Learn about your benefit options and your health so you can make informed decisions during Annual Enrollment and throughout the year.

Lead by taking action – make active benefit elections during Annual Enrollment and take steps to maintain or improve your health over the long term.

Live a healthier lifestyle by taking advantage of the benefits and wellness programs available to you.

---

2013 Annual Enrollment is Here!

November 12 – November 27, 2012

Welcome to the 2013 Annual Enrollment process!

With a new year comes a new benefits process and options. Each year, we carefully review our health and welfare program and we are pleased to share with you a renewed benefit strategy that is focused on employee health and wellness. While these changes require you to educate yourself on what’s changed, there are also many ways to learn more so that you can make an informed decision about your benefits.

Please note that everyone must take action this year! So, please review the following materials and ask questions if you don’t understand something or need more information.

To prepare for 2013 Annual Enrollment, please read on.

Take Action – Enroll! ........................................ page 3
What’s New for 2013? ........................................ page 5
Medical Options ............................................. page 7
Wellness Programs and Incentives ................. page 12
Tax-Advantaged Accounts ............................... page 15

Dental Coverage ........................................... page 20
Vision Coverage ........................................... page 21
Other Benefits ............................................ page 22
How to Enroll ............................................. page 23
Your Tools and Resources ............................... page 25

This guide provides summary information on various employer-sponsored programs and benefits. If there are any conflicts between this summary information and the terms and provisions of the official plan documents, the plan documents control. In addition, this guide is not an employment contract, employment guarantee, or a guarantee of benefits. ITT Corporation reserves the right to amend or terminate any employer-sponsored program at any time.
Take Action — Enroll!

2013 Annual Enrollment

ITT’s 2013 Annual Enrollment period will run from Monday, November 12 through Tuesday, November 27, 2012. You have until 11:59 PM Eastern Time on November 27 to make your 2013 benefit elections for yourself and your eligible dependents.

Eligibility

You are eligible if you are a regular full-time, salaried or non-union hourly employee on a U.S. payroll and employed by ITT or a designated division, subsidiary, affiliate or unit. Regularly scheduled part-time employees who work at least 20 hours per week on a U.S. payroll of a participating ITT company are also eligible.

If you enroll yourself in a health care plan (medical, dental and/or vision), you may also elect coverage for your eligible dependents under the same health care plan. Eligible dependents include:

• Your spouse (unless you are divorced or legally separated).
• Your eligible domestic partner when you complete an Affidavit of Domestic Partnership.
• Your children, including natural children or legally adopted children up to age 26, and your married or unmarried stepchildren or children up to age 26 for whom you have assumed permanent legal and physical custody pursuant to a valid state court order.
• Your domestic partner’s children, if they meet the definition of eligible child as described in the Summary Plan Description (SPD) available at https://itt.hrintouch.com.

If documents for all enrolled dependents are not currently on file, certification may be required.
What Happens If I Don’t Enroll?

After November 27, 2012, you won’t be able to change your benefit elections for 2013, unless you experience a qualified status change (see “Making Benefit Changes During the Year” for details). You’ll receive the default coverages noted below.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Default Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAL</td>
<td>• Consumer-Driven Health Plan (CDHP), Employee Only coverage, whether or not you’re currently enrolled in an ITT medical plan</td>
</tr>
<tr>
<td></td>
<td>• No HSA participation unless you open your HSA through WageWorks</td>
</tr>
<tr>
<td>DENTAL</td>
<td>• No coverage if you don’t actively enroll</td>
</tr>
<tr>
<td>VISION</td>
<td>• No coverage if you don’t actively enroll</td>
</tr>
<tr>
<td>FLEXIBLE SPENDING ACCOUNTS (FSAs)</td>
<td>• No participation – you must actively enroll in the Health Care and/or Dependent Care FSAs if you want to contribute in 2013</td>
</tr>
<tr>
<td>LEGAL</td>
<td>• No coverage if you don’t actively enroll</td>
</tr>
<tr>
<td>OTHER BENEFITS</td>
<td>• 2012 elections will continue – with minimal coverage and contribution changes in 2013</td>
</tr>
</tbody>
</table>
(e.g., disability coverage; life insurance) |

Making Benefit Changes During the Year

After the enrollment deadline, you may only change your benefit elections during the year if you experience a qualified status change (e.g., you get married or divorced, have a baby, adopt a child) that allows for a mid-year change. All changes you make must be consistent with the change you experience. You must report a qualified status change within 31 days of the event.

Note: The U.S. Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) allows for a 60-day enrollment window if you or your covered dependents lose U.S. Medicaid or U.S. Children’s Health Insurance Program (CHIP) coverage, or if you or your covered dependents become eligible for a premium assistance subsidy under Medicaid or CHIP.

Beginning Jan. 1, 2013, you will report qualified status changes online through https://itt.hrintouch.com or by calling the HR service center toll-free at 1-855-222-1887.
What’s New for 2013?

Nothing is more important to us as a company than the health and welfare of our employees. To ensure we are providing you with the best health options possible, we have made necessary changes to our existing program that offer streamlined choices and cost-saving opportunities to you and your family.

Streamlined and consolidated medical plans

We’ll offer two account-based medical plans with nationwide coverage, administered by Anthem BlueCross BlueShield.

Note: Current regional medical plans administered by Excellus BlueCross BlueShield and UnitedHealthcare will no longer be available in 2013. While Kaiser medical plans will continue to be available in 2013, we will not offer these options beginning January 1, 2014. You may want to consider your medical options through Anthem this year to ease the transition.

Consolidated dental plan

Like the consolidation of our medical vendors, in 2013 we’ll offer one, national dental plan – with the same plan design currently offered through MetLife. Current regional dental plan options will no longer be available.

Changes to salary-based contribution rate structure

We’ll be simplifying our contribution structure by moving to two contribution tiers for medical coverage – one for employees whose annual base salary is less than $90,000, and one for employees whose annual base salary is $90,000 or more. Dental and vision coverage have only one contribution tier, which means your salary has no impact on the cost of coverage.

