

YOUR SAS
REWARDS



2016 Benefits

Full-Time Employee Benefits Summary



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YOUR SAS REWARDS

SAS offers a multidimensional rewards program – Your SAS Rewards – where you the employee share in the company's financial and operational successes. Your SAS Rewards takes a comprehensive approach by providing both valuable monetary and nonmonetary rewards. These elements provide an integrated and meaningful rewards program to help you feel secure, recognized, and valued personally and professionally.

SAS is committed to offering a competitive rewards program that is aligned with our business objectives and values, and inspires employees to drive innovation and improve company performance. Your SAS Rewards enables us to attract and retain the best talent by fostering employee engagement and driving outstanding performance that has sustained our company for more than 39 years.

This booklet summarizes SAS' competitive part-time employee benefits.

For further information on any of the benefits referenced in this booklet, please visit the [SAS Benefits website](#), or contact the Benefits Department at SAS_Benefits_Department@sas.com or 919-531-9090.

Benefit Summary

Company-Provided Benefits Summary

| Benefit Program | Program Summary | Eligibility | Contribution Required for Participation |
|--|---|---|---|
| Health Care | Health care coverage options include: <ul style="list-style-type: none"> • Medical Plan, Blue Options PPO, administered by Blue Cross and Blue Shield of NC. Includes prescription drug coverage, administered by PharmAvail. • Vision Plan, administered by VSP. • Dental Plan, administered by Ameritas. | Coverage is available for employees and eligible dependents. If elected, coverage will begin on the first day of full-time employment. | Yes |
| On-Site Health Care Center and Pharmacy | The Cary, NC, headquarters location has an on-site Health Care Center (HCC) that provides health care for eligible employees and covered dependents. The HCC also offers the convenience of an on-site pharmacy, which provides cost savings for employees and the company. | Coverage is automatic for employees and their eligible dependents enrolled in the Medical Plan. | HCC: No Pharmacy: Yes |
| Flexible Spending Account (FSA) | Health Care FSA and Dependent Care FSA, administered by Flores & Associates. | Participation in one or both plans is optional. If elected, coverage will begin on the first day of full-time employment. | Yes |
| Work/Life Center | The Work/Life Center provides services and resources to help employees balance their personal and professional lives. | Coverage is automatic for employees beginning on date of hire. Services are available for employees as well as their household members. | No |
| Employee Assistance Program (EAP) | The EAP is a confidential outside service administered by Resources for Living, providing professional counseling, evaluation and short-term problem resolution for personal issues as well as referrals to financial advisers, lawyers and mediators. | Coverage is automatic beginning on date of hire. Services are available for employees as well as their household members. | No |
| Basic Life Insurance | The Basic Life Insurance Plan provides financial protection for the employee's designated beneficiaries in the event of the employee's death. | Coverage is automatic for employees beginning on the first day of full-time employment. | No |
| Accidental Death and Dismemberment (AD&D) | The AD&D Plan provides a monetary benefit for employees or their designated beneficiaries due to certain bodily injuries or death resulting from a covered accident. | Coverage is automatic for employees beginning on the first day of full-time employment. | No |

Benefit Summary

Company-Provided Benefits Summary

| Benefit Program | Program Summary | Eligibility | Contribution Required for Participation |
|-------------------------------|---|---|---|
| Paid Time Off | <ul style="list-style-type: none"> • Fifteen vacation days per year (20 days after 10 years of service). • Ten to 11 scheduled holidays per year. • One floating holiday per year. • Occasional absences and time away for personal or family illness, medical emergencies or appointments. | Coverage is automatic for employees beginning on the first day of full-time employment. Time off is granted and paid according to eligibility schedules outlined in the applicable policies. | No |
| Leaves of Absence | <ul style="list-style-type: none"> • Family and Medical Leave • Paternity Leave • Adoption Leave • Jury Duty • Workers' Compensation Leave • Military Leave • Funeral Leave • Personal Leave | Eligibility requirements and salary continuation vary depending on the type of leave as outlined in the individual policies. | No |
| Disability Coverage | Short-Term Disability and Long-Term Disability income continuation is provided to eligible employees who are medically unable to work due to pregnancy/childbirth, injury or illness. | Coverage is automatic for employees beginning on the first of the month following the date of full-time employment and upon meeting the waiting period as outlined in the applicable policies. | No |
| 401(k) Retirement Plan | The 401(k) Retirement Plan provides eligible employees a way to save for retirement with: <ul style="list-style-type: none"> • Employee pretax and after-tax contributions. • Monthly 401(k) employer contributions. • Annual discretionary employer contributions. | Employee and employer contributions: <ul style="list-style-type: none"> • Age 21. • Ninety days of service. Annual discretionary contributions: <ul style="list-style-type: none"> • Age 21. • One year of service. | No |

Voluntary Benefit Summary

There are several voluntary benefits that SAS makes available for employees to purchase. The following programs are all optional and the employee is responsible for paying the full cost to participate in these programs. For convenience, the cost of many of these programs can be paid through payroll deduction.

