The 2016 Siemens Flexible Benefits Program
The 2016 Siemens Flexible Benefits Program

Carefully review the information in this brochure to learn about the benefits available to you as a Siemens employee.

Flexible Benefits Program

Medical Plan Options
- Health Reimbursement Medical Plan Option
- Health Savings Medical Plan Option
- Preferred Provider Organization (PPO) Medical Plan Option
- Health Maintenance Organization (HMO) (available in limited locations)
- Comparison of Medical Plan Options
- Mental Health Care and Substance Abuse Treatment
- Earn Healthy Rewards

Prescription Drug Benefits Included With Medical Coverage

Dental Plan Option

Vision Plan Options

Health Care and Dependent Day Care
Flexible Spending Accounts (FSAs)

Life Insurance Plan Options
- Basic Employee Life Insurance
- Supplemental Employee Life Insurance
- Spouse Life Insurance
- Evidence of Insurability
- Dependent Child Life Insurance
- Personal Accident Insurance
- Business Travel Accident Insurance

Disability Programs

Employee Assistance Program (EAP)

Commuter Benefits Program

Financial Planning Program
Through the Flexible Benefits Program, Siemens offers its employees a wide variety of high-quality health care and insurance benefits. The Company wants to make sure you choose the benefits that are right for your needs and you use your coverage wisely. To do that, you must understand what your options are and how they work. This brochure provides a benefits overview. For more detailed information, explore the Benefits QuickStart web site at [http://www.usa.siemens.com/benefitsquickstart-dresserrand](http://www.usa.siemens.com/benefitsquickstart-dresserrand) or the Your Benefits Resources™ (YBR) web site at [http://resources.hewitt.com/siemens](http://resources.hewitt.com/siemens), or contact the claims administrator. If you don’t have Internet access from work or home, call the Siemens Benefits Service Center (SBSC) at **1-800-392-7495**, weekdays from 10 a.m. to 6 p.m. Eastern Time, to speak to a benefits representative.

Your benefits options are summarized below. You enroll for these benefits when you are newly hired and during the Annual Enrollment period that occurs each fall. You can also make changes if you experience a major life event (as defined by the Internal Revenue Service [IRS]), such as marriage, divorce, or the birth or adoption of a child. Please note, if you do not enroll for medical and/or dental coverage within your first 30 days of employment, you will not have coverage.

### Medical Plan Options (including Prescription Drug and Mental Health)
Siemens offers a variety of medical plan options from which you can choose. The plan options are similar in terms of the services they cover, but they vary in terms of cost and provider access.
- Health Reimbursement Medical Plan option
- Health Savings Medical Plan option
- Preferred Provider Organization (PPO) Medical Plan option
- Health Maintenance Organization (HMO) Medical Plan option
  (available in limited locations based on home zip code)

### Dental Plan Option
With the MetLife Dental PPO (DPPO), you can choose to receive care from a provider who is part of the DPPO network or from a dental provider outside the network. However, you receive a higher level of benefits and pay less for care received in-network, because providers have agreed to charge discounted rates. There is no in-network deductible, and you pay a lower coinsurance amount for basic and major services, as well as orthodontia received through a network provider.

### Vision Coverage
As a Siemens employee, you will be automatically enrolled in the Basic Vision Plan option. You will also have the opportunity to enroll in and pay for one of two comprehensive programs: the Enhanced Vision Plan option or the Premier Vision Plan option.

### Flexible Spending Accounts (FSAs)
Siemens offers two separate flexible spending accounts, or FSAs—the Health Care FSA and the Dependent Day Care FSA. You can choose to enroll in both accounts or just one. The FSAs allow you to contribute money from your paycheck on a before-tax basis and use it toward certain health care and dependent care expenses.
Siemens offers several insurance plan options for your protection.

**Life Insurance**
- **Basic Employee Life**—The Company automatically provides a benefit of two times your pay (up to $300,000).
- **Supplemental Employee Life**—You can choose this coverage in addition to your Basic Employee Life Insurance coverage.
- **Spouse Life**—You can purchase coverage for your spouse or domestic partner (certain restrictions apply).
- **Dependent Child Life**—You can purchase coverage for your unmarried dependent children under age 19 (or age 25 if a full-time student).
- **Personal Accident Insurance**—Helps protect you and your family against financial loss if you are seriously injured in an accident or die from an accidental death. Coverage is available at one to 12 times pay for employees, spouse, domestic partner or family. The Company automatically provides a benefit equal to two times your pay for employee only coverage or one times your pay for family coverage.
- **Business Travel Accident Insurance**—Siemens provides you with a Company-paid benefit equal to five times your pay.

**Disability Program**
Short-term disability benefits help protect you against the loss of income during the first six months of a disability. Siemens automatically provides you with this coverage.

Long-term disability (LTD) coverage helps protect you against loss of income when you cannot work for an extended period (six months or longer) because of a disability. The Company automatically provides you with coverage that provides a taxable benefit equal to 60% of your pay if you are disabled. You also have the option to replace Company-paid LTD by purchasing an after-tax benefit that pays a tax-free benefit equal to 60% of your pay if you are disabled.

**Employee Assistance Program (EAP)**
Siemens’ EAP provides confidential, immediate and free support to help you cope with:
- Work-related issues
- Financial stress
- Family and interpersonal challenges
- Anxiety
- Depression
- And any personal crisis

The program is automatically available to all active Siemens employees, including family members.

**Commuter Benefits Program**
The Commuter Benefits Program allows you to contribute to an account that you can use to pay for transit and parking expenses incurred on your daily commute to work. Eligible expenses include train, subway, bus, ferry, eligible vanpool and qualified parking expenses.

You simply decide how much to contribute—up to the monthly before-tax limit set by the IRS—and your contribution will be deducted in full from your last paycheck of the month on a before-tax and/or after-tax basis, based on your preference.

**Financial Planning Program**
The Money in Motion® program, offered through The Ayco Company, L.P., provides you with discounted, confidential access to professional financial planners. Services include unlimited one-on-one financial guidance, a toll-free phone line, and unlimited access to a secure, personalized web site with educational resources and financial planning tools.
Paying for Coverage

Siemens pays the majority of the cost of benefits for you and your dependent(s). When you enroll in coverage, your portion of the cost will be made through automatic before-tax and/or after-tax payroll contributions. Different federal and state tax rules may apply with respect to the cost of benefits provided to your domestic partner, state-registered partner or civil union partner.

