

2017 EMPLOYEE BENEFITS PLAN OVERVIEW

# **DISCOVER YOUR BENEFITS**





# **Discover Your Benefits**

# WHAT'S INSIDE...

This information guide offers you the resources you'll need to make informed enrollment decisions for 2017. It includes the following information on how to use your benefits:



Health insurance is one of the most critical benefits offered by TiVo. A major illness or injury could be financially devastating without adequate insurance. Even the cost of treatment of minor conditions can be prohibitive. With this in mind, your program has been designed to include comprehensive medical benefits with a broad-based provider network to best meet your needs.

Depending on where you live, your personal preference regarding physician choice and the desired level of benefits, you may choose the plan option that is most suitable to you and your family members.

The benefit choices you make when you and your dependent(s) enroll will remain in place until the next open enrollment period unless you experience a "change in family status" (e.g., marriage, divorce or legal separation, birth, adoption, death or spousal change). If you need to change your coverage before the next enrollment period due to one of these occurrences, you need to contact your Human Resources Department within 31 days of your family status change.

#### TABLE OF CONTENTS

Eligibility
Contribution Schedule
When You Can Make Changes
Coordination of Benefits
Consider Participating in the High Deductible Health Plan (HDHP) with Health Savings Account (HSA)
Termination of Coverage
Medical Plan Highlights
Dental Plan Highlights
Vision Plan Highlights
Teladoc, for Aetna Enrollees
Health Advocate
Health Care Spending and Dependent Care Account
Limited Purpose FSA, for HSA Participants Only
Long Term and Short Term Disability Highlights
Life and Accidental Death & Dismemberment Insurance Benefits
Optional Life and Dependent Life Insurance Benefits
Medical Evidence of Insurability (EOI)
Employee Assistance Program (EAP) Highlights
Voluntary Benefits
How to Enroll or Make Changes
"Opt Out" Provision
Glossary of Terms
Contact Information



#### **ELIGIBILITY**

If you are an employee working at least 30 hours a week, you are eligible to enroll in TiVo's benefit plans on your date of hire. As of January 1, 2014, there are no pre-existing condition exclusions for any TiVo medical plans.

# CONTRIBUTION SCHEDULES (SEMI-MONTHLY CONTRIBUTIONS FOR 2017)

AETNA MEDICAL PLANS				
Coverage	Aetna Select 100	Aetna POS 90	Aetna POS 70	Aetna POS HDHP/HSA
Employee Only	\$62.34	\$59.36	\$47.50	\$27.76
Employee + Spouse/DP*	\$127.78	\$121.70	\$167.21	\$55.51
Employee + Children*	\$109.08	\$103.89	\$142.74	\$49.96
Employee + Family*	\$186.99	\$178.09	\$244.69	\$111.02

	ALL OTHER MEDICAL PLANS				
Coverage	Kaiser HMO No. California	Kaiser HMO So. California	BCN Basic Plan Michigan	BCN Plan E Michigan	
Employee Only	\$53.18	\$48.84	\$33.03	\$41.72	
Employee + Spouse/DP*	\$117.00	\$103.99	\$79.29	\$95.95	
Employee + Children*	\$106.36	\$97.18	\$69.38	\$87.61	
Employee + Family*	\$159.54	\$154.50	\$99.11	\$119.29	

DENTAL & VISION PLAN			
Coverage	MetLife Dental	Vision Service Plan (VSP)	
Employee Only	\$5.54	\$0.56	
Employee + Spouse/DP*	\$11.37	\$1.13	
Employee + Children*	\$9.70	\$1.24	
Employee + Family*	\$16.63	\$1.97	

<sup>\*</sup> DP and DP child/ren contributions are post tax

You may also enroll your eligible dependents in our medical, dental and vision including:

- your legal spouse or
- your qualified domestic partner and
- your eligible children (eligibility is child ages birth to end of month in which they reach age 26)

Your children include:

- natural and adopted children
- children of your domestic partner
- stepchildren who you support and who live with you in a parent-child relationship
- any other children you support for whom you are the legal guardian or for whom you are required to provide coverage as the result of a qualified medical child support order





#### WHEN YOU CAN MAKE CHANGES

#### I. New Hire Orientation

You have 31 days from becoming eligible for benefits to elect or waive coverage. If you do not enroll during this time frame, you will be enrolled in default medical coverage\* for employee only and will not be allowed to change plans until the next open enrollment period, except under an applicable qualifying family status change event (see below).

As a new hire, you will have a benefits orientation meeting with Human Resources to review your benefits.

\*Default medical coverage: Aetna POS 70 plan

#### II. OPEN ENROLLMENT

You can make changes during Open Enrollment, which occurs each year in October or November with a January 1<sup>st</sup> effective date. During Open Enrollment, we will communicate to you any major changes to the benefit plans being offered by TiVo.