| Benefit Program | Program Summary | Eligibility | Contribution Required for Participation |
|--|---|---|---|
| Term Life Insurance | Additional life insurance protection for employees and eligible dependents. | Coverage is available for active employees and their spouse/domestic partner and children. Newly hired employees are eligible for guaranteed issue up to certain limits if they enroll within 31 days from their date of employment. | Yes |
| Supplemental Income Protection (SIP) for Long-Term Disability | SIP offers additional long-term disability coverage based on total compensation (including bonus/commission pay) not covered by group long-term disability. | Coverage is available for active employees. Newly hired employees are eligible for guaranteed issue of the SIP Base Plan if they enroll within 30 days from their date of employment. | Yes |
| Automobile/Homeowners Insurance | Insurance for auto and home. | Coverage is available for active employees and retirees. | Yes |
| YouDecide.com | A free online service to locate financial and insurance products/services at discounted rates. | Coverage is available for active employees. | No |

The information contained in this booklet is for summary purposes. Should there be a discrepancy between this summary and the SAS policy or the Summary Plan Description (SPD), the policy or SPD shall prevail.



Health Care Benefits

Medical Plan

Enrollment in the Medical Plan includes medical and prescription coverage and access to the on-site Health Care Center and Health Care Center Pharmacy in Cary.

Blue Cross Blue Shield PPO

SAS offers a preferred provider organization (PPO), the Blue Options PPO Plan, administered by Blue Cross and Blue Shield of NC (BCBSNC). A PPO is a national network of physicians, hospitals and other providers who have agreed to accept prenegotiated, discounted rates for medical services.

The PPO network can be accessed by participants who live across the United States. To obtain information about participating network providers in North Carolina, visit the BCBSNC website at bcbsnc.com or call **877-258-3334**. To find a network provider outside of North Carolina, visit the Blue Card website at provider.bcbs.com or call **800-810-BLUE (2583)**. Blue Card is the PPO network that can be accessed by participants in geographic locations outside of North Carolina.

The PPO Plan has two levels of benefits:

1. **In-Network Benefits.** When you utilize PPO network providers, you will receive the highest level of benefits (in-network benefits), and your out-of-pocket medical costs will be lower. In-network benefits have a lower deductible and lower coinsurance (compared to out-of-network benefits) for medical services such as hospitalization, diagnostic testing and durable medical equipment. Coinsurance is your share of the cost of services and is based on a percentage of the total cost. For other types of medical services, such as primary care and specialist office visits, you will pay a small, fixed payment called a copay. There is an annual out-of-pocket maximum that includes covered medical and prescription out-of-pocket costs. After you meet your annual out-of-pocket maximum, the Plan will pay 100 percent of covered services for the remainder of the calendar year.

Medical ID Cards

Employees enrolled in the Medical Plan will receive ID cards from BCBS that include unique member identification numbers and a list of covered dependents.

Learn More

- **bcbsnc.com** or **877-258-3334**
Create an account, view your claims information.
- **[BCBS Cost Estimator Tool](#)**
Find a doctor or facility. Compare treatment cost estimates. See an estimate of what you'll pay.
- **[BCBS Provider Search](#)**
Find a provider in the BCBS network, whether you are a North Carolina or regional employee.
- **[SAS Benefits](#)**
The Benefits website provides summary plan descriptions, FAQs, claim forms, and a variety of resources to help you navigate your benefits at SAS.
- **[View this short video](#)**
for an explanation on how deductibles, coinsurance and out-of-pocket maximums work under the Medical Plan.

2. **Out-of-Network Benefits.** The PPO plan provides you with the option of using medical providers outside of the BCBS network. However, using out-of-network providers comes with additional costs, including a higher deductible, coinsurance and out-of-pocket maximum (compared to in-network benefits). When you see an out-of-network provider, you are typically required to pay the entire cost of the service at the time of your appointment, then file a claim for reimbursement. Before any claims for reimbursement are processed, BCBSNC will determine what the Allowed Amount should be for each service listed on the claim. The Allowed Amount is the amount considered for payment of benefits under the Plan, and may be significantly less than the amount the provider actually charges for these services. The Allowed Amount is based on the lesser of the provider's actual charge, or the reasonable charge established by BCBSNC for comparable in-network providers rendering similar services to members in similar health benefit plans. If you receive covered services out of network, you will experience a reduction in the BCBSNC payment for these services. Charges above the Allowed Amount are your responsibility and do not apply to the annual out-of-pocket maximum.

Important In-Network and Out-of-Network Features of the Blue Options PPO

| In Network | Out of Network |
|---|---|
| Your annual deductible is lower than the out-of-network annual deductible. | Your annual deductible is higher than the in-network annual deductible. |
| Inpatient hospitalization is covered at 95 percent after you meet your annual deductible if pre-certified. | Inpatient hospitalization is covered at 80 percent of the Allowed Amount after you meet your annual deductible if pre-certified. |
| Benefits are paid based on PPO discounted fees. You are not responsible for paying any amount above the discounted fee. | Benefits are paid based on an Allowed Amount as determined by BCBSNC. You are responsible for paying any amount over the Allowed Amount. Charges above the Allowed Amount do not apply to the annual out-of-pocket maximum. |
| Routine preventive care such as annual physicals, mammograms and well-baby care are covered at 100 percent. | Your annual deductible and coinsurance will apply to routine preventive care such as annual physicals, mammograms and well-baby care. |
| You pay a small, fixed copay for each office visit (other than preventive care office visits). | Your annual deductible and coinsurance will apply to office visits. |
| Your annual out-of-pocket maximum is lower than the out-of-network, out-of-pocket maximum. | Your annual out-of-pocket maximum is higher than the in-network, out-of-pocket maximum. |
| Your in-network provider will obtain pre-certification for any necessary inpatient hospital care for you. | You are responsible for obtaining pre-certification for any inpatient hospital care. If your care is not pre-certified, your benefits will be reduced. |
| Your in-network provider will file your claims. | You must file your own claims. |



On-Site Health Care Center

The Cary, NC, headquarters location has an on-site Health Care Center (HCC) that provides health care for employees and dependents enrolled in the Medical Plan. The HCC provides a wide range of services, including the option for Cary employees to use the HCC as their primary care provider.

