



New Hire Benefits Book



Broadridge®

HR | **Benefits** | **invest in you**
Invest in your health, welfare, retirement

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Please Note: Descriptions of benefit plans do not include the detailed legal definitions and limitations, which are in plan documents governing your benefits. Therefore, this Broadridge Benefit Book does not replace the legal documents. In case of conflict, the legal documents will determine your benefits.

Important Resources

Broadridge Web Enrollment:	www.totalrewards.broadridge.com Click on My Benefits Enrollment
Broadridge Benefits Service Center:	(877) 869-5182 (phone) (513) 784-9734 (fax) TDD Line: 855-545-4168

Health and Welfare

Traditional Choice Plus and SavingsPlus HSA Plans	
	<u>United Healthcare</u>
Group Number	711412
Web Site	www.myuhc.com
Provider Listing	General Physician Directory UnitedHealthcare Choice Plus
Member Services (ID cards, verify provider participation, claims)	(844) 651-3827
Hospital Pre-Cert/Medical Management Programs	(844) 651-3827
Optum Nurseline Services (UHC) (24 hour nurse line)	(844) 651-3827
Healthy Pregnancy Program (UHC)	(888) 246-7389
Mental Health Providers (In Network)	(844) 651-3827 or www.myuhc.com or www.liveandworkwell.com
TDD Line	(800) 545-6751
COBRA Benefit Concepts	(866) 629-6545 Website: www.AvantServe.com

Prescription	
Express Scripts (formerly Medco) Prescription (UHC Traditional Choice Plus & UHC SavingsPlus HSA)	http://www.express-scripts.com /
Member Services	(866) 518-9735
TDD Line for the Hearing Impaired:	(800) 759-1098

HMO	
Plan Information	Refer to the My Benefits Enrollment tab on the Total Rewards website.

Dental

Internet Web Site	www.aetna.com
<ul style="list-style-type: none">Find dentist at "Doc Find"Dental Claims, ID cards, verify provider participation	
DMO	(877) 238-6200
Non-DMO	(877) 238-6200

Vision

To view your coverage you need the last four digits of your Social Security Number and your name to log on.	(800) 877-7195 www.vsp.com Skip the member ID box and enter, VSP at "Doctor Network ID."
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Flexible Spending Accounts

Internet Web Site	www.flexbenefits.broadridge.com
Clarity Benefit Solutions	(888) 423-6359

Group Critical Illness Insurance

Pre Enrollment: Broadridge Benefits Service Center	(877) 869-5182
Post Enrollment: Allstate Benefits Customer Care Center	(800) 521-3535 www.allstateatwork.com

Group Accident Insurance

Pre Enrollment: Broadridge Benefits Service Center	(877) 869-5182
Post Enrollment: Allstate Benefits Customer Care Center	(800) 521-3535 www.allstateatwork.com

Supplemental Insurance

Life Insurance (GUL) / Auto & Home Insurance / Group Legal

Mercer Voluntary Benefits	(800) 638-6854 www.voluntarybenefits.broadridge.com
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Disability Insurance

Prudential Short Term Disability/Long Term Disability & FML Claims	(877) 367-7781
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Personal Accident Insurance

Claims Services	(800) 551-0824
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Retirement Savings

401(k)

401(k) Internet web site 401(k) – Changes, Loans, Inquiries Telephone Number	www.Broadridge401k.com (need 4 digit PIN) (888) 822-9238
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Total Rewards

Online Total Rewards Statement	
Your Total Rewards	https://totalrewards.broadridge.com

Other Programs

Broadridge HR Helpdesk	(888) 237-7769
Healthroads (Wellness Program)	(877) 330-2746 www.Healthyroads.com
GlobalFit	(800) 294-1500 www.GlobalFit.com/broadridge
Employee Assistance Program & Referral Services (ComPsych)	(888) 936-7327 www.guidanceresources.com (Web ID: EAPBFS)
Clarity Benefit Solutions (FSA and transit program)	(888) 423-6359 http://www.flexbenefits.broadridge.com/
BrightHorizons	(877) 242-2737 http://backup.brighthorizons.com
BenefitWallet (HSA)	(877) 869-5182 www.mybenefitwallet.com
Tuition Reimbursement (EdLink)	www.tamsonline.org/Broadridge
Real Estate Services Team (REST)	(866) 896-7045 https://realestateservices.adpcorp.com
Childcare Discount (Learning Care Group)	www.lapetite.com www.childtime.com www.tutortime.com www.childrencourtyard.com
Morgan Stanley	(866) 722-7310 www.stockplanconnect.com
ID Theft Protection	(800) 789-2720 www.infoarmor.com
Pet Assure Discount Program	(877) FIND-VET www.petassure.com
Consumer Medical	(888) 361-3944 www.myconsumermedical.com

Overview

Broadridge is pleased to offer the Broadridge Health and Welfare Benefits Plan (the “Plan”), a selection of competitive, high quality health care plans. You have the choice of several plans.

You have the flexibility to select specific types of coverage, benefit options and contribution levels that are applicable to your particular situation. When making your benefit elections, you may choose from among the following tiers of coverage:

- Associate Only
- Associate + One
- Family (two or more dependents)

To make your benefit elections log on to Total Rewards at www.totalrewards.broadridge.com and click on the “My Benefits Enrollment” tab. You must use your single sign-on user name and password to access this website.

Username: associate’s user id (6 digit number)

Password: You will be given a temporary password by clicking “forgot password”.

If you do not have access to the web, contact the **Broadridge Benefits Service Center** at (877) 869-5182 for assistance.

A new Associate’s coverage will take effect on the Associate’s first day of active employment.

Once you enroll in Broadridge’s benefits, contributions for the benefits you selected will be automatically deducted from your paycheck retroactive to your hire date. Benefit premiums will be prorated based on your date of hire.

To enroll in Broadridge’s 401(k) Plan, call (888) 822-9238 or log on to www.Broadridge401k.com. You can enroll at any time once your personal information is passed to ADP, the plan administrator. The information will be passed to ADP no later than one week after your first system generated paycheck.

To enroll in Broadridge’s Voluntary Programs – See the [Important Resources](#) section of this book for web site addresses.

Associate Eligibility

Who Can Enroll in Broadridge’s Benefits and Effective Date of Coverage

Through the Plan, you have the option to enroll in the following plans based on eligibility:

Benefit	Regular Part Time Associates Working at Least 20 Hours per Week	Regular Full Time Associates Working at Least 32 Hours per Week	Eligible Dependents	Effective Date of Coverage *
Medical (including Prescription Drug), Dental, Vision, Consumer Medical	Yes	Yes	Yes	1 st day of employment
Flexible Spending Accts (Healthcare and Dependent Care)	Yes	Yes	Yes	1 st day of employment
Basic Life / AD&D	No	Yes	N/A	1 st day of employment
Long Term Disability (Core and Buy-up)	Yes	Yes	N/A	1 st day of employment or upon approval of application
Business Travel Accident	Yes	Yes	N/A	1 st day of employment
401(k) Plan	Yes	Yes	N/A	1 st day of employment

Voluntary Plans	Regular Part Time Associates Working at Least 20 Hours per Week	Regular Full Time Associates Working at Least 32 Hours per Week	Eligible Dependents	Effective Date of Coverage
Group Critical Illness Insurance	Yes	Yes	Yes	1 st day of employment
Group Accident Insurance	Yes	Yes	Yes	1 st day of employment
Personal Accident Insurance	No	Yes	Yes	1 st day of employment
Group Universal Life Insurance	No	Yes	Yes	On the date the completed enrollment form is received. Coverage is subject to carrier approval
Auto & Home Insurance	Yes	Yes	Yes	Can request a quote 1 st day of employment. Coverage is subject to carrier approval
Group Legal	Yes	Yes	No	The 1 st day of the month following the day in which you enroll.*
ID Theft Protection	Yes	Yes	Yes	1st of 2nd month following your date of employment
Pet Assure Discount	Yes	Yes	No	1 st day of employment

* You have 60 days from your hire date to enroll in the Group Legal plan. After the 60-day time period, your next enrollment opportunity will be during Broadridge's annual open enrollment period.

Dependent Eligibility

The following dependents are eligible for enrollment:

- The term "spouse" as it applies to coverage refers to a person to whom you are legally married or with whom you live in a common law marriage. Your spouse includes a same-sex spouse to whom you are legally married. Broadridge will recognize a spouse from a common law marriage only if certain criteria are satisfied. Please refer to the Comprehensive Summary Plan Description for details.

If you and your spouse are both associates of Broadridge, you can each enroll as an individual, or one of you can elect Associate + One or Family healthcare coverage. If you elect coverage separately, you cannot cover each other as dependents and your eligible child(ren) may only be covered by one of you. If your spouse is covered under both Broadridge's plan and their employer's plan, Broadridge's plan subtracts any payment made by your spouse's plan from the benefit payable.

- Your children to the age of 26.
- Your unmarried, dependent children age 26 or older and currently covered under the Plan that are physically or mentally disabled and are incapable of earning their own living. (Onset of disability must be prior to age 26 or while covered under the Plan.) This is subject to the Plan's approval by completing the Incapacitated Dependent form within 31 days of the date their coverage would end. Please complete the **Incapacitated Dependent Information Form** located on the "My Benefits Enrollment" tab on Total Rewards under Quick Links within 31 days of the date their coverage would end.

The term "children" as it applies to coverage includes:

- ❖ Your biological children;
- ❖ Your legally adopted children or children placed with you for adoption;
- ❖ Your stepchildren or foster children;
- ❖ Children who reside in your household for whom the Broadridge associate has been named legal guardian and is required to provide medical care.

Note: No one can be covered more than once under this Plan as both an associate and a dependent, or as a dependent of more than one associate.

- HMO dependent eligibility may vary by state due to state mandates. For details, contact the HMO Member Services; phone numbers and group numbers are listed in the HMO Summaries, which are posted on **The "My Benefits Enrollment" tab of Total Rewards.**

Important Note:

The term "dependent" as it applies to coverage refers only to a person who is dependent on you for more than one-half of his or her financial support. Please note that an associate's own child who is under age 26 does not need to be a "dependent" to qualify as an eligible dependent under the Plan, but being such a "dependent" is a condition for coverage of any other child (such as a disabled child age 26). Healthcare benefits provided to your children under age 26 and to your dependent children are tax free for federal income tax purposes. Please contact your tax advisor if you have any questions about whether any children qualify for tax free healthcare benefits under the Internal Revenue Code.

Non-duplication of Benefits: Associates with dependents who have primary coverage under another plan should fully understand the non-duplication provision. There may be no additional benefit from having coverage from a Broadridge-sponsored Plan. Please review the Comprehensive Summary Plan Description found on the "My Benefits Enrollment" tab on Total Rewards for the complete guidelines regarding non-duplication of benefits for our medical and dental plans.

How to Enroll

After you have reviewed the plan information and decided on the benefits you are electing, access the "My Benefits Enrollment" tab on Total Rewards at www.totalrewards.broadridge.com. You will be required to enter your single sign-on credentials to access the enrollment site. Instructions are provided at the bottom of the log on screen.

If at any time you experience any issues in completing your new hire benefits enrollment please contact the **Broadridge Benefits Service Center** for assistance at (877) 869-5182.

If You Do Not Enroll

If you do not enroll within 30 days of your hire date, full-time/part-time associates will **default** as listed in the chart below. If you are a part-time associate working under 20 hours, you will default to "no coverage."

You must make an election for the following plans within 30 calendar days of your hire date via the web at www.totalrewards.broadridge.com. **If you do not enroll by this deadline, full-time/part-time associates will automatically receive the coverage listed below.**

Note: There will be a deduction from your pay for the default medical coverage and tobacco surcharge.

Plans	Default Coverage
Medical Insurance (20 hours or more)	SavingsPlus HSA with No HSA, Associate Only UHC Provider Network

Tobacco Surcharge	\$23.08 per pay period (bi-weekly)
Dental Insurance	None
Healthcare FSA (Limited or General Purpose) or Dependent Care FSA	None
Health Savings Account (HSA)	None
Personal Accident Insurance	None
Vision Coverage	None
Group Critical Illness Insurance*	None
Group Accident Insurance	None
Basic Life Insurance (32 hours or more)	1.5 X Basic Annual Earnings
AD&D (32 hours or more)	1.5 X Basic Annual Earnings
Long Term Disability* (20 hours or more)	40% of base annual earnings
Group Legal	None

*If you wish to enroll in the LTD buy-up option or Group Critical Illness Insurance at a later date, evidence of insurability will be required.

Remember that you can enroll in the 401(k) plan at any time.

Details: Refer to the Summary Plan Description (SPD) or the Summary of Benefits Coverages (SBCs) for detailed information on the plans. The documents are located on the “**My Benefits Enrollment**” tab of **Total Rewards**. Go to www.totalrewards.broadridge.com or contact the **Broadridge Benefits Service Center** at 1-877-869-5182 for assistance if you do not have internet access from home or work.

Your 2017 Health Care Options

Associates have different needs; therefore, Broadridge offers several different health care plans to meet the needs of you and your family:

United Healthcare (UHC) Traditional Choice Plus & SavingsPlus HSA

- United Healthcare Choice Plus Network

Broadridge offers UHC options and a limited number of HMO plans. See the chart in this Book “**Making the Right Choice HMO or UHC...**” to help you determine which plan is best for you.

It is important to carefully weigh the difference between each medical option to make sure your specific needs will be covered. **You will not be permitted to change options because your doctor drops out of the Plan network during the plan year.**

You may also visit the “**My Benefits Enrollment**” tab of **Total Rewards** to use the Medical Cost and Plan Comparison Tool to determine an estimate of your out-of-pocket cost for each plan.

Cost of UHC Medical Coverage

Associate Bi-Weekly Contribution	Single	Associate + One	Family
Traditional Choice Plus	\$69.23	\$160.15	\$274.62
SavingsPlus HSA	\$29.54	\$67.85	\$130.15

HMO	Go to Benefit Plan Information on The “My Benefits Enrollment” tab of Total Rewards for plan summaries and rates.
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UHC Managed Care Plans

Note: If you are not in the UHC Zip Code service area, you will default to the UHC Passive PPO plan.

Visit the UHC web site at www.myuhc.com for a list of participating providers or contact the **Broadridge Benefits Service Center** for assistance.

Please note that if your doctor leaves the Choice Plus network, you cannot change your option due to IRS guidelines that regulates this Plan. You may only make a change if you move outside the Choice Plus service area or during the next Open Enrollment period.

UHC Traditional Choice Plus and UHC SavingsPlus HSA plans provide coverage through a network of physicians, hospitals and other health care providers, who have contracted with the Plan to provide comprehensive, quality service at a discount. You have the flexibility, each time you receive service, to use an in-network provider or out-of-network provider. Under both options, when you use a provider in the Choice Plus network, you get the benefit of negotiated discounts. If you choose a provider outside the network, your out-of-pocket costs will be higher. Both options protect you against unexpected medical expenses and provide you the freedom to choose any provider.

Note: Where a provider is not available within the network or if an associate is traveling outside the network service area and a non-network provider is used, the passive benefit of 80% usual and prevailing will apply to services of the non-network provider, subject to the in-network level deductible and out-of-pocket limits.

