



2012



Salaried Employees

Benefits Enrollment Guide

IMPORTANT NOTICE:

Active enrollment is **MANDATORY** this year. You will **NOT** automatically be re-enrolled in your current plan if you do not re-enroll this year. See FAQ's on pages 8-9 for details.





Annual Enrollment Highlights

Table of Contents

Ways to Save	1
Your 2012 Benefits Program	2
Eligibility	2
Coordination of Benefits	2
Medical/Prescription Drug Plans	3
Dental Plan Options	3
Vision Plan Options	4
Life, Accident and Disability Insurance	4
Evidence of Insurability	5
Flex Allowance	5
Benefits at a Glance	6
Premiums at a Glance	7
Frequently Asked Questions	8
How to Enroll	10
Contacts	11
Wellness Counts Resources	12

Annual enrollment is your once-a-year opportunity to make benefit elections that work for you and your family. We've designed our benefit enrollment guide to highlight the options available to you and to emphasize ways that you can impact the short-term and the long-term cost of benefits for you and the Company.

Remember that the enrollment guide does NOT contain all provisions and details of our benefit plans. The plan document prevails if there is any discrepancy between this guide and the applicable plan.

Your Enrollment Options at a Glance

Plans	Options
Medical/Prescription Drug	Consumer Choice Option (Option for all employees) Traditional PPO Option (Option for employees hired before 12/01/08)
Dental	Premium Dental Option Basic Dental Option
Vision	Coverage Option
Flexible Spending Accounts	Health Savings Account Option (HSA) Health Care Spending Account Option (HCSA) Dependent Care Spending Account Option (DCSA)
Supplemental Life and AD&D	Employee: A number of coverage options beginning at 1X annual salary Spouse: \$10,000, \$25,000, \$50,000, \$75,000 or \$100,000 Child: \$5,000 or \$15,000
Long-Term Disability Insurance	Provides benefits up to 66 2/3% of your covered salary during a long-term period of disability.

Key Dates and Important Reminders

- Enrollment is **MANDATORY** for 2012.
- Enrollment period starts on October 10 and ends on October 23, 2011.
- Confirmation statement provides final opportunity to review and correct 2012 elections. Target mailing date is October 28, 2012.
- Elections cannot be changed after November 13, 2011. Unless qualified status changes, medical plan elections remain in effect through 2012. Dental and vision elections remain in effect for two years.
- November 18, 2011, is deadline for setting up new HSA accounts.
- Review your first paystub in January to ensure your deductions are correct.



Ways to Save

Health Care Costs Continue to Escalate

It's no surprise to anyone that increases in health care costs have surpassed the consumer price index for many years. Cooper closely evaluates health care cost trends and utilization data to determine what the Company can do through plan design, wellness programs, and cost-sharing strategies to provide the most affordable and cost-effective benefits we can. This is a challenging task, but one that is essential to maintaining a competitive position in the marketplace.

While the Company absorbs the bulk of our health care costs, employees share some of the costs of their own medical expense through premiums, co-pays, and deductibles. Our plans provide a number of features that promote better health care decisions and mutual savings as highlighted below.

Helping You Save

- **Lower Costs** – Cooper has negotiated lower costs on Life/AD&D and LTD. Your Personalized Enrollment Worksheet (PEW) will list the new rates.
- **Better Value** – Cooper (through a new network) negotiated a vision plan that provides enhanced benefits at modestly higher premiums. The new plan provides for exams every 12 months with a higher allowance for frames.
- **Flexible Spending Allowance** – The Company is providing a \$200 allowance in 2012 to offset your out-of-pocket health care costs. This takes your coverage cost down by \$200 right off the top.

Ways You Can Save

- **Wellness Discounts** –
 - \$200 for completing the biometric screening
 - \$660 additional for completing the biometric screening AND being “tobacco-free”

- **In-Network versus Out-of-Network Services** – You can help contain costs and reduce your out-of-pocket expense by using in-network providers who have negotiated preferred rates for our plans.
- **Health Care Spending Account (HCSA)** – If you are eligible for the Traditional PPO, you can fund an HCSA on a pre-tax basis and use those funds to cover co-pays, deductibles, and other qualified medical expenses. By funding on a pre-tax basis and using those funds within the allotted timeframe, you once again reduce your out-of-pocket medical expense.
- **Health Savings Account (HSA)** – This pre-tax savings plan goes hand-in-hand with the Company's Consumer Choice medical plan and is not available to those who enroll in the Traditional PPO. If you contribute a minimum amount to an HSA each year, the Company will also contribute on your behalf. One of the key features of this account is that balances can carry over from year to year, and you can use the dollars accumulated during employment to help pay for medical costs in retirement.
- **Disease Management & Wellness Programs** – A large percentage of our health care spending is for the treatment of serious disease and health conditions. We have a number of programs in place to not only help in early identification of risks and conditions, but also in the treatment of those risks and conditions.
 - Routine adult physical exams and preventive testing such as mammograms, PAP and PSA tests.
 - 24-hour nurse on call for non-emergency medical issues.
 - Counseling for high risk conditions such as diabetes and heart disease. See the Wellness Counts information on page 12 for additional detail about programs available to you.