The HCC also offers the convenience of a full-service, on-site pharmacy. Utilizing the HCC Pharmacy provides cost savings both to SAS and to employees, as SAS saves on ingredient costs and passes the savings along by offering reduced priced prescriptions.

Learn More

- sww.sas.com/healthcare or 919-531-8809
The HCC website provides information about services offered, how to enroll in primary care, and how to schedule an appointment.
- sww.sas.com/healthcare/Pharmacy or 919-678-8261
Review more information about the HCC Pharmacy.

Medical Plan Highlights: What You Pay

| Benefit | In-Network Benefits | Out-of-Network Benefits* | Services Performed at the On-Site Health Care Center in Cary, NC** |
|-------------------------------------|---------------------------------|---------------------------------|--|
| Annual Deductible | | | |
| Individual | \$300 | \$600 | \$0 |
| Family | \$600 | \$1,200 | \$0 |
| Coinsurance | 5% | 20% | Does not apply |
| Annual Out-of-Pocket Maximum | | | |
| Individual | \$1,500 | \$3,000 | Does not apply |
| Family | \$3,000 | \$6,000 | Does not apply |
| Primary Care Office Visit | \$20 copay | 20% after deductible | \$0 |
| Specialist Office Visit | \$30 copay | 20% after deductible | \$0 |
| Emergency Room Visit | \$100 copay, waived if admitted | \$100 copay, waived if admitted | Does not apply |

* Out-of-network deductibles, coinsurance, and out-of-pocket maximums are separate and do not apply toward in-network deductibles, coinsurance and out-of-pocket maximums. Out-of-network benefits are paid based on Allowed Amount as determined by BCBS. The Allowed Amount is based on the lesser of the provider's actual charge, or the reasonable charge established by BCBSNC for comparable in-network providers for similar services. **Any amount billed by the provider which is above the Allowed Amount is your responsibility and does not count toward the annual out-of-pocket maximum.**

** Services performed at the on-site Health Care Center are available free of charge to employees and dependents covered under the Medical Plan. Please refer to the Summary of Benefits brochure or the Summary Plan Description (SPD) for more detailed information.

Prescription Benefits

Prescription benefits are administered by PharmAvail and enrollment is automatic for employees who have elected medical coverage for themselves and their covered dependents.

Learn More

- pharmavail.com or 800-933-3734
Create an account, view your claims information.
- [Mail-Order Prescription Services FAQ](#)
See how mail-order prescriptions are administered in your state. View enrollment instructions.

| Type of Drug | HCC Pharmacy Cary, NC | Community Retail Pharmacy Prescriptions for Non-Cary Employees and Covered Dependents | Community Retail Pharmacy Prescriptions for Cary Employees and Covered Dependents |
|--|--|---|---|
| Retail Prescription Drugs | Member out-of-pocket cost per prescription (up to a 34-day supply) | | |
| Generic | \$5 copay | \$5 copay | \$10 copay |
| Brand-Name* | 20% coinsurance with a \$20 minimum and \$60 maximum per prescription | | |
| Brand-Name Non-Preferred** | 20% coinsurance with a \$20 minimum and \$60 maximum, plus a \$30 copay, per prescription | | |
| Mail-Order Prescription Drugs or 90-Day Supply at HCC Pharmacy*** | Member out-of-pocket cost per prescription (up to a 90-day supply) | | |
| Generic | \$15 copay | N/A | N/A |
| Brand-Name* | 20% coinsurance with a \$40 minimum and \$120 maximum per prescription*** | | |
| Brand-Name Non-Preferred** | 20% coinsurance with a \$40 minimum and \$120 maximum, plus a \$30 copay, per prescription*** | | |
| Specialty Prescription Drugs | Member out-of-pocket cost per prescription (up to a 30-day supply) | | |
| Generic | \$5 copay | \$5 copay | \$10 copay |
| Brand-Name* | 20% coinsurance with a \$20 minimum and \$60 maximum per prescription | | |

*** Generic Incentive Program Applies**

Members who choose to fill a prescription for a brand-name medication when a lower-cost generic equivalent is available will be responsible for the generic copay plus the difference in cost between the brand-name medication and the generic medication. This will apply even if the member's health care provider indicates "no substitutions" or "dispense as written" on the prescription. In addition, only the generic copay will count toward the annual OOP maximum.

**** Brand-Name Non-Preferred Drugs**

High-cost brand-name medications that have lower-cost therapeutic alternative medications available.

