

Use the links below to go directly to the following topics.

▼ **MERIALChoice BENEFITS**

Benefits at a Glance  
2012 Medical Plan  
Vision and Dental Plans

# 2012 MERIALChoice Benefits

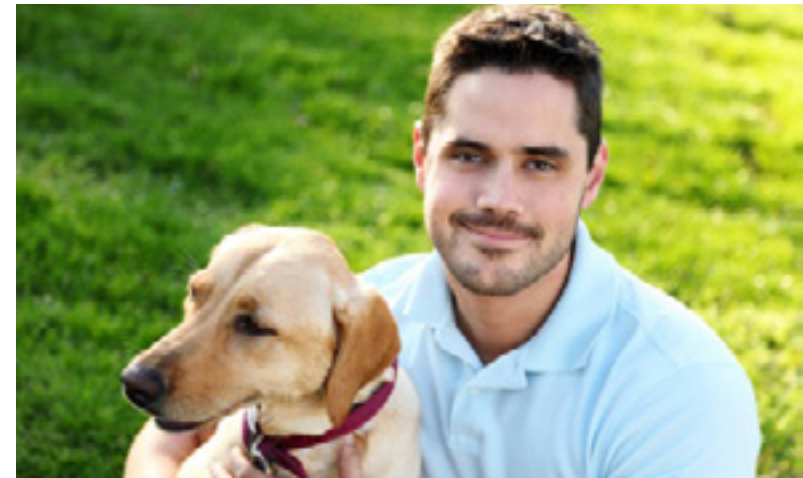


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## MERIALChoice Benefits at a Glance

- ▶ **Medical Plan** Comprehensive healthcare protection for all full-time and part-time regular employees. If selected, coverage begins on your date of hire for you and your eligible enrolled dependents.
- ▶ **Medco Prescription Drug Plan** Included with your Medical Plan enrollment.
- ▶ **EyeMed Vision Plan** Included with your Medical Plan enrollment.
- ▶ **Dental Plan** Available to all full-time and part-time regular employees. If selected, coverage begins on your date of hire for you and your eligible enrolled dependents.
- ▶ **MERIALHealth+ Wellness Program** Available to all full-time and part-time regular employees, their spouses and domestic partners. Special enrollment requirements apply.
- ▶ **Basic Life Insurance** equal to two times your annual earnings provided at no cost for all full-time and part-time regular employees. Coverage begins on your date of hire.
- ▶ **Basic Accidental Death & Dismemberment Insurance (AD&D) Coverage** begins on your date of hire for all full-time and part-time regular employees. Merial pays 100% of the costs.
- ▶ **Additional Employee Life Insurance** Optional. Available for all full-time and part-time regular employees. Employee pays all costs.
- ▶ **Additional Spouse Life Insurance** Optional. Life insurance protection for your spouse or domestic partner to age 70. Employee pays all costs.
- ▶ **Additional Child Life Insurance** Optional. Covers all dependent children up to age 26 if financially dependent on an enrolled parent. Employee pays all costs.
- ▶ **Travel Assistance Program** Included with the Merial-paid Basic AD&D coverage for all regular employees (Note: dependents are not covered.) Coverage begins on your date of hire.
- ▶ **Short Term Disability (STD) Policy** Salary continuation for full-time regular employees only. Merial pays all costs.
- ▶ **Long Term Disability Income Insurance** Provided at no cost for all full-time regular employees.
- ▶ **Health Care Flexible Spending Account (FSA)** Available to all full-time and part-time regular employees from date of hire.
- ▶ **Dependent Care Flexible Spending Account (FSA)** Available to all full-time and part-time regular employees from date of hire.
- ▶ **Merial 401(k) Savings Plan** Available to all full-time and part-time regular employees. New employees are automatically enrolled.
- ▶ **Merial Cash Balance Plan** All full-time and part-time regular employees are automatically enrolled on the first of the month following employment. Merial pays all costs.

[click to go to the second page of Benefits](#)



### ▼ MERIALChoice BENEFITS

#### Benefits at a Glance

#### 2012 Medical Plan

#### Vision and Dental Plans

Use the links below to go directly to the following topics.

## MERIALChoice Benefits at a Glance

▶ **Employee Assistance Program** Available to all Merial regular employees and members of their households. Merial pays for up to five counseling visits.

▶ **Online Legal Document Services** In addition to CIGNA's Life and AD&D coverage, Merial employees can take advantage of CIGNA's online process for creating a variety of important legal documents.

▶ **Adoption Assistance Program** Previous \$5,000 benefit has been increased to \$10,000. Available to all full-time regular employees after one year of service.

▶ **Paid Vacation** days have been increased for all full-time regular employees (pro-rated for part-time employees, based on hours worked). See the new 2012 schedule on *OneMERIAL*.

▶ **Two (2) Floating Holidays and three (3) Personal Days** have replaced the previous Merial My-Time paid time off benefit. Available to all full-time regular employees (pro-rated for part-time employees, based on hours worked).