Your 2012 Benefits Program

Eligibility

Employee Eligibility

All U.S.-based and expatriate full-time salaried Cooper employees and its participating domestic affiliate companies are eligible to participate in the Cooper Benefits Program described in this guide.

Your Dependents

Eligible dependents include the following:

- Your legally recognized spouse
- Children including:
 - Your children to age 26 - unless the child is offered coverage under his or her employer.
 - Stepchildren, legally adopted children and children over whom you have legal guardianship. (Eligibility is subject to the appropriate legal documentation.)
 - A child for whom you are required to provide health care coverage under a Qualified Medical Support Order.
 - A child who is physically or mentally incapable of self support and is 26 years or older. Coverage is subject to a physician's written certification, as well as your own coverage remaining in effect.

Coverage for your children added to the plan due to birth or adoption will begin as of the date of birth or adoption.

Coverage for a spouse or dependent children added or deleted due to a qualifying status change will be effective as of the date of the qualifying event, provided that you notify Cooper within 31 days of the qualifying event. If you do not notify Cooper within 31 days of the qualifying event, you must wait until the next open enrollment period to add these dependents.

When Your Eligibility Terminates

Your eligibility for coverage ends on your termination date. Your eligibility for coverage will also end in the event that the Cooper Medical/Prescription Drug Plan, Dental Plan and Vision Plan is terminated by Cooper. As long as you maintain eligibility, coverage for your dependent children may continue until the day he or she turns age 26.

Coordination of Benefits

Married Employees with Coverage Under Two Employer Plans

There is no duplication of benefits under Cooper's plan. When the spouse of a Cooper employee is eligible for coverage under his or her employer plan, the spouse must enroll in his or her employer plan and enroll dependents if the spouse has the earlier birth date in the calendar year. (See Birth Date Rule below.) The spouse and any dependents may also be enrolled in the Cooper benefit plan, but Cooper coverage will be secondary for the spouse who is eligible for his or her employer plan and secondary for dependents if the spouse has the earlier birth date in the calendar year.

Married Employees Both Working at Cooper

To ensure consistency in how our plans are administered, you cannot be covered as both an employee and a dependent under the Benefits Program. If you are married to another Cooper employee who is eligible for Cooper benefits, the following guidelines have been established.

Medical/Prescription Drug Plan - If you have no additional dependents, you and your spouse must each enroll in employee only coverage. If you and your spouse have dependent children, the employee with the earlier birth date (see rule below) is responsible for covering the entire family, and your spouse must select No Coverage.

Life/AD&D plans - You cannot be covered as both an employee and a dependent; therefore, neither of you may cover your spouse, and only one of you may select coverage for your dependent children.

Birth Date Rule

When more than one plan covers the same child as a dependent of natural parents who are not divorced or separated, the primary plan is the plan of the parent whose birth date falls earlier in the year. The secondary plan is the plan of the parent whose birth date falls later in the year. If both parents have the same birth date, the plan that has covered the parent longer is the primary plan. The plan that has covered the parent the shorter time will be the secondary plan.

Medical/Prescription Drug Plans

As noted previously, ALL employees are eligible for the Consumer Choice Plan, and employees hired before December 1, 2008 may enroll in the Traditional PPO. The flexible spending accounts are not interchangeable. Those enrolled in the Consumer Choice Plan may establish a Health Savings Account (HSA). Those enrolled in the Traditional PPO may establish a Health Care Spending Account (HCSA).

Regardless of which medical plan you are enrolled in, you will receive the \$200 flex allowance and be eligible to establish a Dependent Care Spending Account (DCSA), both of which are described later in the guide.

Consumer Choice with an Optional HSA

The Consumer Choice option is a high deductible health plan (HDHP). With the exception of some preventive benefits, the plan does not cover any out-of-pocket costs until the calendar deductible is met. Once the calendar deductible is met; however, most in-network benefits are paid at 80%--including prescription drugs. (See Benefits at a Glance on page 6 for additional detail.)