#### III. FAMILY STATUS CHANGE EVENT

Other than the above, you cannot make changes unless you have an IRS-approved "change of family status" during the year, which may include:

- The addition of a dependent through birth, adoption or marriage
- The loss of a dependent through divorce or death, or if your child reaches the maximum age limit for coverage
- A change in your or your spouse's employment status from full-time to part-time, or vice versa or if your spouse gains or loses coverage through a change in employment
- A substantial change in your benefits coverage or your spouse's coverage

You must adjust your benefits election within 31 days of the qualified family status change event. It is your responsibility to contact Human Resources as soon as you are aware of this event. You may add/drop dependents from your coverage and change your contribution levels to the flexible spending accounts. The decisions you make will affect your benefits for the remainder of the benefits plan year.

#### COORDINATION OF BENEFITS

Like other employer plans, your group benefits program includes a Coordination of Benefits (COB) policy to help manage healthcare costs for employees and TiVo.

This COB policy applies whenever you or your covered family members (usually your spouse/domestic partner) are covered under more than one healthcare plan.

COB helps to ensure that payments made by the healthcare carrier you choose through us and the carrier for your spouse's/domestic partner's plan never exceed 100% of the total medical costs incurred. It can also help you save on out-of-pocket healthcare costs if your secondary plan covers additional benefits not otherwise covered by your medical plan.

Please keep this in mind if your spouse/domestic partner has insurance through his/her employer. Your spouse's/domestic partner's insurance through his/her employer is considered your spouse's/domestic partner's primary coverage. Your TiVo plan is considered secondary coverage.





# CONSIDER PARTICIPATING IN THE HIGH DEDUCTIBLE HEALTH PLAN (HDHP) WITH HEALTH SAVINGS ACCOUNT (HSA)

The High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) is a tax-advantaged medical plan that helps you save for medical expenses now—and in retirement. Here are some reasons why you should consider participating:

- In 2017, TiVo will contribute \$1,000 on average for Employee Only and \$2,000 on average for Family (Employee + Spouse, Employee + Child, Employee + Family). The contributions will be made each pay period. (Employees eligible after January 1, 2017 will be pro-rated.)
- You can contribute up to the IRS maximum of \$3,400 for an Individual and \$6,750 for a Family (minus the Company contribution) to your HSA each year
- Your contributions are automatically deducted from your paycheck each pay period on a pre-tax basis and deposited into your HSA through PayFlex
- You can use the money in your HSA to pay for qualified medical, dental and vision expenses, such as amounts applied toward your deductibles and coinsurance percentages for medical, dental and vision care
- You can grow your savings through investment options offered by BNY Mellon, the investment partner of PayFlex
- Any funds you don't use will continue to accumulate, and you can take the money with you if you decide to change your medical plan option or leave the Company

- You will pay lower monthly contributions for the HDHP with HSA plan than you pay for the other medical plans offered by TiVo
- The HDHP with HSA plan offers comprehensive preventive care benefits—covered in full with no deductible, as allowed by the IRS for services from network providers

### **OPENING AN HSA WITH PAYFLEX**

Your HSA account will be set up through Payflex if you enroll in the HDHP Option. Once your account is opened, you will receive an HSA welcome package from PayFlex, which contains instructions on how to access your account. You will also receive a PayFlex HSA debit card, which you can use to pay for your qualified health care expenses from your HSA.

You can access your HSA online 24 hours a day, seven days a week through PayFlex at www.payflex.com. Go to this site to view your account balance and recent transactions and print forms.

You can't make deposits to the HSA online. Deposits can be made only through payroll deduction or by using the deposit slips in your HSA checkbook and mailing them to PayFlex. To reach PayFlex Customer Service, call 1-888-678-8242.

#### TERMINATION OF COVERAGE

Your medical, dental, vision, EAP, and voluntary benefits coverage end on the last day of the month in which you are no longer eligible for benefits. Your FSAs, life and disability benefits end the day that you are no longer eligible for benefits. You may continue benefits during a family leave of absence and applicable benefits for a limited period of time after termination under your federal and state COBRA rights.

Note: If you enroll in the high deductible health plan, you will only be able to enroll in the limited FSA plan. Please see page 8 for more information.





