

CONTENTS

of your Enrollment Guide

Healthcare Background/Updates for 2010	Page 2
\$156 Annual Credit	Page 5
Eligibility – Who You Can Cover	Page 6
Medical Plan Options	Page 7
Mental Healthcare Plan	Page 8
Prescription Drug Plan	Page 9
Dental Plan Option	Page 10
Vision Plan Option	Page 12
Employee Contributions	Page 13
Flexible Spending Accounts	Page 14
Life Insurance Options	Page 15
How to Enroll	Page 16
Frequently Asked Questions	Page 17
Medicare Notice	Page 18
Important Contact Information	Back Cover



WHAT'S INCLUDED IN YOUR ENROLLMENT KIT

- Welcome Letter
- *My Tools* User Guide
- SafetyNet Benefits Information
- CVS Caremark Information
- Voluntary Benefits
- Advancial Credit Union Information

HEALTHCARE

background and updates for 2010

LEGAL INFORMATION YOU SHOULD KNOW

Reconstruction Benefits in Connection With a Mastectomy

As required by the Women's Health and Cancer Rights Act of 1998, Safety-Kleen's healthcare plans that offer mastectomy coverage must also cover certain reconstructive benefits in connection with a mastectomy (for you or your covered dependents). Coverage* is provided for: Reconstructive surgery of the breast on which the mastectomy was performed; reconstructive surgery of the other breast to produce a symmetrical appearance; and prostheses and physical complications for all stages of mastectomies, including lymphedemas.

*Coverage is subject to all deductible, co-insurance, and co-pay provisions of the Plan.

HEALTHCARE COSTS FOR 2010

At Safety-Kleen we are working to keep your costs low. We are working hard to keep the company's healthcare costs as low as possible while at the same time continuing to provide valuable and competitive benefits for you and your family. Safety-Kleen continues to pay the majority of the cost of your healthcare.

WHAT YOU CAN DO TO HELP KEEP YOUR COSTS DOWN

You must take advantage of tools and programs to identify healthcare problems before they start. An example of one of the many programs that BCBS currently offers would be the Blue Care Advisor who is a single point of contact assisting select members with navigating the healthcare system. For a listing of these programs and contact information please refer to the back cover.

Another way to manage your health is to participate in the 2010 Health Risk Assessment. Just by taking 20 minutes out of your day, you

will be able to identify any health risks you may personally have and be able to take control before it is too late. Not only will you be able to evaluate your health with this assessment but you will also receive a \$156 credit (\$6 credit on each pay check in 2010). See page 5 for more details.

DEPENDENT AUDITS IN 2010

Dependent audits will continue in 2010 for all newly hired employees as well as employees who add dependents to the coverage due to life events or during open enrollment.

These audits confirm that all dependents continue to be eligible for coverage according to the definition of an "eligible dependent".

Please refer to the "Eligibility - who you can cover" section in this booklet if you need further assistance in determining your dependents' eligibility. As in past years we will continue to use ConSova as our auditing administrator in 2010.

DEPENDENTS ADDED DURING OPEN ENROLLMENT WILL BE SUBJECT TO A DEPENDENT AUDIT IN EARLY 2010. AUDIT INFORMATION WILL BE SENT TO YOUR HOME ADDRESS VIA CERTIFIED MAIL.

BENEFIT PLANS

what will change for 2010

BENEFIT PLAN	HERE'S WHAT WILL CHANGE FOR 2010
MEDICAL CARE PLAN	<p>Individual and family deductible levels will increase for 2010 in both the PPO Core and PPO Plus plans.</p> <p>In 2010 premiums will increase beginning January 1, 2010.</p>
DENTAL CARE PLAN	<p>In 2010 premiums will increase beginning January 1, 2010.</p>
VISION CARE PLAN	<p>With VSP's Signature Plan, members have the following benefits:</p> <ul style="list-style-type: none">◦ 30% off unlimited additional pairs of prescription glasses when purchased the same day as the member's eye exam from the same VSP doctor who provided the exam◦ 30% off unlimited non-prescription sunglasses when purchased the same day as the member's eye exam from the same VSP doctor who provided the exam◦ New and current contact lens wearers are eligible for a covered-in-full contact lens evaluation and initial supply of approved lenses from our newly expanded list, including toric, multifocal, and hydrogel lenses
VOLUNTARY LIFE INSURANCE	<p>In 2010 the rates for Voluntary Life Insurance will decrease slightly. Refer to page 15 for rates.</p>
PRESCRIPTION DRUG COVERAGE	<p>In 2010 Safety-Kleen will be transitioning from our current prescription vendor Prime Therapeutics, to CVS Caremark.</p> <p>With this change you will want to refer to the enclosed Preferred Drug List to determine if your prescription is one of the most commonly prescribed. You may want to take this listing to your doctor and discuss your options.</p> <p>With the transition, there will now be a separate prescription ID card in addition to your medical ID card. This should arrive to your home address no later than the first week in January. If you need to fill a prescription before your card has arrived, you may direct the pharmacist to call 866-329-3057 and by using your Social Security number they can validate coverage to process your claim(s).</p>