***** 90-Day Supply**

90-day supply is not available at retail pharmacies. It is only available through mail-order or at the HCC Pharmacy.

Mail-Order Program

The prescription drug benefit includes a mail-order program, which provides the convenience of purchasing 90-day supplies of maintenance medications, and comes with a cost savings for brand name drugs. The HCC Pharmacy processes mail-order and 90-day prescriptions for all North Carolina employees and most regional employees. Remaining mail-order prescriptions are processed by Curant Health.

Mail-order and 90-day prescriptions cannot be purchased at retail pharmacies.

Generic Incentive Program

If you choose to fill a prescription for a brand-name medication when a lower-cost generic equivalent is available, you will be responsible for the generic copay **plus** the difference between the cost of the brand-name medication and the cost of the generic medication. This will apply even if your provider indicates “no substitutions” or “dispense as written” on your prescription. In addition, **only** the generic copay will count toward your annual out-of-pocket maximum.

The generic incentive program will not apply when there is no generic equivalent available or if PharmAvail determines, upon review of information from your health care provider, that the brand-name drug is medically necessary. Your health care provider must provide justification for medical necessity beyond the instructions written on the prescription.

[View this document](#) for more information about the generic incentive program.

What Makes a Drug Generic?

A “generic drug” is one that’s made when the patent protection for a brand-name drug expires and can be offered for sale by other manufacturers. Generic drugs have the same basic, active ingredients as brand-name drugs but are usually 50 to 75 percent less expensive than brand-name drugs.

Prescription ID Cards

Employees enrolled in the Medical Plan will receive prescription ID cards from PharmAvail.

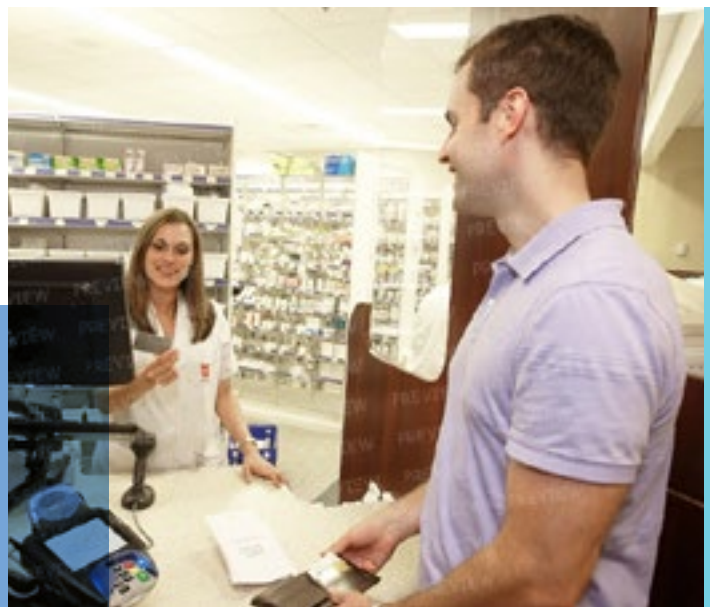
Additional Cost for Non-Preferred Brand-Name Medications

Non-preferred brand-name medications are certain brand-name drugs that cost significantly more than other brand-name drugs. In most cases, non-preferred brand-name medications have lower-cost therapeutic alternatives (drugs that have a different chemical makeup, but provide the same result) available. In order to encourage use of these lower-cost alternatives, SAS will implement a copay of \$30 for non-preferred brand-name medications. This copay will apply in addition to your brand coinsurance.

If you choose to fill a prescription for a non-preferred brand-name drug that has a lower-cost therapeutic alternative, you will be responsible for the brand-name drug coinsurance **plus** a \$30 copay.

The additional cost will not apply when there is no therapeutic alternative available or if PharmAvail determines, upon review of information from your health care provider, that the non-preferred brand-name drug is medically necessary. Your health care provider must provide justification for medical necessity beyond the instructions written on the prescription.

[View this document](#) for more information about non-preferred brand-name medications.



Dental Plan

The Dental Plan is a PPO plan administered by Ameritas. Enrollment is automatic for employees who have elected dental coverage for themselves and their covered dependents.

Utilizing a dentist in the Ameritas network may provide a cost savings for both you and SAS, as well as ease of claims filing. However, the plan allows you the freedom and flexibility to visit any dentist with the same benefit coverage.

Learn More

➤ ameritasgroup.com/sasinstitute
or 888-234-0706

Find a dentist in the Ameritas network. View claims and plan documents.

Dental Enrollment Information

Dental enrollment information is listed on the back of your PharmAvail card.

Dental Plan Highlights

| Service | Benefit |
|---|---|
| Maximum Benefit per Calendar Year <i>(Maximum benefit applies to all services except orthodontia treatment and TMJ.)</i> | \$2,000 per participant |
| Annual Deductible | None |
| Covered Service Preventive and Diagnostic Services Basic and Restorative Services Major Services Orthodontic Treatment Temporomandibular Joint Dysfunction (TMJ) | What the plan will pay: 100%* 100%* 60%* 50%* 50%* |
| Lifetime Maximum Benefit for Orthodontia Treatment | \$2,500 per participant |
| Lifetime Maximum Benefit for Temporomandibular Joint Dysfunction (TMJ) | \$1,800 per participant |

* Benefits paid based on Usual and Customary charges as determined by Ameritas. You are responsible for paying any amount over the Usual and Customary charges.

