder care while you work. Expenses reimbursed through a DCFSA are not eligible for the child care tax credit. The maximum that you can contribute to the Dependent Care FSA in 2020 is \$5,000.

### FSA Grace Period

When you enroll in a Health Care FSA (Regular or Limited Purpose) in 2020, you will be able to submit claims incurred through March 15, 2021, for reimbursement. The deadline to submit your 2020 claims will be March 31, 2021. This is known as the grace period feature.

### Deadline for Filing Claims Each Year

Qualifying Health Care FSA expenses for the 2020 plan year must be incurred between January 1, 2020, and March 15, 2021. Qualifying dependent care expenses for the 2020 plan year must be incurred between January 1, 2020, and December 31, 2020. You need to submit expenses for reimbursement no later than March 31, 2021. Federal law requires that you forfeit any unused amounts after March 31 and prohibits reimbursement for claims after this deadline.

\*Qualifying expenses for the 2020 plan year must be incurred between January 1, 2020, and March 15, 2021, assuming you are still an active associate at that time. Refer to the summary plan description for further details. You must submit expenses for reimbursement no later than March 31 of the following year. Federal law requires that you forfeit any unused amounts after March 31.

# Your Insurance Benefits

## Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

Life insurance is an important part of your financial security. When you die, your beneficiary may use your life insurance to pay off your debts, such as credit cards, mortgages and other final expenses.

Fiserv provides all associates regularly scheduled to work 20 or more hours per week with Basic Life and AD&D Insurance coverage equal to the lesser of one times your salary, or \$1,000,000. For Life and AD&D Insurance coverage purposes, "salary" is defined as one times your base salary plus your commissions averaged over 24 months.

Be sure to identify your beneficiary for this company-paid benefit on **My Fiserv Benefits**.

## Voluntary Life Insurance

We recognize that our associates' needs vary. In addition to Basic Life Insurance, you may choose to purchase Voluntary Life Insurance for yourself at affordable group rates.

If you decide to increase your coverage at a later date, all increases will require you to complete Evidence of Insurability (EOI) and be approved by Cigna. This may require a medical exam.

Coverage Levels	You May Elect Voluntary Life Insurance Coverage in Increments of One (1) to Eight (8) Times Your Base Salary
Maximum Coverage	\$2,000,000 (combined with basic life)
Guarantee Issue Amount	\$500,000

### Employee Voluntary Life – per \$1,000 of Coverage

Age	Non-Tobacco	Tobacco User
Under 35	\$0.0140	\$0.0195
35–39	\$0.0195	\$0.0250
40–44	\$0.0305	\$0.0385
45–49	\$0.0525	\$0.0665
50–54	\$0.0885	\$0.1130
55–59	\$0.1490	\$0.1905
60–64	\$0.2375	\$0.3010
65–69	\$0.3700	\$0.4750
70 and over	\$0.6515	\$0.8285

Cigna defines non-tobacco users as individuals who have not smoked or used tobacco during the 12 months before submitting an application for insurance. Once you are identified as a tobacco user or a non-tobacco user, you are unable to change that status until the following Annual Enrollment. Individuals who do not accurately report their use of tobacco and file a claim may be denied.

Basic Life, Voluntary Life, Basic AD&D and Voluntary AD&D coverage are subject to an age-based reduction schedule. Refer to policy for plan details.

## Dependent Life Insurance

You may elect to purchase Dependent Life Insurance for your spouse and/or child(ren).

**Note:** Refer to the Benefits Summary on **My Fiserv Benefits** for specific plan information.

Dependent Type	Maximum Coverage Amount	Guarantee Issue Amount
Spouse*	\$500,000	\$50,000
Child(ren)	\$20,000	\$20,000

\*EOI is required for any amount over \$50,000. Review Dependent Life Insurance contribution rates on **My Fiserv Benefits**.

## Voluntary Accidental Death and Dismemberment (AD&D) Insurance

AD&D insurance is designed to provide a benefit in the event of a catastrophe. You may choose to purchase voluntary AD&D insurance in increments of one (1) to eight (8) times your earnings up to a maximum of \$2,000,000.