UHC Medical Options-At-A-Glance				
Choice Plus	Traditional Choice Plus		Savings Plus HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible			Associates covering a dependent must meet the entire family deductible of \$3,800 before medical and pharmacy benefits pay coinsurance	
In-network & out-of-network deductible cross applies Per person/Family	\$800 / \$1,850	\$1,250 / \$2,600	\$1,600 / \$3,800	\$1,600 / \$3,800
Annual Out-of-Pocket Limit (Includes deductible. Does not include co-pays or out-of-network amounts over the usual and prevailing fee. In-network & out-of-network limit cross applies) Per Person/Family	\$2,800 / \$5,600	\$5,600 / \$11,200	\$3,800 / \$6,850	\$7,600 / \$15,200
Office Visit – PCP /Specialist (not subject to deductible) – For illness or injury	\$25/\$40 No Deductible	60% U&P Deductible applies	80% after deductible	60% U&P Deductible applies

Charges for other eligible medical services during the visit are subject to deductible & coinsurance	80%	60% U&P	80%	60% U&P
Mental & Nervous Benefits				
Outpatient	\$25 co-pay (not subject to deductible)	60% of Usual & Prevailing (U&P) Fee after deductible has been satisfied	80% after deductible	at 60% of Usual & Prevailing (U&P) Fee after deductible has been satisfied
Inpatient	80% after deductible	60% U&P after deductible	80% after deductible	60% U&P after deductible
Inpatient Hospital/Emergency Room	\$150 ER copay plus	\$150 ER copay plus 60% after deductible (ER – 80% after deductible) ER copay waived if admitted	80% after deductible	60% after deductible (ER – 80% after deductible)
Hospital-based providers	80% after deductible			
	ER copay waived if admitted			
Urgent Care Centers	\$40 copay (80% after deductible)	60% after deductible	80% after deductible	60% after deductible
Physical, Speech and Occupational Therapy (1)	80% after deductible	60% U&P after deductible	80% after deductible	60% U&P after deductible
Chiropractor	80% after deductible up to a maximum benefit of \$2500 per calendar year	60% U&P after deductible up to a maximum benefit of \$2500 per calendar year	80% after deductible up to a maximum benefit of \$2500 per calendar year	60% U&P after deductible up to a maximum benefit of \$2500 per calendar year
X-Ray / Lab	80% after deductible	60% U&P after deductible	80% after deductible	60% U&P after deductible
Preventive Care (2)	100% coinsurance \$0 Copay	60% U&P	100% coinsurance \$0 Copay	60% U&P
Prescription Drug (Express Scripts)	<p>Note: Plan payment based upon cost of generic when available.</p> <p><u>Traditional Choice Plus and SavingsPlus HSA</u> For Savings Plus HSA, the following applies to preventive medications. For all other prescriptions, the chart below will apply once your deductible under the SavingsPlus HSA Plan has been satisfied.</p> <p><u>Retail network pharmacy</u> Up to a 30-day supply</p> <p>Generic Drugs 25% of the prescription drug's total cost No less than \$10 (4) No more than \$50</p> <p>Preferred-Brand-name Drugs (3) 25% of the prescription drug's total cost No less than \$35 (4) No more than \$90</p> <p>Non-Preferred Brand-name Drugs (3) 45% of the prescription drug's total cost No less than \$55 (4) No more than \$150</p>			
	<p><u>Traditional Choice Plus and SavingsPlus HSA</u> For Savings Plus HSA, the following applies to preventive medications. For all other prescriptions, the chart below will apply once your deductible under the SavingsPlus HSA Plan has been satisfied.</p> <p><u>Home Delivery Pharmacy Service</u> Up to a 90-day supply</p> <p>25% of the prescription drug's total cost No less than \$25 No more than \$100</p> <p>25% of the prescription drug's total cost No less than \$80 No more than \$200</p> <p>45% of the prescription drug's total cost No less than \$130 No more than \$250</p>			
Bi-Weekly Associate Contributions (5)				
Associate Only		\$69.23		\$29.54
Associate + One		\$160.15		\$67.85
Family		\$274.62		\$130.15
Monthly Associate Contributions (5)				
Associate Only		\$150.00		\$64.00
Associate + One		\$347.00		\$147.00
Family		\$595.00		\$282.00

- 1) Therapy services for developmental delay disorders are available for dependent children age 18 months to age 5 only; subject to 20 visit maximum per calendar year.
- 2) Preventive care services provided on an outpatient basis at a Physician's office, an Alternate Facility or a Hospital encompass medical services that have been demonstrated by clinical evidence to be safe and effective in either the early detection of disease or in the prevention of disease, have been proven to have a beneficial effect on health outcomes and include the following as required under applicable law:
 - evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;
 - immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;
 - with respect to infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and
 - with respect to women, such additional preventive care and screenings as provided for in comprehensive guidelines supported by the Health Resources and Services Administration, including the expanded women's preventive services, which includes, among other items, breast feeding support, supplies and counseling.
- 3) If you purchase a brand name medication when a generic equivalent is available, you will pay your **generic co-payment plus the cost difference between the brand (preferred or non-preferred) name and generic medication**. The difference will not count towards your out-of-pocket maximum.
- 4) If the cost of the drug is less than the minimum co-payment, you will only pay the actual cost.
- 5) Broadridge imposes a surcharge, over and above your UnitedHealthCare options in the Medical Plan (the "Plan") contribution amount, if your spouse is eligible for medical coverage from his or her employer, and you elect to cover your spouse under the Plan. During the benefits enrollment process you were/or will be required to complete an affidavit as to whether or not your spouse is eligible for medical coverage through his or her employer. If you checked yes, your spouse is eligible for medical coverage through his or her employer, the spousal surcharge will automatically apply to your per pay period Plan contribution amount on a pre-tax basis. Broadridge also imposes a surcharge for those who use tobacco. Please refer to the Tobacco Free Policy on the "My Benefits Enrollment" tab on the Broadridge Total Rewards website under "Benefit Plan Information" for more information.

Traditional Choice Plus Prescription Out-of-Pocket Maximum

As a result of Health Care Reform, there will be a separate out-of-pocket maximum for prescription drugs as follows:

- ❖ \$3,750 per individual; and
- ❖ \$7,500 per family.

Please note: For the SavingsPlus HSA, out-of-pocket prescription drug expenses already count towards an integrated maximum, so there is no change to this program;

Traditional Passive PPO and Savings Passive PPO

The Passive PPO Options are only available to associates who reside outside of the United Healthcare Choice Plus managed care service areas or who are traveling out of the country. Passive benefits are available through UHC only. Under the UHC Passive PPO options, out-of-network benefits are paid at a higher level than the standard managed plan benefits (80% coinsurance vs. 60%). The deductible and out-of-pocket maximums are the same as the network benefit levels.

Maximum Lifetime Benefit Amount

None

Temporary ID Card

Should you need to see a doctor prior to receiving your healthcare ID card in the mail, contact UnitedHealthcare at (844) 651-3827. UHC will provide you with your member id and group number and will instruct you to log onto www.myuhc.com to register and print your temporary id card.

Additional Surcharges

Working Spouse Surcharge

If your spouse is employed and eligible for medical coverage through his or her employer and decides to enroll in one of Broadridge's United Healthcare options, you will be required to pay a surcharge, in addition to the regular associate contributions. The annual amount is:

- \$38.46 biweekly/ \$83.33 monthly for UHC Traditional Choice Plus, or
- \$19.23 biweekly/\$41.67 monthly for UHC SavingsPlus HSA

Tobacco Surcharge

A per pay period tobacco surcharge of \$23.08 biweekly/\$50 monthly will apply if you or a covered dependent uses tobacco and is enrolled in one of Broadridge's United Healthcare options.

For more information, please see the Tobacco Free Policy, available on the "My Benefits Enrollment" tab on the Broadridge Total Rewards website (www.totalrewards.broadridge.com) under "2017 Benefit Plan Information".

Prescription Drug Program

A separate drug program is included with the UHC Traditional Choice Plus and UHC SavingsPlus HSA Plans. The program allows you to purchase your prescriptions through local network pharmacies or a mail delivery program. Some covered prescriptions are oral contraceptives, prenatal vitamins and children's vitamins.

If you enroll in one of the UHC Medical Options you are automatically enrolled in the Express Scripts Prescription Drug Plan. The same eligibility requirements that apply under the UHC Medical Plans also apply to the Prescription Drug Plan.

Special features of your plan:

- Broadridge will pay up to \$100 for prescription smoking cessation medications. You are still responsible for your deductible and co-payment amounts. This is a lifetime benefit limit. After reaching this limit, you will be responsible for paying the entire cost of the prescription drugs. This benefit consists of the amount Broadridge pays for prescription drugs, exclusive of your co-payment amounts. Over the counter smoking cessation aides are not covered.
- Some drugs are subject to prior authorization rules. Your doctor may be required to provide additional information before prescriptions for these medications can be filled. See the Summary Plan Description for a complete list. The Summary Plan Description is located on The "My Benefits Enrollment" tab of Total Rewards.
- Long-term (maintenance) drugs are subject to higher member cost-share if purchased at retail instead of mail. Refer to the retail refill allowance program in the Prescription Summary Plan Description.

Express Scripts Prescription

Show your Express Scripts Health Prescription ID card to your participating pharmacy. Most major pharmacy chains participate with Express Scripts. To locate a participating pharmacy, visit www.express-scripts.com or call (866) 518-9735. To purchase medication, simply present your ID card when you fill your prescription at a participating pharmacy, pay the appropriate fee, and you can receive up to a 30-day supply of the drug.

Plan participants will pay 25% (45% for non-preferred brand-name drugs) of the total cost of a prescription medication within a range of minimum and maximum co-pays. Participants in the SavingsPlus HSA plan are first required to satisfy their deductible under the SavingsPlus HSA medical plan before applying the co-pay for non-preventative drugs. In addition, the Broadridge Plan is designed to encourage participants to use generic equivalents or preferred brand medications over non-preferred brand-name medications when they are available. If you purchase a brand name medication (preferred or non-preferred) when a generic equivalent is available, you will pay your generic co-payment plus the cost difference between the brand name and generic medication.

Note: Retail Refill Allowance (RRA) applies to most maintenance medications. To view the full policy on RRA, refer to the Summary Plan Description (SPD) located in The “My Benefits Enrollment” tab of Total Rewards.

Mail Pharmacy Service

You will save time and money by filling your recurring, long-term maintenance prescriptions through mail delivery. Medication can be ordered in a three-month supply at a lesser amount than you would pay at a retail pharmacy.

If you use the mail Pharmacy Service™ to fill your prescriptions, you may use the Express Scripts by Mail Pharmacy Service Prescription Order Form located on **the “My Benefits Enrollment” tab of Total Rewards** at www.totalrewards.broadridge.com. If you do not have access to the web, call Express Scripts Member Services at (866) 518-9735 to request an Express Scripts by Mail Prescription Order Form.

Here is how it works:

1. Ask your doctor to prescribe medication for a three-month supply, plus three refills. If you are getting a new prescription, ask your doctor to write two prescriptions, one for a 30-day supply from a retail pharmacy for immediate use, and one that you will mail to Express Scripts for a three-month supply.
2. Complete the home delivery form and include your credit card information or your check, then mail the form and prescription to the Express Scripts address listed on the form.
3. You will receive your order within 7-11 business days.
4. When you need a refill, place your order at least two weeks before you need it. You can order refills by web or touch-tone phone 24 hours a day, seven days a week. Express Scripts will ship your order and bill your credit card for the co-payment.

Temporary ID Card

Should you need to get a prescription filled prior to receiving your ID cards, contact Express Scripts' Member Services for assistance with printing a temporary ID card.

Express Scripts Member Co-Payments

Plan participants will pay 25% for generic and preferred brand-name drugs (45% for non-preferred brand-name drugs) of the total cost of a prescription drug within a range of minimum and maximum co-payments as described in the chart below.

Express Scripts Prescription Program						
	Total Rx Cost	Member Pays	Total Rx Cost	Member Pays	Total Rx Cost	Member Pays
Retail (90-day limit)						
Generic Drug	\$10-\$40	\$10	\$40-\$200	25%	Over \$200	\$50
Preferred Brand Drug (no generic available)	\$35-\$140	\$35	\$140-\$360	25%	Over \$360	\$90
Non-Preferred Brand Drug (no generic available)	\$55-\$122.22	\$55	\$122.23-\$333.33	45%	Over \$333.33	\$150
Mail Order (90-day limit)						
Generic Drug	\$25-\$100	\$25	\$100-\$400	25%	Over \$400	\$100
Preferred Brand Drug (no generic available)	\$80-\$320	\$80	\$320-\$800	25%	Over \$800	\$200
Non-Preferred Brand Drug (no generic available)	\$130-\$288.89	\$130	\$288.89-\$555.56	45%	Over \$555.56	\$250

The 25% or 45% co-payment will be applied to the total cost of your prescription.

Generic drugs are identical to brand-name drugs in dosage form, safety, strength, and quality. Although generic drugs are chemically identical to their branded counterparts, they can cost 30 to 80 percent less.

Preferred drugs are either generic or brand-name drugs that are preferred by your health plan. Your health plan prefers these medications because they are safe, effective alternatives to other generics or brands that may be more expensive.

Non-preferred brand-name drugs are drugs that have a higher copayment than preferred drugs. You may **pay more** if you use non-preferred drugs than if you opt for generics and preferred drugs.

If a participant purchases a brand-name drug (preferred or non-preferred) when a generic drug is available, the participant must pay more for a brand-name drug. By purchasing generic medications, your cost will always be less. For example:

- ❖ If you purchase a brand-name medication (preferred or non-preferred) when a generic equivalent is available, you will pay your **generic co-payment plus the cost difference between the brand-name and generic medication**.
- ❖ If you purchase a brand-name medication (preferred or non-preferred) and there is no generic equivalent, you will pay your brand-name co-payment.
- ❖ Any time you purchase a generic medication, you will pay your generic co-payment.

Maximum Lifetime Benefit Amount

None

IMPORTANT: If you are enrolled in the SavingsPlus HSA Plan, the chart above will apply to preventive medications. For all other prescriptions, the chart will apply once your deductible under the SavingsPlus HSA Plan has been satisfied. For a list of preventive medications, please contact Express Scripts. To determine whether your medications are included on the Broadridge Plan maintenance drug list, go to www.express-scripts.com and click "Price a medication" or call Express Scripts Member Services toll-free at (866) 518-9735.

Details: Refer to the Summary Plan Description (SPD) or the Summary of Benefits Coverages (SBCs) for detailed information on the plans. The documents are located on the **"My Benefits Enrollment" tab of Total Rewards**. Go to www.totalrewards.broadridge.com or contact the **Broadridge Benefits Service Center** at 1-877-869-5182 for assistance if you do not have internet access from home or work.

Option 3: HMOs

Health Maintenance Organizations (HMOs) offer an alternative to United Healthcare Choice Plus medical coverage. When you enroll, you and each family member may be asked to select a Primary Care Physician (PCP) from the HMO's provider network. Your PCP coordinates all your health care needs and refers you to specialists, if necessary. If you visit a non-network provider or facility without prior approval from the HMO, you will be responsible for 100% of the cost of those services. If you elect coverage through an HMO, your prescription drug coverage will also be provided through the HMO.

There are no medical claims to file with an HMO. Also, it is the Primary Care Physician's responsibility to validate network status of specialists and ancillary providers.