An HSA is an excellent way to offset the higher deductibles that are part and parcel of a HDHP like our Consumer Choice Plan. Following are some of the basic rules and features of an HSA:

- Minimum savings – You must contribute a minimum annual amount of \$260. All savings are done on a pre-tax basis.
- Maximum savings – For 2012, you can save a maximum of \$2,800 if you elect employee only coverage. You can save a maximum of \$5,400 if you elect coverage for yourself and one or more dependents.
- Company contributions to your HSA account – If you establish an account AND contribute the minimum \$260, the Company will contribute \$250 for employee only coverage and \$750 if you've elected coverage for yourself and one or more dependents. The Company contribution is made in January.
- The annual funds that go into your HSA can accumulate from year-to-year and be utilized for qualified expenses after you retire or otherwise terminate employment. In fact, there are investment options that will allow you to earn on your savings if you maintain a balance of \$1,000 or more.
- Of course, your pre-tax savings can also be used to pay for current versus future qualified medical expenses. This includes dental, vision, and prescription expenses as well as medical expenses.
- If you make an HSA election during the enrollment process, your account will be set up automatically.
- There is a monthly service fee of \$3.00 plus tax to administer your HSA, the amount of which is waived if you maintain a balance of no less than \$3,000.

Traditional PPO Option with an Optional HCSA

Those hired before December 31, 2008 have the option of enrolling in the Traditional PPO or the Consumer Choice plan. A review of the features of the two plans should also include a review of the flexible spending options that go with each plan. It is the combination of the medical plan and the health care spending plan that will determine the best benefit and cost for your personal circumstances.

The features of the Traditional PPO are highlighted on page 6 under Benefits at a Glance. If you choose the Traditional PPO plan, you may also establish a health care spending account (HCSA). Following are the basic rules and features of an HCSA:

- On a pre-tax basis, you can contribute a minimum of \$260 up to a maximum of \$5,000 per year to your HCSA to cover eligible out-of-pocket expenses. This annual contribution to your account is deducted from your check on a per-pay basis.
- Eligible expenses include copays, deductibles, and out-of-pocket medical, Rx, dental, vision, and certain over-the-counter medications and supplies if prescribed by a physician.
- You will receive a prepaid benefits card which can be used to pay for all eligible expenses. If you do not use the debit card, you need to file a reimbursement request form. In either case, you should keep all receipts as substantiation that the account was used for qualified medical expenses.
- If you were enrolled in an HCSA for 2011 and plan to establish an account for 2012, keep your current debit card. Only new participants will automatically receive a new card.
- Unlike an HSA, an HCSA is a “use-it-or-lose-it” plan per the IRS regulations. You can use the account you establish for 2012 for expenses incurred through March 15, 2013. Any balance remaining after March 15, 2013, is forfeited.
- If you establish a 2012 account, but still have funds remaining from 2011, the 2011 funds will be used first (for expense incurred through March 15, 2012), and then 2012 funding will be used.
- You cannot use your 2011 election dollars by using your Benny card during the grace period. You must pay out-of-pocket for your expenses between January 1, 2012 and March 15, 2012 and submit the receipts along with a reimbursement request form.

Dental Plan Options

In choosing Dental Plan coverage, you may choose no coverage option, Basic coverage, or Premium coverage. The dental coverage you choose will remain in effect for two years, although the cost for the coverage can change during that time.

Your coverage will automatically continue for the remainder of your two-year term, extending through 2012, if you were a new enrollee in 2011.

You must have coverage on yourself, as an employee, to have a dependent enrolled in the Dental Plan.

The Basic and Premium Dental options are summarized on page 7 under *Benefits At A Glance*.

Vision Plan Options

The new VSP Choice Plan is a full-service plan that offers choice, flexibility and maximum value through a VSP Choice Provider. VSP doctors are located in retail, neighborhood, medical and professional settings.

The Vision Plan covers eye care expenses for you and your eligible, enrolled family members. You can choose coverage or no coverage. As with a medical PPO, you can receive services from in-network or out-of-network providers. The cost of services will be lower if you use in-network providers.

Your coverage will automatically continue for the remainder of your two-year term, extending through 2012, if you were a new enrollee in 2011. Please confirm with VSP that your provider is in the VSP Choice Plan.

You must have coverage on yourself, as an employee, to enroll a dependent in the Vision Plan.

Your Vision Plan options are summarized on page 7 under *Benefits At A Glance*.