Who’s Eligible

Dependents eligible for coverage under the Flexible Benefits Program include:

• Your spouse or domestic partner, state-registered partner or civil union partner
• For medical, dental and vision coverage: children up to age 26 or unmarried children over age 26 certified as disabled.
• For Dependent Life and Personal Accident Insurance: dependent children who are at least 15 days old and under age 19 (or under age 25 if they are in full-time attendance at an accredited institution of learning) or are age 19 or older and are incapable of self care and dependent on you for support because of a physical or mental disability that began before age 19.

Children include your natural children, legally adopted children, step-children who live with you, and any other children for whom you are the legal guardian as defined by a court order.

Domestic Partner, State-Registered Partner or Civil Union Partner Coverage

To qualify as domestic partners (same and opposite gender):

• Both you and your partner must be at least 18 years of age, have lived together for at least 12 months, have a serious, committed relationship; and
• Your partner is financially interdependent with you, and is not related to you in a way that would prohibit legal marriage and is not legally married to anyone else.

To qualify as state-registered partners or civil union partners:

• You and your partner (same or opposite gender) must be part of a civil union or registered domestic partnership per the definition of the state in which the employee lives.

Employers are required to report as compensation the value of health insurance coverage provided to domestic partners, state-registered partners or civil union partners and the children of these relationships covered under their health programs, and to withhold taxes on that amount. The value of the health insurance coverage provided to these dependent relationships is referred to as “imputed income.”

Certain coverages require a Domestic Partner Affidavit for domestic partners, state-registered partners or civil union partners and their children to be covered. Different rules may apply for state tax purposes. For more information, please contact the SBSC at 1-800-392-7495.

Medical Plan Options

Siemens offers up to four types of medical plan options from which you may choose—the Health Reimbursement Medical Plan option, Health Savings Medical Plan option, Preferred Provider Organization (PPO) Medical Plan option, and Health Maintenance Organization (HMO) Medical Plan option (available in limited locations). Or, if you prefer, you can elect to waive medical coverage through Siemens. For example, the coverage available through your spouse’s or domestic partner’s employer might better meet your needs.
• **The Health Reimbursement Medical Plan option.** With the Health Reimbursement Medical Plan option, you can receive care from providers both in-network and out-of-network; however, your costs will be lower when you go to in-network providers. This plan option comes with a Health Reimbursement Account (HRA), which is an account to which Siemens makes contributions you can use to pay for out-of-pocket medical expenses.

• **Health Savings Medical Plan option.** With the Health Savings Medical Plan option, you have the highest deductible, but lowest payroll contributions. Plus, you can receive care from providers both in-network and out-of-network; however, your costs will be lower when you go to in-network providers. This plan option comes with a Health Savings Account (HSA), which is a tax-advantaged account you can use to pay for out-of-pocket health care expenses.

• **The PPO Medical Plan option.** The PPO Medical Plan option has the lowest deductible, but the highest payroll contributions, and a higher coinsurance compared with the other two options. Similar to the other two options, you can choose to receive care from providers in-network or out-of-network, again paying less for in-network care.

• **HMOs.** An HMO option may be available if you live in Northern or Southern California, based on your home address. Only in-network care is covered under an HMO option. In addition, an HMO requires you to select a Primary Care Physician (PCP) to coordinate your care and provide referrals to specialists, if necessary.

Please note: Hawaii Medical Service Association (HMSA) is available to employees who live in Hawaii.

---

### The medical plan options allow you to choose one of four coverage categories:

- Employee only
- Employee plus spouse or domestic partner
- Employee plus children (no spouse or domestic partner)
- Employee plus family

Before choosing a medical plan option, you should consider the number of eligible family members you’ll need to cover, the costs of your selected coverage, and whether you can receive coverage under another family member’s plan.

---

**Health Reimbursement Medical Plan Option**

The Health Reimbursement Medical Plan option is administered through Anthem Blue Cross Blue Shield (Anthem) or UnitedHealthcare (UHC). With Anthem and UHC national provider networks, in-network care is available almost anywhere in the U.S.

**Provider Choice**

You receive a higher level of benefits when you see in-network providers. There is no need for a PCP or referrals to specialists.

**How the Plan Option Works**

- The plan includes a Health Reimbursement Account (HRA) that is funded by Siemens and can help you pay for eligible medical expenses.
- Siemens will automatically contribute $450 to your HRA as well as an additional $450 if you cover your spouse or domestic partner as of January 1. **Please note:** Employees or newly covered spouses or domestic partners enrolling after January 1 will receive a prorated contribution based on the number of months enrolled in the plan.
• **In-network:** You pay a $1,400/individual, $3,500/family annual deductible. In-network preventive care is covered at 100% for most services and is not subject to the deductible. You have a $25 copayment for primary care office visits and a $40 copayment for specialist office visits. You pay 15% coinsurance for all other services, and Siemens pays 85% of eligible expenses. Your out-of-pocket maximum for the year is $3,700/individual, $10,000/family. The deductible, coinsurance and copayments count toward your annual out-of-pocket maximum.

• **Out-of-network:** After you meet the deductible ($2,100/individual, $5,250/family), Siemens pays 65% of eligible expenses and you pay the other 35%, up to the annual out-of-pocket maximum ($4,700/individual, $14,000/family).

**What You Need to Know About the HRA**

• You have the option of paying for an eligible medical expense out of your pocket or submitting it for reimbursement under the HRA.

• For eligible medical expenses, refer to the Siemens Corporation Group Insurance and Flexible Benefits Program Summary Plan Description (SPD). Keep in mind that expenses not eligible under your medical plan option; amounts above the reasonable and customary charges; prescription drug, dental and vision expenses; as well as payroll contributions are not eligible for reimbursement under the HRA.

• Your HRA can be used to pay your eligible medical expenses and those of your dependents who are covered under the Health Reimbursement Medical Plan option.