Wellness incentive program

Take charge of your health! When you complete a health screening and Personal Health Assessment (PHA) through WebMD®, you’ll receive a $250 contribution to your Health Savings Account (HSA) or Health Reimbursement Account (HRA), if you enroll in one of the ITT Anthem medical plans for 2013. And, your spouse or registered domestic partner is eligible for a $250 incentive – provided they complete a health screening and PHA through WebMD®, as well.

Flexible Spending Account (FSA) Administrator

WageWorks will administer your tax-advantaged accounts, including the HRA or HSA for your ITT Anthem medical coverage, Health Care and Dependent Day Care FSAs, and the new Commuter (Parking and Public Transportation) Program, beginning January 1, 2013.

NEW Look for this symbol throughout the rest of this guide to learn more about 2013 benefit changes.
2013 Health Care Reform Update

Several changes to your 2013 benefits options will take effect on Jan. 1, 2013, as a result of the Patient Protection and Affordable Care Act.

Expanded coverage for women’s preventive health services.
For 2013, several additional preventive care services for women must be covered at 100 percent, including:

- Well-woman visits
- Gestational diabetes screenings
- Human papilloma virus testing
- Annual counseling for sexually transmitted infections
- Annual counseling and screening for human immune-deficiency virus
- Generic, FDA-approved oral contraceptive methods, sterilization procedures and patient education and counseling
- Breastfeeding support, supplies and counseling
- Domestic and interpersonal violence screening and counseling

Decrease in Health Care FSA contribution limit. Beginning Jan. 1, 2013, the Health Care FSA contribution limit will be reduced from $5,000 to $2,500 per year.

Summary of Benefits and Coverage (SBC). You’ll have access to an SBC for each of the ITT medical options to help you compare your options and make an informed choice. You can access the SBCs at https://itt.hrintouch.com.

Elimination of Health Care FSA grace period

<table>
<thead>
<tr>
<th>For claims incurred between:</th>
<th>You may:</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAN. 1 – DEC. 31, 2012</td>
<td>• Submit a claim for eligible expenses by Mar. 31, 2013</td>
</tr>
<tr>
<td></td>
<td>• Not use 2012 FSA funds – grace period no longer available</td>
</tr>
<tr>
<td>JAN. 1 – MAR. 15, 2013</td>
<td>• Use 2013 FSA funds, if you elected to contribute</td>
</tr>
</tbody>
</table>

Changes to Short-Term Disability (STD) and Long-Term Disability (LTD) coverage

- The waiting period before STD coverage (where applicable) begins will be standardized to 7 consecutive days across all of our businesses.
- The salaried LTD monthly maximum benefit will be increased from $9,000 to $12,500.

Online enrollment tool and new HR service center
You’ll be making your elections online through a new web-based tool, administered by Benefitfocus. You’ll also have access to the new HR service center. Representatives are available Monday through Friday, 8 AM to 8 PM, Eastern Time – call 1-855-222-1887. See page 23 for more information.
Medical Options

We are streamlining and consolidating medical plans in 2013. We’ll offer two account-based medical plans with nationwide coverage, administered by Anthem BlueCross BlueShield.

Your two medical plan options in 2013 are:

- Preferred Provider Organization (PPO) with Health Reimbursement Account (HRA)
- Consumer-Driven Health Plan (CDHP) with Health Savings Account (HSA)

Both plan options generally offer the same benefits, provider network and services, but have different employee contribution rates, copayments/coinsurance, deductibles and out-of-pocket maximums, as outlined in the chart on page 11. Take some time to review and compare the specific plan details and associated costs to determine which plan best meets your health care needs, as well as the health care needs of your family.

Take these steps to choose the plan that best meets your needs:

- **Think about your family’s health care needs:** How often do you visit the doctor? Are you planning to have surgery or is pregnancy or adoption in your near future? Considering your medical needs for the coming year will help you to make a well informed decision.

- **Review plan details:** Annual deductibles, coinsurance, copayments, and out-of-pocket maximums all affect how much you pay for your health care.

- **Consider all the costs:** Remember to factor in your contribution rate (your per-pay-period payroll deduction) into your decision. This is especially important because we are simplifying our medical coverage contribution rate structure by moving to two tiers.

  **NEW**

  - Your medical coverage contribution rate is based on your salary, the plan you select, and the eligible family members you choose to cover, if any.
  - The dental and vision contribution rates have one tier, which means they are based on whether you choose Employee Only coverage or you choose to cover dependents, as well.

- **Consider participating in ITT’s new wellness program:** If you enroll in an ITT medical plan through Anthem BlueCross BlueShield, you and your spouse/registered domestic partner will be eligible to receive a wellness incentive of $250. Read more about the new wellness incentives on page 12.

Click here for key terms to know (or see page 27)
How the Anthem Medical Options Work

1. Can I visit any doctor?

Anthem offers access to an extensive, national network of health care providers and facilities. You may choose any health care provider you like, but you’ll generally pay more if you see a provider outside of the network. That’s because in-network providers agree to charge discounted rates negotiated by Anthem and the in-network services have a higher level of coverage.

2. Do I have to pay for an annual check-up?

No! You pay nothing for in-network preventive care – including annual physicals, well-child visits, immunizations, mammograms, colonoscopies, etc.

3. How do I pay for prescription drugs?

You receive prescription drug coverage through Express Scripts (formerly Medco), which offers a national network of retail pharmacies and the mail-order program for long-term prescriptions. Make sure you use the mail-order program for long-term prescriptions to avoid additional charges.¹

For the PPO with HRA: You pay a copay/coinsurance for each prescription depending on the type of drug your doctor prescribes (e.g., generic, brand formulary or brand non-formulary). Your prescriptions are not subject to the deductible, but you will still need to pay copays/coinsurance amounts if you reach the medical out-of-pocket maximum in a calendar year.

For the CDHP with HSA: You pay the full cost of the drug before you meet your annual deductible, except certain preventive medications. After the deductible, you pay coinsurance until you meet the out-of-pocket maximum. Then, you pay nothing for the rest of the calendar year.