The network of doctors available through the HMO may or may not include your current doctor.

Things to Consider:

Some HMO's dependent eligibility may differ from the United Healthcare plans. Please contact the Plan for more information. While your PCP may be in the HMO at the time you elect an HMO, they may leave the network and you will be forced to select another PCP. If this happens, we cannot permit a mid-year change to your option.

For a list of HMO plans and summaries refer to The "My Benefits Enrollment" tab of Total Rewards. If you do not

have access to the web, contact the Broadridge Benefits Service Center for assistance.

Option 4: Opt-Out

Full time associates (working at least 20 hours per week) may choose to opt out of the Medical Plan only if you have coverage elsewhere. You may be requested to provide proof of other group coverage to the Broadridge Associate Service Center. You must make an active election within 30 days from your hire date or default medical coverage will be assigned and you will be responsible for the premium.

Questions? Refer to **Important Resources** for contact names and phone numbers in front of this book.

Health Savings Account

THIS SECTION DOES NOT APPLY TO ASSOCIATES ENROLLED IN TRADITIONAL CHOICE PLUS OR AN HMO

If you elect coverage under the SavingsPlus HSA option, you may also elect to establish a Health Savings Account (HSA). This section briefly describes some key features of the HSA; it does not apply to the medical benefits provided under the SavingsPlus HSA coverage option that is associated with the HSA.

The HSA described in this section is not an ERISA-covered benefit and is not established or maintained by Broadridge. Rather, the HSA is established and maintained by the HSA trustee.

Important Note:

This section is intended to provide a general discussion of Health Savings Accounts in order to facilitate your understanding of the personal tax consequences associated with your participation in the SavingsPlus HSA coverage option and your contributions (or receipt of Company contributions) to your HSA. It is not intended to provide you with personal tax or financial planning advice. The rules relating to HSAs are complicated and depend on factors unrelated to your Medical Plan participation (such as your enrollment in Medicare and your participation in other medical coverage through a spouse's plan). It is recommended that you review your individual situation with your personal tax advisor or financial planner and/or the HSA provider. Broadridge will not be held responsible for any use/misuse of the information about HSAs provided in this document or the SPD when making personal tax or financial planning decisions, including decisions made in connection with the preparation of your personal income tax return.

Broadridge and the Plan Administrator do not guarantee, and do not have any responsibility for, the tax, legal or other implications of an individual's participation in or contributions to a HSA.

Why Have a Health Savings Account

You gain choice and control over your healthcare decisions and expenditures when you establish your HSA to complement the SavingsPlus HSA medical plan option. An HSA is a bank account funded by you, your employer, or any other person on your behalf. The HSA offers a tax-advantaged way to pay for current and future eligible health care expenses for you and your tax-qualified dependents (as determined by the Internal Revenue Code). As such, IRS guidelines mandate that a Health Savings Account may only be offered alongside a qualified high-deductible Medical Plan option (such as our SavingsPlus HSA).

Who Is Eligible to Open a Health Savings Account

Eligibility to participate in the HSA is linked to your election to the SavingsPlus HSA medical plan option. An "eligible individual" means, with respect to any month, any individual who:

- Is covered under a high-deductible health plan (such as our SavingsPlus HSA) on the first day of such month
- Does not also have first-dollar coverage under any other health plan, including your spouse's plan (there are certain exceptions for plans providing certain limited types of coverage)
- Is not enrolled in Medicare, Medicaid or Tricare
- May not be claimed as a dependent on another person's federal tax return; or
- Does not participate in a full Health Care FSA. For associates enrolled in the SavingsPlus HSA option, Broadridge offers a Limited Purpose Health Care FSA that can be used to pay for dental and vision expenses, but not medical expenses (See FSA Section of the SPD)

Decide Whether to Open a Health Savings Account

If you enroll in the SavingsPlus HSA option, you will have the opportunity to set up an HSA. After you make your SavingsPlus HSA enrollment election, you can also elect to make before-tax contributions to your HSA.

Broadridge will Contribute to Your Health Savings Account during the Year

Broadridge will contribute to your HSA depending upon the medical coverage level you choose: \$400 per year for an Individual and \$800 per year for Individual with dependents (prorated for HSAs opened after January 1). Broadridge's contributions will be divided and paid to individual accounts on a quarterly basis.

Choose Your Health Savings Account Contribution for the Year

You can contribute to your HSA on a before-tax basis through payroll deductions. For 2017, the maximum HSA contribution is \$3,400 for single coverage and \$6,750 for all other coverage levels. These maximums include Broadridge's and your contributions combined, so the most you can contribute in 2017 is \$3,000 for single coverage and \$5,950 for all other coverage levels.

You can start, stop, or change your contributions anytime during the year. Any changes will take place as soon as administratively feasible. If you are 55 and over (or will reach age 55 on or before December 31, 2017) you are eligible to make additional "catch-up" contributions of up to \$1,000 for 2017. These catch-up contributions are not counted against the contribution limits.

Your contributions will automatically be deducted from your pay in equal installments. In addition, you may make separate contributions to your account via personal check. Any other individual may contribute to your HSA as well. However, total contributions cannot be more than the annual maximum amounts described previously. If you contribute outside of your regular payroll deductions, you are responsible for ensuring that you do not exceed the annual contribution limits.

Use Your Health Savings Account to Help Pay for Eligible Health Care Expenses

You can withdraw money in your HSA to pay for your annual deductible and other eligible health care expenses. Examples of eligible health care expenses (most are the same as for the Health Care Flexible Spending Account) include office visits, prescription drugs, surgery, dental expenses and vision expenses. For a complete list of eligible health care expenses, please see the IRS web site for information: www.irs.gov/pub/irs-pdf/p502.pdf. Make sure you keep qualified medical receipts for all HSA withdrawals in case you are ever audited. Any balance in your Health Savings Account will roll over from year to year and can be used toward future eligible health care expenses, including retiree medical premiums, such as Medicare Parts B, C, and D, but excluding Medicare Supplement plans (e.g., Medigap).

You can use your HSA to pay for things other than health care, but you'll pay taxes on the distribution (your contributions and any earnings) as well as an additional 20% penalty unless you're at least 65 years old or permanently disabled.

Because of the tax advantages offered by HSAs and the Health Care Flexible Spending Account when used for medical expenses, the government places certain restrictions on these types of benefit plans when offered together, as described below:

If you enroll in the SavingsPlus HSA medical plan option and open a Health Savings Account for 2017, you cannot participate in a Health Care FSA. Instead, you can participate in a Limited Purpose Health Care FSA, which will be limited to dental and vision expenses only.

Your Health Savings Account offers a Triple Tax Advantage

Your contributions are tax free when they go into the HSA (if you live in Alabama, California or New Jersey, your contributions will not reduce your state taxable wages); the HSA grows tax-free with interest and the account funds are tax-free when they are used to pay for eligible health care expenses.

Your Health Savings Account allows you to Invest in Mutual Funds

If you are in the SavingsPlus HSA, your HSA will be administered by BenefitWallet. Your HSA funds are secure with the custodian, The Bank of New York Mellon. After your Health Savings Account reaches \$1,000, you may start investing your account balance in different investment choices. The fund choices support a range of investment objectives and time horizons, and you can invest in as many of the funds as you choose. There are additional fees associated with investing your Health Savings Account balance. For more information on your

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Health Savings Account investment options and the associated fees, please contact the Broadridge Benefits Service Center at 1-877-869-5182.

You Can Take Your Account with You to Help Pay for Future Expenses

Your HSA is portable and always belongs to you, even if you later enroll in a different Broadridge Medical Plan option, retire, or leave Broadridge. You can continue to withdraw funds from the account to cover eligible health care expenses, but you will need to be enrolled in a high-deductible medical plan option, like our SavingsPlus HSA, to make new contributions.

Keep Records

Be sure to keep your receipts and medical records. If these records verify that you paid qualified health expenses using your HSA, you can exclude amounts distributed from your HSA from your taxable income when filing your tax return. However, if you cannot demonstrate that you used your HSA to pay qualified health expenses, you may need to report the distribution as taxable income on your tax return. The IRS may request receipts during a tax audit. The Plan Administrator, Broadridge, and United HealthCare will not verify that distributions from your HSA are for qualified health expenses nor will they be responsible or liable if you misuse HSA funds. Please consult your tax advisor to determine how your HSA affects your unique tax situation.

Making the Right Choice HMO or UHC		
	HMO	UHC
Approach	Focus is on prevention and wellness. Requires less out-of-pocket expenses. Allows for more predictable health care expenses. Provider files the claim forms. The primary care physician (PCP) provides, arranges, and monitors your health care. Little or no deductibles.	You are not limited to using the network, but there are financial advantages if you do. You may use out-of-network doctors, but you pay a larger deductible and higher coinsurance. You can visit specialists without any referral from your primary physician. Selected preventive services are covered.
Limitations	You must use a provider in the network or a network care center. As long as you stay in the network, the HMO pays for covered services. The plan does not pay for out-of-network services unless prior approval is obtained.	You must submit claim forms for out-of-network providers. Most services are subject to a deductible and participant coinsurance payments (20% in-network/40% out-of-network).
Selecting a Doctor	You must select a PCP in most HMO networks who coordinates your care and refers you to specialists. Note: If your doctor drops out of the plan, you must select a new PCP.	You do not need to designate a PCP. You can go directly to any provider in or out of the network without a referral.
Provider Network	HMO's provide a network that eliminates the need for members to find specialists. Many HMO specialists are on staff at the same facility and are easily accessible with your PCP's referral or your PCP will refer you to a network specialist at another location.	If you use a provider who is in the network, you will pay less when you receive care. However, you will receive some Plan benefits for eligible expenses even if the provider you are using is not in the network.
Service Area	Your PCP must provide or approve care within the plan's service area. Typically HMO service areas are limited to a specific state, region, or major metropolitan area.	United Healthcare has a nationwide provider network.
Dependent Coverage	Dependents need to select a PCP within your service area in most HMO's. The same physician and service area rules that apply to you also apply to your dependents.	The same physician and network service rules that apply to you also apply to your dependents.
Emergency and Urgent Care	If you need urgent care and you are in your service area, call your PCP. Refer to your specific HMO plan for details regarding emergency care while traveling out of the service area.	Coverage for urgent care is included at any hospital emergency room.
Pre-Treatment Authorization	Many services, including hospitalization & outpatient surgeries, require pretreatment authorization. Your PCP will handle this for you.	Some services require pretreatment notification. Network providers may handle this. It is your responsibility to ensure prior authorization is obtained if it is required.
Claim Forms	There are no claims to file, if you do not have any emergency care episodes with non-network providers.	You won't have to file claims if you see network providers. For non-network providers you will typically have to pay at the time of service and then file a claim for reimbursement.
Costs	A fixed payroll contribution with minimal out-of-pocket expenses. Most HMO's require a co-payment for services without requiring you to pay annual deductible or coinsurance. You will be responsible for the full cost of services if your PCP doesn't provide or approve care.	Depending upon the option chosen, you will be responsible for a co-payment, deductibles, and/or coinsurance in addition to your fixed payroll contribution.
Lifetime Benefit Maximum	Typically HMO plans do not have a lifetime benefit limit. You need to check with the HMO plan for this information.	None

Frequently Asked Medical Questions

1. What is the difference between my office visit copay, deductible and coinsurance?

This varies by plan. Under Traditional Choice Plus there is a \$25 copay for PCP and \$40 for specialist visits. Should your physician require any testing or x-rays, deductible and coinsurance would apply to those services. Under SavingsPlus HSA the full negotiated cost of all visits (except preventative care such as annual physical) applies to the deductible and then coinsurance once deductible is satisfied.

2. How do the UHC Medical Plans work?

The Traditional Choice Plus and SavingsPlus HSA Plans allow participants to retain the freedom to choose any healthcare provider at the time they require services and still receive benefits. Most eligible expenses are subject to a deductible and coinsurance. Eligible expenses provided by a network provider have the lowest deductible and highest coinsurance levels. You are responsible for a larger share of the cost for services rendered by out of network providers. Because you have the freedom to choose, it is your responsibility to verify the network status of each provider at the time services are rendered. Your physician is not responsible for identifying network labs, hospitals, etc. on your behalf.

You may "self refer" to a specialist without obtaining prior approval. You do not need to select a Primary Care Physician (PCP).

3. How are typical expenses paid by United HealthCare?

Below is an example of the same hypothetical course of in-network care, under single coverage, to demonstrate expenses under the Traditional Choice Plus Plan versus the SavingsPlus HSA Plan:

Traditional Choice Plus:

Services	Billed Cost	Cost of care	Member Deductible	Member Coinsurance/Copay	Cost to member
PCP visit	\$ 95.00	\$ 79.00	\$ -	\$ 25.00	\$ 25.00
Specialist Office Visit	\$ 400.00	\$ 368.00	\$ -	\$ 40.00	\$ 40.00
Prescription Drug/ Non Preventive	\$ 50.00	\$ 50.00	\$ -	\$ 12.50	\$ 12.50
MRI	\$ 1,200.00	\$ 1,020.80	\$ 800.00	\$ 44.16	\$ 844.16
Facility	\$ 5,000.00	\$ 4,067.00	\$ -	\$ 813.40	\$ 813.40
Surgeon and Anesthesia	\$ 2,000.00	\$ 1,685.00	\$ -	\$ 337.00	\$ 337.00
Physical Therapy	\$ 800.00	\$ 676.00	\$ -	\$ 135.20	\$ 135.20
Specialist Office Visit	\$ 150.00	\$ 89.00	\$ -	\$ 40.00	\$ 40.00
Totals	\$ 9,695.00	\$ 8,034.80	\$ 800.00	\$ 1,447.26	\$ 2,247.26

Cost to member for Claim costs = \$2,247.26

1 Year premium Cost for Traditional Plan = \$1,800.00

TOTAL YEARLY COST = \$4,047.26

SavingsPlus HSA:

Services	Billed Cost	Cost of care	Member Deductible	Member Coinsurance/Copay	Cost to member
PCP visit	\$ 95.00	\$ 79.00	\$ 79.00	\$ -	\$ 79.00
Specialist Office Visit	\$ 400.00	\$ 368.00	\$ 368.00	\$ -	\$ 368.00
Prescription Drug/ Non Preventive	\$ 50.00	\$ 50.00	\$ 50.00	\$ -	\$ 50.00
MRI	\$ 1,200.00	\$ 1,020.80	\$ 1,020.80	\$ -	\$ 1,020.80
Facility	\$ 5,000.00	\$ 4,067.00	\$ 82.20	\$ 796.96	\$ 879.16
Surgeon and Anesthesia	\$ 2,000.00	\$ 1,685.00	\$ -	\$ 337.00	\$ 337.00
Physical Therapy	\$ 800.00	\$ 676.00	\$ -	\$ 135.20	\$ 135.20
Specialist Office Visit	\$ 150.00	\$ 89.00	\$ -	\$ 17.80	\$ 17.80
Totals	\$ 9,695.00	\$ 8,034.80	\$ 1,600.00	\$ 1,286.96	\$ 2,886.96

Cost to member for Claim costs = \$2,886.96

1 Year premium Cost for SavingsPlus HSA Plan = \$768.00

Broadridge contribution to Health Savings Account = \$400.00

TOTAL YEARLY COST = \$3,254.96

4. What is your maximum annual out-of-pocket expense under the UHC medical plans?

Under the Traditional Choice Plus plan, your maximum in-network annual out-of-pocket expense for eligible charges is \$2,800 per person or \$5,600 per family (includes your single or family deductible). This means, once you satisfy your deductible, covered expenses will be paid at 80% until you have reached your annual out-of-pocket maximum. Then eligible benefits will be paid at 100% for the remainder of that calendar year. However, co-payments still apply even after the out-of-pocket maximum has been reached. For the SavingsPlus HSA Plan it would be \$3,800 for single and \$6,850 per family for in-network services.