• You are responsible for requesting reimbursement from your HRA, unless you elect to have your claims automatically paid from your HRA. This election can be made on the HRA web site of your claims administrator (Anthem or UHC).

• You have the ability to carry over unused HRA funds to the next year, for as long as you remain enrolled in this option.

---

**Health Savings Medical Plan Option**

The Health Savings Medical Plan option is administered by UnitedHealthcare (UHC) and offers you more control over your health care costs.

**Provider Choice**

You can see any health care provider you want. However, if you use in-network providers, your cost for service will most likely be less. There is no need for a PCP.

**How the Plan Option Works**

The plan requires you to pay a higher deductible than the other medical plan options; however, to offset the higher deductible, you can take advantage of a Health Savings Account (HSA), which is a personal health account that Siemens helps you fund.

• Siemens will automatically contribute $300 to your HSA as well as an additional $300 if you cover your spouse or domestic partner as of January 1. Siemens automatic contributions are made throughout the year on a per-pay-period basis. **Please note:** Employees or newly covered spouses or domestic partners enrolling after January 1 will receive a prorated contribution based on the number of months enrolled in the plan.

• In-network preventive care, such as annual physicals and health screenings, is covered at no cost to you when you visit an in-network provider.

• You can participate in an HSA, a tax-saving vehicle that lets you set aside tax-free money to pay for health care. The Health Savings Medical Plan option gives you the additional opportunity to make your own before-tax contributions. In 2016, the maximum contribution amount—from you and Siemens combined—is $3,350 if you have employee only coverage or $6,750 if you have family coverage. **Please note:** Your automatic Company contributions and any Healthy Rewards you earn will count toward the limit.
• Other than preventive care, you pay the full cost of care—at discounted rates if you stay in-network—until you meet the deductible.
• If you have family coverage, you must meet the entire family deductible before the plan option will begin paying benefits (even if a family member has met the individual deductible).
• Before you meet your deductible, you pay for care with funds from your HSA or pay out of your own pocket.
• You must pay 100% of your prescription drug costs until you meet the annual deductible.
• **In-network:** You pay an $1,900/individual, $3,800/family annual deductible. After you meet the deductible, you pay 15% coinsurance for all other in-network care and services, and Siemens pays 85% of eligible expenses. You are protected with an annual out-of-pocket maximum of $5,500/individual, $11,000/family. The deductible and coinsurance count toward your annual out-of-pocket maximum.
• **Out-of-network:** After you meet the deductible ($2,850/individual, $5,700/family), Siemens pays 65% of eligible expenses and you pay the other 35%, up to the annual out-of-pocket maximum ($7,000/individual, $14,000/family).

**What You Need to Know About an HSA**
• You can only open an HSA if you have no other medical coverage.
• To receive Siemens’ contributions or make your own contributions to your HSA, you must first establish your account with Optum Bank. If you choose to enroll in the Health Savings Medical Plan option, you must accept the terms and conditions for an HSA after you enroll in the plan.
• If you enroll in the Health Savings Medical Plan option, the Limited-Use Health Care Flexible Spending Account (FSA) will be the only Health Care FSA available to you.

**Preferred Provider Organization (PPO)**

The PPO Medical Plan option is administered through Anthem Blue Cross Blue Shield (Anthem) or UnitedHealthcare (UHC). With Anthem and UHC national provider networks, in-network care is available almost everywhere in the U.S.

**Provider Choice**

You receive a higher level of benefits when you see in-network providers. There is no need for a PCP or referrals to specialists.

**Provider Choice**

• **In-network:** You pay a $650/individual, $1,950/family maximum annual deductible. In-network preventive care is covered at 100% for most services and is not subject to the deductible. You pay 20% coinsurance for primary care and specialist office visits, as well as all other services. Siemens pays 80% of eligible expenses. Your out-of-pocket maximum for the year is $3,700/individual, $10,000/family.
• **Out-of-network:** After you meet the deductible ($950/individual, $2,950/family), Siemens pays 60% of eligible expenses. You pay the other 40%, up to the annual out of-pocket maximum ($4,700/individual, $14,000/family).

Visit the service providers’ pre-enrollment web sites to see if your current doctors are in their networks, and become familiar with the tools and resources each plan provides:

**Anthem:**

**UnitedHealthcare:**
Visit [www.welcometouhc.com/siemens](http://www.welcometouhc.com/siemens) or call 1-866-221-5901.
Provider Choice

There is no coverage if you go outside an HMO provider network. In addition, an HMO requires you to select a PCP to coordinate your care and provide referrals to specialists, if necessary. You can choose your PCP from a wide selection of providers in the HMO network. If you get care without a referral from your PCP, there is no coverage under the HMO.

How the Kaiser HMO Plan Option Works

• You pay copayments for doctors’ visits, ambulance service and emergency room service. Medical copayments count toward your annual out-of-pocket maximum.

• There is an annual deductible of $500 per individual and $1,000 per family. You must meet the deductible before the plan pays benefits (does not apply to office visit copayments).

• You pay 20% coinsurance for services such as hospital stays, outpatient surgery and lab work.

• In the event of a true emergency, the Kaiser HMO will provide benefits if you need to use an out-of-network provider—provided that you notify the plan provider as soon as possible.

• Annual out-of-pocket maximum is $5,000/individual or $10,000/family.
Comparison of Medical Plan Options