¹ Like today, for most long-term maintenance medications, you’re allowed three fills for a 30-day supply at the retail pharmacy copay/coinsurance rate. After the third fill, you’ll be charged the full price of the drug each time you refill at a retail pharmacy. Instead, ask your doctor to write a prescription for a 90-day supply and transfer your prescription to the mail-order service.
4. How do I pay for care when I’m sick or injured?

Before the Annual Deductible
You pay the full cost for most covered services (except preventive care) until you meet your annual deductible.

For the PPO with HRA: If you have family coverage, the plan will pay benefits for an individual family member if he/she reaches the individual deductible, and then will pay benefits for all covered family members if expenses for all family members combined reach the family deductible.

For the CDHP with HSA: The family deductible is an aggregate deductible, which means the entire deductible must be met before the plan pays benefits for any covered family member.

After the Annual Deductible
You and the plan share costs through coinsurance until you meet your out-of-pocket maximum.

This is a shift from the way the plans currently work. When you visit in-network providers, you generally won’t pay anything at the time of your doctor’s appointment. Instead, your doctor will file a claim for you and you’ll receive an Explanation of Benefits (EOB) from Anthem that explains what the plan will pay and what you’ll pay.

If you visit out-of-network providers, your health care provider may submit a claim for you, or you may need to pay the full charge and file a claim directly with Anthem. Once your claim has been processed, Anthem will send you an EOB that explains what you owe or what the plan will reimburse you.

5. What happens if I have significant medical expenses — what does the plan pay?

After the Out-of-Pocket Maximum
For the PPO with HRA: You continue to pay copays/coinsurance for prescription drugs. The plan pays the full cost of other covered services for the rest of the calendar year.

For the CDHP with HSA: The plan covers the full cost of all covered services (including prescription drugs) for the rest of the calendar year.

Model Your Costs with WebMD® Coverage Advisor
Learn more about the coverage and your costs for care under both medical options using WebMD’s Coverage Advisor tool. Visit http://www.webmdhealth.com/itt and click the “Coverage Advisor” link under Get Started.
About the HRA and HSA

Saving and Paying for Medical Expenses

When you enroll in an ITT Anthem medical plan, you’ll have access to a tax-advantaged account based on the option you choose:

• Health Reimbursement Account for the PPO
• Health Savings Account for the CDHP

ITT will make valuable contributions to your account (whichever, if applicable to you) when you participate in the new wellness programs. The HSA also offers additional savings opportunities through core contributions from ITT and the option to make your own contributions.

To learn more, see the “Tax-Advantaged Accounts” section beginning on page 15.

Medical Plan Contributions

We’ll be simplifying our contribution structure by moving to two contribution tiers:

• Employees whose annual base salary is less than $90,000, and
• Employees whose annual base salary is $90,000 or more.

Your 2013 monthly contributions will depend on your pay as of January 1, 2013; the medical option you choose; and the coverage category you elect (Employee Only; Employee +1; or Family). If your pay changes during the year, your monthly contributions will be adjusted to reflect your new pay level (as necessary).

<table>
<thead>
<tr>
<th>Annual Base Salary</th>
<th>PPO with HRA</th>
<th>CDHP with HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee</td>
<td>Employee +1</td>
</tr>
<tr>
<td>&lt; $90,000</td>
<td>$91</td>
<td>$229</td>
</tr>
<tr>
<td>≥ $90,000</td>
<td>$137</td>
<td>$344</td>
</tr>
</tbody>
</table>
# Medical Plan Comparison

<table>
<thead>
<tr>
<th>Provision</th>
<th>PPO with HRA</th>
<th>CDHP with HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td><strong>Contribute to a Tax-Advantaged Account (HRA or HSA)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITT CORE CONTRIBUTION</td>
<td>Not Available</td>
<td>$250 single / $500 family</td>
</tr>
<tr>
<td>WELLNESS INCENTIVE</td>
<td>$250 single&lt;br&gt;$500 employee + spouse/domestic partner</td>
<td>$250 single&lt;br&gt;$500 employee + spouse/domestic partner</td>
</tr>
<tr>
<td>YOU MAY CONTRIBUTE</td>
<td>Not Available</td>
<td>Up to $3,250 single / $6,450 family&lt;br&gt;(all contributions)</td>
</tr>
<tr>
<td><strong>Pay for Medical Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANNUAL DEDUCTIBLE</td>
<td>$800 single / $1,600 family</td>
<td>$1,600 single / $3,200 family</td>
</tr>
<tr>
<td>COINSURANCE</td>
<td>You pay 20%&lt;br&gt;(Plan pays 80%)</td>
<td>You pay 40%&lt;br&gt;(Plan pays 60%)</td>
</tr>
<tr>
<td>ANNUAL OUT-OF-POCKET MAX</td>
<td>$3,000 single&lt;br&gt;$6,000 family</td>
<td>$6,000 single&lt;br&gt;$12,000 family</td>
</tr>
<tr>
<td><strong>Receive Medical Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVENTIVE CARE</td>
<td>No charge, no deductible</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>OTHER COVERED SERVICES</td>
<td>20% after deductible</td>
<td>40% after deductible</td>
</tr>
<tr>
<td><strong>Fill a Prescription – In-Network Only</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RETAIL (30-DAY SUPPLY)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$10 copay&lt;br&gt;30% (max. charge $100)&lt;br&gt;50% (max. charge $150)</td>
<td>Not Available</td>
</tr>
<tr>
<td>Brand Formulary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brand Non-Formulary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAIL-ORDER (90-DAY SUPPLY)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$20 copay&lt;br&gt;30% (max. charge $200)&lt;br&gt;50% (max. charge $300)</td>
<td>Not Available</td>
</tr>
</tbody>
</table>
Wellness Programs and Incentives

For 2013, we are expanding our focus on wellness to help you get a better picture of your health, learn about your health risks and make an action plan to address those risks – all while earning valuable wellness incentives.

While all employees are encouraged to participate in the wellness programs, you must enroll in an ITT medical plan through Anthem BlueCross BlueShield (either the PPO with HRA or the CDHP with HSA) to earn a wellness incentive of $250 if you have single coverage or up to $500 if you cover a spouse or registered domestic partner.
How to Earn the Incentive

To earn the incentive, you and your covered spouse/registered domestic partner must complete two wellness programs by March 31, 2013:

1. **Get a health screening** to learn more about your health stats (e.g., blood pressure, cholesterol, blood glucose levels).