#### **AETNA MEDICAL PLAN HIGHLIGHTS**

	Aetna Select 100		tna S 90		tna S 70		tna HP/HSA
General Plan Information	Network Only <sup>1</sup> Member Pays	In-Network <sup>2, 4</sup> Member Pays	Out-of-Network <sup>3, 4</sup> Member Pays	In-Network <sup>2</sup> Member Pays	Out-of-Network <sup>3</sup> Member Pays	In-Network <sup>2, 4</sup> Member Pays	Out-of-Network <sup>3, 4</sup> Member Pays
Annual Deductible Individual / Family	None	\$500 \$1,000	\$500 \$1,000	\$5,000 \$10,000	\$5,000 \$10,000	\$1,500 \$3,000	\$3,000 \$6,000
Office Visit/Exam	\$20 copay	\$20 copay	30% co-insurance after annual deductible	\$25 copay	50% co-insurance after annual deductible	10% co-insurance after annual deductible	30% co-insurance after annual deductible
Annual Out-of-pocket Limit Individual / Family	\$1,700 \$3,400	\$2,500 \$5,000	\$3,250 \$6,500	\$6,550 \$13,100	\$25,000 \$40,000	\$3,000 \$6,000	\$10,500 \$21,000
Adult Preventative Care / Physical Exams Well-Child Preventive Care and Immunizations	Covered in full	Covered in full	Not covered	Covered in full	Not covered	Covered in full	Not covered
Diagnostic X-Ray and Lab Tests	\$20 copay	10% co-insurance after annual deductible	30% co-insurance after annual deductible	30% co-insurance after annual deductible	50% co-insurance after annual deductible	10% co-insurance after annual deductible	30% co-insurance after annual deductible
Pregnancy and Maternity Office Visits	Covered in full	Covered in full	30% co-insurance after annual deductible	Covered in full	50% co-insurance after annual deductible	Covered in full	30% co-insurance after annual deductible
Allergy Testing and Injections	\$20 copay	\$20 copay	30% co-insurance after annual deductible	\$25 copay	50% co-insurance after annual deductible	10% co-insurance after annual deductible	30% co-insurance after annual deductible
Inpatient Hospital Services / Semi-Private Room and Board	\$100 copay	10% co-insurance after annual deductible	30% co-insurance after annual deductible	30% co-insurance after annual deductible	50% co-insurance after annual deductible	10% co-insurance after annual deductible	30% co-insurance after annual deductible
Is Pre-authorization of Services Required?	Yes	Y	es	Y	es	N	/A
Emergency Room	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	10% co-insurance after annual deductible	10% co-insurance after annual deductible
Is Copay Waived if Admitted?	Yes	Y	es	Y	es	Y	es
Outpatient Mental or Nervous Disorders and Substance Abuse Care	\$20 copay	\$20 copay	30% co-insurance	\$25 copay	50% co-insurance after annual deductible	10% co-insurance after annual deductible	30% co-insurance after annual deductible
Inpatient Hospitalization Mental Health and Substance Abuse Care	\$100 copay	10% co-insurance	30% co-insurance after annual deductible	30% co-insurance after annual deductible	50% co-insurance after annual deductible	10% co-insurance after annual deductible	30% co-insurance after annual deductible

 $<sup>{\</sup>bf ^1}$  Benefits outside the Aetna Network are not covered other than in emergencies.

<sup>&</sup>lt;sup>2</sup> The percentage paid is applied to the Aetna negotiated fee. Members are not responsible for the difference between this fee and the billed charges.

<sup>3</sup> The percentage paid is for the usual, customary and reasonable charge. Members are responsible for the difference outside the allowed UCR fee.

<sup>4</sup> For the POS 90 and POS HDHP/HSA plans: In-network and out-of-network deductibles cross accumulate.



# **AETNA MEDICAL PLAN HIGHLIGHTS** (continued)

	Aetna Select 100		tna S 90	Aet POS			tna HP/HSA
General Plan Information	Network Only¹ Member Pays	In-Network <sup>2, 5</sup> Member Pays	Out-of-Network <sup>3, 5</sup> Member Pays	In-Network <sup>2</sup> Member Pays	Out-of-Network <sup>3</sup> Member Pays	In-Network <sup>2, 5</sup> Member Pays	Out-of-Network3, 5 Member Pays
Prescription Drugs							
Generic	\$10 copay	\$10 copay	25% of cost after \$10 copay	\$10 copay	25% of cost after \$10 copay	\$10 copay <sup>4</sup>	10% of cost after \$10 copay <sup>4</sup>
Brand	\$30 copay	\$30 copay	25% of cost after \$30 copay	\$30 copay	25% of cost after \$30 copay	\$30 copay <sup>4</sup>	10% of cost after \$30 copay <sup>4</sup>
Non-formulary	\$50 copay	\$50 copay	25% of cost after \$50 copay	\$50 copay	25% of cost after \$50 copay	\$50 copay <sup>4</sup>	10% of cost after \$50 copay <sup>4</sup>
Number of Days Supply	30 days	30 days	30 days	30 days	30 days	30 days	30 days
Mail Order Prescription Drugs	\$20 generic \$60 brand \$100 non-formulary	\$20 generic \$60 brand \$100 non-formulary	Not covered	\$20 generic \$60 brand \$100 non-formulary	Not covered	\$20 generic <sup>4</sup> \$60 brand <sup>4</sup> \$100 non- formulary <sup>4</sup>	Not covered
Number of Days Supply	90 days	90 days	Not covered	90 days	Not covered	90 days	Not covered
OTHER SERVICES							
Physical Therapy	\$20 copay 60 visits/year maximum	\$20 copay 60 visits/ year maximum (combined with chiropractic benefit)	30% co-insurance after deductible 60 visits/ year maximum	\$25 copay 60 visits/year maximum	50% co-insurance after annual deductible 60 visits/year maximum	10% co-insurance after annual deductible 60 visits/ year maximum	30% co-insurance after annual deductible 60 visits/ year maximum
		,	(combined with chiropractic benefit)			(combined with chiropractic benefit)	(combined with chiropractic benefit)
Chiropractic	\$20 copay 20 visits/year maximum	\$20 copay 60 visits/ year maximum	30% co-insurance after annual deductible	Not covered	Not covered	10% co-insurance after annual deductible	30% co-insurance after annual deductible
		(combined with physical therapy benefit)	60 visits/ year maximum (combined with physical therapy benefit)			60 visits/ year maximum combined with physical therapy benefit)	60 visits/ year maximum combined with physical therapy benefit)
Acupuncture (up to 20 visits/year)	\$20 copay, then 100%	\$20 copay, then 100%	30% coinsurance after annual deductible	\$25 copay, then 100%	50% coinsurance after annual deductible	10% of cost after annual deductible	30% of cost after annual deductible
Home Health Services	Covered in full 120 visits/year	Covered in full after annual deductible 100 visits/year	30% co-insurance after annual deductible 100 visits/year	Covered in full after annual deductible 100 visits/year	50% co-insurance after annual deductible 100 visits/year	Covered in full after annual deductible 100 visits/year	30% co-insurance after annual deductible 100 visits/year
Look Up Participating Providers and Locations Online at:	www.aetna.com/ docfind	www.aetna.	com/docfind	www.aetna.c	.,	www.aetna.	com/docfind