In addition to coverage for yourself, you can elect to cover your spouse and dependent children up to age 26. If you elect family coverage and a family member suffers a loss, the benefit paid is a percentage of the amount paid if you suffered the loss.

AD&D Rates Per Pay Period – 100% Associate Paid	
Associate Only	\$0.0075 for each \$1,000 benefit
Family	\$0.0125 for each \$1,000 benefit

Family Members' Percentage of Your Benefit Payable	
Spouse Only	60%
Spouse and Children	50% spouse; 10% each child
Children Only	10% each child



## Accident Insurance

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact. Accident coverage, available through Voya®, provides benefits for you and your covered family members if you have expenses related to an accident that occurs outside of work. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help you pay deductibles, copays and even typical day-to-day expenses such as a mortgage or car payment. Fiserv offers two plan options, and benefits are payable to you. **Note:** This is not a medical plan.

### 2020 Accident Contributions and Benefits Summary

Monthly Contributions	Basic Plan	Premier Plan
Associate only	\$4.94	\$8.79
Associate + spouse	\$8.55	\$14.85
Associate + child(ren)	\$9.79	\$17.26
Associate + family	\$13.40	\$23.32
Summary of Benefits*		
Hospital Admission	\$750	\$1,250
Hospital Confinement	\$225/day, up to 365 days	\$375/day, up to 365 days
Critical Care Unit Confinement	\$350/day, up to 15 days	\$600/day, up to 15 days
Rehabilitation Facility Confinement	\$100/day, up to 90 days	\$200/day, up to 90 days
Dislocations and Fractures	Up to \$3,360	Up to \$8,400
Ambulance	Ground: \$200/Air: \$750	Ground: \$360/Air: \$1,500
Initial Doctor Visit, Urgent Care Facility Treatment or Emergency Room Treatment	\$150	\$225
Follow-Up Doctor Treatment	\$50	\$90
Chiropractor Treatment	\$25 (up to 6 per accident)	\$45 (up to 6 per accident)
X-ray	\$25	\$45
Major Diagnostic Exams	\$100	\$240
Burns	Up to \$7,500	Up to \$15,000
Outpatient Surgery	\$150	\$225
Concussion	\$200	\$225
Coma	\$8,500	\$17,000
Surgery (open abdominal or thoracic)	\$1,000	\$2,000
Surgery (exploratory or without repair)	\$100	\$200
Blood, Plasma, Platelets	\$300	\$600

\*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.

**Wellness Benefit:** A \$50 annual wellness benefit is payable for each covered family member who completes certain wellness screenings such as a Pap test, cholesterol test, mammogram, colonoscopy or stress test. The child wellness amount is 50% of associate's wellness benefit amount, to a maximum of \$100 for all children.

## Critical Illness Insurance

Critical Illness coverage through Voya pays a lump sum benefit if you are diagnosed with a covered disease or condition. View the plan document on **My Fiserv Benefits** for more information on covered diseases and conditions. You can use this money however you like; for example: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs or any of your regular household expenses. You select the plan that best meets your needs.

- Guaranteed Issue Coverage (no medical questions)
  - Associate: \$10,000 or \$20,000
  - Spouse: 100% of associate benefit
  - Child(ren): 100% of associate benefit

- Rates are based on your age and the amount of coverage selected and will be shown to you in the benefits enrollment system.
- Children are covered at NO COST when you elect associate coverage.
- Benefits are payable based on the date of the covered event occurring or the date of diagnosis. Illnesses or occurrences prior to the effective date of coverage will not be payable.

How much does critical illness insurance cost?  
Visit **My Fiserv Benefits** to view rates.