<table>
<thead>
<tr>
<th>Highlights</th>
<th>Health Reimbursement Medical Plan Option*</th>
<th>Health Savings Medical Plan Option**</th>
<th>PPO Medical Plan Option†*</th>
<th>Kaiser HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• See any doctor or specialist of your choice</td>
<td>• See any doctor or specialist of your choice</td>
<td>• See any doctor or specialist of your choice</td>
<td>• PCP required, and you may need PCP referral to see a specialist</td>
</tr>
<tr>
<td></td>
<td>• No Primary Care Physician (PCP) or referral required to see a specialist</td>
<td>• No PCP or referral required to see a specialist</td>
<td>• No PCP or referral required to see a specialist</td>
<td>• No coverage for out-of-network care, unless it's a true medical emergency</td>
</tr>
<tr>
<td></td>
<td>• Higher benefit level for in-network care than out-of-network care</td>
<td>• Higher benefit level for in-network care than out-of-network care</td>
<td>• Higher benefit level for in-network care than out-of-network care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Includes a Company-funded Health Reimbursement Account (HRA)</td>
<td>• Offers access to Health Savings Account (HSA) with employee before-tax contributions and Siemens contributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Any unused amounts in your HRA roll over to the following year as long as you remain enrolled in this option</td>
<td>• If you don’t use all the money in your HSA, your balance will carry over to the following year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annual Deductible</th>
<th>In-network</th>
<th>Out-of-network</th>
<th>Siemens contributes to your HRA:</th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$1,400/individual</td>
<td>$2,100/individual</td>
<td>$450/employee</td>
<td>$650/individual</td>
<td>$2,850/individual</td>
</tr>
<tr>
<td></td>
<td>$3,500/family</td>
<td>$5,250/family</td>
<td>$900/employee + spouse</td>
<td>$950/family</td>
<td>$5,700/family</td>
</tr>
<tr>
<td>Siemens contributes to your HRA:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$3,350/individual</td>
<td>$5,750/family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum amount you and Siemens can contribute to your HSA:</td>
<td>$3,350/individual</td>
<td>$5,750/family</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out-of-Pocket Maximum</th>
<th>In-network Medical</th>
<th>Out-of-network Medical</th>
<th>In-network Medical and Prescription Drug Combined</th>
<th>In-network Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$3,700/individual</td>
<td>$4,700/individual</td>
<td>$5,500/individual</td>
<td>$3,700/individual</td>
</tr>
<tr>
<td></td>
<td>$10,000/family</td>
<td>$14,000/family</td>
<td>$11,000/family</td>
<td>$10,000/family</td>
</tr>
<tr>
<td></td>
<td>$4,700/individual</td>
<td>$14,000/family</td>
<td>$7,000/individual</td>
<td>$4,700/individual</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$14,000/family</td>
<td>$9,500/family</td>
</tr>
</tbody>
</table>

| Lifetime Maximum | None | None | None | None |

| No Coverage | You may choose the "No Coverage" option if you have other coverage available to you, for example, through your spouse’s or domestic partner’s plan. |

---

* If you are a member of the Olean union, alternate plan provisions may apply.
* Plan reimbursement is limited to reasonable and customary (R&C) charges for covered services.
** If an employee covers more than one individual under the Health Savings Medical Plan option, and one individual reaches $6,850 in eligible in-network out-of-pocket expenses, all remaining eligible in-network expenses will be paid at 100% for that individual only.
Mental Health Care and Substance Abuse Treatment

Benefits for mental health care and substance abuse treatment generally cover the diagnosis and treatment of mental illness, depression and nervous disorders, and care for other emotional health needs, as well as for alcohol and drug abuse, and chemical dependency. Benefits for mental health and substance abuse (MHSA) are provided through the service provider for the medical plan option you select.

Earn Healthy Rewards

If you enroll in the Health Reimbursement Medical Plan option or Health Savings Medical Plan option, you can earn additional Siemens contributions to your health care account, which we call Healthy Rewards. Because it’s important for you to understand any health risks you may have, Siemens will reward you and your covered spouse or domestic partner for completing these activities between January 1 and December 31, 2016.

You earn Healthy Rewards by completing these activities.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Contribution to your HRA or HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete a Health Risk Assessment on medical carrier's web site</td>
<td>$100</td>
</tr>
<tr>
<td>Have your annual physical or well woman exam</td>
<td>$150</td>
</tr>
<tr>
<td>Receive an eye exam</td>
<td>$50</td>
</tr>
</tbody>
</table>

You and your covered spouse or domestic partner may earn even more Healthy Rewards if you are eligible for and participate in these special programs.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Contribution to your HRA or HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthy Focus Maternity Program</strong></td>
<td></td>
</tr>
<tr>
<td>• Complete a pre-delivery screening/planning call</td>
<td>$100</td>
</tr>
<tr>
<td>• Complete a post-delivery call</td>
<td>$100</td>
</tr>
<tr>
<td><strong>Healthy Focus Program</strong></td>
<td></td>
</tr>
<tr>
<td>• Enroll in a care/disease management program</td>
<td>$100</td>
</tr>
<tr>
<td>• Participate in a care/disease management program</td>
<td>$100</td>
</tr>
<tr>
<td>• Complete a post-hospital discharge call</td>
<td>$100</td>
</tr>
</tbody>
</table>
Siemens provides prescription drug coverage through CVS/caremark for the Health Reimbursement, Health Savings and PPO Medical Plan options. If you are enrolled in an HMO Medical Plan option, check with your carrier for specifics.

The following chart provides an overview of your coverage.

### Convenient ways to fill your prescriptions

You can fill your prescription drugs at a retail pharmacy or through the mail order service. You also have the option to fill maintenance medications through your local CVS pharmacy at the discounted mail order service price.

- **30-day prescriptions:** You can purchase prescription drugs (a 30-day supply or less) at a local retail pharmacy. Most major chains, including CVS, Eckerd, Kmart, Osco, RiteAid, Target, Walgreens and Walmart, are included in the network, along with some local pharmacies.
- **Maintenance medications:** If you take maintenance medications, you must fill your prescription:
  - Through the mail order service, or
  - At a CVS pharmacy

With CVS/caremark, you can purchase a 90-day supply of your medication at a CVS pharmacy for less than it would cost to fill three 30-day prescriptions at another retail pharmacy.

When your doctor first prescribes a medication, ask him/her to write two prescriptions: one 30-day supply to be filled immediately at a pharmacy and one 90-day supply (plus refills) to submit through the mail order service. This approach will enable you to start taking your medication without waiting to receive your first order in the mail.