<sup>&</sup>lt;sup>1</sup> Benefits outside the Aetna Network are not covered other than in emergencies.

<sup>&</sup>lt;sup>2</sup> The percentage paid is applied to the Aetna negotiated fee. Members are not responsible for the difference between this fee and the billed charges.

<sup>3</sup> The percentage paid is for the usual, customary and reasonable charge. Members are responsible for the difference outside the allowed UCR fee.

<sup>4</sup> HDHP Prescription Drugs: the full cost of the drug is applied to deductible before benefits are considered for payment; deductible waived for certain preventive medications.

<sup>5</sup> For the POS 90 and POS HDHP/HSA plans: In-network and out-of-network deductibles cross accumulate.



# **ALL OTHER MEDICAL PLAN HIGHLIGHTS**

6 10	Kaiser HMO No. & So. California	BCN Basic Plan Michigan	BCN Plan E Michigan
General Plan Information	Network Only <sup>1</sup>	Network Only <sup>2</sup>	Network Only <sup>2</sup>
Annual Deductible Individual / Family	None	None	None
Office Visit/Exam	\$15 copay	\$25 copay	\$10 copay
Annual Out-of-pocket Limit Individual / Family	\$1,500 / \$3,000	\$2,000 / \$4,000	\$6,350 / \$12,700
Adult Preventative Care / Physical Exams Well-Child Preventive Care and Immunizations	Covered in full	Covered in full	Covered in full
Diagnostic X-Ray and Lab Tests	Covered in full	Lab: Covered in full X-ray: 20% co-insurance	Covered in full
Pregnancy and Maternity Office Visits	Covered in full	Covered in full	Covered in full
Allergy Testing and Injections	\$3 copay injections \$15 copay testing	50% co-insurance for evaluation \$5 copay injections	50% co-insurance for evaluation \$5 copay injections
Inpatient Hospital Services / Semi-Private Room and Board	Covered in full	20% co-insurance	Covered in full
Is Pre-authorization of Services Required?	Yes	Yes	Yes
Emergency Room (Copay waived if admitted)	\$50 copay	\$100 copay	\$50 copay
Outpatient Mental or Nervous Disorders and Substance Abuse Care	\$15 copay	\$25 copay	\$10 copay
Inpatient Hospitalization for Mental Health and Substance Abuse Care	Covered in full	20% co-insurance	Covered in full
Prescription Drugs	\$7 copay generic \$7 copay brand Non-formulary not covered	\$10 copay generic \$40 copay brand Non-formulary not covered	\$10 copay generic \$40 copay brand Non-formulary not covered
Number of Days Supply	Up to 100 days	30 days	30 days
Mail Order Prescription Drugs	\$7 generic \$7 brand Non-formulary not covered	\$20 generic \$40 brand Non-formulary not covered	\$20 generic \$40 brand Non-formulary not covered
Number of Days Supply	100 days	Up to 90 days supply	Up to 90 days supply
OTHER SERVICES			
Physical Therapy	\$15 copay	\$35 copay 6o consecutive days	\$10 copay 60 consecutive days
Chiropractic	\$10 copay (30 visits per year with American Specialty Health Care Providers)	\$35 copay 30 visits per year	\$10 copay 30 visits per year
Acupuncture	\$15 copay per visit for non-physician specialist and physician specialist	N/A	N/A
Home Health Services	Covered in full 100 visits per year	\$35 copay	\$10 copay
Look Up Participating Providers and Locations Online at:	www.kp.org	www.mibcn.com	www.mibcn.com

<sup>&</sup>lt;sup>1</sup> Benefits outside of the Kaiser Network not covered other than in emergencies. <sup>2</sup> Benefits outside of the BCN Network not covered other than in emergencies.