### Covered Benefits

The below benefits are payable at 100% of your selected coverage amount:	
Advanced dementia, including Alzheimer's disease	Infectious disease
Amyotrophic lateral sclerosis (ALS)	Loss of sight, hearing or speech
Benign brain tumor	Major organ transplant
Cancer	Multiple sclerosis
Coma	Occupational HIV or Hepatitis B or C
Coronary artery bypass	Parkinson's disease
Heart attack (cardiac arrest is not a heart attack)	Permanent paralysis
Huntington's disease (Huntington's chorea)	Stroke
The below benefits are payable at 50% of your selected coverage amount:	
Myasthenia gravis	Muscular dystrophy
The below benefits are payable at 25% of your selected coverage amount:	
Addison's disease	Skin cancer
Bone marrow transplant	Stem cell transplant
Carcinoma in situ	Systemic lupus erythematosus (SLE)
Implantable (or internal) cardioverter defibrillator (ICD) placement	Systemic sclerosis (scleroderma)
Open heart surgery for valve replacement or repair	
The below benefits are payable at 10% of your selected coverage amount:	
Abdominal aortic aneurysm	Thoracic aortic aneurysm
Coronary angioplasty	Transcatheter heart valve replacement or repair
Pacemaker placement	Transient ischemic attacks (TIA)
Ruptured or dissecting aneurysm	
Additional child diseases are payable at 100% of the associate benefit amount selected and include:	
Cerebral palsy	Infantile Tay Sachs
Congenital birth defects	Niemann-Pick disease
Cystic fibrosis	Pompe disease
Down syndrome	Type IV Glycogen storage disease
Gaucher disease, type II or III	

This is a summary. Refer to plan document on **My Fiserv Benefits** for details including definitions, plan exclusions and limitations.



# Business Travel Accident Insurance

Fiserv is committed to ensuring the safety and security of our associates while traveling for business, so that you and your family members have peace of mind. In case of emergencies and illness while traveling, Global Business Travel Accident (BTA) insurance is available to all full- and part-time Fiserv associates. Some examples include emergency out-of-country medical expense benefits, emergency medical and security evacuations, coverage

for eligible dependents traveling with you and more. BTA insurance is fully covered by the company at 100%; and you are automatically enrolled and covered.

Visit the **FUEL Travel** page to review the Global BTA policy, local BTA insurance policies and coverage terms, amounts and eligibility details.

# Disability Insurance

Preparing for the unexpected helps to protect your financial and emotional well-being. The company-paid disability coverage is an important financial safety net for you. The Fiserv Leave of Absence (LOA) Center administers short-term disability and our leave of absence programs.

## Short-Term Disability (STD)

The Fiserv Short-Term Disability Plan is a company-paid benefit designed to protect your income in the event of a qualified disability. If you are unable to work because of a non-job-related illness or accident, and you are under the regular care of a qualified physician, you may be eligible to receive short-term disability benefits. Short-Term Disability will not apply to non-exempt associates during their first 12 months of employment for any pre-existing injury or sickness that you received medical treatment for (or should have received treatment for) within the 6 months prior to date of hire with Fiserv.

When you are approved for short-term disability, payments will follow your standard payroll calendar.

Provision	Benefit
Maximum Disability Period	26 weeks
Pay Replacement Level	
Week 1	Unpaid
Weeks 2-9	100% of salary
Weeks 10-26	60% of salary

**Note:** Refer to the STD and LTD Summary Plan Descriptions on **My Fiserv Benefits** for specific plan information.

## Long-Term Disability (LTD) Insurance

If you have an injury or illness that keeps you away from work for more than 180 days, LTD coverage may protect your income. Fiserv provides all associates regularly scheduled to work 20 or more hours per week with a base benefit of 50% of your salary, and you have the opportunity to buy-up an additional 10%, for a total benefit of 60% of your salary up to \$20,000/month.\*

As a new hire, you are automatically enrolled in the group LTD Buy-Up enrollment resulting in non-refundable payroll contributions. If you do not want the LTD Buy-Up coverage, you must actively decline coverage during enrollment. Your next opportunity to enroll in or decline coverage will be the next Annual Enrollment period. If you opt out now and elect the coverage at a later date, your coverage will be subject to approval by underwriting.

Provision	Benefit
Elimination Period	180 days
Core LTD Pay Replacement Level	50% of compensation (base salary, bonus and commissions)
Core LTD	\$15,000
LTD Buy-Up	Option to purchase an additional 10% of LTD coverage. Deduction is post-tax.
LTD Buy-Up Benefit Amount Maximum	\$20,000*

\*The first \$20,000 of coverage is available through the group LTD benefit on **My Fiserv Benefits**; supplemental coverage above \$20,000 may be available through a voluntary individual disability policy. Enrollment information will be provided to those who qualify.