BENEFIT PLANS

what will remain the same for 2010

BENEFIT PLAN	HERE'S WHAT IS NOT CHANGING FOR 2010
MEDICAL CARE PLAN	<p>You'll continue to have two Medical Plan choices for 2010:</p> <ul style="list-style-type: none">◦ The PPO Core Plan and the PPO Plus Plan. Each option has different coverage levels and costs. Review all information before deciding which plan is best for you.◦ The Blue Care Connection program will continue to be offered once again in 2010 to all health plan participants at no additional cost and includes:<ul style="list-style-type: none">· Wellness programs — provides internet tools/information and mailings to support healthy living.· Blue Care Advisor — A single point of contact who assists selected members needing assistance with navigating the healthcare system. To access a Blue Care Advisor you may call 1-866-412-8795.· 24/7 NurseLine — Staffed by trained nurses for around-the-clock advice. For more information call 1-800-581-0368.· Disease Management — Program for individuals with chronic health conditions, providing disease management advice and education. For more information call 1-800-462-3275.· Special Beginnings — All first-time mothers are encouraged to participate in this insightful and free program. For more information call 1-800-462-3275.
DENTAL CARE PLAN	<p>The Delta Dental Plan allows you the freedom to visit any licensed dentist. To better understand how claims will be paid in 2010 please refer to the chart on page 10 of this enrollment guide. It is very important that you verify with your dentist if s/he is a Delta Dental Premier, Delta Dental Preferred, or Non-Delta Dental dentist so that you understand how your claims will be processed and the discounts that you will receive.</p>
PRESCRIPTION DRUG COVERAGE	<p>If you have elected medical coverage for yourself or family then you are automatically covered with prescription drug coverage. In 2010 you will still have the same co-pays (PPO Plus Medical Plan) or co-insurance (PPO Core Medical Plan). You still have three options for filling prescriptions:</p> <ul style="list-style-type: none">◦ Retail – 30-day supply◦ Extended Supply Network – 90-day supply at retail◦ Mail Order – 90-day supply through the mail
FLEXIBLE SPENDING ACCOUNTS (FSA)	<p>For those employees who elect a Healthcare or Dependent Care Flexible Spending Account in 2010, Annual FSA contribution limits will remain the same. Remember that you must actively enroll in FSA or it will default to \$0 for 2010. If you participated in the FSA program for 2009, your participation will <u>not</u> continue unless you <u>re-enroll</u> for 2010.</p>
LIFE, DEPENDENT LIFE & AD&D INSURANCE	<p>You will continue to have the option of electing Voluntary Life Insurance, Voluntary Accidental Death & Dismemberment (AD&D) single or family coverage, and/or Dependent Life coverage.</p>

\$156 ANNUAL CREDIT

eligibility

WELLNESS IN A CLICK

Regardless of your personal health status, every Blue Cross and Blue Shield member can take advantage of important health and wellness resources from Blue Cross and Blue Shield of Texas.

With the **Personal Health Manager**, the support and resources you need to manage your health online are just a click away.

From now through December 1, just by completing your Health Risk Assessment*, you will receive a \$156 annual credit (\$6 credit on each paycheck in 2010).

To complete your **Health Risk Assessment*** and evaluate your health status, go to www.bcbstx.com/safetykleen. If you have not already registered through Blue Access for Members (BAM) you will need to complete that first to receive immediate access. After that step you can log into BAM using your user ID and password. After you log in, click on "Personal Health Manager" then click on "Take Your Health Risk Assessment" in the upper right portion of the page inside the box labeled "Know Your Risk." You will then begin your assessment. It will take you approximately 20 minutes to complete. Remember that this information is not provided to Safety-Kleen and is only accessible by you.

If you have **already** completed the online Health Risk Assessment* during 2009, you will be eligible for the \$156 annual credit. You do not need to take the Health Risk Assessment* again.

BLUE POINTS

Once completed, your Health Risk Assessment* will not only give you wellness feedback but also give you access to wellness-tracking tools. With the Personal Health Manager, you are just a click away from also earning **Blue Points** every time you use the health and wellness features in the For Your Health section. You may receive up to 1,000 points a week when you set up and track your progress. Earning just 2,500 Blue Points can transfer into gift cards from well-known retailers, health and fitness items, or popular electronics.

TAKING THE PERSONAL HEALTH RISK ASSESSMENT* IS LIKE TAKING \$156 OFF YOUR PREMIUMS FOR THE YEAR!



* Employee must be enrolled in the Safety-Kleen Systems medical plan for the plan years 2009 and 2010 to participate. Additionally, the \$6.00 per paycheck credit will not apply if employee is on an unpaid leave or employment is terminated for any reason.

ELIGIBILITY

who you can cover

PROOF OF ELIGIBILITY

Safety-Kleen and its medical service providers reserve the right to audit dependent eligibility. For example, you may be asked to provide your marriage certificate and current tax return as proof of eligibility for a spouse. You may also be asked to provide proof of a child's primary dependence on you for support. If you provide false information or documents that do not provide creditable support as verification of dependent eligibility when enrolling your dependents, your dependent's benefit claims may be denied, coverage will be terminated retroactively, and premiums will not be refunded. In addition, if you provide false information when enrolling or verifying your dependents, you may also be subject to disciplinary action – up to and including termination.