▶ **Paid Holidays** have been extended from nine (9) to 12 in 2012 with the addition of optional site closings for the week following Christmas. Available to all full-time regular employees (pro-rated for part-time employees, based on hours worked). After-Christmas closing decisions will be made by each site/department.

▶ The Merial Limited Educational Assistance Program has been replaced by the Sanofi **Tuition Reimbursement Policy** which provides up to \$40,000 lifetime reimbursement for a work-related Bachelor's Degree or up to \$50,000 lifetime for a qualifying Master's Degree.

▶ **2012 introduces the dependent Student Scholarship Program** Up to \$2,500 to qualifying children of US Merial Limited employees.



### ▼ MERIALChoice BENEFITS

[Benefits at a Glance](#)

[2012 Medical Plan](#)

[Vision and Dental Plans](#)

Use the links below to go directly to the following topics.

# YOUR 2012 MERIALChoice Medical Plan

As you will see by the summary of the plan below, staying in-network for your medical coverage reduces your out-of-pocket expenses. If you choose to visit an out-of-network provider, your out-of-pocket expenses will be higher. Your level of benefits will depend on whether you choose an in-network or out-of-network provider.

## ▼ MERIALChoice BENEFITS

[Benefits at a Glance](#)

[2012 Medical Plan](#)

[Vision and Dental Plans](#)

Service	In-Network	Out-of-Network*
Calendar Year Deductible	None	Employee: \$500 Family: \$1,000
Out-of-Pocket Maximum	Employee: \$1,000 Family: \$1,500	Employee: \$2,500 Family: \$5,000
Emergency Room Expenses	90% Emergency, 50% Non-emergency	After Deductible: 90% Emergency, 50% Non-emergency
Lifetime Maximum Benefit	Unlimited	Unlimited
Preventive Care	100% covered with no co-pay	Subject to \$500 deductible and 70% co-insurance
Vaccines (including flu)	100% covered with no co-pay	70% covered after deductible
Physician Office Visit Co-pay	100% covered after \$15 co-pay	70% covered after deductible
Specialist Office Visit Co-pay	100% covered after \$20 co-pay	70% covered after deductible
Hospital Deductible	\$500 (one-time annual fee, per member, per year in or out of network.)	
Inpatient Hospital Services	90% covered	70% covered after deductible
Lab and X-ray Services	90% covered	70% covered after deductible
Prescription Drug Plan (included with Medical Plan)	Retail co-pay: \$10 generic, \$20 preferred brand, \$35 non-preferred brand. Home delivery provides a 90-day supply for 2½ co-pays: \$25 generics, \$50 preferred brand, \$88 non-preferred brands.	
Vision Plan (included with Medical Plan)	See next page for details.	

\*Reasonable & Customary limitations apply for services provided by non-network providers. This means that if your out-of-network physician charges more than the deemed reasonable & customary amount for your geographic area, you are responsible for the excess charges.

Use the links below to go directly to the following topics.

# Your 2012 Vision and Dental Benefits

## Vision Benefits at a Glance

EyeMed, Merial's plan vendor, has provided group vision care plans for nearly 20 years. It has a wide network of both independent and chain eye care providers, including LensCrafters, Pearle Vision and Target Optical.

The vision plan provides benefits for routine eye exams and necessary eyewear for you and your covered dependents every 12 months. You have the choice of using in-network or out-of-network providers, but you will receive significant savings and reduce your out-of-pocket expenses when visiting an in-network provider.

Feature	In-Network	Out-of-Network
Eye Examination	\$10 co-pay	Plan pays up to \$40
Eyeglass Lenses (Single Vision, Lined Bifocal, Lined Trifocal)	\$10 co-pay	Up to \$40 reimbursement for single vision; up to \$80 allowance toward eyeglass lenses or contact lenses, but not both
Frames	\$0 co-pay, \$140 allowance, then 20% discount on balance	\$45 allowance toward frames
Contact Lenses (in lieu of eyeglasses)	\$0 co-pay, up to \$200 allowance, off fit and follow-up expenses	Up to \$200 total annual reimbursement
Additional Pairs Discount	40% of complete eyeglass purchase and 15% discount off conventional contact lenses once the funded benefit has been used	N/A

## Dental Benefits at a Glance

The UMR-managed dental plan provides the same level of benefits regardless of whether you use in-network or out-of-network dentists, but using a network dentist will probably save you money. If you go out-of-network, you will have to file your own claim and pay any charges that exceed the usual, customary, and reasonable charges, which are based on what the majority of dentists charge for a service in your geographic area.

Service	Coverage*
Preventive & Diagnostic Services	100%
Deductible (basic and major services)	Employee: \$25 Family: \$75
Basic Services	80% covered after the deductible
Major Services	50% covered after the deductible
Annual Maximum (per individual)	\$2,000
Orthodontia (only for children under age 20 when services begin)	50% covered after \$50 deductible, up to a \$1,500 Lifetime Maximum benefit

\*Reasonable & Customary limitations apply for services provided by an out-of-network provider.

## ▼ MERIALChoice BENEFITS

[Benefits at a Glance](#)

[2012 Medical Plan](#)

[Vision and Dental Plans](#)