# Paid Parental Bonding Leave

Fiserv supports the need for parents to have time off to bond with their new child after birth or adoption. This benefit is available to associates after one year of service.

Becoming a parent is like nothing else, but a newborn baby or a new child presents a new challenge. When both parents share the responsibility, their partnership becomes even stronger. Taking time off to bond with your child benefits the whole family, which includes creating a long-lasting bond with your child, supporting your child’s development, and gaining confidence in your parenting.

## Paid Parental Bonding Leave\*

Provision	Benefit
8 weeks	100% Paid Maternity Benefit Included in Short-Term Disability
4 weeks	100% Paid Parental Bonding Leave – Primary Caregiver
2 weeks	100% Paid Parental Bonding Leave – Secondary Caregiver

\*Associates are eligible after one year of service.

# Additional Well-Being Benefits and Programs

## Fuel Your Life Wellness Program

To live and work at your best every day, you need the tools and resources to elevate your well-being. And that looks different for each one of us. That’s why we offer Fuel Your Life, which features events, activities, coaching and education opportunities customized with your wellness goals in mind — **all available at no cost to you.**

Fuel Your Life offers a holistic approach focusing on your physical, financial, social and emotional well-being. Plus, it’s personalized to help you design your own well-being journey. Want to train for a 5K race? Stress less and meditate more? Improve nutrition or lose weight? Save money for college or retirement? No matter your personal goals, Fuel Your Life can help get you there!

Highlights of Fuel Your Life include:

- Medically enrolled associates and spouses have the opportunity to each earn incentives up to \$420 annually as you work toward reaching your wellness goals.

- Earn points as you reach your goals and accomplish new levels.
- All associates who participate in the program, regardless of medical plan enrollment, are eligible to earn entries into a prize drawing which will be held twice a year.
- Your wellness experience will be personalized to what you’re interested in and what your goals are — the more you use the wellness platform, the more it will serve up resources and activities that align to what you’ve shared you want to achieve.
- Connects the dots for you, limiting the need to search through multiple platforms to understand what well-being programs are available and how they work.

Visit **FUEL > Well-Being** or call **1-866-299-0248** for more information about the Fuel Your Life wellness program.

## Ayco Financial Wellness

Both at work and home, Fiserv wants to equip you with the tools and resources to take your financial game to the next level. Our vendor partner, Ayco, is available to help elevate your financial wellness.

As part of the Fuel Your Life wellness program, this company-paid benefit enables our associates to access valuable financial knowledge and skills. You can take full advantage of the Ayco digital platform, one-on-one financial coaching and other resources to make informed financial decisions in many areas of your life. These services are voluntary and confidential — **available at no cost to you.**

Visit **FUEL > Well-Being** or call **1-866-487-9447** for more information about Ayco services.

## SupportLinc Employee Assistance Program (EAP)

At some point in our lives, each of us faces a challenge or situation that is difficult to resolve. When these instances arise, the SupportLinc EAP is here to help. SupportLinc provides confidential, professional referrals and up to five sessions of face-to-face counseling available at no cost to you, for a wide variety of concerns, such as anxiety, depression, marriage and relationship problems, grief and loss, substance abuse, anger management, stress and work-related pressures. SupportLinc services are available to all U.S. associates and their household members.

SupportLinc representatives are available 24 hours a day, seven days a week at **1-888-870-7327** or by visiting **[fiserv.supportlinc.com](https://fiserv.supportlinc.com)**.

## Fiserv 401(k) Savings Plan

Fiserv is committed to the financial well-being of our associates. A key way to save for your future is through the company-sponsored 401(k) plan.

Fiserv associates who are regularly scheduled to work at least 20 hours per week and paid on a U.S. payroll are eligible to participate in the 401(k) Savings Plan immediately upon hire. Interns and residents of Puerto Rico are not eligible to participate.