Life, Accident and Disability Insurance

Certain coverages under the Company's life, accident, and disability insurance programs require evidence of insurability (EOI) which are described following the highlights of each of the plans available to you and your dependents.

Employee Life/Accidental Death & Dismemberment (AD&D)

AD&D coverage provides financial protection to you and your family if you incur certain injuries or die as the result of an accident. AD&D will pay your designated beneficiary the amount of the option you choose, or a portion of that amount if you suffer certain injuries, such as the loss of your sight or a limb. The exact amount payable for injuries varies depending on the severity of the injury. The amount payable to your named beneficiary in the event of your death is the amount of coverage you select or double the amount if death is caused by an accident.

You have a choice of four (4) Life/AD&D options: 1, 2, 3 or 4 times your annual base salary, rounded up to the nearest \$1,000.

Premiums are paid with pre-tax dollars, and any benefits received will not be subject to federal income tax.

The value of life insurance coverage in excess of \$50,000 must be included as imputed income. The value will be reported in your form W-2.

Employee Life/Accidental Death & Dismemberment (AD&D) Premiums and Company Contribution

The costs for Employee Life/AD&D insurance are **different for each Cooper person**.

Your age and salary as of September 1, 2011, and whether you are a tobacco user, provides the basis for the costs and the company contribution for Employee Life/AD&D insurance.

If your base salary increased during the past year and/or your last birthday moved you into a higher age bracket (which are set in five-year increments), there is a possibility that your base rate may increase.

The company contribution to the Employee Life/AD&D is enough to cover the price tag of 1x your annual base salary if you are a non-tobacco user.

Both your Employee Life/AD&D insurance company contribution and cost will appear on your Personalized Enrollment Worksheet (PEW).

Spouse Dependent Life/AD&D and Child Dependent Life/AD&D

Spouse Dependent Life/AD&D and Child Dependent Life/AD&D provide additional financial protection to you and your family in the event of the death of a spouse or dependent child. As with the Employee Life/AD&D, if death is caused by an accident, the benefit amount paid is doubled. The employee is automatically the beneficiary of this insurance. By law, the maximum benefit payable is 50% of Employee Life/AD&D coverage. Both plans allow you to choose No Coverage. Your options for Spouse Dependent Life/AD&D and Child Dependent Life/AD&D are summarized in the following chart:

Spouse	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000
Child	\$5,000	\$15,000	N/A	N/A	N/A

Spouse and Child Life/AD&D Costs

The cost for Spouse Dependent Life/AD&D insurance is based on your age, not the age of your spouse. If your last birthday moved you into a higher age bracket (set in five-year increments), your costs may increase. Your Spouse Dependent Life/AD&D insurance cost will appear on your Personalized Enrollment Worksheet (PEW).

Premium costs for the Child Dependent Life Insurance are based on one flat rate regardless of the number of eligible dependents you are insuring.

Children are eligible for coverage if they are less than age 19 or less than age 25 if they are full-time students.

Long Term Disability (LTD)

If a disability lasts more than 26 weeks, you may be eligible for Long Term Disability benefits. An LTD plan coordinates with other sources of income, such as Workers

Compensation or Social Security, to replace a portion of your income in the event you suffer from a prolonged illness or serious injury.

The general provisions of our LTD plan are as follows:

- A Cooper employee must be off work 180 consecutive days before he or she can begin receiving LTD benefits. This is known as the “elimination period.”
- LTD benefits are paid up to age 67 if the employee remains disabled under the terms of the plan.
- The definition of “disability” under the plan is unable to perform one’s own occupation for the first two years. Coverage can continue after two years only if unable to perform any job for which the employee is qualified.
- A pre-existing condition exclusion applies if an employee is enrolling in LTD for the first time or if an employee is increasing coverage from 50% of annual base salary to 66-2/3% of base salary. If the disability is caused by a medical condition that existed before coverage began, benefit eligibility begins on the earlier of 12 months of enrollment in the plan or 90 consecutive days without needing any treatment for the pre-existing condition.

Long Term Disability (LTD) Premiums

Our LTD plan offers two levels of coverage: a benefit of 50% of annual base salary and a benefit of 66-2/3% of base salary. The costs and monthly benefit maximums are as follows:

Benefit Level	Cost per \$100 of Base Salary	Monthly Maximum
50% of salary	\$0.371	\$5,000
66-2/3% of salary	\$0.839	\$15,000

As an example, the cost of coverage would be \$148.40 per year for an employee making \$40,000 who chooses the 50% level of coverage ($\$40,000/100 = 400 \times \$0.371 = \$148.40$). The cost of LTD coverage is paid with after-tax dollars; however, benefits paid are not subject to federal income tax.