2. **Complete the Personal Health Assessment**, a confidential online health questionnaire that can help you learn about your health risks and steps you can take to mitigate those risks.

Health Screening

Follow these steps to complete your health screening:

- Log into your WebMD account at [http://www.webmdhealth.com/itt](http://www.webmdhealth.com/itt) or register for an account with WebMD if you don’t currently have one.
- If you’re registering for the first time, you’ll need to enter your Registration ID, which is your date of birth in the format MMDDYYYY, then the first initial of your legal first name, followed by the first seven characters of your last name (or less, if shorter), without spaces. For example, if your name is Jane Doe and you were born on January 1, 1970, your Registration ID would be: 01011970JDoe.
- After you’ve logged in, click on the link under “Learn Your Numbers” to access your three options for completing the health screening:

  - **Schedule a free screening**
    - During an event at your local office (available at many larger ITT locations); or

  - **Download the physician fax form**
    - Bring it to your next doctor’s appointment. After your screening your doctor can fax your results back to Summit Health, the health screening administrator; or

  - **Download a voucher**
    - Receive a free screening at a participating LabCorp location. Your results will be returned to Summit Health once you’ve completed your screening. To find a LabCorp location near you, go to [http://www.labcorp.com](http://www.labcorp.com) and click the “Find a Lab” link. You may also schedule appointments online at LabCorp locations.

**Coming to a location near you…**

Beginning November 2012, we’ll hold free on-site health screenings at many of the larger ITT work locations. Watch for communications regarding upcoming dates, and be sure to visit [http://www.webmdhealth.com/itt](http://www.webmdhealth.com/itt) to schedule a screening at your local site, if available.
Personal Health Assessment (PHA)
The PHA is a confidential online health questionnaire that helps you learn about your health risks and ways to mitigate those risks. Once you complete your assessment, WebMD® will provide you with a personalized report with information and tools you can use to take action to maintain or improve your health.

You may complete your PHA before or after your health screening, but if you complete the health screening first, your results will automatically feed into your PHA.

To access the assessment, log into your WebMD account at [http://www.webmdhealth.com/itt](http://www.webmdhealth.com/itt) and click the “Personal Health Assessment” link under Get Started.

What You Can Earn and How You Can Spend It
You can earn significant incentives for completing both the health screening and the Personal Health Assessment:

- **If you have single coverage**, you can earn **$250 for the year** when you complete the requirements by March 31, 2013.
  - If you complete the requirements by December 31, 2012, you’ll receive the incentive in January 2013.
  - If you complete the requirements by March 31, 2013, you’ll receive the incentive in April 2013.

- **If you cover a spouse or registered domestic partner**, you can earn up to **$500 for the year** when both you and your spouse or registered domestic partner complete the requirements. Spouses’ and domestic partners’ reward timeframe is between January 1 and March 31, 2013. You’ll receive the spousal incentive in April 2013. **Note:** You must enter your spouse’s or domestic partner’s information when you enroll through the online enrollment tool during Annual Enrollment.

The incentive will be credited to the account associated with your ITT medical plan (HRA or HSA). You can use the money for qualified medical expenses, as defined by the Internal Revenue Service (IRS). That means you can use it to pay your annual deductible, copays or coinsurance amounts when you need medical care – or you can save it for future medical expenses.

It’s Personal and It’s Your Business
Your Personal Health Information (PHI) is completely confidential – ITT will never have access to the information you provide to WebMD® or from your health screening. ITT will only receive aggregate health data (e.g., number of people with high blood pressure or high cholesterol).
Tax-Advantaged Accounts

ITT offers several tax-advantaged accounts for you to reimburse yourself for qualified expenses.

New for 2013, all of these accounts will be administered by WageWorks. Review this section and visit http://www.wageworks.com for more details. As you evaluate which medical option will best meet your needs in 2013, don’t forget to consider the appropriate tax-advantaged accounts that complement the medical option you select:

- **Health Reimbursement Account (HRA)** – for employees who enroll in the PPO and earn wellness incentives
- **Health Savings Account (HSA)** – for employees who enroll in the CDHP and open an account through WageWorks
- **Health Care Flexible Spending Account (FSA)** – for employees who enroll in the PPO or waive coverage through ITT
- **Dependent Care FSA** – for all employees (regardless of medical plan enrollment) to pay for eligible dependent care expenses
- **Commuter (Parking or Public Transportation) Program** – to help employees pay for expenses incurred while commuting to work

**NEW ★ Health Reimbursement Account (HRA)**

An HRA is available to employees enrolled in the PPO medical option. Only ITT may contribute tax-free funds to your account based on your participation in company-sponsored wellness programs. You can use these funds during the year in which you earn them or save them over the long term for qualified medical expenses for yourself or your eligible dependents. If you have funds remaining at the end of the year, the balance rolls over. However, an HRA is not portable, which means you forfeit any unused funds if you retire or leave ITT.

Your HRA doesn’t earn interest and there are no investment options, so your account will only grow with contributions from ITT based on your wellness program participation. However, with this type of account, there is no restriction on FSA participation, so you may also contribute to a Health Care FSA. See the Health Care FSA description in this section for more details.

Learn more! Visit the IRS website at http://www.irs.gov and look for:

- **Publication 969** for more about the HSA, HRA and Health Care FSA
- **Publication 503** for more about the Dependent Care FSA
Health Savings Account (HSA)

An HSA is a tax-advantaged bank account you may open and control when you enroll in the CDHP medical option. Here are the main features:

• Both you and ITT may contribute before-tax funds.
  – You can make pre-tax contributions by convenient payroll deduction, or make after-tax contributions directly to your HSA and claim them as deductions on your Federal tax return.
  – ITT makes a core contribution to your HSA and, if you participate in the wellness programs, ITT will contribute an incentive, as well.
• Your account earns interest each month, and when it reaches a certain balance, you may invest a portion of your account.
• You can change your contribution amount at any time throughout the year.
• Use funds for qualified medical expenses for yourself or your eligible dependents during the year or save them over the long term. Your HSA balance rolls over from year to year.
• Your account is portable – you own it, and you can bring it with you if you leave ITT or retire!