Associates may contribute 1% to 75% of their eligible compensation to the plan on a pretax basis, or through the Roth 401(k) feature on a post-tax basis. Associates can save up to the IRS limit in both pre- and post-tax dollars in the 401(k). In addition, associates over age 50 can save an additional amount as a catch-up contribution. If you do not make a contribution election, you will be automatically enrolled at a 3% pretax basis beginning with the next available payroll following 30 days of employment.

Fiserv provides an immediate match to your 401(k) plan contributions. The match you earn on your contribution is calculated and deposited into your 401(k) account on a per-pay-period basis, in accordance with the following schedule:

Associate Contribution	Matching Contribution*
1%	1%
2%	1.4%
3%	1.8%
4%	2.2%
5%	2.6%
6%	3%

\*100 percent match on first 1 percent contributed and 40 percent match on next 5 percent contributed. SVP and above are not eligible for matching contributions.

You are always 100% vested in your contributions to the plan. After two years of service with Fiserv, you will be fully vested in your company matching contributions.

Merrill, a Bank of America company, is the service provider for the Fiserv 401(k) Savings Plan. Merrill will send a full packet of enrollment information to your home address. For additional information on the Fiserv 401(k) Savings Plan, visit the **FUEL 401(k)** page, contact Merrill at **1-844-332-2200** or visit **[benefits.ml.com](https://benefits.ml.com)**.

## Employee Stock Purchase Plan

Administered by Fidelity, the Fiserv Employee Stock Purchase Plan (ESPP)\* represents our commitment to associates' financial well-being and an opportunity for our associates to invest in the future. The ESPP allows associates to purchase shares of Fiserv common stock each quarter, through a payroll deduction, at a 10% discounted price.

- All active associates are eligible to participate in the plan. Associates can contribute from 1% to 10% of their compensation, up to a maximum of \$22,500 per calendar year.
- Fiserv stock is purchased quarterly. The purchase price is 90% of the closing market price on the last trading day of the calendar quarter.

For more information regarding your Employee Stock Purchase Plan, visit the **FUEL ESPP** page, access **netbenefits.fidelity.com** or call **1-800-544-9354**.

\*SVP and above are not eligible for ESPP participation.

## Adoption Reimbursement Program

This program provides up to \$5,000 for associates (regularly scheduled to work 30 or more hours per week) and up to \$2,500 for part-time associates (regularly scheduled to work at least 20 hours per week) for eligible expenses related to an adoption. Eligible expenses include, but are not limited to, agency fees, attorney fees and travel expenses.

Adoption of stepchildren is not covered under the plan if at least one natural, custodial parent is living. To utilize this benefit, contact the Fiserv Benefits Center at **1-877-858-5678**, Monday through Friday.

## Commuter Transit Plan

The Commuter Transit Plan allows associates to set aside pretax dollars to pay for eligible commuting expenses on either a monthly or recurring basis. Eligible commuting expenses include public transportation, vanpools or commuter highway vehicles and parking. Through the program, associates can set aside funds each month for transit and parking expenses on a pretax basis. The program is

based on a federal tax law designed to encourage the use of public transit. You can enroll or find out more information on **My Fiserv Benefits**. If you have questions about commuter benefits, contact the Fiserv Benefits Center at **1-877-858-5678**.

## Fiserv Benefit Advocacy Service

There may be times when you need help dealing with an insurance problem. A Fiserv Benefits Center Advocate is available to help you with:

- Insurance billing problems
- Locating and choosing a different network doctor
- Resolving a medical, dental or vision payment question
- Working with your pharmacy, prescription drug plan and your doctor to get you the medicine you need
- Finding out if your planned course of treatment is covered under the Fiserv medical plan, and if not, what other options might be available

Call the Fiserv Benefits Center at **1-877-858-5678** and ask to speak to an advocate.

## Living Proof Recognition Program

All active Fiserv associates are eligible to participate in the Living Proof Program. Associates honored through the program are "living proof" of our Fiserv values in action. The program features multiple award types that are used to acknowledge associate contributions of varying scope and impact. Associates at any level can be nominated to receive an "eThank You" to acknowledge a helping hand or a job well done, based on a particular aspect of one of our values.