<table>
<thead>
<tr>
<th>Prescription drug coverage</th>
<th>Health Savings Medical Plan Option</th>
<th>Health Reimbursement Medical Plan Option and PPO Medical Plan Option</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual deductible</strong></td>
<td>Combined with medical deductible</td>
<td>None</td>
</tr>
<tr>
<td><strong>Retail (30-day supply)</strong></td>
<td>Generic and specialty: You pay 10%; no minimum</td>
<td>Generic and specialty: You pay 10%; no minimum</td>
</tr>
<tr>
<td></td>
<td>Preferred brand: You pay 30%; $20 minimum</td>
<td>Preferred brand: You pay 30%; $20 minimum</td>
</tr>
<tr>
<td></td>
<td>Non-preferred brand: You pay 45%; $35 minimum</td>
<td>Non-preferred brand: You pay 45%; $35 minimum</td>
</tr>
<tr>
<td><strong>Mail order service or CVS pharmacy (90-day supply)</strong></td>
<td>Generic and specialty: You pay 10%; no minimum</td>
<td>Generic and specialty: You pay 10%; no minimum</td>
</tr>
<tr>
<td></td>
<td>Preferred brand: You pay 30%; $40 minimum</td>
<td>Preferred brand: You pay 30%; $40 minimum</td>
</tr>
<tr>
<td></td>
<td>Non-preferred brand: You pay 45%; $70 minimum</td>
<td>Non-preferred brand: You pay 45%; $70 minimum</td>
</tr>
<tr>
<td><strong>Out-of-pocket maximum (combined medical and prescription drug expenses)</strong></td>
<td>$5,500/individual</td>
<td>$2,000/individual</td>
</tr>
<tr>
<td></td>
<td>$11,000/family</td>
<td>$3,000/family</td>
</tr>
</tbody>
</table>
Siemens’ dental benefits cover the full cost of most in-network preventive care and help you pay for a wide range of other dental services through the MetLife Dental PPO (DPPO).

The dental plan allows you to choose one of four coverage categories:

- Employee only
- Employee plus spouse or domestic partner
- Employee plus children (no spouse or domestic partner)
- Employee plus family

The MetLife Dental PPO (DPPO) provides enhanced coverage for in-network dental care. There is no in-network deductible, and you pay a lower coinsurance percentage for basic and major services, as well as orthodontia that is provided in-network. However, you can use any dental provider you choose, but you will have to meet a deductible and pay a higher coinsurance percentage if you see an out-of-network provider.

Keep in mind, if you use providers in the MetLife network, dental services will most likely cost you less because these providers have agreed to charge reduced fees. Other advantages of staying within the network include:

- The credentials of the dental providers have been checked
- The fees they charge have already been determined to be “reasonable and customary”
- They file claims with MetLife, so you don’t have to

For a list of MetLife providers, visit YBR or www.metlife.com/dental or call 1-866-215-7540.

Vision Plan Options

As a Siemens employee, you will be automatically enrolled in the Basic Vision Plan option offered through EyeMed. The Basic Vision Plan option pays 100%, after a $10 copayment, for an annual basic eye exam.

If you prefer additional coverage for contact lenses, frames and lenses, you can choose to enroll in and pay for one of two comprehensive options: the Enhanced Vision Plan option and the Premier Vision Plan option. Or, if you prefer, you can waive vision coverage through Siemens.

With EyeMed, you have access to nearly 7,000 independent, national and regional retail providers plus online options. This includes trusted names like LensCrafters, Pearle Vision, Target Optical, Sears Optical and many more.

For a list of EyeMed providers, visit YBR or www.eyemed.com, or call EyeMed at 1-844-378-9360.
Health Care and Dependent Day Care
Flexible Spending Accounts (FSAs)

Flexible spending accounts, or FSAs, allow you to use before-tax dollars to pay for certain health care and dependent day care expenses. Siemens offers two separate accounts—the Health Care FSA and the Dependent Day Care FSA. You can choose to enroll in one or both accounts.

How the FSAs Work

You elect an annual amount to contribute to an FSA. The amount is deducted from your paycheck (before taxes), in equal installments, over the course of the year.

<table>
<thead>
<tr>
<th>Account</th>
<th>Contributions</th>
<th>Eligible Expenses Include</th>
</tr>
</thead>
</table>
| Health Care FSA              | $120 to $2,550 per year | • Medical plan deductibles, coinsurance and copayments  
• Dental plan deductibles, coinsurance and copayments  
• Vision care expenses  
• Expenses over reasonable and customary amounts that are not reimbursed by medical or dental insurance  
• Certain over-the-counter medications with a doctor’s prescription |
| Dependent Day Care FSA       | $120 to $5,000 per year  
$2,500 if you are married and file separate income tax returns | • Fees for day care provided by individuals or a day care center inside or outside your home  
• Costs for a housekeeper if a portion of the services provided are for dependent day care  
• Costs for a pre-school or summer day camp |

The HRA and the Health Care FSA

If you enroll in the Health Reimbursement Medical Plan option, expenses that are eligible for reimbursement under both the HRA and the Health Care FSA must be submitted to your HRA first. This includes out-of-pocket medical expenses such as your deductible, coinsurance and copayments. After your HRA balance has been used, future medical expenses may be submitted directly to your Health Care FSA. Expenses that are not eligible for reimbursement under the HRA (e.g., prescription drug, vision and dental claims) may be paid from the Health Care FSA.

Over-the-Counter Medication: What’s Eligible for Reimbursement?

As a general rule, any over-the-counter drug or medicine that you take orally or topically will require a prescription to be considered an eligible expense. Other over-the-counter items, such as medical devices (e.g., monitors) and supplies (e.g., bandages and contact lens solution) do not require a doctor’s prescription but are still considered an eligible expense. Insulin and diabetic supplies are also items that do not require a prescription but are considered an eligible health care expense. Products used to promote general good health that are not considered medications or drugs are not eligible for reimbursement. Examples include dietary supplements, weight loss aids, vitamins, sundry items, toiletries such as toothpaste, and cosmetic products such as facial creams.

For a complete list of reimbursable expenses under the Health Care and Dependent Day Care FSAs, call 1-800-TAX-FORM (1-800-829-3676) or visit the IRS website (www.irs.gov).
Claims for Reimbursement

This table describes how you can use the funds you contribute to an FSA.