Plan your contributions carefully, and be sure to consider ITT contributions. It’s your responsibility to ensure contributions to your HSA don’t exceed IRS limits – if they do, you may be required to pay taxes on the amount exceeding the IRS limit, plus a 20% tax penalty.

NEW ★

Remember, ITT makes a core contribution + the wellness incentive if you earn it.

Before-Tax Contributions

YOU ITT

$ $ 0

HSA HSAs earn interest

Once you reach your deductible...
You pay your share
Your plan pays the rest

Once you reach your annual out-of-pocket maximum...
Your plan pays 100% of covered charges

Your HSA balance rolls over every year

The account goes with you if you leave or retire

Use HSA funds or pay out-of-pocket for your share.

HAPPY NEW YEAR!
Annual HSA Contribution Limits

The IRS sets HSA contribution limits each year. These limits include ITT’s core contribution and incentives earned through wellness program participation.

If you’ll be age 55 or older in 2013, you’re also eligible to make “catch-up” contributions, which allow employees closer to retirement to save more for post-retirement medical expenses. The 2013 HSA catch-up contribution limit is $1,000. You must make any catch-up contributions directly to your HSA – they may not be made via payroll deductions.

<table>
<thead>
<tr>
<th>2013 Annual HSA Contribution Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you...</td>
</tr>
<tr>
<td>Have single coverage</td>
</tr>
<tr>
<td>Cover any dependents</td>
</tr>
</tbody>
</table>

Triple tax advantage

1x Tax-free contributions: You may choose to make before-tax contributions through convenient payroll deductions or make tax-deductible contributions directly to your HSA.

2x Earnings: Your HSA earns tax-free interest, and once your account reaches a certain balance, you may choose to invest a portion. Any investment earnings will also be tax-free.

3x Using your balance: You won’t pay taxes when you use funds from your HSA to pay for qualified medical expenses (as defined by the IRS).

Model your contributions and savings with the WebMD® Coverage Advisor tool (available at http://www.webmdhealth.com/itt) – your tool to learn about the medical plan designs and model your costs and savings.

WageWorks also provides a savings modeler at http://hsaworks4me.com.
Health Care FSA

A Health Care FSA allows you to set aside pre-tax dollars from your paycheck to reimburse yourself for eligible medical expenses. You may enroll in and use the Health Care FSA if you enroll in the PPO with HRA, or if you waive health care coverage through ITT (as long as you’re not covered by a high-deductible health plan, as defined by the IRS).

At the beginning of the year, your account will be funded with the full amount you elected to contribute during Annual Enrollment. Throughout the year, your contributions are deducted from your paycheck to “pay your account back.” When you need to access your funds, you can use:

• Your WageWorks® Health Care Card – use it like a debit card at participating health care providers and wherever accepted for health-related services and health expenses.
• The online Pay My Provider feature – send payment directly to your health care provider.
• The online Pay Me Back feature – to file a claim online, by fax or mail for reimbursement.
• The WageWorks® Mobile App – to file a claim directly from your smartphone.

NEW ★ For 2013, the annual Health Care FSA contribution limit is $2,500, due to health care reform requirements. Once you elect your annual contribution during Annual Enrollment, you cannot change that amount during the year (except in the case of certain qualified life events).

Dependent Care FSA

You can use the Dependent Care FSA to pay for care for eligible children or qualified aging parents while you are at work. Unlike the Health Care FSA, your account is funded as you make contributions by payroll deduction. This means you’ll only be able to reimburse yourself up to the balance of your account at the time you request reimbursement.

Important note: The Dependent Care FSA is only for dependent day care expenses – not for health care expenses for your dependents. Here are the types of expenses for which you can use the Dependent Care FSA:

• Babysitting or au pair services
• Before- and after-school programs
• Day care and nursery schools
• Pre-school programs
• Elder care services
• Transportation (provided by the day care or elder care provider)

Use it or lose it!

You’ll forfeit any unused funds in your FSAs at the end of the plan year. For example, if you elect to contribute $500 to a Health Care FSA in 2013, you’ll have to use those funds for expenses incurred between January 1 and December 31, 2013.

Automatic claims rollover and your WageWorks® health care card

If you elect to contribute to a Health Care FSA in 2013, you’ll be enrolled automatically in the claims rollover feature. This means when you incur an FSA-eligible expense, WageWorks will automatically process a reimbursement based on the amount you are required to pay.

NEW ★ When you activate your FSA debit card, the claims rollover feature will be turned off. This allows you to decide how you want to use your FSA funds and avoids duplication of reimbursements. For example, if you go to the doctor and the charge is $100, you can pay the $100 with your FSA debit card. If you hadn’t activated your debit card, the claims rollover feature would automatically reimburse you for the $100 charge. Turning the claims rollover feature off avoids you paying the $100 charge and receiving a $100 reimbursement for the same expense.
### Confused About Your Options?