Annual out of network out-of-pocket maximums are higher: Traditional Choice Plus - \$5,600 per person and \$11,200 per family; SavingsPlus HSA - \$7,600 per person and \$15,200 per family. (Includes single or family deductible)

Note: Ineligible expenses will not apply to the out of pocket maximum or deductible.

5. Is preventive care covered?

Preventive care procedures are covered under the Traditional Choice Plus and SavingsPlus HSA plans. Please see the Summary Plan Description (SPD) for a list of the specific preventative procedures covered. The 2017 SPD can be found in the 2017 Open Enrollment link under Quick Links found on the "My Benefits Enrollment" tab on Total Rewards.

6. How are chiropractic visits processed under the Choice Plus Medical Plan?

Visits that include manipulation and/or radiology are subject to the in-network deductible and coinsurance. Maintenance therapy is not an eligible expense under the UHC Medical Plans. All chiropractic services are subject to a **maximum of \$2,500 per person per calendar year.**

7. What is a Health Savings Account (HSA)?

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A health savings account (HSA) is a tax-exempt defined contribution account used to pay or reimburse certain medical, dental, vision and prescription expenses you incur.

8. Can I make my own contributions into the HSA?

Yes, you can make your own contributions to the HSA. For 2017, you may contribute up to \$3,000 for single coverage and \$5,950 for family coverage. If you will be age 55 or older during 2017, you may also make additional catch up contributions of up to \$1,000. Broadridge will provide an annual employer contribution of \$400 for single coverage and \$800 for family coverage.

9. Can I change my HSA contribution election during the year?

Yes, you can change your HSA contribution election at any time during the year or stop contributing altogether.

10. Where can I find more information on CDHP and HSA?

View the HSA Frequently Asked Questions under Quick Links on Total Rewards **or** call the Broadridge Benefits Service Center at 1-877-869-5182.

11. Can I change my elections during 2017?

IRS regulations state that your benefits must remain in effect until December 31st of each year, unless you have a qualifying life change that is consistent with the change you are requesting in your enrollment.

Qualifying life changes include:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Loss of non Broadridge healthcare coverage
- Newly enrolled in non Broadridge coverage
- Death of a dependent
- Employment status change affecting benefit eligibility

You may change only your coverage category; your benefit option cannot change unless you are in an HMO and move out of the HMO service area.

12. How does an Associate complete a life change request during the Plan Year?

Life changes should be made using the web at www.totalrewards.broadridge.com. If you do not have access to the web, please contact the Broadridge Benefits Service Center.

All changes **MUST be completed within 31 days before or after the life event or change of address.**

Requests received after 31 days cannot be honored by the Plan.

If you provide coverage for eligible dependents you can add your dependents on the web when you make an election change.

13. Can I print a temporary ID card?

Once you are updated with the carrier you can print a temporary ID card from the carrier's website. You must register and create a password to gain access to the site in order to print an ID card

For UHC: www.uhc.com

Frequently Asked Prescription Questions

1. Is the Express Scripts Prescription Program included with all medical plans?

No, the Express Scripts Prescription program applies to the medical plans administered through United Healthcare only and cannot be purchased separately. Prescription coverage under any HMO is available through the HMO and is identified in the HMO Plan Summary.

2. How much do I pay for my Prescription Medication at a retail pharmacy?

Show your Express Scripts (formerly Medco) Prescription ID card to your participating pharmacy.

Traditional Choice Plus Plan participants will pay 25% (45% for non-preferred brand-name drugs) of the total cost of a prescription medication within a range of minimum and maximum co-pays.

Participants enrolled in the SavingsPlus HSA Plan will pay 25% (45% for non-preferred brand-name drugs) of the total cost of a **preventive** prescription medication within a range of minimum and maximum co-pays. For **non-preventive** medication, participants pay the full network-negotiated rate for all prescriptions until the annual deductible is satisfied. After that, participants must pay the required coinsurance amount, subject to the minimum and maximums. For a list of preventive drugs, view the 2017 Open Enrollment e-magazine at www.broadridge.com/ebenefits.

In addition, the Broadridge Plan is designed to encourage participants to use generic equivalents or preferred brand medications over non-preferred brand-name medications when they are available. If you purchase a brand name medication (preferred or non-preferred) when a generic equivalent is available, you will pay your generic co-payment plus the cost difference between the brand name and generic medication.

Note: Retail Refill Allowance (RRA) applies to most maintenance medications. To view the full policy on RRA, refer to the Summary Plan Description (SPD) located in the “My Benefits Enrollment” tab of Total Rewards.

3. How do I obtain a prescription if I have misplaced my ID card?

Contact the Express Scripts Customer Service unit at 866-518-9735 or access the web site www.Express-Scripts.com to print a duplicate ID card.

4. How much do I pay for home delivery?

You will save time and money by filling your recurring, long-term prescriptions through home delivery. Home delivery is most effective for maintenance prescriptions (i.e. for a chronic condition - high blood pressure, allergies, diabetes, etc.) and is not intended for medications needed on an immediate basis. Be sure your physician writes the prescription for a 90-day supply with three refills, to get the greatest benefit from the home delivery program.

Consumer Medical

Broadridge provides medical treatment decision support through Consumer Medical, a confidential resource to help you and your family make the best choices about your healthcare. They'll provide current research from trusted sources to help you learn about your diagnosis and treatment options.

Whether you need a second opinion or just have questions, you will receive materials tailored to the specific needs of you and your family. They can help you:

- Understand your treatment options
- Find leading doctors and hospitals for expert opinions and/or treatment
- Shop for the best quality care at the best price
- Build a strong support network

Consumer Medical also offers a program that targets the following non-emergent, elective surgical procedures where 2 or more medically acceptable options exist and where eligible participants have legitimate choices among treatment options. Participants in this program may be eligible to earn a \$400 gift card for participating.

- Low back surgery
- Hysterectomy
- Knee replacement
- Hip replacement
- Weight loss (obesity)

Consumer Medical Claims Advocacy Service provides peace of mind, support, education, and issue resolution for associates and their families struggling with complicated medical and insurance issues. Claims Advocates can help with issues like denied insurance claims and billing or payment issues with providers and hospitals.

To engage a Claims Advocate contact Consumer Medical:

PHONE 1-888-361-3944
HOURS M-F, 8:30a - 11:00p ET
WEB www.myConsumerMedical.com
APP myMedicalAlly (Download free from Google Play or iTunes)

New users enter company code **Broadridge** to register.

To learn more about these programs contact Consumer Medical at 1-888-361-3944 (toll-free), or register online at: www.myConsumerMedical.com.

Dental Care Options

Broadridge offers you a choice of three plans depending on the level of coverage you and your family may need. All three plans, administered by Aetna Dental, cover preventive, basic, and major services, but they differ in how they pay for covered services. Under the two Preferred Dental Organization (PPO) Plans you can visit any licensed dentist; however, if you select a network provider your level of benefits will be higher. The third plan offered is a Dental Maintenance Organization (DMO) Plan. For the DMO you must select a DMO network primary care dentist for each family member and may not visit any other provider unless referred by your primary dentist.

Although the DMO is available in most areas, you **must** locate a DMO dentist on the Aetna Navigator web site below or call Aetna at (877) 238-6200 to see who is accepting new patients in your area. If a DMO dentist is not available in your area, you may elect Option 1 or Option 2.

www.aetna.com

To obtain a list of participating dentists in your area for both the PPO and DMO visit Aetna's web site at: www.aetna.com and click on "Find a Doctor." In the "Provider Category" select "Dental Providers." If you are searching for a dentist for either Option 1 or 2, select "Dental PPO/PDN with PPO II Network" and if you are searching for a dentist for Options 3 (DMO), select "Dental Maintenance Organization (DMO)" under "Plan."

Important Reminders:

- Your choice will remain in effect through December 31, 2017, unless you have a qualified life change during the Plan year and request a change within 31 days before or after the life change event date.
- All family members must elect the same option as the Associate.
- Once you meet the orthodontic lifetime maximum under any option, additional orthodontic benefits may be available should you change to another option.
- DMO - if you visit a dentist other than the one listed on your DMO ID card without prior approval, you are responsible for 100% of the cost of services. This plan offers orthodontia for children and adults.

Note: Please be sure that the DMO dentist you wish to select is accepting new DMO patients in your area before making your final elections. For services requiring cost sharing, the percentage you pay is based on the usual and prevailing fee. You will not be permitted to leave the DMO if a particular provider is not available. You should also keep in mind that typically you will have a longer wait for preventive care appointments through the DMO (3-6 months).

Cost of Coverage

Your Dental Bi-Weekly Contributions are as follows:

	Option 1 (PPO)	Option 2 (PPO)	Option 3 (DMO)
Associate Only	\$18.30	\$9.35	\$4.94
Associate + One	\$39.30	\$19.50	\$9.98
Family	\$58.30	\$30.50	\$16.95

Dental Benefits At-A-Glance

Plan Type	Plan Option 1	Plan Option 2		Plan Option 3
	Indemnity Dental PPO* (use network provider and obtain discount)	Dental PPO Plan (In-Network)	Dental PPO Plan (Out-of-Network)	Dental Maintenance Organization (DMO) (Must use DMO dentist to obtain benefits)
Annual Deductible (waived for preventive)	\$25 person / \$75 family	None	\$50 person/\$150 family	No deductible applies co-insurance may apply
Annual Benefit Maximum	\$1,500 per person	Unlimited	\$1,000 per person	Unlimited
Lifetime Orthodontia Maximum	\$1,500 per person (child only)	\$1,500 per person (child only)	\$1,000 per person (child only)	Unlimited (child/Adult)
Preventive				
Exams (limit 2 per year) *	100%	100%	100%	100%
Cleaning (limit 2 per year)	100%	100%	100%	100%
Fluoride (limit 1 per year) to age 18	100%	100%	100%	100%
Sealants on permanent molar (limit 1 every 3 years to age 16) DMO has no age limitation	100%	100%	100%	100%
Bitewing X-rays (limit 2 per year)	100%	100%	100%	100%
X-rays full mouth (one set every 2 years) *	100%	100%	100%	100%***
Endodontics				
Pulp Capping	80%	85%	50%	100%
Root Canal Anterior and Bicuspid	80%	85%	50%	100%
Molar Root Canal Anterior and Bicuspid	80%	85%	50%	60%**
Restorations				
Fillings	80%	85%	50%	100%
Stainless Steel Crowns	80%	85%	50%	100%
Acrylic Temp. Crowns	80%	85%	50%	60%**
Periodontics Maintenance				
Scaling/root planning (4 separate quads per year)	80%	85%	50%	100%
Gingivectomy	80%	85%	50%	100%
Osseous Surgery	80%	85%	50%	60%**
Oral Surgery ***				
Extractions	80%	85%	50%	100%
Incision/drainage	80%	85%	50%	100%
Removal Impacted teeth	80%	85%	50%	60%**
Restoration and Prosthodontics				
Inlays and Onlays	80%	60%	50%	60%**
Crowns (freestanding)	80%	60%	50%	60%**
Bridge and crown repairs	80%	60%	50%	60%**

Plan Type	Plan Option 1	Plan Option 2		Plan Option 3
	Indemnity Dental PPO* (use network provider and obtain discount)	Dental PPO Plan (In-Network)	Dental PPO Plan (Out-of-Network)	Dental Maintenance Organization (DMO) (Must use DMO dentist to obtain benefits)
Dentures	80%	60%	50%	60%**
Denture Repairs†	80%	60%	50%	60%**
Bridges†	80%	60%	50%	60%**
False Teeth	80%	60%	50%	60%**
Occlusal guard (for bruxism only), limited to 1 every 3 years	80%	60%	50%	n/a
Anesthesia when medically necessary and in conjunction with covered services.	80%	85%	50%	60%**
Space Maintainers	80%	85%	50%	60%
Orthodontia	50% (child only)	50% (child only)	50% (child only)	50%** (child/adult)

Indemnity Dental PPO means if you use a Participating dentist, covered charges will be discounted. Show ID card to obtain network discount.

* The DMO provides up to 4 exams per year and full mouth x-rays once every 3 years from previous full mouth series.

** Associate out-of-pocket expense is based on dentist's usual and prevailing fee (not a contract rate).

*** **Note:** Some oral surgeries are covered under the Medical plan instead of dental. Please complete a pre-determination of benefits before having services rendered.

† Replacement of crowns, dentures or bridgework less than 5 years old are not covered.

Details: Refer to the Summary Plan Description (SPD) for additional details on the Dental Program. The Summary Plan Description is located on The "My Benefits Enrollment" tab of Total Rewards at www.totalrewards.broadridge.com. If you do not have access to the web, contact the Broadridge Benefits Service Center for assistance.

Frequently Asked Dental Questions

1. How does the Dental Plan work?

The PPO Indemnity Plan (Option 1) allows you to use any dentist. The Dental PPO (Option 2) also allows you to use any dentist; however, if you use a dentist in the PPO Network you receive enhanced benefits, which result in lower out-of-pocket costs. If you use an out-of-network dentist you will receive reduced benefits and incur higher out-of-pocket costs. The DMO (Option 3) provides coverage for in-network providers only.

2. Will I receive a Dental Identification Card?

Yes, a dental identification card will be sent to your home. Each DMO participant will receive an ID card with the participant's name and the name of their primary care dentist. Participants in the DMO **must** select a DMO primary care dentist. PPO Indemnity participants will receive a card for each participant as well, but will not have a dentist listed on the card. You also have the option to print a temporary ID card once you are in the Aetna system. In order to gain access to the site you must register and create a password. After you have registered successfully you can print a temporary ID card. Aetna website is www.aetna.com.

3. Is orthodontia covered by the Aetna Dental Plans and if so, how is it paid out?

Orthodontia for children is covered under all three dental plans. Only the DMO Dental Plan (Option 3) covers adult orthodontia.

PPO Plan for Option 1

Orthodontia is paid out in quarterly increments over the course of the treatment plan.

In-Network: It is paid at 50% of the contracted rate, up to \$1,500.

Out-of-Network: It is paid at 50% of usual and prevailing fee up to \$1,500.

PPO Plan for Option 2:

Orthodontia is paid out in quarterly increments over the course of the treatment plan.

In-Network: It is paid at 50% of the contracted rate, up to \$1,500.

Out-of-Network: It is paid at 50% of usual and prevailing fee up to \$1,000.

DMO Plan for Option 3:

Orthodontia is paid out in quarterly increments over the course of the treatment plan. It is paid at 50% of usual and prevailing fee and not subject to a specified maximum.

Vision Care Options

Broadridge offers vision coverage through Vision Service Plan (VSP), a program designed to promote visual wellness by providing quality eye care through eye exams and benefits toward glasses or contacts. VSP contracts with an extensive nationwide network of providers, who provide professional eye care services at a reduced price.