Eligible associates can be nominated by fellow colleagues for points-based awards. Points may be redeemed for a wide variety of gift cards and merchandise, and even donations to charitable organizations. Associates can also send an "eThank You" to any colleague to acknowledge a helping hand or a job well done, based on a particular aspect of one of our values.

Visit **FUEL > Living Proof** for more information.

## Time Away — Recharge & Refuel (R&R), Well-Being Time Off and Holidays

Fiserv recognizes that everyone works hard and it can be a balancing act to juggle personal and professional commitments. We also understand the importance of down time or vacation time for you and your family's well-being. Whether you are refueling yourself through personal interests or reconnecting with friends and family, studies show that time away from work helps you to stay healthier and happier.

Time Away is an integral part of our overall benefits package. Associates are encouraged to plan and use Recharge & Refuel (R&R) and Well-Being Time each year — to take time away to refresh, recharge, and enjoy life outside of work. In addition, Fiserv recognizes eight (8) company-paid holidays annually.

For more details, refer to the **Human Resources Policies** page on **FUEL** to view the Time Away Policies.

## Tuition Reimbursement

Fiserv encourages associates' professional development through reimbursement for pre-approved courses at accredited schools and universities. The tuition reimbursement program provides reimbursement to associates for tuition fees and other related expenses, applying a maximum reimbursement amount of \$5,250 undergraduate and \$10,000 graduate, per calendar year.

Full-time or part-time associates regularly scheduled to work 30 or more hours per week who have completed six months of continuous service are eligible to apply for educational assistance. Managers must review and provide signed approval of requests prior to enrollment in any course of study under this plan. Associates must receive a grade of "B minus" or higher and remain employed for 12 months following reimbursement. To receive additional information about eligible expenses or how to use this benefit, contact Edcor at **1-888-622-0150**.

## Identity Theft Protection

Nearly 60 million Americans have been affected by identity theft, according to an online survey by The Harris Poll. To help provide additional security for your identity and personal assets, Fiserv is excited to offer an identity protection benefit, PrivacyArmor® through InfoArmor®, for you and your dependents.

InfoArmor provides a proactive monitoring service that alerts you at the first sign of fraud and fully restores your identity. Features include:

- Monthly updated credit score and annual credit report
- Identity and credit monitoring on the three credit bureaus
- Dark web monitoring
- Social media reputation monitoring
- Financial threshold monitoring
- Proactive financial transaction alerts
- Accounts protected by two-factor authentication
- Full-service fraud remediation with a dedicated Privacy Advocate®

To take advantage of this benefit, select the Identity Theft benefit during enrollment. **Call 1-800-789-2720** or visit **MyPrivacyArmor.com** for more details.





## Perks at Work

Perks at Work is a savings program FREE to U.S. associates and their families. Perks at Work can help you save a significant amount of money each year. Enjoy discounted employee pricing on your favorite brands, on personal travel, everyday items, dining and much more.

Register at **perksatwork.com**. Click “Register for Free” then enter your email and Fiserv Associate ID (found on Workday).

## Home and Auto Insurance

Everyone likes to save when it comes to home and automobile insurance. Fiserv associates are eligible for automobile and home insurance discounts through MetLife, and you have the option to pay for it with convenient payroll contributions. Insurance benefits include:

- Group discounts up to 15%
- Automatic payment discount
- Good driver rewards
- 24/7/365 claim service
- Convenient payment options

MetLife can provide a no-obligation quote for home insurance coverage. You can rest assured that your most valuable asset is truly protected.

Contact MetLife Auto & Home at **1-877-619-5604** to get a quote.

## Pet Insurance

Pets are part of the family, and sometimes they need care too. Now you have the option to purchase pet insurance from Nationwide. My Pet Protection® is offered to Fiserv associates and provides insurance protection at a negotiated rate. Pet insurance coverage includes:

- Freedom to choose any veterinarian
- Up to 90% back on veterinarian bills

- Exclusive offer to company employees; not available to the general public
- Same price for pets of all ages
- Savings compared other pet insurers
- Convenient claims submissions via mail, email, fax or right from your smartphone
- Get pet insurance reimbursements deposited directly to your bank

Visit **metlife.com/mybenefits** or call **1-800-GET-MET8** to request a free quote from MetLife.