Vision Plan

The Vision Plan is administered by VSP. Enrollment is automatic for employees who have elected vision coverage for themselves and their covered dependents.

Utilizing services from a VSP provider means you pay a lower cost for services and have ease of claims filing administration.

Learn More

- vsp.com or 800-877-7195
Find a VSP provider.
- [Vision Benefit Summary](#)
View details of the vision benefit.

Vision Plan Contact Information

VSP contact information is listed on the back of your PharmAvail card.

Vision Plan Highlights

| Plan Features | Frequency | VSP Provider (In Network) | Non-VSP Provider (Out of Network) |
|---|---------------------|---|---------------------------------------|
| Routine Eye Exam Routine analysis of vision survey | Every calendar year | Covered in full | \$80 allowance |
| Lenses Single vision, lined bifocal or lined trifocal | Every calendar year | Covered in full * | \$200 combined lens/frame allowance** |
| Frames | Every calendar year | \$160 allowance* 20% off any amount above the allowance | |
| Elective Contact Lenses | Every calendar year | \$250 allowance* 15% off contact lens services (excluding materials) | \$200 allowance** |

* VSP Provider: Only lenses and frames OR the elective contact lens allowance is available each year.

** Non-VSP Provider: Only the frame/lens allowance OR the elective contact lens allowance is available each year.

Enrollment and Health Care Benefit Premium Contributions

As a full-time employee, you have the option to elect or decline health care benefits for yourself and your eligible dependents. Once enrolled, benefit elections will be effective retroactive to your first day of employment with SAS. You may enroll separately in medical (includes prescription), dental and vision coverage, or any combination of the three. Eligible dependents may be enrolled in any coverage option in which you are enrolled. To help you better understand your benefit costs and coverage options, you may review this booklet, the [Summary of Benefits](#) and the applicable summary plan descriptions found on the [Benefits Website](#).

In order to elect health care benefits for yourself and your eligible dependents (if applicable), you must enroll in benefits within 60 days of your first day of employment by submitting a [Benefits Enrollment/Change form](#) to the Benefits Department.

If you fail to submit your enrollment elections within 60 days of your date of employment, you will be enrolled into the Medical Plan with employee-only coverage. Your next opportunity to change your enrollment will be during the annual open enrollment period or if you experience a qualifying change in status.

Your premium contributions for SAS health care benefits are deducted from your paycheck on a pretax basis, referred to as Premium Conversion under Section 125 of the IRS Code.

Making Changes to Your Health Care Benefits

The plan has an annual open enrollment period which allows you an opportunity to change your benefit elections. Changes made during this time will be effective on Jan. 1 of the following year. You may only make changes outside of the annual open enrollment if you or your dependents experience a qualifying change in status.

Examples of qualifying changes include, but are not limited to:

- Loss or gain of other coverage for you or your dependent under another employer's plan.
- Enrollment in a public exchange or marketplace.
- Change in legal marital status such as marriage, divorce or legal separation.
- Addition or separation of a qualified domestic partner.
- Change in the number of dependents, including by birth, death and adoption.
- Adult dependent reaches age 26.
- Change in residence that significantly affects access to health care or dependent eligibility.
- Entitlement or loss of entitlement to Medicare, Medicaid, or the Children's Health Insurance Program (CHIP).

If you experience a qualifying change in status and wish to change your benefit coverage or FSA election(s) on account of the event, you must notify the Benefits Department by submitting your change via a completed [Benefits Enrollment/Change form](#) and supporting documentation (e.g., birth certificate, marriage certificate or adoption papers) within 60 days of the event.

Changes in benefit coverage will not be retroactive to the qualifying event date except to cover a newborn/newly adopted dependent from birth or date of adoption; to drop a dependent who is no longer eligible for coverage under the plan; or for the correction of an administrative error.

For more information about qualifying changes in status, including when coverage is effective, see the [SAS Institute Inc. Premium Conversion and Flexible Spending Account Plan SPD](#).

Domestic Partner Coverage

Health care premium contributions for domestic partners and/or domestic partner's children are deducted on an after-tax basis unless the domestic partner or children qualify as the employee's dependent(s) under federal tax law. Even though domestic partner premiums are not deducted on a pretax basis, the same restrictions for adding or dropping coverage still apply to domestic partners and their children when a qualifying change in status occurs. If you wish to cover your domestic partner or domestic partner's children, contact the Benefits Department to obtain additional enrollment information.

A signed and notarized [Affidavit of Domestic Partnership](#) is required if you wish to enroll your domestic partner or domestic partner's children.

Working Spouse/Domestic Partner Premium

The \$100 monthly working spouse/domestic partner premium is an additional amount added to an employee's monthly medical plan premium when medical coverage includes a spouse/domestic partner who is eligible for medical coverage through his or her own employer.

The premium does not apply if your spouse/domestic partner:

- Is also employed by SAS.
- Is not employed.
- Is not covered under the SAS Medical Plan.
- Is employed by a company that does not provide medical coverage.
- Is not eligible for medical coverage through his/her employer.