Your individual LTD cost will appear on your Personalized Enrollment Worksheet (PEW).

Evidence of Insurability for Life, Accident and Disability Insurance Plans

- Employee Life/AD&D – EOI required for coverage of 4 times your annual base salary, any amount over \$750,000, or an increase in coverage by more than one multiple; e.g., from 1X to 3X.
- Spouse and Child Life/AD&D – EOI is required for any coverage over \$50,000 or for an increase in coverage by more than one level; e.g., from No Coverage to \$25,000 for a spouse.
- Long Term Disability (LTD) – EOI is required to move from No Coverage to 66 2/3% coverage; i.e., two levels.

- When you have requested coverage at a level where an EOI is required, you will receive and pay for coverage at the next lowest coverage level available to you while your EOI is being approved. It is your responsibility to complete the EOI form which is available on-line during the enrollment process.

Dependent Care Spending Accounts (DCSA)

If you have a child, disabled parent, or spouse who needs daily care while you work, you can use your pre-tax Dependent Care Spending Account (DCSA) to pay for that care. The combined calendar year contributions for you and your spouse to a DCSA are currently limited to \$5,000 unless:

- You and your spouse file separate income tax statements. Then the limit is \$2,500 per spouse
- Your spouse’s earned income is less than \$5,000. Then his/her income amount is the limit
- Your spouse is a full-time student or is incapable of self-care. Then you can set aside up to \$250 per month for one dependent or up to \$500 per month for two or more dependents. The \$5,000 annual limit still applies.

Expenses that qualify for the IRS dependent care tax credit generally include:

- Babysitters other than a dependent of yours.
- Daycare, day camps, nursery school, or other outside dependent or child care service.
- Elder care for dependents who live with you and are declared on your tax return.

You can use the account to pay for the child or elder care of any dependent you claim on your tax return and who live with you who is under age 13, or is mentally or physically incapable of self-care (including elderly dependent parents and children of any age).

Be careful in your planning. You should contribute no more than you expect to pay up to March 15, 2013 because, under the IRS regulations, any remaining balance left in your account after March 15, 2013 will be forfeited.

Flex Allowance

Cooper will contribute \$200 toward a flex allowance that may be applied to the cost of any plan listed in this guide. The Flex Allowance is a taxable allowance and will be reflected in your W-2 form.



Benefits At A Glance

Medical/ Prescription Coverage	Consumer Choice		Traditional PPO Option	
	In-Network Available at all locations	Out-of-Network	In-Network Where a network is available	Out-of-Network
Calendar Year Deductible	\$1,300/ \$2,600	\$2,600/ \$4,200	\$500/ \$1,000	\$900/ \$1,800
Coinsurance	Covered at 80% after deductible	Covered at 60% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Maximum Out-of-Pocket Limits (includes deductible)	\$3,500/ \$7,000	\$5,000 \$10,000	\$2,300/ \$4,600	\$4,550/ \$9,100
Office Visit Copay	Covered at 80% after deductible	Covered at 60% after deductible	\$25 copay \$35 copay	Covered at 60% after deductible
Urgent Care Copay	Covered at 80% after deductible	Covered at 60% after deductible	\$40 copay	Covered at 60% after deductible
Emergency Room Copay	Covered at 80% after deductible	Covered at 60% after deductible	\$100 copay	Covered at 60% after deductible
Hospital Copay Inpatient	Covered at 80% after deductible	Covered at 60% after deductible	\$250 copay	Covered at 60% after deductible
Routine Adult Physical Exam	100% for preventive	60% after deductible	\$25 copay \$35 copay	Covered at 60% after deductible
Adult Preventive Testing	Covered at 100%	60% after deductible	Covered at 100%	Covered at 60% after deductible
Inpatient Mental Health	Covered at 80% after deductible	Covered at 60% after deductible	\$250 copay	Covered at 60% after deductible
Inpatient Substance Abuse Benefits	Covered at 80% after deductible	Covered at 60% after deductible	\$250 copay	Covered at 60% after deductible
Prescription Drugs - Participating Pharmacy (30-day supply only; no refills)	100% for Preventive drugs Otherwise, 80% after deductible	60% after deductible	Generic 10% (\$10 minimum, \$25 max) Preferred Brand: 20% (\$25 minimum, \$100 max) Non-Preferred Brand: 20% (\$60 minimum) Specialty Non-Preferred Brand: 20% (\$250 max)	
Prescription Drugs - Mail (90-day supply)	100% for Preventive drugs Covered at 80% after deductible	60% after deductible	Generic \$30 copay Preferred Brand: 20% (\$65 min, \$250 max) Non-Preferred Brand: 20% (\$125 minimum) Specialty: 20% (\$750 max)	
Outpatient Mental Health/ Substance Abuse	Covered at 80% after deductible	Covered at 60% after deductible	\$25 copay	Covered at 60% after deductible

NOTES: Traditional PPO is not available to employees hired on or after 12/1/2008.