<table>
<thead>
<tr>
<th>Using Your Funds</th>
<th>Health Care Spending Account</th>
<th>Dependent Day Care Account</th>
</tr>
</thead>
<tbody>
<tr>
<td>You will receive a spending account card that you can use to pay for eligible health care expenses. The card works just like a credit card at valid locations and eliminates the need to submit claim forms for reimbursement. You can also submit a claim form and receive reimbursement.</td>
<td>The amount you elected to deposit for the year, minus any reimbursements you've already received from the FSA.</td>
<td>You can submit a claim form, along with your receipts. The amount deposited to your FSA when you make your claim. If your claim is higher than your account balance, you will be reimbursed as you make additional deposits during the year.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maximum Reimbursements</th>
<th>Deadlines</th>
</tr>
</thead>
<tbody>
<tr>
<td>The amount you elected to deposit for the year, minus any reimbursements you've already received from the FSA.</td>
<td>You can receive reimbursement for eligible expenses you incur through March 15, 2017. You will have until May 31, 2017 to submit claims or use your spending account card for these eligible expenses.</td>
</tr>
</tbody>
</table>

The Health Savings Medical Plan Option and the Limited-Use Health Care FSA

If you participate in the Health Savings Medical Plan option, you will not be able to also contribute to a Health Care FSA. Instead, you can contribute to a Limited-Use Health Care FSA. You can use this limited FSA to pay for health care expenses that are not related to medical, such as vision and dental expenses.

About Your WageWorks® Health Care Card

When you enroll for the Health Care FSA, WageWorks will automatically send you a WageWorks debit card. You may also request additional cards for your family at no additional cost. You will have access to your personalized WageWorks account page at www.wageworks.com.

The IRS requires WageWorks to verify that all purchases made using your Health Care FSA are considered eligible expenses. So be sure to keep all receipts throughout the year. If your expense requires verification, you will see a notification on your WageWorks account page.

If an expense requires verification, you must verify the transaction within 90 days or your Health Care Card will be suspended. For more information, including details on when a receipt is required, please go to www.wageworks.com/card.
The IRS requires that any money left unspent in your FSA at the end of each plan year be forfeited—it will not carry over for the next plan year.

New hires cannot join the current year plan after October 1 each year.

Life Insurance Plan Options

Siemens’ life insurance options are administered through The Hartford.

Basic Employee Life Insurance

Basic Employee Life insurance coverage is automatically provided at two times pay (up to $300,000).

Please note: For Basic Employee Life and Supplemental Life, pay includes base pay plus short-term annual bonus and commissions. Pay is rounded to the next highest $1,000, unless it already is a multiple of $1,000.

If your pay increases during the year, your coverage will also automatically increase. If your pay decreases, your coverage will not decrease. It will remain the same until the next calendar year.

You may name anyone as beneficiary, and you can change your beneficiary at any time.

Imputed Income

If you have Basic Employee Life coverage of more than $50,000, your W-2 form at the end of the year will show additional taxable income in the form of “imputed income” for premiums paid on your behalf by the Company. Imputed income is a calculated value based on a calculation table supplied by the IRS and the amount of coverage you have that exceeds $50,000.

Accelerated Death Benefit

The Basic Employee Life, Supplemental Life, and Spouse Life plans feature an accelerated death benefit that pays you 80% of the coverage amount (up to $500,000) after medical certification of a terminal illness and a life expectancy of 24 or fewer months. This 80% benefit amount is paid in a lump sum, with the remaining 20% paid to your beneficiary after death.
**Supplemental Employee Life Insurance**

You can choose this coverage (paid with after-tax dollars) in addition to your basic employee life insurance coverage. You can choose coverage from one to 10 times your pay; however, your supplemental coverage cannot exceed $2,500,000. You may name anyone as beneficiary, and you can change your beneficiary at any time.

**Spouse Life Insurance**

You can also elect spouse life insurance coverage (paid with after-tax dollars) if your spouse or domestic partner is age 70 or younger and is not a patient in a hospital, confined at home under the care of a doctor, or receiving disability benefits. You are automatically designated the beneficiary under your spouse or domestic partner’s coverage. However, you can change the beneficiary if you so choose.

<table>
<thead>
<tr>
<th>Coverage Amount</th>
<th>Maximum Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No coverage</td>
<td>None</td>
</tr>
<tr>
<td>From $10,000 to $250,000 in increments of $10,000 (not to exceed three times your pay)</td>
<td>Up to $250,000</td>
</tr>
</tbody>
</table>

**Evidence of Insurability**

You will be required to provide evidence of insurability—or proof of good health—if any of the situations below apply.

<table>
<thead>
<tr>
<th>Type of Coverage</th>
<th>Situation</th>
<th>Evidence of Insurability Required?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplemental employee life insurance</td>
<td>If you are a newly hired employee and you elect coverage greater than three times your pay, or your coverage exceeds $300,000.</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>If you have supplemental life insurance and wish to increase your coverage.</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>If you waive supplemental life insurance and then wish to purchase this coverage at a later date.</td>
<td>Yes</td>
</tr>
<tr>
<td>Spouse life insurance</td>
<td>If you elect coverage for your spouse or domestic partner that exceeds $10,000.</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>If you have coverage for your spouse or domestic partner and wish to increase his or her coverage.</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>If you waive life insurance coverage for your spouse or domestic partner and then wish to purchase this coverage at a later date.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Dependent Child Life Insurance**

You can purchase life insurance for your unmarried dependent children (paid with after-tax dollars) in the amounts of $5,000, $10,000, $15,000 or $20,000. Your cost for this benefit covers all eligible children. To be eligible, your child must be at least 15 days old and must be unmarried. Coverage ends on the child’s 19th birthday (25th birthday, if a full-time student). You are automatically designated the beneficiary under your dependent child’s coverage.
Personal Accident insurance

Personal accident insurance (PAI) helps protect you and your family against financial loss if you are seriously injured in an accident or die from accidental death. Coverage is available at one to 12 times pay for employees, their spouse or domestic partner or their family. The plan automatically provides a benefit of two times your pay for employee only coverage or one times your pay for family coverage. Additional coverage above two times your pay is paid for with before-tax dollars. You must designate beneficiaries for PAI when you enroll. If you choose employee plus family coverage, you are automatically the beneficiary for your spouse or domestic partner and/or child(ren).