Identify yourself as a VSP member when you make an appointment with a participating provider. Otherwise, you will have to pay the full cost at the time of the service and VSP will only reimburse the claim at the out-of-network benefit level. You will only receive the VSP discounted rates if you identify yourself as a VSP member and the provider submits the claim to VSP. You have the freedom to choose to receive services from a VSP or non-VSP provider. If you elect to use a non-VSP provider, you are reimbursed only up to the "allowable" amount determined by the plan.

To locate a VSP provider near you, call (800) 877-7195 or log onto www.vsp.com. New hire elections must be made within 30 days from the date you performed an hour of service with Broadridge. There is no ID card issued or necessary for this benefit. You must notify the provider of your participation in VSP at the time you make an appointment.

Cost of Coverage

Associate Contributions	Bi-Weekly	Monthly
Associate Only	\$4.26	\$9.24
Associate + One	\$6.20	\$13.43
Family	\$11.12	\$24.10

			Maximum Benefits	
Benefit	Frequency	Co-payment	From a VSP Provider	From a Non-VSP Doctor
Examination	12 months	\$10	Covered	Up to \$50
Lenses (1)	12 months	\$10 (total for lenses and/or frames)	Covered	Up to \$50 Single Up to \$75 Bifocal Up to \$100 Trifocal
Frames (2)	12 months	\$10 (total for lenses and/or frames)	Up to \$175 Up to \$95 at Costco® (5)	Up to \$70
Contacts (3)	12 months	None	\$175	Up to \$105
Laser Vision Correction (4)	N/A	N/A	Discounted Services	None

(1) Polycarbonate lenses for dependent children up to age 19 and disabled dependents are covered in full (effective 1/1/05). Optional items, such as lens coatings or cosmetic treatments are not covered under your plan.

(2) VSP's frame allowance covers a large selection of popular frames. You must pay the balance for frames exceeding your plan allowance. Your plan also provides a 20% discount off any out-of-pocket costs.

Effective 1/1/2017

(3) Contacts are covered when chosen instead of lenses and a frame. Members choosing contacts use their eligibility for both lenses and a frame. If you wear soft contacts, you may learn about VSP's Contact Lens Care Program and special pricing from your VSP network doctor or vsp.com.

(4) Laser Vision Correction (PRK, LASIK and Custom LASIK Surgery) is available through contracted laser centers. Program availability may vary based on location and regulatory approval. Call (888) 354-4434 to locate a participating doctor in your area.

(5) Costco® Optical allowance of \$95 is equivalent to the frame allowance at VSP network doctors and other affiliate locations.

Questions? Check the [Important Resources](#) for contact names and phone numbers in the front of this book.

Frequently Asked Vision Questions

1. Can I receive a Vision Discount Benefit whether or not I elect the Vision Service Plan?

There are vision discount plans available as a part of some of the HMO Plans. Contact the Member Services number on your Medical ID card to determine if a discount applies for your Plan.

2. I signed up for the Vision Services Plan (VSP), what do I need to do if I need to have services rendered?

The VSP does not issue ID cards. The participating provider verifies eligibility at the time you make an appointment. Just identify yourself as a VSP participant at the time the appointment is made and the provider will contact VSP and verify the benefit available. Your ID number for VSP is your SSN; the group number is 12296781. To locate a participating provider you may contact VSP at (800) 877-7195 or visit the VSP website at www.vsp.com for a listing of providers in your area.

3. Is laser surgery covered?

VSP's Laser Vision Correction program offers a discount to VSP members (average of 15%) off laser surgery at a participating provider. No benefits are available for laser services provided by a non-participating provider. Call VSP at (888) 354-4434 to locate a participating VSP Laser Vision Care doctor in your area.

4. Can I receive reimbursement for vision services paid to a non-participating provider?

Eligible expenses for non-participating providers are significantly lower than for services provided through a network provider. If you chose to have services provided by a non-participating provider you must pay the provider at the time of service and obtain an itemized statement to submit to VSP for reimbursement of covered expenses.

The statement should include the associate's name, address, Social Security Number, the group Name (Broadridge), the patient's name, date of birth and relationship to the associate. Attach the itemized statement to a completed non VSP claim form. The out-of-network reimbursement form is located on The "My Benefits Enrollment" tab of Total Rewards.

Flexible Spending Account Options

Flexible Spending Accounts (FSA) allow you to put aside money from each paycheck to reimburse yourself for eligible expenses incurred throughout the calendar year. FSA contributions are deducted on a pre-tax basis, lowering your taxable income. The money you save in taxes helps pay your out-of-pocket expenses. Plan your contributions wisely. According to IRS rules, **you will lose any unused** contributions. All claims for services rendered in 2017 must be received by June 30, 2018.

You have the opportunity to enroll in these Flexible Spending Accounts:

- Health Care Account (General or Limited Purpose)
- Dependent Care Account

You can make your FSA elections by logging into Total Rewards at www.totalrewards.broadridge.com and click on the "My Benefits Enrollment" tab.

You can maintain your FSA account including submitting claims and checking you balance by logging into www.flexbenefits.broadridge.com. You will have to register as a new user when logging into this site for the first time.

Are Flexible Spending Accounts right for me?

Ask yourself the following questions when deciding whether to participate in the FSA reimbursement accounts:

- Do you have medical, dental, or prescription drug expenses that are not covered by your Healthcare Plan or Dental Plan, such as deductibles, co-payments, co-insurance, or amounts in excess of usual and prevailing limits?
- Will you have out-of-pocket expenses for eyeglasses, contacts or exams?
- Do you spend money on day care for your children under 13 years old?
- Do you have children under 13 (and both you and your spouse work, if you are married) enrolled in an after-school program or summer day camp? Overnight camps are generally excluded from the plan. Contact the FSA administrator with specific questions prior to making an election.

If your answer to any of these is "yes," then a FSA reimbursement account could be right for you.

Tax laws are technical—we suggest you consult a professional tax advisor to determine what works best for your personal situation.

Health Care Account

The Health Care Account allows you to set aside pre-tax dollars to be reimbursed to you for expenses incurred by you or any person you claim as a dependent on your federal tax return (even if that person is not enrolled in a Broadridge sponsored health plan).

General Purpose Healthcare Account

If you elect the Traditional Choice Plus Medical Plan, an HMO or waive medical coverage, you will be eligible to participate in a General Purpose Health Care FSA. You can use the money in your account to pay yourself back for eligible health care expenses for you and your family that are not reimbursed by any health care plan. If you enroll in this account, you must contribute at least \$100 per calendar year with a maximum of \$2,600. If you elect to enroll in a health care account for 2017, Broadridge will contribute an additional \$100 toward your Account. If you enroll after January 1st, Broadridge's contribution amount will be pro-rated based on your enrollment date (see the chart below). Please plan carefully as you may only decrease your account during the plan year if you experience a qualified life event. The request must be received within 31 days of the date of the divorce or death.

Hire Date	Broadridge Contribution
January 1 – March 31	\$100
April 1 – June 30	\$75
July 1 – September 30	\$50
October 1 – December 31	\$25

Limited Purpose Health Care Account

If you elect the SavingsPlus HSA Medical Plan option, you will be eligible to participate in a Limited Purpose Health Care FSA. If you decide to participate, the minimum you can contribute is \$100 per year and the maximum you can contribute is \$2,600 per year. Each pay period, your pay is reduced on a prorated basis before taxes are withheld. You can use the money in your account to pay yourself back for eligible dental and vision expenses for you and your family that are not reimbursed by any health care plan. Broadridge will not make a contribution to this account.

Eligible Health Care-Plus Account Expenses:

You can visit the IRS website at www.irs.gov. In order to view eligible Healthcare FSA expenses you can retrieve publication 502. As for viewing eligible Dependent Care FSA expenses you can retrieve publication 503. **NOTE:** Insurance plan premiums are not eligible expenses for the Broadridge FSA.

Effective 1/1/2011, due to the Patient Protection and Affordable Care Act (PPACA), over-the-counter products will not be reimbursable through the Health Care FSA unless prescribed by a physician. However, over-the-counter items that are not medicine or drugs (such as crutches, bandages, or blood sugar testing kits) will continue to be eligible for reimbursement.

Note: Orthodontia expenses are typically incurred over several years. For specific information regarding orthodontic claims submitted, contact the FSA administrator at 888-423-6359.

Dependent Care Account

The Dependent Care Account helps you pay the cost of **day care** for your dependents so you and your spouse can work. Eligible dependents for this account must be claimed as dependents on your federal tax return, and must either be:

- Under age 13,
- Mentally or physically unable to care for him/herself regardless of age (this may be a spouse or older relative).

If you are single or are married and filing a joint tax return, you may contribute up to \$5,000 each calendar year. If you are married and filing a separate tax return, you may contribute up to \$2,500 per year. If you enroll, you must contribute a minimum of \$500 per year.

Eligible Dependent Care Account Expenses

Eligible expenses covered through your Dependent Care Account include payments for:

- Child care or babysitting, as long as the childcare provider is not:
 - another child of yours who is under age 19, or
 - anyone else for whom you can claim a tax exemption on your federal income tax return
- Care at a licensed day-care center
- A live-in, full-time housekeeper who also provides dependent care
- Preschool expenses
- Elder care
- After-school care
- Summer day camp (overnight camps are generally excluded)

Note: Dependent **health care** expenses are reimbursed through the Health Care Account, not the Dependent Care Account. You may not transfer funds between accounts once your election has been made. Kindergarten expenses are not eligible. If it is part of a full day childcare program and the educational expenses can be separated from the childcare expense, the childcare portion is an eligible expense.

Questions? Check the [Important Resources](#) for contact names and phone numbers in the front of this book. Refer to the Flexible Spending Account Summary Plan Description for further details.

Frequently Asked Questions on Flexible Spending Accounts

1. What is the difference between a Health Care Flexible Spending Account and a Dependent Care Flexible Spending Account?

Your Healthcare FSA account can be used to pay yourself back for eligible health care expenses for you and your family that are not reimbursed by any healthcare plan. This includes health care expenses for you and your dependents for whom you claim an exemption on your federal income tax return. For example, these individuals include your spouse, dependent children, and any other persons who meet the IRS definition of dependent.

Your Dependent Care FSA account can be used to pay the cost of day care expenses incurred in providing care for your eligible dependents so that you and your spouse can work, seek work or attend school full-time.

2. What is the difference between the General Purpose and Limited Purpose Health Care FSA?

There are two types of Health Care Flexible Spending Accounts (FSAs). If you choose the Traditional Choice Plus option, an HMO or waive coverage, you may contribute to a General Purpose Health Care FSA. You can use this FSA to cover eligible medical, prescription drug, dental and vision expenses. Broadridge will contribute \$100 to your General Purpose Health Care FSA if you elect this option. If you enroll in the SavingsPlus HSA Plan, you are eligible to contribute to a Limited Purpose FSA to reimburse dental and vision expenses. You may contribute up to \$2,600 to a Limited Purpose FSA for 2017. Broadridge will not provide an employer contribution to a Limited Purpose FSA.

3. How can I be reimbursed for FSA eligible expenses?

Broadridge offers multiple ways to reimburse your eligible FSA expenses. You may elect to pay with a Clarity Benefit Solutions debit card, or you can be automatically reimbursed. Both are available to you, and you decide if you want one option or both. Automatic reimbursement is a service that will allow the Medical (UHC), Prescription (Express Scripts), and Dental (Aetna Dental) carriers to transmit eligible claim data directly to Broadridge FSA. HMO and Vision (VSP) expenses will not be automatically reimbursed. The purpose of the Clarity Benefit Solutions Convenience Card is to reduce or, eliminate the need to pay out of pocket and await reimbursement. You may also choose to submit claims electronically on Clarity Benefit Solutions's website or by faxing in a claim form. Forms can be obtained from our FSA administrator's web site address at www.flexbenefits.broadridge.com. Please note that this site is an external site and can be accessed through the Internet. These forms can also be accessed from the "My Benefits Enrollment" tab on Total Rewards by locating the forms under the Forms Library tab under Quick Links or you may contact the **Broadridge Benefits Service Center** to print a copy if you do not have access to the web.

4. Can I fax my claim form?

Yes, the fax number is (732) 428-8111. Otherwise you must mail the form to the address on the form. Broadridge FSA offers the convenience of a debit card that can be used to pay for FSA eligible expenses. You will be required to submit a manual claim form for eligible services that are not processed through the HMO or Vision carriers.

5. Is there an easy way for me to confirm when a claim has been processed?

You can verify the reimbursement check number, date, and benefit amounts on the FSA web site at www.flexbenefits.broadridge.com under the Transaction History section under My Accounts. You can also view a list of reimbursements that are pending or paid and the FSA account balances under Benefit Account Details. To gain access you will need to register and create a password. The FSA Website can also be used to find answers to frequently asked questions, obtain general plan information, check on the eligibility of an expense and print a claim form.

6. I have Direct Deposit. When can I expect the claim payment to "hit" my account?

Checks go out in the mail the day following the date processed. Direct Deposit payments generally enter your account within 3 business days of the date your claim is processed by the FSA Unit.

7. What if there are unusual circumstances and my Direct Deposit reimbursement is delayed?

You should continue to check your FSA Account Information on the web at www.flexbenefits.broadridge.com or call FSA customer service at 1-888-423-6359 Monday – Friday 8:30 AM to 5:30 PM EST to speak to a Representative. If you are on direct deposit for your FSA account, you should check with your bank to confirm that your FSA reimbursements have been deposited to ensure that the funds are available to you.

8. What is the Automatic Rollover Feature for the Health Care FSA?

If you are enrolled in the UHC medical plans or any of the Aetna Dental plans, your claims information will automatically be sent by the carriers to our FSA administrator each month for processing. This will include Express Scripts prescription drug expenses as well. The automatic rollover means you will not have to file claims with the FSA administrator for reimbursement of eligible expenses under the FSA. Associates who are not enrolled in these plans must submit an FSA claim form for reimbursement.

Vacation & Holidays

Vacation

The following chart outlines the Broadridge vacation policy:

Years of Service ¹	Eligible Vacation Days
1-4	10 days
5-9	15 days
10+	20 days

¹ The calendar year in which the employment anniversary occurs.

Vacation Flex Plan

Note: new hires are not eligible to participate in the plan the year in which they are hired

Eligibility and Enrollment

All full and part-time associates employed by Broadridge are eligible to elect an additional one week of vacation time in lieu of one week's pay. You may **only** elect to participate in the Vacation Flex Plan during the first annual enrollment period following your date of hire and any subsequent annual enrollment period. Participation begins on the first day of the following plan year and elections are final once the annual enrollment period ends. Outside of the annual enrollment period, your election can **not** be changed for any reason.

Associates who are on a Performance Improvement Plan (PIP) as a result of attendance concerns, at the time of open enrollment for the Vacation Flex Plan will not be eligible to participate in the program for the upcoming year without management approval.

Vacation Flex Plan Time

The amount of additional vacation time made available to you is based on your standard number of hours you work per week, as of January 1st of the participating plan year. For example, if you work 40 hours per week as of January 1, an additional 40 hours will be made available to you by the vacation flex plan. If you work 20 hours per week, an additional 20 hours will be made available to you by the vacation flex plan. An additional partial week is not available.