# **DENTAL PLAN HIGHLIGHTS**

40	MetLife		
General Plan Information	PPO Provider	Non-PPO Provider	
Annual Deductible Individual / Family	\$50 /	\$150	
Is the Deductible Waived for Preventive Care?	Ye	es	
Calendar Year Maximum	\$2,5	500	
Orthodontics (Lifetime Maximum)	\$2,5	500	
Type A - Diagnostic and Preventive Services Limit 2 Cleanings in 12 Months, Bitewings 1x in 12 Months, Complete X-rays 1x in 60 Months	Covered at 100% of PPO fee	Covered at 100% of Usual & Customary (UCR)	
Type B - Basic Services Oral Surgery, Fillings, Endodontics & Periodontics	Covered at 90% of PPO fee	Covered at 80% (UCR)	
Type C - Major Services Includes Crowns, Prosthetics, Inlays, Onlays	Covered at 60% of PPO fee	Covered at 50% (UCR)	
Orthodontia	Covered at 50% of PPO fee	Covered at 50% (UCR)	
Look Up Participating Providers and Locations Online at:	www.metlife.com/mybenefits		

The advantage of using a PPO dentist is that your expenses will be reimbursed at a higher benefit level and you will have lower out-of-pocket costs. This grid is for illustration purposes only. Met Life Evidence of Coverage booklets contain legally approved language that will apply.



# VISION PLAN HIGHLIGHTS

	VSP		
General Plan Information	In-Network	Out-of-Network	
Plan Copay	\$10 copay; combined copay for exam and/or lens	ses and frames	
PLAN PROVISIONS			
Examination (every 12 months)	Covered at 100%	Up to \$50	
Single Vision Lens (every 12 months)	Covered at 100%	Up to \$50	
Bifocal Lens (every 12 months)	Covered at 100%	Up to \$75	
Trifocal Lens (every 12 months)	Covered at 100%	Up to \$100	
Contacts Lenses (every 12 months)	Medically Necessary: Covered at 100% after \$10 copay	Covered to \$210 if medically necessar Covered to \$105	
	Elective: \$130 allowance toward contacts; elective contact lenses are in lieu of spectacle lenses and frames		
	Contact Lens Exam Copayment (Fitting & Evaluation): copayment will never exceed \$60	allowance if elective	
Contact Lenses Rider (every 12 months)	Members receive an annual supply of contact lenses in addition to the standard benefit for spectacle lenses and frames every 12 months with a \$50 copay		
Frames (every 24 months)	Covered up to \$150 with 20% discount for amounts in excess of \$150	Up to \$70	
DISCOUNTS & SAVINGS	τοι απισαπισ πι σποείσο στ φ. σ		

Average 35% - 40% savings on all non-covered lens options

30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam

Polycarbonate lenses for dependent children

Laser Vision Correction — Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities. TruHearing® Member Plus discount program — Provides discounts up to 50% on hearing aids and professional services.

Look Up Participating Providers and Locations Online at:

www.vsp.com

Vision Service Plan (VSP) is a managed vision plan that offers an integrated network of private practice optometrists, ophthalmologists and opticians. You may receive a better benefit by utilizing a member doctor.





# TELADOC, FOR AETNA ENROLLEES

Aetna is pleased to provide you with access to Teladoc, an added benefit that gives you 24/7 access to a national network of U.S. board-certified doctors.

Contact Teladoc from anywhere — home, work, or on the road — and let the doctor come to you! Teladoc doctors diagnose non-emergency medical problems, recommend treatment, and can even call in a prescription to your pharmacy of choice, when necessary.

#### Contact Teladoc at:

- 1-855-Teladoc (1-855-835-2362) or
- www.teladoc.com/aetna

#### **AETNA PRESCRIPTION DRUG PROGRAMS**

Aetna enrollees are now offered access to two prescription drug programs:

- Pharmacy Advisor: counseling is available for certain new prescriptions
- Voluntary Maintenance Choice: 90-day refill at CVS/Target

#### **HEALTH ADVOCATE**

Health Advocate provides assistance for questions and complicated health needs. A registered nurse is assigned as your personal advocate and will assist with clinical services such as finding the correct doctor, advice on medical conditions and navigating the health care system. They also provide administrative services such as resolving claim issues and explaining medical bills.

Contact Health Advocate at:

- 1-866-695-8622 or
- answers@HealthAdvocate.com

# HEALTH CARE SPENDING AND DEPENDENT CARE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) work much like a bank account. You decide how much you want to deposit on a pre-tax basis in the account each year based on your expected expenses. Your deposits will be made through pre-tax payroll deductions. As you incur eligible expenses, you submit a claim for reimbursement from your personal account. Your deposits to your FSA account and your reimbursements are completely tax-free.

The Health Care Spending Account (HCSA) and the Dependent Care Spending Account (DCSA) can lower your taxes. Taxes are calculated on your earnings after the FSA payroll deductions have been subtracted.

The maximum contribution to the HCSA is \$2,550 annually. Federal law limits the DCSA contributions to \$5,000, or \$2,500 for married couples filing separately. There is a use-it-or-lose-it provision. The IRS has strict guidelines as to how funds you contribute may be used. Employees forfeit any money they don't use from the account by the end of the benefit year. You can't roll it over or take out the remaining amount in cash. To avoid wasting money, project your expenses carefully for the coming benefits year. Expenses submitted for reimbursement during the plan year must be incurred during the same plan year. You may enroll in either or both accounts, even if you choose to waive medical and/or dental coverage.