Summaries are provided for general information only. Since exclusions, dollar/frequency limitations apply and prior authorization applies in many cases, you should refer to the specific plan documents for detailed information.

Premiums At A Glance

Dental Coverage	Basic	Premium
Calendar Year Deductible	Single \$50/ Family \$150 (does not apply to preventive)	Single \$25/ Family \$75 (does not apply to preventive)
Co-Insurance %		
• Preventive	Covered at 80%	Covered at 100%
• Basic	Covered at 50% after deductible	Covered at 80% after deductible
• Major	Covered at 50% after deductible	Covered at 50% after deductible
Annual Maximum	\$750 per person	\$1,500 per person
Orthodontics (child only)		
• Co-Insurance	Covered at 50% after deductible	Covered at 50% after deductible
• Lifetime Maximum	\$750	\$1,500
Election	2-year enrollment commitment	

Vision Coverage	In-Network	Out-of-Network
Exam	\$5 Co-pay	\$45 benefit allowance
Frames	Basic coverage paid in full*	\$55 benefit allowance
Lenses		
• Single Vision	Basic coverage paid in full with \$10 co-payment at time materials are ordered.	\$30 benefit allowance
• Bifocal		\$50 benefit allowance
• Trifocal		\$65 benefit allowance
• Lenticular		\$100 benefit allowance
• Contacts	Paid in full after \$10 co-pay if necessary, covered up to \$90 (including exam) if elective.	\$210 benefit allowance if necessary, \$105 benefit allowance if elective.
Frequency	Once per participant in 12 months.	
Election	2-year enrollment commitment	

Frequency refers to the number of times the benefit can be used in a given period, while *election* refers to the duration of your enrollment decision. Exams every 12 months, frames and lenses once every 24 months.

Paid in full refers to Vision Plan services for lenses and frames available according to a pre-determined list. You will be responsible for expenses from services that exceed the amounts on the pre-determined list.

Medical/Prescription Drug Employee Costs

	2012 Annual Employee Cost	Total Effect Weekly	Per Pay Bi-Weekly
<i>(net of Wellness Discounts)</i>			
Consumer Choice:			
Employee Only	\$447	\$8.60	\$17.19
Employee + One	\$789	\$15.16	\$30.35
Employee + Family	\$1,132	\$21.77	\$43.54
Traditional PPO:			
Employee Only	\$1,163	\$22.37	\$44.73
Employee + One	\$2,242	\$43.12	\$86.23
Employee + Family	\$3,343	\$64.29	\$128.58

Dental Plan Employee Costs

	2012 Annual Employee Cost	Total Effect Weekly	Per Pay Bi-Weekly
Basic:			
Employee Only	\$85	\$1.63	\$3.27
Employee + One	\$255	\$4.90	\$9.81
Employee + Family	\$485	\$9.33	\$18.65
Premium:			
Employee Only	\$223	\$4.29	\$8.58
Employee + One	\$626	\$12.04	\$24.08
Employee + Family	\$1,036	\$19.92	\$39.85

Vision Plan Employee Costs

	2012 Annual Employee Cost	Total Effect Weekly	Per Pay Bi-Weekly
Basic:			
Employee Only	\$50.16	\$.96	\$1.93
Employee + One	\$100.80	\$1.94	\$3.88
Employee + Family	\$150.96	\$2.90	\$5.81
No Coverage:			
	\$0	\$0	\$0



Frequently Asked Questions

This section provides answers to questions that we frequently receive during the annual enrollment process. If you have additional questions, call the Benefits Call Center toll-free at 1-877-286-3552 between 11:00am and 7:00pm EST, Monday through Friday.

General Annual Enrollment Questions

I don't have internet access at work. How do I make my benefit selections?

You can use any computer with internet access or a Cooper kiosk where available or you may contact the Benefits Call Center.

My spouse is also a Cooper employee. Are there special coverage rules?

To ensure consistency in how our plans are administered, you cannot be covered as both an employee and a dependent under the Benefits Program. If you are married to another Cooper person who is eligible for this program, please review the guidelines detailed under the "Coordination of Benefits" section on page 2 of this guide.