How this Affects your Paycheck

If you choose to participate in the Vacation Flex Plan, you will receive one extra week of vacation, forgoing one week's pay. One week of vacation flex plan is equal to one week of base salary (based on your base salary on January 1st of each participating plan year), and will be spread out over the course of the year. So if you are paid bi-weekly, you will contribute to the vacation flex plan over 26 pay periods and if you are paid monthly, you will contribute to the vacation flex plan over 12 pay periods. If your standard number of hours or your base salary change (i.e., if you move from full-time to part-time, your contributions will still be based on your full-time salary since it was in effect as of the 1st of the year), your contributions will remain unchanged.

For example, assume your annual salary is \$52,000. Your contribution towards the vacation flex plan is \$1,000 for the year in this example ($\$52,000 / 52 = \$1,000$). To determine your per pay period cost, divide by 26 if you are paid bi-weekly or 12 if you are paid monthly. ($\$1,000$ divided by 26 pay periods = \$38.46 per pay period (gross amount) if you are paid bi-weekly, or \$83.33 if you are paid monthly.) Your payroll deduction will be made on an after-tax basis.

Using the Vacation Flex Plan

Using the vacation flex plan works in the same manner as normal vacation: you are not required to use an entire week at a time. However, as customary with all vacation time, your manager must approve any vacation time, including the vacation flex plan. Your manager may subject this to blackout periods during busy times. Since you can elect to receive extra vacation time with after-tax dollars, there is no order in which you have to use your vacation time. You can use your vacation flex plan before your regular vacation time or vice versa.

Unused Vacation Time

You may carryover any unused vacation flex plan time to the next calendar year. However, if you do carryover vacation flex plan time, you may not elect an additional week of vacation flex plan time for the next calendar year. For example, if you used 32 of your 40 vacation flex plan hours for 2016, and carried over 8 hours to 2017, you will not be allowed to elect any additional vacation flex plan time for 2017. If you terminate employment with Broadridge and have unused vacation flex plan time left, you will be refunded based on the payroll deductions you incurred, prorated by the number of your unused vacation flex hours.

Tracking

The vacation flex plan time will be tracked and managed through EeTIME. It will be maintained through a separate bucket, called Vacation Flex. You will be expected to code this vacation time using this paycode in EeTIME.

Holidays

2017 Holiday Schedule

New Year's Day Monday, January 2(Observed)	Independence Day Tuesday, July 4
Martin Luther King, Jr. Day Monday, January 16	Labor Day Monday, September 4
Presidents Day Monday, February 20	Thanksgiving Day Thursday, November 23
Good Friday Friday, April 14**	Christmas Day Monday, December 25
Memorial Day Monday, May 29	

Note: The standard 5 day/week associates will have three (3) personal/floating holidays and the non-standard 3 day/week associates will have two (2) personal/floating holidays for calendar year 2017. Personal/floating holidays must be scheduled with the prior approval of the associate's supervisor/manager

**The New York Stock Exchange is closed on Good Friday. However, Edgewood is open due to Proxy Season work volume. If you work in Edgewood, please confirm with your manager if your department is scheduled to work. If you do work, you will be eligible for an additional personal/floating holiday.

Remote Locations: Due to business requirements at some remote locations Management may assign an alternate holiday should business needs require.

Disability Benefits

Short Term Disability (STD)

As an added benefit to associates, Broadridge offers STD benefits to eligible associates to supplement salary loss during medical leaves of absence. Please consult with Prudential at (877) FOR-PRU1 or visit www.prudential.com/mybenefits for details.

Date of hire and service determines the STD pay continuation period as follows:

Service	Weeks at 100% of Salary (includes 5 day elimination period)	Weeks at 80% of Salary	Weeks at 60% of Salary
Less than 1 year	4	2	20
1 year but less than 2	10	8	8

Long Term Disability (LTD)

Associates working 20 or more standard hours are automatically enrolled in LTD coverage of 40% of monthly salary to provide financial protection due to an extended disability greater than 180 days. Additionally, associates can purchase the LTD buy-up option, which provides a benefit of 20% of monthly salary, which is paid by you.

Effective 1/1/2017

Combined, the plan pays up to 60% of base annual earnings to a maximum of \$12,500 per month. Associates may enroll in the LTD buy-up option at any time, however, enrollment, outside of the 31-day new hire/newly eligible grace period, is subject to proof of insurability.

Cost of LTD Buy-up Option

The cost of the LTD buy-up option is deducted from your paycheck on an after-tax-basis. The monthly cost for LTD is \$.115 per \$100 of covered monthly salary. To determine your bi-weekly deduction, use the following formula:

$$\text{Annual salary} \times .0011 \div \text{by } 26$$

Paid Family Leaves

Broadridge provides a 10-week paid maternity leave (post-delivery) and a 1-week paid paternity and adoption leave benefit to all eligible associates.

An associate who wishes to take time off for the birth or placement of a child must contact **Prudential** at **877-FOR-PRU1 (877-367-7781)** or log on to www.prudential.com/mybenefits, enter control #45034 and click on **Claim Submission** to initiate a leave of absence, and notify his or her manager of the associate's intention to take time off for this reason.

Personal Accident Insurance

Personal Accident Insurance provides additional financial protection, if you suffer loss of limb, sight, speech, hearing or die as a result of an accident. Personal Accident Insurance can be elected at variable benefit amounts. Your payroll deduction amount will be deducted on a pre-tax basis as illustrated in the chart below. You may also choose Family coverage for your spouse and your eligible dependent children.

If you elect family coverage, your dependents are covered for the following percentage of the benefit amount you elected:

- Spouse only—60%
- Children only—20%
- Spouse & Children—50% spouse and 15% each child

Chart of Options, Coverage and Cost

Option	Amount of Coverage (Subject to 10 times your base annual salary or benefit earnings for sales associates)	Bi-Weekly Cost Associate Only	Bi-Weekly Cost Family
1	\$25,000	\$.12	\$.21
2	\$50,000	\$.25	\$.42
3	\$100,000	\$.50	\$.83
4	\$200,000	\$1.00	\$1.66
5	\$300,000	\$1.50	\$2.49
6	\$400,000	\$1.99	\$3.32

7	\$500,000	\$2.49	\$4.15
8	\$1,000,000	\$4.98	\$8.31
9	No Coverage	0	0

Amount of coverage is limited to 10 times your base annual salary or benefit earnings for Sales Associates.

Questions?

Refer to the Summary Plan Description (SPD) for detailed information on the plans. The Summary Plan Description is located on The "My Benefits Enrollment" tab of Total Rewards. If you do not have access to the web, contact the Broadridge Benefits Service Center for assistance.

Note: To name your beneficiary (ies), log onto www.voluntarybenefits.broadridge.com. The first time you visit the site, you will need to register by providing your associate ID number and date of birth. Click on the Self-Service button and enter your beneficiary information (instructions are included on the web site). Alternatively, you can complete a beneficiary form. The form can be found on The "My Benefits Enrollment" tab of Total Rewards under "Forms Library."

Life Insurance

Basic Life Insurance

All regular associates, working 32 or more hours per week, are automatically provided with Basic Life Insurance equal to one and one half times their annual base salary * (up to a maximum of \$1,000,000). Broadridge pays the premium for this insurance in full. Coverage becomes effective on the first day of active employment. Basic Life Insurance coverage amount is based upon your current salary.

*Annual base salary does not include any special pay such as bonuses, overtime or other compensation. Sales Associate's benefits are based upon a formula called Benefit Earnings.

Note: To name your beneficiary(ies), log onto www.voluntarybenefits.broadridge.com. The first time you visit the site, you will need to register by providing your associate ID number and date of birth. Click on the Self-Service button and enter your beneficiary information (instructions are included on the web site). Alternatively, you can complete a beneficiary form. The form can be found on The "My Benefits Enrollment" tab of Total Rewards under "Forms Library."

Basic Accidental Death & Dismemberment (AD&D) Insurance

All regular associates, working 32 or more hours per week are also provided with AD&D insurance equal to one and one half times their annual base salary. The cost of this insurance is completely paid by Broadridge and becomes effective on the first day of active employment.

AD&D insurance benefits will be paid for loss of life, limbs or sight within 365 days of an accident. AD&D coverage includes death benefits and dismemberment benefits. However, if you have more than one loss in any one accident, the total benefit paid will not exceed one and a half times Basic Annual Earnings. The AD&D coverage in this policy provides ACCIDENT insurance only. This policy does not provide coverage for sickness.

This policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from the following:

1. Suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.
2. Sickness, disease or infections of any kind, except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning.
3. Travel or flight in any vehicle used for aerial navigation, if you are acting as a pilot or crew member.
4. Declared or undeclared war, or any act of declared or undeclared war.

Note: To name your beneficiary(ies), log onto www.voluntarybenefits.broadridge.com. The first time you visit the site, you will need to register by providing your associate ID number and date of birth. Click on the Self-Service button and enter your beneficiary information (instructions are included on the web site). Alternatively, you can complete a beneficiary form. The form can be found on The “My Benefits Enrollment” tab of Total Rewards under “Forms Library”.

Business Travel Accident Insurance

All active full and part-time associates who work at least 20 standard hours a week on a regular basis are automatically covered for Business Travel Accident (BTA) Insurance on their first day of active employment.

Business Travel Accident Insurance is provided to Broadridge associates who suffer a covered injury while traveling on a business trip. This benefit is provided by Broadridge at no cost to you and is effective on your first day of active employment. Business Travel Accident Insurance will pay up to four times your base annual earnings (\$2.5 million is the maximum benefit).

Note: To name your beneficiary(ies), log onto www.voluntarybenefits.broadridge.com. The first time you visit the site, you will need to register by providing your associate ID number and date of birth. Click on the Self-Service button and enter your beneficiary information (instructions are included on the web site). Alternatively, you can complete a beneficiary form. The form can be found on The “My Benefits Enrollment” tab of Total Rewards under “Forms Library.”

Beneficiary Elections for Life Insurance Plans

Elect and/or update your beneficiary information on line for all of your company paid and voluntary benefit programs including: Basic Life Insurance, Personal Accident Insurance (PAI), Accidental Death & Disbursement, Business Travel Insurance, and Group Universal Life Insurance.

1. If you are a full time associate, visit www.voluntarybenefits.broadridge.com from any computer with access to the internet.
2. The first time you visit the site, you will need to register by providing your associate ID number and date of birth.
3. Click on the Self-Service button and enter your beneficiary(ies) information. (Instructions are included on the website.
4. Complete this for each plan in which you are enrolled.

If you run into problems or have questions, call 800-638-6854. Customer service representatives will be happy to assist Monday through Friday, 8 a.m. to 5 p.m. E.D.T.

Please note: Even if you have already provided beneficiary information for these coverages, you must update or complete your beneficiary information online if you wish to have the ability to view it online.

To update your beneficiaries for the 401(k) plan, you will still need to do so by logging on to www.Broadridge401k.com.

Other Voluntary Plans

Group Critical Illness Insurance:

All active full and part-time associates working at least 20 hours per week are eligible to enroll in Group Critical Illness Insurance. This insurance pays a specific dollar amount when a diagnosis of a specific illness, such as cancer, is made, or when a specific event, such as a heart attack or stroke, occurs.

When you enroll, you decide which of the two specific dollar amounts that will be paid; you may elect either \$15,000 (option 15) or \$30,000 (option 30). Your premiums are based on the coverage amount, the tier you choose (i.e.

Effective 1/1/2017

Associate only or Associate + Children), and your age at the end of the calendar year in which you elect the coverage – and the amount does not increase as you age

If you qualify for a payment, you can spend the money in any way you choose. You can use it to pay expenses not covered by the medical plan, such as day care, special transportation to/from treatments or for unique treatments. Or you can use it to pay deductibles and co-pays in the medical plan, or whatever else you choose.

If you don't enroll during your new hire enrollment period and later decide you want coverage, you will need to provide Evidence of Insurability. In addition, if you do not enroll in either coverage now, you will have to wait until the next open enrollment period.

Refer to the Summary Plan Description (SPD) for detailed information on the plan, including premium rates. You can find the SPD and enroll on The "My Benefits Enrollment" tab of Total Rewards. If you do not have access to the web, contact the Broadridge Benefits Service Center for assistance.

Note: To designate a specific individual or entity as beneficiary, please call Allstate Benefits at 1-800-521-3535. If you do not name a beneficiary, benefits will be paid to your estate. Your beneficiary may be any person or persons or your estate. Or you may name a religious organization, a favorite charity, or other nonprofit group. If you get divorced or legally separated, you may wish to consider revising your beneficiary designations.

Group Accident Insurance:

The Group Accident Insurance is designed to supplement your medical plan by paying benefits in the event of an accident that requires medical services. Covered services include expenses not typically available in a medical plan.

For example, if, as the result of an accident, you need to travel to a distant treatment center, the program pays benefits to help cover your travel expenses, as well as hotel costs for an adult who accompanies you. In addition, the program will pay a flat dollar amount if you are hospitalized.

If you don't enroll during your new hire enrollment period and later decide you want coverage, you will have to wait until the next open enrollment period.

Refer to the Summary Plan Description (SPD) for detailed information on the plan. You can find the SPD and enroll on The "My Benefits Enrollment" tab of Total Rewards. If you do not have access to the web, contact the Broadridge Benefits Service Center for assistance.

Note: To designate a specific individual or entity as beneficiary, please call Allstate Benefits at 1-800-521-3535. If you do not name a beneficiary, benefits will be paid to your estate. Your beneficiary may be any person or persons or your estate. Or you may name a religious organization, a favorite charity, or other nonprofit group. If you get divorced or legally separated, you may wish to consider revising your beneficiary designations.

ID Theft Protection

ID Theft Protection provides solutions for identity theft, including assessment, deterrence and restoration services, through InfoArmor. Coverage is effective 1st of 2nd month following your date of hire. With ID Theft Protection, you will receive:

- **WalletArmor** to quickly replace contents of a lost wallet, critical documents or passwords, and monitor for misuse in real-time on the Underground Internet
- **Reduction in unwanted solicitations** such as telephone solicitations, preapproved credit card offers and junk mail to limit exposure of personal information
- **\$25,000 Identity Theft Insurance Policy** to protect against the financial damages of identity theft for associated costs, legal defense expenses, and lost wages
- **Fully Managed identity restoration** provided by CITRMS certified Privacy Advocates®. Our highly trained Privacy Advocates® will manage your identity theft case from start to finish; allowing you to rest easy knowing that a professional is working on your behalf
- **IdentityMD** to provide tips, tools, and resources to prevent identity theft as well as restore an identity (includes assistance in pulling free credit reports from the three bureaus)

	Associate Only	Family
Bi-weekly	\$3.67	\$6.44
Monthly	\$7.95	\$13.95

Pet Assure Discount Program

Pet Assure Discount Program allows members to save money on pet medical care and products services catering to pets. There are no pet exclusions and no annual usage limit!

With Pet Assure, you will receive:

- Veterinary Care –25% savings on all in-house medical services at participating veterinarians
- Retail Savings – 5-35% savings on pet products and supplies
- Service Savings – 10-35% savings on pet services such as boarding, grooming and training at participating merchants and providers
- PALS – a unique and highly successful 24/7/365 lost pet recovery service

Bi-weekly	Monthly
\$3.69	\$8.00

Auto and Home Insurance:

All full or part-time Associates working at least 20 hours per week are eligible to participate in the Group Auto and Home Insurance Programs administered by Mercer Voluntary Benefits.