# LIMITED PURPOSE FSA, FOR HSA PARTICIPANTS ONLY

The Limited Purpose FSA is for those enrolled in the HDHP with HSA. The Limited Purpose FSA is used to pay out-of-pocket expenses for dental and vision expenses only. The maximum contribution to the Limited Purpose FSA is \$2,550 annually.





# LONG-TERM AND SHORT-TERM DISABILITY HIGHLIGHTS

#### **DISABILITY BENEFITS**

Active full-time employees who become injured or suffer an illness and cannot perform the duties of their job may be eligible for income replacement benefits as outlined below.

# SHORT-TERM DISABILITY (STD)

Your Short-Term Disability coverage will replace a portion of your income if you are injured or ill more than 14 calendar days.

Beginning the 15<sup>th</sup> day and up through the 180<sup>th</sup> day you are disabled, 70% of your pre-disability base weekly income earnings are replaced. The maximum weekly benefit is \$3,464. The benefit will be reduced by other sources of disability income (Social Security, Workers Compensation, State Disability, etc.)

# LONG-TERM DISABILITY (LTD)

Should you remain disabled beyond the 180 days covered under the Short-Term Disability plan, you may be eligible for an income replacement benefit under the Long-Term Disability program.

Benefits begin after you have been totally disabled or residually disabled, as defined by the policy, for 180 days. The monthly benefit provided to you is 60% of your pre-disability base monthly salary to a maximum monthly benefit of \$15,000 per month.

# **VOLUNTARY DISABILITY INSURANCE (VDI)**

(For Legacy TiVo Employees Only)

### If you are a legacy Rovi employee:

Legacy Rovi employees are automatically enrolled in California State Disability Insurance (SDI).

### If you are a legacy TiVo Employee:

VDI is the self-insured alternative to the CA SDI available to legacy TiVo employees only. All California TiVo employees are required by law to participate in either SDI or the TiVo VDI plan.

At A Glance	Short-Term Disability	Long -Term Disability
Base Benefit	70% of weekly pre-disability earnings	60% of monthly pre-disability earnings
Paid Maximum Benefit	\$3,464 weekly	\$15,000 monthly
ELIMINATION PERIOD		
Accident	14 days	180 days
Sickness	14 days	180 days
Hospitalization	14 days	180 days
Maximum Period of Payment	180 days	Greater of age 65 (ADEA) or SSNRA*

<sup>\*</sup> ADEA - Age Discrimination in Employment Act; SSNRA - Social Security Normal Retirement Age

# LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE BENEFITS

TiVo has purchased Life and AD&D for all active full-time employees at no cost to you.

Basic Life insurance protects your family or beneficiary from a loss of income in the event of your death. AD&D insurance provides additional protection for your beneficiaries in the event of an accidental death or loss of limb or eyesight.

TiVo provides Basic Life Insurance of two times your base annual salary plus \$15,000 to a maximum of \$1,015,000.





At A Glance	Employee Life & AD&D	
Benefit Amount	2 times annual earnings plus \$15,000	
Maximum Benefit	\$1,015,000	
Guarantee Issue	\$1,015,000	
Age Reductions	35% at age 65, 50% at age 70	
BENEFITS		
Accelerated Benefit	If terminally ill, you can receive up to 80%	
	(not to exceed \$500,000) of your Life Insurance.	
Seatbelt Benefit	Additional 10% up to a maximum of \$10,000	
Airbag Benefit	Additional 5% up to a maximum of \$5,000	

# OPTIONAL LIFE AND DEPENDENT LIFE INSURANCE BENEFITS

You have an option of purchasing additional voluntary Life and Accidental Death and Dismemberment coverage for you and your dependents from the Hartford.

Additional life coverage is optional and paid for by you. The rates are included in the tables on page 10. In order to enroll in coverage for your dependents, you must also be enrolled in voluntary life coverage as well.

<b>(</b> E) (	Optional Life /AD&D
Maximum Benefit (separate from Basic Life)	The lesser of 5 times annual earnings or \$1,000,000; available in \$10,000 increments
Guarantee Issue (new hires only)	3 times basic annual earnings up to \$300,000
Age Reductions	35% at age 65, 50% at age 70
Accelerated Benefit	If diagnosed with a terminal illness with a life expectancy of less than 12 months, you can receive up to 80% (not to exceed \$1,000,000) of your Life Insurance.
Portability	Yes
Spouse Plan	nal Dependent Life/AD&D  100% of employee benefit to \$500,000 maximum
Spouse Guarantee Issue (new hires only)	\$50,000
Spouse Accelerated Benefit	If diagnosed with a terminal illness with a life expectancy of less than 12 months, you can receive up to 80% (not to exceed \$250,000) of your Dependent Life Insurance.
Age Reductions	None
Child Plan Is Purchased in Increments (eligibility is child ages birth to end of month in which they reach age 26)	\$1,000 increments to \$25,000 maximum Guarantee Issue: \$15,000
Portability	Vac





\$ Rate Information		
Rates shown include Voluntary AD&D rate of \$0.02 Spouse rate is based on employee age		
Age	Rate (Per \$1,000 /Month)	
<25	\$0.050	
25-29	\$0.060	
30-34	\$0.080	
35-39	\$0.090	
40-44	\$0.109	
45-49	\$0.191	
50-54	\$0.347	
55-59	\$0.658	
60-64	\$0.806	
65-69	\$1.328	
70-74	\$2.429	
75+	\$2.060	
Child Rate (includes coverage for one or more children)	\$0.133 per \$1,000	