## Hyatt Legal Plan

The Hyatt Legal Plan provides a smart, simple, affordable solution by providing legal representation for you, your spouse and dependents at a price that won't break your budget. Sign up for a convenient payroll contribution of just \$7.75 per pay period, and save hundreds over typical attorney fees — with no deductibles, no copays, no claim forms or usage limits when using a plan attorney. We'll automatically deduct the cost from your paychecks.

Visit **legalplans.com**, click on “Thinking about Enrolling?” and enter the access code: **9902999**. Or call Hyatt Legal Plans toll-free at **1-800-821-6400**, Monday through Friday, from 8 a.m. to 7 p.m. ET.

## Milk Stork

To provide convenience, flexibility and support for our working moms, the Milk Stork program will be offered to nursing mothers traveling on Fiserv business. Expenses are eligible for reimbursement. All you need to do is use your Fiserv corporate card and submit your eligible expenses on your expense report.

Visit **milkstork.com** to learn more about how this program works.

**Visit My Fiserv Benefits for more details on these benefits.**

# Notices

## Creditable Coverage Disclosure Notice for Fiserv Medical Plans

### Important Notice from Fiserv About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Fiserv, Inc., and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Fiserv has determined that the prescription drug coverage offered by the Fiserv medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

#### When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 31.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a 2 month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current creditable coverage with Fiserv and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

#### What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Fiserv coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drugs. You and your eligible dependents will still be eligible to receive all of your current health benefits, including prescription drug benefits offered as part of the Fiserv medical plan, if you choose to enroll in a Medicare prescription drug plan.

If you join a Medicare drug plan, your Fiserv plan will pay according to Medicare rules. For example, if you are an active associate or the spouse of an active associate, Fiserv will pay first or "primary" and Medicare will pay secondary.

If you do decide to join a Medicare drug plan and drop your current Fiserv coverage, be aware that you and your dependents will be able to get this coverage back.

### **For More Information About This Notice or Your Current Prescription Drug Coverage:**

Contact the Fiserv Benefits Center at **1-877-858-5678**.

**Note:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Fiserv changes. You also may request a copy of this notice at any time.

### **For More Information About Your Options Under Medicare Prescription Drug Coverage:**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

### **For More Information About Medicare Prescription Drug Coverage:**

- Visit **medicare.gov**.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the Web at **socialsecurity.gov**, or call them at **1-800-772-1213** (TTY **1-800-325-0778**).

### **Remember: Keep This Creditable Coverage Notice**

If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

#### **Fiserv, Inc.**

Corporate Benefits Department  
255 Fiserv Drive, E-100  
Brookfield, WI 53045  
**1-262-879-5000**

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

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA).

For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits under the plan.

For more information, contact the Fiserv Benefits Center at **1-877-858-5678**.

# Special Provisions when Associate and Spouse Work for Fiserv

**If you and your spouse both work for Fiserv, special provisions apply to your eligibility and enrollment:**

## **Medical, Dental and/or Vision**

- One or both of you may elect Associate Only coverage; one of you may elect Associate + Spouse; one of you may elect Associate + Family coverage.

## **Spouse Life Insurance**

- You cannot elect spousal coverage; however, each of you may elect Supplemental Life Insurance coverage for yourself.

## **Child(ren) Life Insurance**

- Only one associate can elect coverage for your dependent child(ren).
- If your child is covered under the policy as an associate, then you cannot elect child coverage.

## **Accidental Death and Dismemberment**

- Both of you may elect Associate Only coverage; Associate + Spouse coverage is not available; one of you may elect Associate + Family coverage.

## **Critical Illness Insurance**

- One or both of you may elect Associate Only coverage; one of you may elect Associate + Spouse; one of you may elect Associate + Child(ren) coverage; one of you may elect Associate + Family coverage.
- If one of your children is covered under the policy as an associate, then you cannot elect Associate + Child(ren) coverage.