Detailed information on how to apply for these programs, by phone or through the Internet, can be found by calling the following numbers or log onto the following website.

- Mercer at (800) 638-6854 or visit their web site at www.voluntarybenefits.broadridge.com .

Broadridge associates that reside in NJ or PA can also purchase auto insurance through New Jersey Manufacturers (NJM). The premiums for auto insurance through NJM will not be payroll deducted. To obtain more information or to get a quote, please visit their website at www.NJM.com. Pennsylvania residents will have to call 1-800-232-6600.

You may want to share the auto insurance information with your spouse and eligible dependent children residing in your household. You can compare benefits and costs and obtain quotes at any time.

Group Universal Life Insurance:

Group Universal Life Insurance (GUL) is coverage that is in addition to the Basic Life Insurance. Detailed information and enrollment can be found on the web site www.voluntarybenefits.broadridge.com, or you can contact Mercer at (800) 638-6854.

If you do not enroll in the Group Universal Life (GUL) program during your 60 day new hire period, you will have to be approved for coverage through the Evidence of Good Health process. Coverage is not guaranteed at any level when enrolling after the initial 60 day new hire period. You may elect 1.5 times your salary with guaranteed issue if you enroll during your initial 60 day new hire period. (Eligibility: Associates working 32 or more hours per week.).

Group Legal Service Plan

All full or part-time associates of Broadridge are eligible to enroll in the Group Legal Service Plan through ARAG. The plan provides a number of legal services through a nationwide network of more than 6,700 attorneys. Detailed information and enrollment can be found on the web site www.voluntarybenefits.broadridge.com, or you can contact Mercer at (800) 638-6854.

Transit Program

All U.S. associates working at least 20 hours per week that utilize mass transit as their regular means to commute to and from work (i.e. train, ferry, or bus) are eligible to enroll.

Subsidy Portion

If you enroll in the transit program, you will receive \$60 per month from Broadridge to subsidize your monthly transit expenses. **If you are currently participating or plan to participate in the Journal Square (JSQ) or Fort Wayne parking programs, you are ineligible for the \$60 per month subsidy.**

Voluntary Contributions

Regardless of whether or not you are receiving the mass transit subsidy, you will have the opportunity to contribute to a new transit flexible spending account that will be set up on your behalf. Contributions to this account will come directly from your paycheck and will occur monthly, on a pre-tax basis, thus lowering your taxable earnings. You can then use this account to pay for mass transit commuting expenses. The account will work similarly to a flexible spending account; however the dollars in this account will never expire as long as you are an active associate. For 2017, the maximum pre-tax limit for transit expenses allowed under Internal Revenue Code section 132(f) is \$255 per month. Please note the \$255 limit is the combination of both your contributions and Broadridge's. Thus, if you're receiving the \$60 monthly subsidy for 2017, your voluntary contributions will be limited to \$195 per month on a pre-tax basis.

Associates will also have the opportunity to contribute on a post-tax basis as well. This will allow associates to have all of their transit contributions on their transit card (more information on the transit card is provided below).

Transit Program Administrator

Clarity Benefit Solutions, Inc. has been selected as Broadridge's sole national vendor to administer the transit program. Clarity Benefit Solutions has established an online account for all eligible U.S. associates. This online account is used to enroll in the transit subsidy program, elect the voluntary pre and post-tax contributions, view your account balance and submit claims. If you have any questions, please contact Clarity Benefit Solutions by phone at **888-423-6359** or send an email to customerservice@flexaccount.com. You can also find information on the web at www.flexbenefits.broadridge.com

Enrollment

You can make your transit subsidy, pre-tax and post-tax contribution elections by clicking on "Transit Enrollment" on the transit website at www.flexbenefits.broadridge.com. You may also contact Clarity Benefit Solutions directly at **888-423-6359** to obtain an enrollment form. If you enroll in the program you will receive your Clarity Benefit Solutions Stored Value Card ("the transit card") in the mail. The transit card will come in a plain white envelope with the "Clarity Benefit Solutions" name on it. The transit card will be loaded with both the \$60 Broadridge contribution (if elected), and your own pre-tax and post-tax contributions (if elected) shortly after you receive your paycheck each month. The transit card is accepted at all major mass transit locations and is good for 3 years. The transit card acts like a debit card and allows you to pay for eligible expenses at the point-of-service. There is no PIN associated with the transit card, and you should use the "credit" method when making a purchase. If you do not wish to use the transit card, you can submit a paper claim to Clarity Benefit Solutions, or complete an online claim form on the Broadridge transit website for reimbursement.

The transit program is NOT a "use it or lose it" program as long as you're an active Broadridge associate. The Broadridge and associate contributions made to the program roll over from month to month and year to year. If you terminate employment with Broadridge, your transit account will remain active for 90 days following termination.

Any contribution election changes you make online up to the 19th at 11:59PM EST of each month will be deducted from the first biweekly paycheck of the following month for biweekly paid associates and from your monthly check for monthly paid associates. For instance, if you go online to the Broadridge transit website and make a contribution election before December 20th, it will be deducted from your first bi-weekly paycheck (and your monthly check for those paid on a monthly basis) in January. The period between the 20th and the 25th of each month will be considered a blackout period, in which you will not be allowed to make changes to your contribution amounts

(the online system will be available again on the 26th of each month). The Broadridge and associate contributions made towards your transit account during the month of January will be for your mass transit expenses in February. ***Please note there will be a delay of a few days from the time you receive your paycheck from Broadridge and the time the \$60 subsidy and your own contributions are deposited into your transit account (2-3 business days). It is recommended that you check your online account balance to ensure the funds are deposited before using your transit card.***

Tuition Assistance

Tuition Reimbursement is available to all regular associates working at least 32 hours per week and have at least six months of continuous service. Courses must be job-related and manager approved

For all approved courses, tuition and eligible fees and books may be approved for reimbursement up to a maximum of:

- \$3,500 annual cap for associates with less than five years of service
- \$5,250 annual cap for associates with five years of service or more

Apply for tuition reimbursement online at www.tamsonline.org/broadridge

Full program details and frequently asked questions can be found on Broadridge Central

Childcare Backup

Bright Horizons® Back-Up Care Advantage Program provides access to a nationwide network of high-quality child care centers and in-home caregiving experts who can offer your family a caring alternative when you need it most. You can use back-up care for your child when you:

- Regular caregiver is sick or on vacation
- School closes for holidays or in-service days
- Child is mildly ill at home

The maximum number of available days is 10 days per child per calendar year.

Center-based back-up child care

\$15 per child per day; maximum of \$25 per family per day

In-home child care

\$6 per hour; there is a 4 hour minimum for all in-home care reservations (additional charges of \$2 per hour will apply for evening/weekend care. For any medical care, an additional charge may apply).

To learn more about the program, register or request reservations call 877-BH-CARES (877-242-2737) or Visit www.careadvantage.com/broadridge.

Additional Family Support and Discounts

Bright Horizons® also provides tuition discounts and preferred enrollment at participating childcare centers nationwide; elder care planning supports and associated discounted services; complimentary memberships and unlimited background checks at Sittercity for self-selected care such as nannies, housekeepers, and pet care services; and discounted tutoring and test prep services for your family.

To learn more about the program, register or request reservations call 877-BH-CARES (877-242-2737) or Visit www.careadvantage.com/broadridge.

Employee Assistance Program (EAP)

Eligibility and Enrollment

All full and part-time Associates employed by Broadridge (and their household members) regardless of whether the associate is enrolled in the Broadridge Medical Plan or any other Broadridge benefit plans are eligible for benefits under the EAP program.

Broadridge's Employee Assistance Program (EAP), is designed to help associates and their household members by providing **confidential counseling** services in such areas as:

- Marital and Family Difficulties
- Substance and Alcohol Abuse
- Mental Health
- Stress
- Financial Concerns

EAP can be contacted at 1-888-936-7327

Work/Life Referral Services

ComPsych, Broadridge's work/family vendor, is a resource available to our associates and their household members (at no cost) in trying to manage their daily responsibilities and life events. ComPsych offers comprehensive work and life services including:

- Prenatal Information
- Child and Elder Care Resources
- Adoption Services
- Self Help Information
- Health and Wellness Information
- Educational Materials and Resources
- Financial and Legal Information

Wellness Programs

Healthyroads:

Broadridge's wellness program, Healthyrewards, is designed to help you maintain a healthy lifestyle while offering you and your spouse (if applicable) the opportunity to earn up to \$1,000 in medical premium discounts and rewards cards. Broadridge is partnered with Healthyroads, a reputable wellness provider, to provide opportunities to earn points towards these incentives with innovative resources that include an online personal health assessment (PHA), biometric screenings, health and lifestyle coaching services and fitness tracking tools. You can find more information by visiting www.broadridge.com/ebenefits or www.healthyroads.com

GlobalFit:

Broadridge offers associates and their dependents access to healthy living programs through GlobalFit. The GlobalFit Gym Network 360 Advantage offers discounted gym and fitness club memberships at over 8,000 facilities nationwide, including 24 Hour Fitness, Anytime Fitness, Curves and Gold's Gym.

What's more, GlobalFit offers special pricing on nutrition and healthy eating programs, and fitness and wellness products.

To activate your GlobalFit account, visit www.globalfit.com/broadridge or call (800) 294-1500

Broadridge Retirement Savings Plan ("401(k) Plan")

The Retirement Savings Plan gives you the ability to save for your retirement through regular payroll deductions and the flexibility to choose the way your funds are invested based on your personal investment strategy and retirement goals. Contributions can either be deducted from your pay before your taxes are determined, reducing your taxable income and giving you more money to invest, or through after-tax Roth contributions. With pre-tax deductions you pay no taxes on your contributions or any earnings in the Plan until you withdraw your funds, whereas with Roth contributions you will be taxed at the time you contribute them to the Plan, but are generally not taxed when you receive a qualified distribution.

In addition to any of your own contributions to the Plan, you will receive a Basic Company contribution each pay period whether or not you contribute to the Plan. Every Broadridge associate with at least six months of employment is eligible. The Company will not contribute Basic Company Contributions for the first 6 months of employment.

You will also receive matching contributions on money you contribute to the Plan, but the Company does not match contributions you make in the first 6 months of employment.

You must be employed on the last day of the Plan year (December 31st) in order to receive the Basic Company Contribution and the Matching Contributions for the year. The contributions are made in cash and allocated based on your investment elections.

Basic Company Contribution

You will receive a non-elective contribution whether or not you contribute to the Plan. Every Broadridge associate with at least six months of employment is eligible. The Company will not contribute Basic Company Contributions for the first 6 months of employment. Basic Company Contributions will be deposited in your conditional Basic Company Contribution subaccount each pay period. The contribution is determined by your years of service to the Company as follows:

Years of Service at the End of the Calendar Year	Contribution
0	1.00%
5	1.75%
10	2.50%
15	3.25%
20	4.00%
25	4.75%
30	5.50%
35+	6.25%

* A Participant who was an employee of Automatic Data Processing, Inc. as of March 30, 2007 and who commenced employment with the Company on March 31, 2007 shall have his service with Automatic Data Processing, Inc. count for purposes of the Basic Company Contribution.

Basic Company Contributions are a percentage of your eligible earnings or pay. Your eligible compensation includes base salary, and, if you are eligible, bonus and commissions. For purposes of computing your Basic Company Contributions for 2017, your pay is limited to \$270,000 (due to IRS limits).

Broadridge's Matching Contributions

Broadridge will match \$.70 for every dollar you save, including both pre-tax contributions and Roth elective contributions, up to 6% of your pay. After 60 months of participation, the Company matching contribution will increase to \$.80 on the dollar up to 6% of your pay. Matching Contributions will be deposited in your conditional Matching Contribution subaccount each pay period.

A month of participation is defined as any month in which you contribute to the Plan. The Company does not match contributions you make in the first 6 months of employment.

Vesting

Vesting means ownership. You always have complete ownership of (or are fully vested in) the value of your Before-Tax Contributions, Roth Contributions, and Rollover Contributions and any investment earnings on those contributions. You become vested in the basic Company contribution and the Company matching contributions and any investment earnings on these contributions over time.

Broadridge basic Company contributions and matching contributions and their earnings fully "vest" over a three (3) year period of service with Broadridge. You are 50% vested after two (2) years of service and 100% vested after three (3) years of service.

Enrollment

Associates will be enrolled in the 401(k) Plan automatically.

Unless you elect otherwise, after you have completed 60 days of employment, **Broadridge will automatically begin deducting 3% from your paycheck.** This money will be deposited into your 401(k) account and will be invested in the Fidelity Freedom fund that corresponds with your approximate retirement year (the date you will reach your 65th birthday). Deductions will begin within one to two paychecks after you have completed 60 days of employment. Money contributed to your account under automatic enrollment will **not** be treated as Roth elective deferrals.

You can change this default election (and/or the investment fund in which your contributions are invested) immediately or at any time in the future. If you do not want to participate in the 401(k) Plan, you will have to opt out by calling 1-888-822-9238 or by logging on to www.broadridge401k.com.

Any funds that are deposited into the Plan via payroll deductions cannot be refunded. Distribution is only available upon termination of employment.

You can enroll in the plan or opt out of participation before the end of your initial 60 day period of employment by calling 1-888-822-9238 or by logging on to www.broadridge401k.com. Your information will be transmitted to ADP no later than the week following your first system-generated paycheck.

Contribution Limits

The percentage you can contribute to the Plan is based on your compensation. Generally, you will be able to contribute up to 35% of your pay. However, if you are considered to be a Highly Compensated Employee as defined by the Internal Revenue Code, you can only contribute up to 15% of your pay. If you were one of the top 20% highest paid associates in 2016, you will be considered a Highly Compensated Employee in 2017.

While base pay is used to determine your maximum contribution percentage, your actual contribution amount is based on your total earnings, including bonus, commissions, overtime, etc., but excluding relocation pay and car allowances. Your contribution amount cannot exceed 35% of your pay (15% if considered a Highly Compensated Employee) in any pay period.

Maximum compensation used to determine Broadridge's matching contributions for 2017 is \$270,000. These amounts may be adjusted periodically for cost of living increases. In addition, your total contribution for the 2017 plan year is limited to \$18,000.

Keep in mind that the limits described above are combined limits for the total amount you choose to save as Roth elective contributions and pre-tax contributions.

Additional Contributions (Catch Up) for Associates Age 50 and Older

If you are age 50 or over, or will turn age 50 at any time during 2017, you are eligible to make additional contributions, also known as catch up contributions, to your 401(k) account. The maximum amount of catch up contributions permitted for 2017 is \$6,000.

Catch up contributions can only be made after you reach the legal annual limit or the Plan limit. Catch up contributions are not eligible for Company matching contributions. Catch up contributions are available through the traditional or Roth 401(k).

Withdrawals

You are entitled to the full vested value of your account at termination of employment or the onset of a permanent disability. While you are actively employed, you may withdraw your funds in the event of a severe financial hardship, or borrow money from your account through the loan provision.