If your spouse/domestic partner meets any of these criteria, you must complete and submit a [Working Spouse/Domestic Partner Waiver](#) to the Benefits Department within 60 days of your date of hire in order to be excluded from the \$100 monthly premium. For more information regarding the \$100 monthly premium and waiver eligibility, review the [Working Spouse/Domestic Partner Premium Guide and FAQ](#).

2016 Full-Time Premium Contributions

Medical Premium Contributions

Includes prescription coverage and access to the Cary on-site Health Care Center and Pharmacy.

| Level of Coverage | Employee Monthly Contribution |
|---|-------------------------------|
| Employee Only | \$76 |
| Employee + Child(ren) | \$145 |
| Employee + Spouse/Domestic Partner | \$166 |
| Employee + Spouse/Domestic Partner + Working Spouse Premium | \$266 |
| Employee + Family | \$232 |
| Employee + Family + Working Spouse Premium | \$332 |

Dental Premium Contributions

| Level of Coverage | Employee Monthly Contribution |
|------------------------------------|-------------------------------|
| Employee Only | \$12 |
| Employee + Child(ren) | \$24 |
| Employee + Spouse/Domestic Partner | \$25 |
| Employee + Family | \$34 |

Vision Premium Contributions

| Level of Coverage | Employee Monthly Contribution |
|------------------------------------|-------------------------------|
| Employee Only | \$5 |
| Employee + Child(ren) | \$9 |
| Employee + Spouse/Domestic Partner | \$10 |
| Employee + Family | \$13 |

Flexible Spending Accounts

SAS offers two flexible spending accounts (FSAs) to full-time employees: a Health Care FSA for reimbursement of out-of-pocket health care expenses for you and your eligible dependents, and a Dependent Care FSA for reimbursement of qualifying child care expenses such as daycare. Your participation is optional and you may contribute to one account or both. SAS FSAs are administered by Flores & Associates.

An FSA allows you to set aside money from your paycheck on a pretax basis, to be used for reimbursement of eligible medical or child care expenses. By spending pretax dollars, you reduce your taxable income by the amount you contribute and therefore pay less federal income and Social Security taxes for the year.

If you choose to enroll in an FSA, you authorize SAS to deduct a specific amount of pretax dollars from your paycheck in equal increments for each pay period during the calendar year. The amount deducted from your pay is automatically credited to your Health Care FSA and/or Dependent Care FSA.

When you incur an eligible health care or dependent care expense, you pay for the expense then submit a claim for reimbursement from your FSA. You receive tax-free money from your account to reimburse yourself for your expenses. Participants in the Health Care FSA will also receive a set of debit cards to directly access funds from their account.

You may enroll in an FSA while submitting your benefit elections, within 60 days of your date of full-time employment. Once enrolled, your contributions cannot be changed or canceled unless you experience a qualifying event. If desired, you must enroll or re-enroll in an FSA annually during the open enrollment period; enrollment for the next plan year is not automatic.

Learn More

- flores247.com or 800-532-3327
Create an account and view your claims information.
- [SAS Benefits: FSA](#)
The Benefits website contains helpful documents, including FSA FAQs and claim forms.
- [View this short video](#)
for more information about using the Benny Card.

Health Care FSA

You may contribute up to \$2,550 per year in the Health Care FSA to reimburse yourself for eligible out-of-pocket health care expenses incurred by you or your dependents.

Examples of eligible expenses include:

- Medical and prescription copays and coinsurance.
- Deductibles and amounts over the medical plan's Allowed Amounts.
- Glasses, contacts and vision correction surgery.
- Out-of-pocket dental expenses (excluding cosmetic procedures) and orthodontia payments.

You will have until March 31 of each year to file claims for expenses incurred on or before Dec. 31 of the previous year. You may roll over up to \$500 of unclaimed Health Care FSA funds at the end of each plan year to the next plan year.

Participants in the Health Care FSA receive a set of debit cards called the Benny Card, which can be used to pay for eligible out-of-pocket expenses at health care provider offices, medical clinics, hospitals, dental offices, hearing and vision care centers, and pharmacies. This convenient payment option is designed to be used in place of the traditional paper claim, saving you time. Traditional paper claims may still be submitted for reimbursement, if preferred.

Dependent Care FSA

You may contribute up to \$5,000 per year (\$2,500 if married and filing separately) in a Dependent Care FSA to reimburse yourself for child care expenses provided for your dependents.

The Dependent Care FSA is *not* to be used for reimbursement of dependent medical expenses.

Unlike the Health Care FSA, reimbursements are made only up to the amount that you have paid into your account at any point during the year. Examples of eligible expenses include:

- Daycare and preschool tuition.
- Before- and after-school care.
- Nanny services.
- Day camps.
- Track-out care (year-round schools).
- Adult daycare services.

Dependents must be under the age of 13, or of any age that lives in your household and is incapable of self-care.

You will have until March 31 of each year to file claims for expenses incurred on or before Dec. 31 of the previous year. Any unused amounts remaining in your Dependent Care FSA at the end of the year will be forfeited.

Using the Dependent Care FSA if You Also Receive a Daycare Subsidy or Daycare Provided by SAS

The Dependent Care FSA has an annual maximum contribution of \$5,000. Any dependent care benefits that you receive from SAS (through the value of on-site daycare, the regional child care subsidy or the community child care subsidy) will reduce your \$5,000 annual maximum contribution on a dollar-for-dollar basis. If the value of the employer-provided subsidy is less than \$5,000, you may elect to contribute the difference between that value and the \$5,000 maximum to your Dependent Care FSA.