<table>
<thead>
<tr>
<th>Provision</th>
<th>HRA</th>
<th>HSA</th>
<th>Health Care FSA</th>
<th>Dependent Care FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAX-FREE FUNDING</td>
<td>Company contributes wellness incentive</td>
<td>Company contributes (core + incentive) and you contribute</td>
<td>You contribute</td>
<td>You contribute</td>
</tr>
<tr>
<td>CONSUMER-DRIVEN HEALTH PLAN (CDHP) REQUIREMENT</td>
<td>No, you won’t participate if you’re enrolled in the CDHP</td>
<td>Yes, you may only open an HSA if you enroll in the CDHP</td>
<td>No, you are not allowed to participate if you’re enrolled in the CDHP with HSA</td>
<td>Yes, you may participate regardless of your medical plan enrollment</td>
</tr>
<tr>
<td>FUNDING MAXIMUM</td>
<td>New for 2013: $250 for single coverage and $500 if you and your spouse/registered domestic partner complete the wellness programs</td>
<td>New for 2013: $3,250 for single coverage and $6,450 if you cover dependents; $1,000 “catch-up” contribution allowed for employees age 55 or older</td>
<td>New for 2013: $2,500 per year, due to health care reform requirements</td>
<td>$5,000 per year ($2,500 per year if married and filing separate tax returns)</td>
</tr>
<tr>
<td>ELIGIBLE EXPENSES</td>
<td>IRS-approved healthcare expenses not covered by your medical option (including dental and vision care)</td>
<td>IRS-approved healthcare expenses not covered by your medical option (including dental and vision care)</td>
<td>IRS-approved healthcare expenses not covered by your medical option (including dental and vision care)</td>
<td>IRS-approved dependent care expenses for eligible dependents, including children and disabled adults</td>
</tr>
<tr>
<td>ROLLOVER OF UNUSED BALANCES</td>
<td>Yes, unused funds roll over from year to year (but no interest or investment earnings)</td>
<td>Yes, unused funds can earn interest and roll over from year to year</td>
<td>No, you forfeit any unused funds at the end of each year</td>
<td>No, you forfeit any unused funds at the end of each year</td>
</tr>
<tr>
<td>PORTABILITY</td>
<td>Not portable – if you leave ITT, you forfeit any unused funds</td>
<td>Fully portable – if you leave ITT, you keep your HSA funds</td>
<td>Not portable – if you leave ITT, you forfeit any unused funds</td>
<td>Not portable – if you leave ITT, you forfeit any unused funds</td>
</tr>
<tr>
<td>TIMING OF USE</td>
<td>You may only spend up to the amount in your account</td>
<td>You may only spend up to the amount in your account</td>
<td>You may use funds up to the amount you expect to contribute for the year at any point during the year</td>
<td>You may only spend up to the amount in your account</td>
</tr>
</tbody>
</table>

### NEW 🌟

#### Commuter Program

**New for 2013**, the Commuter Program allows you to pay for your public transit and/or parking expenses through pre-tax payroll deductions. Because the money is deducted before taxes are taken out, you save between 25% and 40% more on your commuting expenses than you would without the program. Savings depend on your commuting expenses and your unique tax situation, plus the monthly limits set by the IRS.

You can use the Commuter Program to help pay for:

- Bus, light rail, regional rail, streetcar, trolley, subway, or ferry
- Vanpool
- Parking at or near work
- Parking at or near public transportation for your commute

Unlike traditional FSAs, you can enroll or change your enrollment at any time during the year.
Dental Coverage

Like the consolidation of our medical vendors, in 2013 ITT will offer one, national dental plan, administered by MetLife – with the same MetLife plan design currently offered. Current regional dental options will no longer be available in 2013.

Active enrollment is required for 2013; you may enroll through the Benefitfocus website (https://itt.hrintouch.com).

<table>
<thead>
<tr>
<th>Provision</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANNUAL DEDUCTIBLE</td>
<td>$50 per person / $150 maximum per family</td>
<td></td>
</tr>
<tr>
<td>ANNUAL MAXIMUM BENEFIT</td>
<td>$1,500</td>
<td>$1,000</td>
</tr>
<tr>
<td>DIAGNOSTIC AND PREVENTIVE CARE</td>
<td></td>
<td>No charge, no deductible</td>
</tr>
<tr>
<td>(oral exams and cleanings, x-rays)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BASIC CARE</td>
<td></td>
<td>You pay 20% after deductible</td>
</tr>
<tr>
<td>(fillings, extractions, root canal)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAJOR CARE</td>
<td></td>
<td>You pay 50% after deductible</td>
</tr>
<tr>
<td>(crowns, bridges, dentures)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORTHODONTIA</td>
<td>You pay 50% ( $2,000 maximum lifetime benefit)</td>
<td>You pay 50% ( $1,500 maximum lifetime benefit)</td>
</tr>
</tbody>
</table>

Monthly contributions for dental coverage depend on the coverage tier you elect:

<table>
<thead>
<tr>
<th>Provision</th>
<th>Employee</th>
<th>Employee +1</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL PAY BANDS</td>
<td>$9</td>
<td>$20</td>
<td>$33</td>
</tr>
</tbody>
</table>

For a list of network dental providers in your area, access the MetLife Dental PPO directory online at www.metlife.com/dental. You can also call MetLife at 1-866-665-1467. Representatives are available Monday through Friday, 8 AM to 11 PM, Eastern Time.
Vision Coverage

Vision coverage will continue to be available through EyeMed. There are no coverage changes for 2013, and contributions will increase slightly.

You’ll receive the highest level of coverage when you use providers in EyeMed’s extensive, national network.

- To locate providers in the EyeMed SELECT network, visit [http://www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) or call 1-866-299-1358.
- Active enrollment is required for 2013; you may enroll through the Benefitfocus website ([https://itt.hrintouch.com](https://itt.hrintouch.com)). If you enroll, you will receive an EyeMed member ID card.

### Provision Coverage

<table>
<thead>
<tr>
<th>Provision</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EYE EXAM</strong>*</td>
<td>$10 copay</td>
<td>Reimbursed up to $30</td>
</tr>
<tr>
<td><strong>NEW RETINAL IMAGING</strong></td>
<td></td>
<td>Not applicable</td>
</tr>
<tr>
<td><strong>STANDARD PLASTIC LENSES</strong>*</td>
<td>$10 copay</td>
<td>Reimbursed $25 – $60, depending on type</td>
</tr>
<tr>
<td><em>(single vision, bifocal, trifocal, lenticular)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FRAMES</strong>*</td>
<td>No copay, up to $130</td>
<td>Reimbursed up to $50</td>
</tr>
<tr>
<td><em>allowance; 20% off amount over $130</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LENS OPTIONS</strong> <em>(polycarbonate and scratch-resistance coating fully paid)</em></td>
<td>$0 – $45 copay, depending on type</td>
<td>Reimbursed up to $28, depending on type</td>
</tr>
<tr>
<td><strong>ADD-ONS AND SERVICES</strong>*</td>
<td>20% discount on retail price</td>
<td>Not applicable</td>
</tr>
<tr>
<td><strong>CONTACT LENSES</strong>* <em>(conventional, disposable)</em></td>
<td>No copay, up to $130 allowance; 15% discount over $130, depending on type</td>
<td>Reimbursed up to $91</td>
</tr>
<tr>
<td><strong>CONTACT LENSES</strong>* <em>(Medically necessary)</em></td>
<td>No copay</td>
<td>Reimbursed up to $200</td>
</tr>
<tr>
<td><strong>LASIK OR PRK</strong></td>
<td>15% off standard retail or 5% off promotion price</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

*Covered once every 12 months.