## **Accident Insurance**

- One or both of you may elect Associate Only coverage; one of you may elect Associate + Spouse; one of you may elect Associate + Child(ren) coverage; one of you may elect Associate + Family coverage.
- If one of your children is covered under the policy as an associate, then you cannot elect Associate + Child(ren) coverage.



## Reference

Refer to **My Fiserv Benefits** for more information.

### Accident Insurance and Critical Illness

**Voya**

1-877-236-7564

[go.voya.com/fiserv](http://go.voya.com/fiserv)

### Benefit Questions

**Fiserv Benefits Center**

1-877-858-5678

[myfiservbenefits.com/fiserv](http://myfiservbenefits.com/fiserv)

### Dental Coverage

**MetLife DPPO**

1-800-942-0854

[metlife.com](http://metlife.com)

### Dental Coverage

**Cigna DHMO**

1-800-244-6224

[hcpdirectory.cigna.com](http://hcpdirectory.cigna.com)

### Discount Program

**Perks at Work**

[perksatwork.com](http://perksatwork.com)

### Employee Assistance Program

**SupportLinc**

1-888-870-7327

[fiserv.supportlinc.com](http://fiserv.supportlinc.com)

### Employee Stock Purchase Plan

**Fidelity**

1-800-544-9354

[netbenefits.fidelity.com](http://netbenefits.fidelity.com)

### Financial Wellness

**Ayco**

1-866-487-9447

### Fiserv 401(k) Savings Plan

**Merrill**

1-844-332-2200

[benefits.ml.com](http://benefits.ml.com)

### Flexible Spending Account (FSA)

**BenefitWallet**

1-855-236-8600

[mybenefitwallet.com](http://mybenefitwallet.com)

### Fuel Your Life Wellness Program

**Limeade**

1-866-299-0248

[fuelyourlife.fiserv.com](http://fuelyourlife.fiserv.com)

### Health Savings Account (HSA)

**Optum Bank**

1-800-791-9361

[optumbank.com](http://optumbank.com)

### Healthy Pregnancy Program

**UnitedHealthcare**

1-800-552-4679

[myuhc.com](http://myuhc.com)

### Home and Auto Insurance

**MetLife**

1-877-619-5604

### Identity Theft Protection

**InfoArmor**

1-800-789-2720

[MyPrivacyArmor.com](http://MyPrivacyArmor.com)

### Legal Plan

**Hyatt Legal**

1-800-821-6400

[legalplans.com](http://legalplans.com)

### Life and Disability Insurance

**Fiserv Benefits Center**

1-877-858-5678

### Medical Coverage

**UnitedHealthcare**

1-800-552-4679

[myuhc.com](http://myuhc.com)

### Nursing Mothers Program

**Milk Stork**

[milkstork.com](http://milkstork.com)

### Pet Insurance

**Nationwide**

1-800-GET-MET8

[metlife.com/mybenefits](http://metlife.com/mybenefits)

### Pharmacy Benefits

**OptumRx**

1-800-552-4679

[myuhc.com](http://myuhc.com)

### Short-Term Disability and Family Medical Leave

**Fiserv Leave of Absence Center**

1-855-500-3701

[claimlookup.com/fiserv](http://claimlookup.com/fiserv)

### Tobacco Cessation Program

**Quit For Life**

1-866-784-8454

[quitnow.net/fiserv](http://quitnow.net/fiserv)

### Tuition Reimbursement

**Edcor**

1-888-622-0150

### Vision Coverage

**VSP**

1-800-877-7195

[vsp.com](http://vsp.com)



## Notes

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This publication is a general description of the changes to the benefit plans presently available to associates of Fiserv and certain of its present and former subsidiaries, their eligible spouses, surviving spouses, same-sex domestic partners and their eligible dependents. The company reserves the right to change its benefit plans or any part of them, and amend or terminate at any time any plans or programs for associates, retirees, surviving spouses, same-sex domestic partners and their eligible dependents. The HDHP and HSA are described in detail in official plan documents. If this material inadvertently disagrees with the plan documents, the plan documents will prevail.

Personally identifiable information is kept confidential in accordance with applicable privacy laws.