Work/Life Center

The SAS Work/Life Center is an on-site resource available to all SAS employees and their household members. Located in Building W at SAS headquarters in Cary, the Work/Life Center is staffed by a team of master's-level professionals who help employees maintain a work-life balance by connecting them with company and community resources based on their specific needs or goals.

Work/Life Center staff members are equipped to assist and support you and your family with a broad range of issues and areas, including but not limited to: parenting, preparing teens for college, aging and elder care, stress, and relationships. Consultations with Work/Life staff are available in person or by phone. The Work/Life Center has a library with more than 2,500 titles and a Caring Closet with medical equipment (e.g., wheelchairs, walkers, shower chairs) for short-term use. Work/Life also offers educational resources such as lunch and learn seminars, support groups, and podcasts.

There is no expense to you or your family members to use this service.



Employee Assistance Program

The Employee Assistance Program (EAP) is a confidential outside service provided by Resources for Living EAP (RFL-EAP), a leading provider of employee assistance programs. Managed by the SAS Work/Life Center staff, the EAP offers 100 percent confidential short-term counseling for issues such as stress, anxiety, grief, emotional dilemmas and substance abuse. In conjunction with the SAS Work/Life Center, RFL-EAP can provide help researching and finding referrals for important services such as child care, education, adoption resources, and identity theft and fraud resolution. Legal and financial discounts and consultations are also available.

There is no expense to you or any household member to use this service.

Learn More

- **SAS Employee Assistance Program**
or 866-314-9946
Contact the EAP directly or view the website for more information.
- **Work/Life Internal Website**
Visit the Work/Life site for more information on resources available to you on a wide variety of issues (including parenting, adoption, eldercare, work-life balance, and more).
- **workliferesponse@sas.com**
or 919-531-LIFE (5433)
Contact the Work/Life Department for one-on-one assistance.

Life Insurance and AD&D

SAS provides basic life insurance and accidental death and dismemberment (AD&D) insurance, administered through Mutual of Omaha, to full-time and part-time employees.

Please access Mutual of Omaha's website within your first 30 days of hire at mutualofomaha.bcenroll.net to designate your beneficiaries. If accessing your account for the first time, enter your SAS employee ID number, your date of birth, and the last four digits of your Social Security number.

Basic Life Insurance

The company provides a guaranteed issue amount of basic life insurance equal to three times an employee's annual base salary up to \$600,000, rounded to the next higher multiple of \$1,000 if not already an even multiple thereof. If three times your annual base salary is greater than \$600,000, you may apply for additional coverage up to a maximum of \$700,000 (evidence of insurability/good health is required for amounts above \$600,000). You may request an application for additional coverage from the Benefits Department. Life insurance coverage will be reduced by 55 percent at age 70, and by an additional 10 percent at ages 75 and 80.

Learn More

- mutualofomaha.bcenroll.net or 855-269-2037
Review plan documents and update your beneficiaries.
- [SAS Benefits: Life Insurance](#)
Review FAQs and summary plan descriptions.

AD&D

The AD&D Insurance Plan provides a monetary benefit to an employee or beneficiary when the employee experiences certain bodily injuries or death resulting from a covered accident while insured. The company provides a guaranteed issue amount of AD&D insurance equal to two times an employee's annual base salary up to \$700,000, rounded to the next higher multiple of \$1,000 if not already a multiple thereof. AD&D coverage will be reduced by 55 percent at age 70, and by an additional 10 percent at ages 75 and 80.

Time Off

SAS offers 15 vacation days per year to full-time employees (full-time employees with 10 or more years of service receive 20 vacation days per year).

Employees receive 10 - 11 scheduled holidays and one floating holiday per year.

SAS also allows for occasional absences and time away for personal and/or family illness, medical emergencies or appointments.

Leaves of Absence

SAS offers a variety of leave options to full-time employees. Eligibility requirements and salary continuation depend on the type of leave. Some options include:

- Adoption Leave.
- Bereavement Leave.
- Family Medical Leave (FMLA).
- Jury Duty.
- Military Leave.
- Paternity Leave.
- Personal Leave.
- Workers' Compensation.

Learn More

- [SAS Benefits: Time Away and Leave](#)
Review SAS leave and attendance policies.

Disability Coverage

Short-term disability and long-term disability income continuation is provided to eligible employees who are medically unable to work due to pregnancy/childbirth, injury or illness.

Short-term disability provides employees with disability income based on a percentage of their base pay for up to 26 weeks in the event they are unable to work due to an illness or injury and they are under the care of a physician.

Employees disabled for more than 26 weeks may be eligible for their disability income to be continued through the company's Long-Term Disability Insurance Plan. The plan provides for a monthly benefit of 60 percent of base pay, up to \$16,000 a month, subject to the definition of disability and other terms of the contract.



Retirement – 401(k) Plan

The SAS 401(k) Plan encourages you to accumulate savings for retirement through convenient pretax and Roth (after-tax) payroll deductions and generous company contributions. As a full- or part-time employee, you are eligible to participate in the 401(k) Plan when you have completed 90 days of service and are age 21. The 401(k) Plan offers a wide array of investment funds from which to choose, including stock, bonds and blended (target date) funds.