What if I complete my elections and then decide another choice would be better?

You can change your elections by accessing the web anytime between November 7 and November 13, 2011 at <http://www.benedetails.com> or calling the Benefits Call Center toll-free at 1-877-286-3552 weekdays between 11:00am and 7:00pm EST. If you make changes more than once, the last changes you make by clicking "complete enrollment" will be your elections effective January 1, 2012.

What if I want to change my coverage after November 13, 2011?

The benefits you chose are in effect for the entire year unless you experience a qualifying event. Qualifying events include gain or loss of a dependent; spouse or dependent is no longer eligible; your employment status changes from eligible to ineligible; or you or your dependent becomes eligible for Medicare or Medicaid.

Will I receive confirmation of my annual enrollment elections?

Yes. After enrollment, you will receive a confirmation statement in the mail with instructions on how to correct any errors you may find and the deadline for doing so. **Review your statement carefully for accuracy.** The confirmation statement will list your plan elections, coverage levels and pay deductions (if any). The confirmation statement will also list the dependent information on file, including dependent birthdays, social security numbers and the coverage options you've selected.

What happens if I don't make any elections during annual enrollment?

Active enrollment is mandatory this year. You will not automatically be re-enrolled in your current plan or any other plan if you do not enroll this year. The exception is the two year lock for dental and vision. Your dental and/or vision will automatically continue for the remainder of your two-year term, extending through 2012, if you were a new enrollee in 2011.

Who can contribute to an HSA?

An adult with coverage under an HSA-qualified high deductible health plan (HDHP) who does not have other medical coverage. Other medical insurance does **not** include specific disease insurance, disability, accident, dental, vision

care, or long-term care insurance). To be eligible to contribute to an HSA, the adult cannot be Medicare-eligible or be declared as a dependent on someone else's tax return.

What are the tax advantages of an HSA?

The money that is put into your HSA is a pre-tax deduction, and it can earn tax-free interest. As long as the money in the HSA is used for qualified medical expenses, it will not be taxed. The fund generally may not be used to pay for health insurance premiums, except for COBRA continuation coverage, long-term care insurance, and Medicare premiums and associated out-of-pocket expenses. Please reference the U.S. Department of the Treasury website for more information.

Medical Questions

Where can I find a list of in-network medical providers?

A list of in-network medical providers can be found at www.anthem.com. Remember that using in-network providers is one of the best ways to save on your medical expenses.

My covered child will be attending college away from home next year. Will this be a problem under my medical benefits coverage?

Anthem's network is extensive throughout the contiguous United States; however, you may want to verify coverage in your child's location.

Do I need a Primary Care Physician (PCP)?

Your PCP is your healthcare advocate to coordinate and oversee your medical care. Having access to a PCP will give you the best option for non-emergency care.

Leave of Absence Questions

I'll be on leave of absence during annual enrollment. What elections can I make?

For medical, dental, and/or vision coverage, you must enroll during the annual enrollment period specified for all employees. You will make your choices during the open enrollment period just as you would if you were actively working.

Contributions Questions

How is my salary determined for purposes of paycheck deductions for long-term disability and employee life and accidental death and dismemberment coverage?

Your salary or age and salary as of September 1, 2011, and whether or not you use tobacco, provides the basis for the costs and any company contribution.

Are my deductions for coverage made on a before-tax or after-tax basis?

You pay for your health care coverage and life insurance with pre-tax dollars. The long-term disability plan, spouse dependent life/AD&D, and child dependent life/AD&D are paid with after-tax dollars.

FAQs



How to Enroll

Steps for Enrolling:

To enroll, follow these step-by-step instructions

- Thoroughly read your Enrollment Guide to understand your options and plan provisions.
- Take into account other sources of coverage when making your benefit choices.
- Gather social security numbers and dates of birth for dependents you are enrolling for the first time.
- Calculate dependent care expenses for 2011 and anticipated expenses for 2012.
- Calculate health care expenses for 2011 and anticipated expenses for 2012.
- Use your Personalized Enrollment Worksheet (PEW) to evaluate your benefit choices and calculate costs.
- Make your enrollment choices.
- **Review your Confirmation Statement when you receive it.**

Personalized Enrollment Worksheet (PEW)

A Personalized Enrollment Worksheet (PEW) will be provided in a few weeks to help you evaluate your 2012 coverage choices. This worksheet, which is personalized for your use only, is designed as a reference tool for use during enrollment.

Your Personalized Enrollment Worksheet (PEW) includes the following sections.