The chart below shows what percentage of the PAI coverage amount would be paid based on the coverage option you choose. The column on the left lists the coverage options, which range from no coverage to one to 12 times your pay. If you choose employee only coverage, and you die or are injured as the result of an accident, your beneficiary would receive 100% of the benefit. (The benefit is a certain multiple of your pay, depending on the option you choose.)

As shown in the last three columns, if you choose employee plus family coverage, the coverage amount that you, as beneficiary, would receive if there’s an accidental death or injury of a family member depends on whether your family consists of your spouse or domestic partner and children; spouse or domestic partner only; or children only. If you die or are injured in an accident, your beneficiary would receive 100% of the coverage amount (the same as if you choose employee only coverage).

<table>
<thead>
<tr>
<th>Coverage Amount for Employee Only Option*</th>
<th>Coverage Amount for Family Option if Your Family Consists of:</th>
<th>Spouse or Domestic Partner Only</th>
<th>Children Only</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 times pay</strong></td>
<td>50% spouse, partner/10% child</td>
<td>60%</td>
<td>15%</td>
</tr>
<tr>
<td><strong>2 times pay</strong></td>
<td>50% spouse, partner/10% child</td>
<td>60%</td>
<td>15%</td>
</tr>
<tr>
<td><strong>3 times pay</strong></td>
<td>50% spouse, partner/10% child</td>
<td>60%</td>
<td>15%</td>
</tr>
<tr>
<td><strong>4 times pay</strong></td>
<td>50% spouse, partner/10% child</td>
<td>60%</td>
<td>15%</td>
</tr>
<tr>
<td><strong>5 times pay</strong></td>
<td>50% spouse, partner/10% child</td>
<td>60%</td>
<td>15%</td>
</tr>
<tr>
<td><strong>6 times pay</strong></td>
<td>50% spouse, partner/10% child</td>
<td>60%</td>
<td>15%</td>
</tr>
<tr>
<td><strong>7 times pay</strong></td>
<td>50% spouse, partner/10% child</td>
<td>60%</td>
<td>15%</td>
</tr>
<tr>
<td><strong>8 times pay</strong></td>
<td>50% spouse, partner/10% child</td>
<td>60%</td>
<td>15%</td>
</tr>
<tr>
<td><strong>9 times pay</strong></td>
<td>50% spouse, partner/10% child</td>
<td>60%</td>
<td>15%</td>
</tr>
<tr>
<td><strong>10 times pay</strong></td>
<td>50% spouse, partner/10% child</td>
<td>60%</td>
<td>15%</td>
</tr>
<tr>
<td><strong>11 times pay</strong></td>
<td>50% spouse, partner/10% child</td>
<td>60%</td>
<td>15%</td>
</tr>
<tr>
<td><strong>12 times pay</strong></td>
<td>50% spouse, partner/10% child</td>
<td>60%</td>
<td>15%</td>
</tr>
</tbody>
</table>

* Coverage maximum is $1,000,000.

** Pay is rounded to the next highest $1,000, unless it already is a multiple of $1,000. Pay includes base pay plus short-term annual bonus and commissions.
Siemens Flexible Benefits

Business Travel Accident Insurance

Siemens automatically provides you with Company-paid business travel accident insurance that pays benefits to you (if you sustain certain injuries) or your beneficiary (if you die) as a result of an accident while on a business trip. Coverage equals five times your base annual pay, up to a maximum of $500,000.

Disability Programs

Siemens provides you with short-term disability coverage for up to 26 weeks. Short-term disability helps protect you against loss of income during the first six months of a disability.

Long-term disability (LTD) coverage helps protect you against loss of income when you cannot work for an extended period because of a physical or mental disability. If you become disabled, the benefit you receive is a certain percentage of the monthly pay you were receiving before you became disabled. Benefits are payable after 180 days of continuous disability.

To be eligible, you must be considered totally and permanently disabled and under the care of a licensed physician. For the first 24 months of coverage, you are considered totally and permanently disabled if you cannot perform all the essential duties of your occupation. Starting with month 25, you are considered totally and permanently disabled if you cannot perform all the essential duties of any occupation you are qualified for based on your education, training and experience.

The following conditions could affect your LTD benefits:

- Any benefit you receive will be reduced by any other disability benefits you are eligible for, such as Social Security or workers’ compensation.
- If you choose the Company-paid option, the total amount of your benefit will be subject to income tax.
- You also have the option to replace your Company-provided LTD coverage with an LTD benefit that you purchase on an after-tax basis. If you become disabled, you will be covered with a benefit equal to 60% of your salary. Your benefit will not be taxable since it was purchased on an after-tax basis. This means you would receive a higher LTD benefit at a time you need it most.

Please note: Olean and Painted Post unions are provided a tax-free benefit.

The following chart shows how the benefits paid would be a percentage of the amount shown in the chart on the preceding page—the percentage (100%, 75%, 50% or 25%) depends on the type of loss resulting from the accident.

<table>
<thead>
<tr>
<th>Loss</th>
<th>Percentage of the Coverage Amount Your Beneficiary Will Receive:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>100%</td>
</tr>
<tr>
<td>Both hands or both feet, or sight in both eyes, or speech and hearing (both ears)</td>
<td>100%</td>
</tr>
<tr>
<td>Quadriplegia (total paralysis of both upper and lower limbs)</td>
<td>100%</td>
</tr>
<tr>
<td>One arm or one leg</td>
<td>100%</td>
</tr>
<tr>
<td>One hand and one foot, or one hand or one foot and the sight in one eye</td>
<td>100%</td>
</tr>
<tr>
<td>Paraplegia (total paralysis of both lower limbs)</td>
<td>100%</td>
</tr>
<tr>
<td>Hemiplegia (total paralysis of upper and lower limbs on same side of body)</td>
<td>100%</td>
</tr>
<tr>
<td>One hand, or one foot, or the sight in one eye</td>
<td>50%</td>
</tr>
<tr>
<td>Speech or hearing (both ears)</td>
<td>50%</td>
</tr>
<tr>
<td>Brain damage</td>
<td>50%</td>
</tr>
<tr>
<td>Thumb and index finger of the same hand</td>
<td>25%</td>
</tr>
<tr>
<td>Coma</td>
<td>2% monthly beginning on the 5th day of the coma, for the duration of the coma, to a maximum of 50 months</td>
</tr>
</tbody>
</table>
Under most circumstances, your LTD coverage will automatically increase if your pay increases during the year—subject to a maximum monthly benefit of $15,000 (for either employee-paid or Company-paid LTD coverage). The increase in coverage will begin on your first day at work after your pay increase, but your contributions will remain unchanged until the next Annual Enrollment. If your pay decreases during the year, your LTD coverage will not change until the following calendar year.