# MEDICAL EVIDENCE OF INSURABILITY (EOI)

An EOI will need to be submitted by employees who:

- Request coverage amounts during their initial 31-day enrollment that exceeds the stated Medical Evidence Of Insurability level
- Apply for coverage more than 31 days after they are first eligible (late entrants)

# EMPLOYEE ASSISTANCE PROGRAM (EAP) HIGHLIGHTS



#### At A Glance

#### **General Plan Information**

Everyone needs help dealing with life's challenges from time to time. You and your family can get help that's easy, convenient and confidential through Empathia.

The EAP offers confidential assistance with day-to-day issues, so you can be at your best at work and at home. Confidential assistance is available for concerns such as:

- Family, relationship and parenting issues
- Child and elder care needs
- Emotional and stress-related issues
- Alcohol and drug dependencies
- Conflicts at home or work
- Health and wellness issues
- Legal and financial issues

### Services available include:

- Up to five "face to face" sessions available on a per problem basis for employees and their immediate family members
- Telephone consultation, available 24/7 with licensed mental health professionals
- Online web resources at www.mylifematters.com password: TiVo
- Referrals to local child and elder care services and resources

EAP services are available at no cost to you and your family. And if you need assistance beyond the scope of the EAP, the counselor will help you find an affordable solution. (You are responsible for any fees, resulting from referrals outside of the EAP, including those associated with a medical benefit plan.)

For more information on the Empathia EAP program, please visit their website or contact them at 1-800-367-7474.





#### **VOLUNTARY BENEFITS**

You have the option of purchasing the following benefits—these coverages are optional and paid for by you:

- Critical Illness Critical illness insurance helps protect against the financial impact of certain illnesses, such as heart attack, cancer, Alzheimer's disease, and more. You receive a lump-sum benefit that you can use however you see fit. (Pre-existing condition limitations may apply.)
- Legal Benefits The MetLife Hyatt Legal
   Assistance Plan offers you economical access
   to attorneys for common legal services, such
   as will preparation, estate planning, family law,
   and more.

- Pet Insurance For pet owners, the cost of providing unexpected veterinary care could add up to hundreds, or even thousands, of dollars. Pet insurance is a cost-effective way to protect you from the risk of these expenses and provide medical care for your pet with peace of mind.
- Auto and Home MetLife auto and home insurance offers convenience and discounts for TiVo employees. Premiums are billed directly to employees' home address.

To enroll in Pet Insurance or Auto and Home, go to www.metlife.com/mybenefits. To enroll in Critical Illness or the Legal Benefit, please make your election in **BeneTrac**.

• **Commuter Benefits** – Commuter Check Direct provides pre-tax benefit accounts (with a pre-tax limit of \$255/month) used to pay for public transit and parking.

# HOW TO ENROLL OR MAKE CHANGES

You must complete your enrollment in **BeneTrac**. Please visit **TiVo Inside** for details. Link to **BeneTrac**:



https://www.eenroller.net/login.asp?ST=MVSN3922.

# "OPT-OUT" PROVISION

You may elect to "Opt-Out" of any of the coverages that are not 100% paid for by TiVo which you may wish to do if you have coverage through a spouse or another plan.

In order to waive any coverage, you must complete an Opt-Out Waiver Form and provide proof of other coverage. The Opt-Out Waiver Form is available on **TiVo Inside**.

It is important to note that if you opt out of health and welfare coverage, you may not be able to enroll in the health benefit plans unless you have a designated family status change event or until the next benefits open enrollment period. Please consult the Human Resources Department if you have questions.

The nature and extent of TiVo's benefit options are the subject of ongoing re-evaluation by the Company. Consequently, TiVo may, in its sole discretion, modify, suspend or discontinue any one or more of its benefit options at any time without prior notice to you and without your input or consent.





# **Glossary of Terms**



#### AD&D - ACCIDENTAL DEATH & DISMEMBERMENT

Coverage that pays benefits in the event an individual dies or is dismembered as a result of an accident

#### **COB - COORDINATION OF BENEFITS**

Process whereby insurance carrier must determine claim liability when an individual has coverage under more than one plan

#### COBRA - CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT

Legislation enacted in 1986 designed to extend coverage to terminated employees and their families, as well as for dependents losing coverage due to death of employee, divorce, etc.