Personal Information

Review this information to ensure accuracy. Call your local Human Resources representative if this information is incorrect.

Dependent Information

Complete this section before enrolling for easy reference.

Benefit Plan Options and Associated Per-Pay-Period Costs

This information helps you plan your choices and costs. These sections list your plan options and coverage levels/amounts, along with the associated price tags.

Effect on Pay Worksheet

This table is provided to help you determine pre-tax and after-tax costs and the net effect on your pay.

Important Note:

Your PEW is for your use only. **DO NOT** RETURN OR MAIL THIS FORM.

Web Enrollment:

Log on to www.Benedetails.com
Enrollment ID: 42081

Phone Enrollment:

Call the Spectrum Benefits Call Center at
1-877-286-3552 between 11 a.m. and 7 p.m. EST)



Contacts

Benefit Information and Annual Enrollment Assistance

Enrollment Assistance	http://www.benedetails.com	1-877-286-3552
------------------------------	---	----------------

Medical & Prescription Drug Options

Health Design Plus, Inc.	www.hdplus.com	1-877-286-3559 Claims and Network
		1-877-286-3560 Pre-Certification
Medco Health Solutions, Inc.	www.medco.com	1-800-669-4036

Other Benefits

Anthem	www.anthem.com	
Dental	www.hdplus.com	1-877-286-3559
Vision Service Plan (VSP)	www.vsp.com	1-800-877-7195
ComPsych	www.guidanceresources.com	1-800-609-2356
Interactive Health Solutions (IHS)	www.interactivehs.com	1-800-840-6100
Liberty Mutual (Life/AD&D and LTD)	Contact local HR	
HealthEquity, Inc. (Health Savings Account)	www.myhealthequity.com	1-877-397-6642
(General Information)	www.healthequity.com	



Wellness Counts[®] Resources

Health Focus Courses Offered Through Interactive Health Solutions

Phone sessions with skilled health coaches to achieve health goals, including the IHI goal set for 2011. Courses include Better Nutrition, Weight Management, Personal Fitness, Achieving Balance, Managing Cholesterol Levels, Managing and Preventing High Blood Pressure and Diabetes Prevention and Control. Participants can call 800-840-6100 for more information or to register.

www.interactivehs.com

Website that lists annual screening results, provides a resource for information on health topics (including a symptom checker and a list of health support groups) and has an “Ask An Expert” feature to get personalized clinical answers to specific health questions.

Health Newsletters Through Interactive Health Solutions

Documents containing timely information on health topics of general interest distributed monthly.

Quick Check Through Interactive Health Solutions

Opportunity for an interim blood test at a local LabCorp facility to check glucose, cholesterol and triglyceride levels 6 months after initial screening. Participants are reminded with postcards mailed to addresses provided at registration.

Quit For Life Through Free and Clear

Phone-based tobacco cessation program available as a Cooper Tire benefit for employees who use tobacco and are interested in quitting. It includes access to a quit coach, a quit kit of materials, and counseling regarding use of nicotine replacement therapy. Participants can call 866-784-8454 for more information or to register.

Healthy Living[™] Through Health Design Plus

Disease Management program for participants who were screened, showed evidence of a chronic condition and are not already participants. Eligible employees will receive an invitation to enroll. Accepting the invitation is an opportunity for participants to work by phone with clinicians in understanding their conditions and taking steps that will best control them, thus helping participants meet their IHI goals.

My Personal Health Suite (MyPHS) Through Health Design Plus

Self-service wellness tool embedded in the MyHDP website. It includes a comprehensive health risk assessment; 13 on-line modules to assist users in making lifestyle changes; monthly seminars on health topics; nutrition and fitness trackers including menus, recipes and a virtual trainer; preventive service reminders; and a Personal Health Record to list medical, pharmacy, laboratory and insurance information for everyone in the family. Participants can access this tool by visiting www.hdplus.com, clicking on MyHDP login and then choosing My Personal Health Suite under My Wellness on the top navigation bar.

Employee Assistance Program Through ComPsych[®] Guidance Resources[®]

Confidential counseling service available by phone with referral to in-person counseling as needed. Available as a Cooper Tire benefit 24/7 to help employees address personal issues such as life pressures, relationship conflicts, stress, anxiety, depression and substance use. It includes online information and tools such as in-depth HelpSheets[®], answers to specific questions, planning tools and pre-screened reference books. Participants can call 800-609-2356 or TDD 800-697-0353 or visit www.guidanceresources.com then enter EAP_4_CTRC as a company Web ID.