**Employee Assistance Program (EAP)**

You and your eligible family members are automatically covered by the EAP, at no cost to you, even if you waive Siemens’ health care coverage. EAP services are provided through Cigna Behavioral Health. The EAP provides free, confidential counseling and referrals in times of personal, family and financial need. Each year, you and your eligible family members are eligible for short-term counseling up to a maximum of six free sessions. You can reach a professionally trained counselor by calling the EAP toll-free at 1-800-547-5589 and identifying yourself as a Siemens employee or family member.

**Commuter Benefits Program**

With the Commuter Benefits Program, you may contribute before-tax and after-tax dollars to an account that you can use to pay for public transit—including train, subway, bus, ferry and eligible vanpool—and other qualified parking expenses incurred as part of your daily commute to work. By paying your commuting expenses with before-tax dollars, you reduce your taxable income and experience financial savings.

The Commuter Benefits Program is convenient, and you can manage your account online. Here is how it works:

- Simply decide how much to contribute up to the monthly before-tax limit ($130 for transit and eligible vanpools and $250 for qualified parking—these limits are determined by the IRS and are subject to change). The maximum after-tax contribution is $500 for mass transit or vanpool and $500 for parking.
- If you enroll in the program, your contribution will be deducted in full from your last paycheck of the month on a before-tax and/or after-tax basis. You can start, pause or cancel contributions to your account at any time, provided it is done by the fourth day of the month for the first day of the following month.

You can choose to pay your commuting expenses in a variety of ways:

- **Commuter Card.** Buy transit and parking passes and vouchers by using the WageWorks Commuter Card. The Commuter Card is a stored-value card that works like a credit card at transit agency ticket-vending machines and ticket windows. Funds from each month that you make a contribution will become available through your card on the 20th of the month before the benefit month (for example, June 20 for the July benefit month).
- **Home Pass Delivery.** Order your monthly passes or tickets for public transportation and have them automatically delivered to your home each month.
- **Pay My Parking.** WageWorks will pay your parking provider directly on your behalf in time for the start of each order month, either by check or by automatically loading your parking card (if one is offered by your provider). This works well if you pay for a monthly parking space or permit. Upon termination of your employment, you will no longer be able to use the funds on your parking card. If you pay cash for parking or park at different places during the month, you can file a claim for reimbursement. The IRS is very clear that the parking benefit is to be used to park near public transportation or at the place of work.
• **Pay Me Back.** Get reimbursed for eligible commuting expenses you pay out of pocket. You simply file an electronic claim or paper claim to be reimbursed. **Please note:** An electronic claim does not require a receipt, so if you use daily parking or parking meters, this may be an option for you. Upon termination of your employment, paper claims can be submitted up to 180 days after the expense was incurred for the period that you were employed.

You can learn more at [www.wageworks.com](http://www.wageworks.com) or by calling WageWorks at 1-877-WageWorks (1-877-924-3967).

### Know What Commuter Expenses Are Eligible and Not Eligible

<table>
<thead>
<tr>
<th>What's Eligible</th>
<th>What's Not Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Bus, light rail, regional rail, streetcar, trolley, subway or ferry</td>
<td>• Parking costs that are not work-related</td>
</tr>
<tr>
<td>• Vanpool</td>
<td>• Mileage and tolls</td>
</tr>
<tr>
<td>• Parking at or near work</td>
<td>• Taxis and limousines</td>
</tr>
<tr>
<td>• Parking at or near public transportation for your commute</td>
<td>• Parking at an airport for air travel</td>
</tr>
</tbody>
</table>

---

### Financial Planning Program*

The *Money in Motion*® Personal Finance Program, administered through Ayco, offers discounted, confidential access to professional financial counselors. To learn more, go to [www.aycofn.com/siemens.mim](http://www.aycofn.com/siemens.mim).

---

**Ayco AnswerLine®**

Unlimited personalized financial counseling through a toll-free phone line: 1-800-348-2093. Hours of operation are: Monday through Thursday from 9 a.m. to 8 p.m. Eastern Time; Friday from 9 a.m. to 5 p.m. Eastern Time.

**Ayco Financial Network**

Unlimited access to a financial planning web site that includes financial planning tools and MyLearning Center, filled with interactive planning resources. Go to [www.aycofn.com/siemens.mim](http://www.aycofn.com/siemens.mim) to access these tools and resources.

**Additional Resources**

- A Welcome letter outlining the service will be sent to you before service begins.
- Access to e-subscriptions to Ayco’s newsletter, and a monthly Financial Planning Action Items.
- Focus reports on topics such as: retirement, asset allocation and education funding.
- Ayco’s *Investing in Your Future* guidebook content available online.

---

*Siemens allows The Ayco Company, L.P., a subsidiary of The Goldman Sachs Group, Inc. to offer these services as a courtesy to its employees. Ayco is not affiliated with any investment company and does not sell insurance products. Use of these services is entirely voluntary on the part of Siemens employees. These services are provided solely by The Ayco Company. Siemens has no connection to and is not responsible for any service provided and does not make any representations, guarantees or warranties of any kind with respect to the content, adequacy, or accuracy of any information or services that The Ayco Company, its employees or its affiliates may provide. Any recourse Siemens employees may have for breach of any representation, guarantee, warranty, act, or omission, or any issues, damages, or claims at law or equity that arise as a result of the provision of information or services by The Ayco Company, its employees, or its affiliates shall be solely against The Ayco Company.*
This brochure provides highlights of Siemens’ benefits. Complete details of the various benefit plans in the program can be found in the legal plan documents and insurance contracts that govern the plans. If there is a difference between this information and the documents and contracts, the documents and contracts will govern. Siemens Corporation reserves the right to amend or terminate any plan at any time.