Company Contribution

Whether or not you contribute your own money to the Plan, SAS currently contributes 3 percent to eligible employee's 401(k) account each pay period. These company contributions vest immediately.

Annual Discretionary Company Contribution

SAS may also make an annual discretionary contribution to eligible employee's 401(k) account. This contribution is determined each year. To be eligible for any annual discretionary company contribution, you must be age 21, have completed one year of service, and be actively employed on December 31 of the Plan year.

The annual discretionary contributions, as well as the investment earnings and losses, are vested based on years of service under the following vesting schedule:

| Years of Service | Vested Percentage |
|----------------------------|-------------------|
| Less than 2 | 0% |
| At least 2 but less than 3 | 25% |
| At least 3 but less than 4 | 50% |
| At least 4 but less than 5 | 75% |
| At least 5 | 100% |

Learn More

- 401k.com or 800-835-5095
Contact Fidelity directly. Access its website to set up an account or update your beneficiary.
- [SAS Benefits: Retirement](#)
More information about retirement benefits and programs, including applicable summary plan descriptions.

Employee Contributions

Eligible employees may contribute from 1 to 80 percent of eligible pay on a pretax and/or Roth (after-tax) basis. Employees who are at least 50 can take advantage of catch-up contributions. Employee contributions are subject to the annual IRS limits and vest immediately.

To further enhance employees' ability to save for retirement, newly hired employees will be automatically enrolled in the 401(k) Plan at 6 percent. This is a before-tax contribution, which will be payroll deducted and invested in an age-based JP Morgan target date fund. This contribution will remain in effect until you actively elect to change your contribution percentage or investment election, or elect not to contribute to the 401(k) Plan. You will receive additional information regarding the automatic enrollment process.

In addition, employees have the opportunity to make a rollover contribution from another qualified plan even if the eligibility requirements for participation have not yet been met. [Rollover instructions and the rollover form](#) can be found on the [SAS Benefits website](#).

To make changes to your contribution rate and/or investment elections, initiate a rollover, and designate your beneficiaries, you may log onto Fidelity's website at 401k.com or call Fidelity customer service at 1-800-835-5095 to speak to a representative.

This information is a summary of some of the main provisions of the 401(k) Plan. For a more complete description, please see the [Summary Plan Description](#).

Voluntary Benefits

There are several voluntary benefits that SAS makes available for employees to purchase. Enrollment in each plan is optional, and you are responsible for paying the full cost to participate. For convenience, the cost of many of these programs can be paid through payroll deduction.

Term Life Insurance

The Voluntary Term Life Insurance Plan is offered by Mutual of Omaha and offers employees an opportunity to purchase affordable term life insurance for themselves as well as their spouse or domestic partner. Benefits are available in \$10,000 increments, subject to a maximum of \$500,000. Limited dependent child coverage is also available.

Newly hired employees are eligible for guaranteed issue in the amount of \$400,000 for employees and \$60,000 for spouses/domestic partners if they enroll within 31 days of their date of hire. If coverage is first elected more than 31 days after first becoming eligible, evidence of insurability/good health will be required to be approved for the coverage.

The policy includes portability and conversion options, which means you will have options to continue your coverage if you leave the company or are no longer eligible to participate. Premiums are paid in full by the employee through payroll deductions.

Supplemental Income Protection (SIP) for Long-Term Disability

The Supplemental Income Protection (SIP) Plan for long-term disability, offered by Unum, can replace a greater portion of your income in the event of a long-term disability absence due to sickness or injury. SIP offers additional long-term disability coverage based on your total compensation (including bonus/commission pay not currently covered by group long-term disability). Disability benefits paid by this plan are tax-free. If enrolled, this benefit is portable upon termination. Premiums are paid in full by the employee through payroll deduction.

Newly hired employees are eligible for guaranteed issue of the SIP Base Plan if they enroll within 30 days from their date of employment.

Learn More

[SAS Benefits: Voluntary Plans](#)

Review more information on each voluntary benefit.

Automobile/Homeowners Insurance

The Group Automobile and Home Insurance Program is a voluntary benefit through MetLife Auto & Home that provides employees access to insurance coverage for personal insurance needs. Premiums are paid in full by the employee through payroll deduction.

YouDecide.com

[YouDecide.com](#) is an exclusive service that can help employees save time and money when shopping for financial and legal services, homeowners, automobile, term life or pet insurance, and more. [YouDecide.com](#) shops multiple providers and delivers up to three competitive price quotes to choose from. This takes the hassle and confusion out of contacting several different carriers for better rates and coverage. This service is free.



This is a Summary of Material Modifications regarding the SAS Institute Inc. Medical Plan, SAS Institute Inc. Dental Plan, and SAS Institute Inc. Vision Plan (the "Plans"). This Summary of Material Modifications supplements the Summary Plan Descriptions ("SPD") previously provided to you for each of the Plans. You should retain this document with your copy of the SPDs. If you have any questions regarding these changes, you should contact the SAS Benefits Department at 919-531-9090, or at 100 SAS Campus Drive, Cary, NC, 27513.

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