#### COPAY

A fixed amount that the member or covered insured must pay out-of-pocket

#### **DEDUCTIBLE**

The annual amount of medical expense that must be incurred before benefits are payable

#### **EOB - EXPLANATION OF BENEFITS**

Worksheet given to employees to explain how a claim was paid and to whom

#### **HDHP**

A health plan with lower premiums and higher deductibles than a traditional one; being covered by an HDHP is a requirement for having a Health Savings Account (HSA)

#### **HMO - HEALTH MAINTENANCE ORGANIZATION**

Network of physicians and/or hospitals that provide services at reduced rates. Member must utilize network providers and may be required to select a primary care physician

#### **HSA**

A tax-advantaged medical savings account available to taxpayers in the United States who are enrolled in a High Deductible Health Plan (HDHP)

#### **OPEN ENROLLMENT**

The annual period during which employees are allowed to enroll and/or transfer between employer-sponsored plans

#### **OUT-OF-POCKET MAXIMUM**

The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount

#### PPO - PREFERRED PROVIDER ORGANIZATION

Network of physicians and/or hospitals that provide services at reduced rates to employees. Member has option whether or not to utilize network provider

#### SPD - SUMMARY PLAN DESCRIPTION

Booklet or certificate that explains benefits and employee rights

#### UCR - USUAL, CUSTOMARY AND REASONABLE

The level whereby a claim charge is based upon historical fee patterns deemed to be in line with normal charges for the same procedure performed in the same area



Contact Information	
YOUR PLANS	YOUR PLAN'S MEMBER SERVICE CONTACTS:
Medical Plans  How do I use the plan?	<b>Aetna</b> Group # 861497
<ul><li>What do I do when I want to see a Provider?</li><li>What's covered?</li><li>Verify eligibility of a particular medical service/procedure</li></ul>	Refer to your medical card for your ID number  Member Services for Select and Choice POS Plans: 1-877-204-9186; for HDHP Plan: 877-869-4077  More information and provider directory online at <a href="https://www.aetna.com/docFind">www.aetna.com/docFind</a>
<ul><li>Check the status of a claim</li><li>Request an ID card</li><li>Confirm your eligibility or coverage</li></ul>	Select "Plan" = "Aetna Select (Open Access)" for the 100 plan Select "Plan" = "Aetna Choice POS II (Open Access)" for the 90 and 70 plans Select "Plan" = "Aetna Choice POS II (Aetna Health Fund)" for HDHP/HSA
	<b>Kaiser Permanente</b> No. CA Group # 35084; So. CA Group # 230254 Member Services: 1-800-464-4000
	More information and provider directory online at www.kp.org  Blue Care Network of Michigan
	Group # 272486  Member Services: 1-800-662-6667  More information and provider directory online at www.MIBCN.com
Dental Plan	MetLife
<ul> <li>Verify coverage of a particular service</li> <li>Check the status of a dental claim</li> </ul>	Group # 304798  Member Services: 1-800-942-0854  More information and provider directory online at  www.metlife.com/mybenefits
Vision Plan  • Verify coverage of a particular service	VSP Group # 12326442
Check the status of a claim	Member Services: 1-800-877-7195  More information and provider directory online at www.vsp.com
Flex Plan	PayFlex
<ul><li> How do I use the plan?</li><li> What's covered?</li><li> Check the status of a claim</li></ul>	Member Services: 1-888-678-8242  More information online at <a href="https://www.payflex.com">www.payflex.com</a>
LTD / STD / Life & AD&D / Optional Plan	The Hartford
<ul><li>How do I use the plan?</li><li>What's covered?</li></ul>	Group # GRH677991 Member Services Life Claims: 1-888-563-1124 Member Services Disability Claims: 1-866-958-2502 Website: www.thehartfordatwork.com
Voluntary Disability Insurance and Leave of Absence (Legacy TiVo only)	The Larkin Company
How do I use the plan?     What's covered?	Member Services Disability Claims: 1-866-923-3336  Website: <a href="https://www.thelarkincompany.com">www.thelarkincompany.com</a>
EAP Plan	Empathia, Inc.
<ul><li>How do I use the plan?</li><li>What's covered?</li></ul>	Member Services: 1-800-367-7474  More information and provider directory online at  www.mylifematters.com l Password: TiVo
401(k) Plan	Fidelity
<ul><li>How do I use the plan?</li><li>Who is eligible?</li></ul>	Plan # 38983 Member Services: 1-800-890-4015 More information online at <u>www.401k.com</u>
Teladoc, for Aetna Enrollees  Request a phone or video appointment (Aetna members only)	<b>Teladoc</b> Member # 861497  Member Services: 1-855-835-2362
Health Advocate	Website: <u>www.teladoc.com/aetna</u> Health Advocate
<ul><li>Request a Personal Health Advocate</li><li>Request assistance with claims and medical issues</li></ul>	Phone: 1-866-695-8622 Website: <u>www.HealthAdvocate.com/tivo</u> Email: <u>answers@HealthAdvocate.com</u>
Critical Illness / Pet Insurance / Auto & Home	MetLife
<ul><li>How do I use these plans?</li><li>What's covered?</li></ul>	Member # 139769 Member Services: 1-800-438-6388 Website: <u>www.metlife.com/mybenefits</u>
<ul><li>Legal Benefits</li><li>How do I use this benefit?</li><li>What's covered?</li></ul>	<b>Hyatt Legal Plans</b> Member # 6091163  Member Services: 1-800-821-6400  Website: www.legalplans.com   Password: 1500946 or MetLaw
Commuter Benefits  How do I use the plan? What's covered?	Commuter Check Direct Company ID: 1280 Member Services: 1-888-235-9223 Website: www.commutercheckdirect.com