Monthly contributions for vision coverage depend on the coverage tier you elect:

<table>
<thead>
<tr>
<th>Provision</th>
<th>2013 Vision Coverage Contribution Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALL PAY BANDS</strong></td>
<td><strong>Employee</strong></td>
</tr>
<tr>
<td></td>
<td>$7.95</td>
</tr>
</tbody>
</table>
Other Benefits

ITT provides valuable supplemental coverage options to complement your core coverage options.

Short-Term Disability (STD) Coverage

ITT provides basic STD coverage to eligible employees automatically – at no cost to them. NEW For 2013, we are standardizing the STD waiting period to 7 consecutive calendar days of disability across all our businesses. STD coverage continues a portion of your income when you are unable to work due to an approved disability.

Long-Term Disability (LTD) Coverage

The Long-Term Disability (LTD) Plan continues a portion of your income when you are unable to work due to extended injury or illness when you are under the appropriate and continuous care and treatment of a doctor. You pay the full cost of your LTD coverage.

Under the LTD Plan, benefits begin after six continuous months of an eligible disability, and you will receive a monthly benefit equal to 60% of your monthly base salary. NEW For 2013, the monthly maximum benefit under the salaried LTD Plan will increase from $9,000 to $12,500. See the LTD Plan SPD, available at https://itt.hrintouch.com, for more details about how this benefit works.

Basic Life and AD&D Insurance

The ITT Life Insurance Plan is designed to offer financial protection for you and your family in the event of your death or certain specified accidental losses. You receive basic life insurance equal to one times your annual base salary (rounded to the next $1,000) automatically – at no cost to you.

You also receive basic Accidental Death & Dismemberment (AD&D) insurance automatically – at no cost to you. The benefit in the event of your death is equal to one times your annual base salary (rounded to the next $1,000), up to a maximum of $120,000. You are eligible for a partial benefit in the event of your accidental injury, as described in the ITT Salaried Life Insurance Plan SPD, available at https://itt.hrintouch.com.

Supplemental Life Insurance

You also have the option to purchase supplemental life insurance for yourself, your spouse/registered domestic partner, and/or your dependent children or your spouse’s/registered domestic partner’s dependent children.

You pay the full cost of any additional life insurance you elect on an after-tax basis (i.e., after federal, FICA and, in most cases, state income taxes are withheld). Your cost is based on several factors, including your age, any special features you select, and the amount of coverage you want. You may be required to submit satisfactory Evidence of Insurability (EOI) to the insurance provider to purchase additional coverage.

<table>
<thead>
<tr>
<th>If You Cover</th>
<th>Supplemental Life Insurance You May Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOURSELF</td>
<td>Coverage between one-half times and eight times your annual base salary, subject to a minimum of $10,000 and a maximum of $5,000,000</td>
</tr>
<tr>
<td>YOUR SPOUSE/REGISTERED DOMESTIC PARTNER</td>
<td>Between $10,000 and $250,000 of coverage, in increments of $10,000</td>
</tr>
<tr>
<td>YOUR CHILD(REN)</td>
<td>Coverage equal to $5,000 or $10,000 per child</td>
</tr>
</tbody>
</table>

You can enroll for supplemental life insurance or Life Plus Group Universal Life (GUL) online at http://www.ittvoluntarybenefits.com.

Want discounts on other insurance coverages?

You have access to additional insurance options with special group discounts for ITT employees, including auto, homeowners/rental, and legal insurance coverage. You can get quotes for coverage by visiting http://www.ittvoluntarybenefits.com or by calling Marsh at 1-800-552-9665.
How to Enroll

The new Benefitfocus enrollment website is your “one-stop-shop” to make your Annual Enrollment elections, add eligible dependents you want to cover in 2013, and find useful information to help you understand and compare your options. Review the information in this guide to learn more about the enrollment process, then log into https://itt.hrintouch.com between Monday, November 12 and Tuesday, November 27 to make your benefits elections for 2013.


2. Once you log in, you will arrive at the homepage. Click “Enroll Now!” to begin the enrollment process.
3. Once you click “Get Started,” you can begin the enrollment process with the medical section. When you make your selection, the system will automatically direct you to the next benefit until you’ve made all of your elections.

**Important note:** Be sure to have information for your eligible dependents available before you begin the enrollment process. You will need to add that information for each of your eligible dependents so that you can enroll them for the coverages you want in 2013 (e.g., name, date of birth, Social Security number).