Hardship Withdrawals are allowed for certain authorized purposes such as purchasing your primary residence, preventing eviction from or foreclosure on your home, paying college costs for yourself or your dependents, paying extraordinary medical expenses, payment of funeral expenses for members of your immediate family, or expenses to repair damage to your principal residence that qualifies for a casualty deduction under IRC Section 165. The withdrawal requires approval of the Plan Committee and must comply with regulations established by the IRS.

Loans are available in amounts up to 50% of your vested account balance, to a maximum loan of \$50,000. The minimum loan amount is \$1,000. Loan applications are submitted via the toll free number or web site. Loans are repaid through payroll deductions over a time period not to exceed 60 months. Loans will have an interest rate equal to the Prime Rate at the time the loan is made plus 1 percentage point.

Hardship withdrawals and loans may be taken from your Roth subaccount only after the other available amounts in your Plan account have been taken (and any loans from your Roth subaccount must come first from any amounts attributable to Roth rollovers).

Service Center

Customer Service Representatives are available at 1-888-822-9238 from 9 a.m. to 5 p.m. eastern time on days that the stock market is open. You will need your 4-digit 401(k) PIN to speak to a representative.

GuidedChoice® Personalized Advisory Services

GuidedChoice® investment advisory services are available to help you answer the question, “Are you making the most of your retirement plan?”

Most people could use a little trusted advice on how to approach their retirement goals, from deciding how much to save, to choosing an appropriate mix of funds and making adjustments down the road. Some may even prefer to have a professional take care of everything.

The Broadridge 401(k) Plan makes both these options available to you through GuidedSavingsSM, the personalized advisory service from GuidedChoice®. The service makes investing simple by helping you decide how much to save for your retirement goals and by providing a clear, actionable strategy for your retirement assets tailored to your needs and the options available in the 401(k) Plan. There is no charge to you for this retirement planning advisory service. If you'd like to go a step further and have professional management of your 401(k) Plan account, you can select the managed account feature where GuidedSavings uses the investment options and features available in the 401(k) Plan along with information you provide to build a comprehensive strategy for your plan assets. You must pay a fee for this professional management service [(currently, at the annual rate of \$2.00 for each \$1,000 in your Plan account, with a \$200 annual maximum fee).]

Furthermore, you can take advantage of GuidedSavings in the way that best suits your style – and you can put it to work online through a link in your Plan account at ADP or over the phone with a GuidedChoice retirement specialist. The choice is yours.

For more information about GuidedChoice call 1-800-242-6182 or email them at help@guidedchoice.com.

Investment Options

The Retirement Savings Plan offers 12 investment funds with varying risk factors, investment objectives, and potential returns. See the chart below for information on the funds available. Detailed fund performance information is available at www.mykplan.com.

You can allocate your contributions among the funds in 1% increments up to 100% of your contribution amount. The 401(k) plan is valued daily. Your balance reflects the status of the stock market as of the end of business the previous day. Changes to your contribution percentage or investment allocation can be made at any time, and are effective the next business day if made prior to 3 p.m. eastern time.

401(k) Plan Investment Funds

Fund Name	Investment Information	Objectives
Invesco Stable Asset Fund – Class ADPZ	<p>Ticker Symbol: N/A</p> <p>Prospectus: http://prtdocs.newriver.com/adpret/WEBINVSTASSET.PDF</p> <p>For more information, call 888-822-9238</p>	<p>Invesco Stable Asset Fund, sub-advised by Invesco Advisers, Inc., seeks preservation of principal and to provide interest income reasonably obtained under prevailing market conditions and rates, consistent with seeking to maintain required liquidity. The Fund's returns are based on returns generated by an actively-managed, diversified portfolio of investment grade, fixed and floating rate securities. The Fund may invest in such securities directly or indirectly through commingled investment vehicles. The Sub-Advisor retains unaffiliated managers to manage a portion of the core and intermediate bond components of the portfolio. The Fund may enter into security investment contracts ("wrap contracts") issued by banks and insurance companies. Wrap contracts are intended to protect the Fund's principal by offsetting the price fluctuations in the bonds they cover. Wrap contracts obligate the issuer to maintain the book value (principal plus interest) of the Fund's fixed income securities (the Covered Assets) and other instruments covered by the contract, up to specified amounts and subject to certain limitations.</p>

Fund Name	Investment Information	Objectives
		Under certain adverse market conditions, the wrap issuer may be required to make payments to the Fund if the Fund's assets are insufficient to satisfy participant-initiated redemptions at book-value. The Fund may also invest in traditional guaranteed investment contracts or insurance company separate account contracts.
Loomis Sayles Investment Grade Bond Collective Trust – Class D	<p>Ticker Symbol: N/A</p> <p>Prospectus: http://prtdocs.newriver.com/adpret/default.asp?fundid=WEB543497796</p> <p>For a Fund Fact Sheet, visit broadridge401k.com</p>	Loomis Sayles Investment Grade Bond Fund seeks current income and capital appreciation. The Fund typically invests at least 80% of its net assets in investment grade fixed income securities. The Fund may invest in public or private debt obligations issued or guaranteed by U.S. or non-U.S. issuers, including but not limited to corporations, governments (including their agencies, instrumentalities and sponsored entities), supranational entities, partnerships and trusts. It may invest up to 10% of assets in securities rated below investment grade. The Fund may invest up to 10% of assets each in the Loomis Sayles Emerging Debt and Currencies Trust and Loomis Sayles Senior Loan Fund, LLC. The Fund may invest up to 40% of its assets in securities of non-U.S. issuers, including emerging markets debt securities. In addition, the Fund may invest up to 40% in non-U.S. currencies.
SSgA U.S. Bond Index Non-Lending Series Fund – Class C	<p>Ticker Symbol: N/A</p> <p>Prospectus: http://prtdocs.newriver.com/adpret/default.asp?fundid=WEB85744L725</p> <p>For a Fund Fact Sheet, visit broadridge401k.com</p>	SSgA U.S. Bond Index Fund seeks an investment return that approximates as closely as practicable, before expenses, the performance of the Barclays U.S. Aggregate Bond Index over the long term. The Fund offers broadly diversified, low cost exposure to the overall U.S. bond market. The Fund's investments include U.S. Treasury, agency, corporate, mortgage-backed, commercial mortgage-backed securities, and asset-backed securities. It is managed duration neutral to the Barclays U.S. Aggregate Bond Index at all times. Overall sector and quality weightings are also matched to the Barclays U.S. Aggregate Bond Index, with individual security selection based upon criteria generated by the SSgA credit and research group, security availability, and the SSgA analysis of its impact on the portfolio's weightings.
SSgA Russell Small/Mid Cap Index Non-Lending Series Fund – Class C	<p>Ticker Symbol: N/A</p> <p>Prospectus: http://prtdocs.newriver.com/adpret/default.asp?fundid=WEB85744L741</p> <p>For a Fund Fact Sheet, visit broadridge401k.com</p>	SSgA Russell Small / Mid Cap Index Fund seeks an investment return that approximates as closely as practicable, before expenses, the performance of the Russell Small Cap Completeness Index over the long term. The Fund offers broad, low cost exposure to stocks of small and medium sized U.S. companies. The Russell Small Cap Completeness Index consists of those securities in the Russell 3000 Index minus those in the S&P 500 Index, and is a proxy for the small to mid-cap sector of the U.S. equity market.
SSgA Global Equity ex U.S. Index Non-Lending Series Fund – Class C	<p>Ticker Symbol: N/A</p> <p>Prospectus: http://prtdocs.newriver.com/adpret/default.asp?fundid=WEB85744L675</p> <p>For a Fund Fact Sheet, visit broadridge401k.com</p>	SSgA Global Equity ex U.S. Index Fund seeks an investment return that approximates as closely as practicable, before expenses, the performance of the MSCI ACWI ex-US Index over the long term. The Fund offers broad, low cost exposure to stocks of companies in developed and emerging countries excluding the United States. The MSCI ACWI ex-US Index consists of

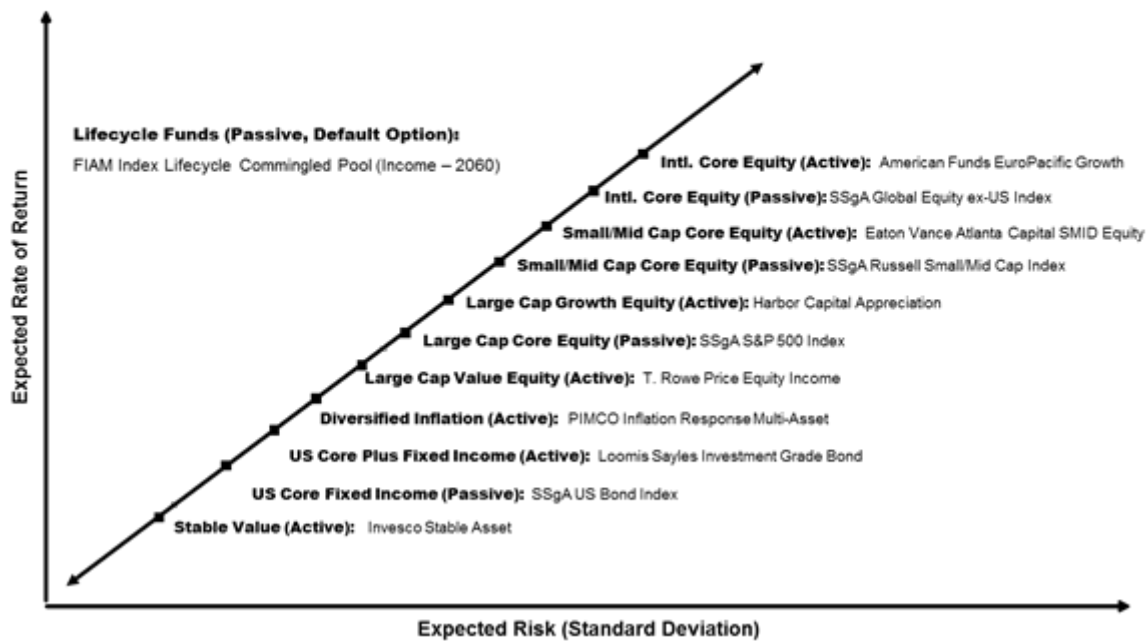
Fund Name	Investment Information	Objectives
		approximately 1,838 securities across 45 markets, with emerging markets representing 23 countries, and covers approximately 85% of the global equity opportunity set outside of the U.S.
FIAM Index Target Date Commingled Pool Funds – Class V: Income 2010 2015 2020 2025 2030 2035 2040 2045 2050 2055 2060	Ticker Symbol: N/A For a Fund Fact Sheet, visit broadridge401k.com	FIAM Index Target Date Funds seek an investment return that approximates as closely as practicable, before fees, the performance of a custom benchmark of domestic and international stocks, fixed income, commodities, and short term investments that has risk and return characteristics appropriate for an investor retiring in the targeted year. The FIAM Index Target Date Funds are designed for investors who will retire in or around the targeted year and want a professional to determine the asset mix and fund selection in their portfolio. The FIAM Index Target Date Funds maintain an asset allocation strategy that becomes more conservative over time as the funds reach and go beyond their target date.
T. Rowe Price Equity Income Trust – Class A	Ticker Symbol: N/A Prospectus: http://prtdocs.newriver.com/adpret/default.asp?fundid=WEB87279Y106 For a Fund Fact Sheet, visit broadridge401k.com	T. Rowe Price Equity Income Fund seeks to provide substantial dividend income as well as long-term capital appreciation. The Fund normally invests at least 80% of net assets in common stocks, with 65% in the common stocks of well-established companies paying above-average dividends. The Fund seeks companies that appear to be undervalued by various measures and may be temporarily out of favor but have good prospects for capital appreciation and dividend growth. The Fund may also invest in other securities, including, but not limited to, convertible securities, corporate and government debt, foreign stocks, futures, and options.
SSgA S&P 500 Index Non- Lending Series Fund – Class N	Ticker Symbol: N/A Prospectus: http://prtdocs.newriver.com/adpret/default.asp?fundid=WEB85744A869 For a Fund Fact Sheet, visit broadridge401k.com	SSgA S&P 500 Index Fund seeks an investment return that approximates as closely as practicable, before expenses, the performance of the Standard & Poor's 500 Index over the long term. The Fund offers broad, low cost exposure to stocks of large sized U.S. companies. The Fund invests in individual U.S. common stocks in identical proportions to the Standard & Poor's 500 Index.
Harbor Capital Appreciation Fund – Institutional Class	Ticker Symbol: HACAX Prospectus: http://prospectus-express.newriver.com/get_template.asp?clientid=adpretpre&fundid=411511504 For a Fund Fact Sheet, visit broadridge401k.com	Harbor Capital Appreciation Fund, sub-advised by Jennison Associates, LLC, seeks long-term growth of capital. The Fund invests primarily in equity securities, principally common and preferred stocks, of U.S. mid to large companies with market capitalizations of at least \$1 billion at the time of purchase and that the Sub-Advisor considers having above average prospects for growth. The fund may invest up to 20% of assets in the securities of foreign issuers, including issuers located or doing business in emerging markets.
Eaton Vance Atlanta Capital SMID Cap Fund – Class R6	Ticker Symbol: ERASX Prospectus: http://prospectus-express.newriver.com/get_template.asp?clientid=adpretpre&fundid=277902235 For a Fund Fact Sheet, visit broadridge401k.com	Eaton Vance Atlanta Capital Fund seeks long-term capital growth. The Fund invests primarily in common stocks of companies with small to mid-sized market capitalizations ("small- to mid-cap stocks"). It will normally invest in stocks of companies having market capitalizations within the range of companies comprising the Russell 2500 Index. Under normal circumstances, the Fund invests at least 80% of its net assets in small-

Fund Name	Investment Information	Objectives
	broadridge401k.com	to mid-cap stocks.
American Funds EuroPacific Growth Fund – Class R6	<p>Ticker Symbol: RERGX Prospectus: http://prospectus-express.newriver.com/get_template.asp?clientid=adpretpre&fundid=298706821</p> <p>For a Fund Fact Sheet, visit broadridge401k.com</p>	American Funds EuroPacific Growth Fund seeks long-term growth of capital. The Fund normally invests at least 80% of assets in equity securities of issuers domiciled in Europe and the Pacific Basin. Growth stocks are stocks that the investment adviser believes have the potential for above-average capital appreciation. It may also hold cash, money market instruments and fixed income securities. The Fund may also invest a portion of assets in common stocks and other securities of companies in countries with emerging or developing economies and/or markets.
PIMCO Inflation Response Multi-Asset Fund – Institutional Class	<p>Ticker Symbol: PIRMX Prospectus: http://prospectus-express.newriver.com/get_template.asp?clientid=adpretpre&fundid=72201W337</p> <p>For a Fund Fact Sheet, visit broadridge401k.com</p>	PIMCO Inflation Response Multi-Asset Fund seeks to protect purchasing power, by providing inflation-hedging characteristics and potential return generation in varying inflationary environments. The Fund provides diversified exposure to a broad range of assets that will likely respond to different types of inflation, including Treasury Inflation-Protected Securities (TIPS), commodities, emerging market currencies, real estate investment trusts (REITs), and gold. The Fund also employs an array of hedging strategies designed to help limit losses during large and unanticipated market downturns.

You can also obtain detailed fund performance information on the 401(k) Service Center web site at www.Broadridge401k.com.

The graph below demonstrates the Theoretical Risk/Reward of the 401(k) Plan Investment Funds.

Investment Options Array



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