4. When you are finished making your elections, scroll to the bottom of the page and click “Save” to see your confirmation. You can print a copy for your records.
## Your Tools and Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>What You Can Do With It</th>
<th>How to Access It</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BENEFITFOCUS ENROLLMENT WEBSITE</strong></td>
<td>• Make your elections during Annual Enrollment</td>
<td>• Visit <a href="https://itt.hrintouch.com">https://itt.hrintouch.com</a> and follow the on-screen instructions</td>
</tr>
<tr>
<td></td>
<td>• Report qualified status changes during the year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Find Summary Plan Descriptions for health and welfare plans (updated SPDs will be posted in 2013)</td>
<td></td>
</tr>
<tr>
<td><strong>BENEFITFOCUS HR SERVICE CENTER</strong></td>
<td>• Ask questions about the Annual Enrollment process</td>
<td>• Call <a href="">1-855-222-1887</a>; representatives are available Monday through Friday, 8 AM to 8 PM, Eastern Time</td>
</tr>
<tr>
<td><strong>SERVICE CENTER</strong></td>
<td>• Enroll for voluntary benefits like supplemental life insurance coverage</td>
<td>• Visit <a href="http://www.ittvoluntarybenefits.com">http://www.ittvoluntarybenefits.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Call Marsh at <a href="">1-800-552-9665</a></td>
</tr>
<tr>
<td><strong>ANTHEM FIND A DOCTOR TOOL</strong></td>
<td>• Search for providers in the Anthem network</td>
<td>• Visit <a href="http://www.anthem.com">http://www.anthem.com</a> and click “Find a Doctor” under the Useful Tools section</td>
</tr>
<tr>
<td><strong>WAGEWORKS®</strong></td>
<td>• Place an order for your transit pass and/or parking expenses</td>
<td>• Log into <a href="http://www.wageworks.com">http://www.wageworks.com</a> and click “Register with WageWorks now” to create a user name and password to access the site</td>
</tr>
<tr>
<td></td>
<td>• View claims and account balances for your FSA, HRA and HSA accounts</td>
<td>• Visit <a href="http://fsaworks4me.com">http://fsaworks4me.com</a></td>
</tr>
<tr>
<td></td>
<td>• Model HSA and FSA contributions and savings</td>
<td>• Visit <a href="http://hsaworks4me.com">http://hsaworks4me.com</a></td>
</tr>
<tr>
<td><strong>WEBMD® COVERAGE ADVISOR TOOL</strong></td>
<td>• Compare your coverage under the ITT medical options</td>
<td>• Log into <a href="http://www.webmdhealth.com/itt">http://www.webmdhealth.com/itt</a> and click on the “Coverage Advisor” link under Get Started</td>
</tr>
<tr>
<td></td>
<td>• Model your health care costs</td>
<td><strong>Note:</strong> If you’re registering for the first time, your Registration ID will be your date of birth in MMDDYYYY format, then the first initial of your first name, followed by the first seven characters of your last name (e.g., 01011970JDoe)</td>
</tr>
<tr>
<td></td>
<td>• Prepare yourself to make an informed decision during Annual Enrollment</td>
<td></td>
</tr>
<tr>
<td><strong>WEBMD® PERSONAL HEALTH ASSESSMENT</strong></td>
<td>• Complete a questionnaire to learn about your health risks</td>
<td>• Log into <a href="http://www.webmdhealth.com/itt">http://www.webmdhealth.com/itt</a> and click on the “Personal Health Assessment” link under Get Started</td>
</tr>
<tr>
<td></td>
<td>• Earn an incentive from ITT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Gain access to WebMD® tools and resources to help maintain or improve your health</td>
<td></td>
</tr>
</tbody>
</table>
Important Information About Your Coverage

Women’s Health and Cancer Rights Act of 1998

The U.S. Women’s Health and Cancer Rights Act of 1998 (WHCRA) requires group health plans (including the ITT’s medical plans), insurance companies and HMOs that provide coverage for mastectomies to also cover reconstructive surgery and prostheses following mastectomies. The law mandates that a member receiving benefits for a medically necessary mastectomy who elects breast reconstruction after the mastectomy will also receive coverage for:

• All stages of reconstruction of the breast on which the mastectomy has been performed
• Surgery and reconstruction of the other breast to produce a symmetrical appearance
• Prostheses
• Treatment of physical complications of all stages of mastectomy, including lymphedema

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy. If you have questions about your coverage for mastectomies and reconstructive surgery, contact the member services department for your medical option.

Medicare Part D Notice of Creditable Coverage

The U.S. Medicare Modernization Act of 2006 (MMA) requires employers to provide a notice each year to all Medicare-eligible employees and dependents about the creditable coverage status of their prescription drug coverage. Coverage is considered “creditable” if it is expected to pay, on average, as much as the standard Medicare prescription drug coverage. The prescription drug coverage available through Express Scripts when you choose an Anthem medical option is considered creditable. You can review the full notice at https://itt.hrintouch.com.

Confidentiality of Health Care Information

ITT’s health care plans are required to protect the confidentiality of your private health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the rules issued by the U.S. Department of Health and Human Services. The official HIPAA Privacy Notice, which is distributed to all participants of ITT health care plans, is summarized here.

The intent of HIPAA is to make sure that private health information that could be used to identify you is kept private. This individually identifiable health information is known as “protected health information” (PHI). Your medical and dental plans will not use or disclose your PHI without your written authorization except as necessary for treatment, payment, plan operations and administration, or as permitted or required by law. In particular, the plans will not, without your written authorization, use or disclose PHI for employment-related actions and decisions or in connection with any benefits provided under another employee benefit plan.

Our plans also hire professionals and other companies to advise the plans and help administer and provide health care benefits. The plans require these individuals and organizations, called “Business Associates,” to comply with HIPAA’s privacy rules. In some cases, you may receive a separate notice from one of the plan’s Business Associates (for example, the medical plan claims administrator). The notice will describe your rights with respect to benefits administered by that individual/organization.
## Key Terms to Know

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANNUAL DEDUCTIBLE</td>
<td>The amount you must pay for health care services each year out of your own pocket, before your medical plan pays any benefits.</td>
</tr>
<tr>
<td>COINSURANCE</td>
<td>The percentage of cost you and your medical plan pay for services after you have met the deductible. For instance, 80% coinsurance means the plan pays 80% of the cost, and you pay the remaining 20%.</td>
</tr>
<tr>
<td>NETWORK</td>
<td>A network is comprised of doctors, hospitals and other healthcare providers that have negotiated discounted rates with your medical plan. Under both ITT medical plans, you may see in-network or out-of-network providers, but you’ll generally pay more when you see out-of-network providers because they decide how much to charge and don’t offer network discounts.</td>
</tr>
<tr>
<td>OUT-OF-POCKET MAXIMUM</td>
<td>The most you will have to spend in a calendar year before your medical plan pays 100% of your eligible medical expenses. The out-of-pocket maximum protects you from significant health care costs. Keep in mind, the out-of-pocket maximum does not include out-of-network charges exceeding the amount recognized by your medical plan.</td>
</tr>
</tbody>
</table>

### 2013 Annual Enrollment:
November 12 – November 27, 2012