ELIGIBILITY

Safety-Kleen offers benefit coverage to you and your eligible dependents. For 2010, you can choose from four coverage categories:

- Employee Only;
- Employee + Spouse;
- Employee + Child(ren); and
- Employee + Family



WHO IS ELIGIBLE FOR COVERAGE

- You, full-time Safety-Kleen employee scheduled to work 30 hours or more a week
- Legal Spouse
- Domestic Partner*
- Never-married children who live with you more than half of the year and are primarily dependent on you for support as defined as:
 - Biological
 - Adopted
 - Stepchildren
 - Legal Guardian
 - Under the age of 19 and living with you and not working full-time
 - Under the age of 24 if a full-time student
 - Children whom you are required to cover under terms of a Qualified Medical Child Support Order (QMCSO)
 - Children who are physically or mentally incapable of self-support as determined by the claims administrator

WHEN PROVIDING PROOF OF ELIGIBILITY YOU NEED TO ENSURE ALL DOCUMENTS ARE CREDITABLE. IF YOU DO NOT PROVIDE CREDITABLE SUPPORT AS VERIFICATION OF DEPENDENT ELIGIBILITY, YOUR DEPENDENT'S CLAIMS MAY BE DENIED, COVERAGE WILL BE TERMINATED RETROACTIVELY AND PREMIUMS WILL NOT BE REFUNDED.

* Safety-Kleen offers Domestic Partner benefits in accord with applicable State or local laws. In order to qualify for eligibility, the Domestic Partnership must be registered in compliance with Civil Union, Domestic Partner or similar requirements in jurisdictions providing for such registration.

In jurisdictions that do not specify requirements for eligibility for Domestic Partner benefits, the following criteria must be met for purposes of Safety-Kleen benefits eligibility: (1) both Parties must be 18 years of age or older and legally competent to consent to the relationship; (2) the Parties must not be legally eligible to marry each other in their state of residence; (3) neither Party may be legally married to another person or a Partner in another Domestic Partnership; (4) the Parties must have been in an exclusive and committed relationship with each other for a period of at least 12 months and must intend to remain in the relationship indefinitely (5) the Parties must not be related more closely than would be allowed for a legal marriage under applicable state law (6) the Parties must share a common place of

residence and (7) the Parties must be able to demonstrate financial interdependence (examples joint bank account; common ownership of a vehicle; joint ownership of real property; common leasehold interest in real property, etc.).

In the event that eligibility for marriage or registration of the Domestic Partnership under State or local law does not currently exist but subsequently becomes available, in order to maintain benefits eligibility, the Parties must marry or register within ninety (90) days in order to maintain benefits eligibility.

As a reminder, the value of the benefits that Safety-Kleen offers to your domestic partner is taxable to the employee as income, unless your domestic partner qualifies as your tax dependent for federal income tax purposes. You should weigh the costs versus benefits to see if domestic partner benefits make financial sense. You may also want to consult a tax advisor. All dependents including Domestic Partners may be audited annually for eligibility by ConSova, Safety-Kleen's audit firm.

MEDICAL

your 2010 healthcare benefits

Here is a quick overview of your Safety-Kleen Medical Plan options. You will need to decide if you want to enroll in the Medical Care Plan then choose the PPO Core Plan or PPO Plus Plan. In order to receive in-network “preferred provider” benefit levels, we advise that you determine if your doctor is in the PPO network or choose a new doctor. You may check the provider directory at www.bcbstx.com/safetykleen, contact BCBS Customer Service at 1-866-834-3860, or contact your doctor directly. Here’s how the plans compare:

Plan Feature	PPO CORE PLAN		PPO PLUS PLAN	
	Preferred Provider	All Other Providers	Preferred Provider	All Other Providers
Annual Deductible	\$375/employee only \$750/employee with dependents	\$1,125/employee only \$2,250/employee with dependents	\$325/employee only \$650/employee with dependents	\$975/employee only \$1,950/employee with dependents
Annual Out-of-Pocket Maximum Co-insurance	\$2,500/employee only \$5,000/employee with dependents	\$4,000/employee only \$8,000/employee with dependents	\$2,000/employee only \$4,000/employee with dependents	\$3,000/employee only \$6,000/employee with dependents
Physician’s Office Visits	100% after \$25 PCP co-pay or \$35 specialist co-pay	50% after deductible	100% after \$25 PCP co-pay or \$35 specialist co-pay	60% after deductible
Inpatient Hospital Charges	80% after deductible	50% after \$200 per-admission co-pay and annual deductible	90% after deductible	60% after \$200 per-admission co-pay and annual deductible
Outpatient Hospital Charges	80% after deductible	50% after deductible	90% after deductible	60% after deductible
Emergency Room Charges	80% after deductible	50% after deductible	90% after deductible	60% after deductible
Inpatient/Outpatient Physician Charges	80% after deductible	50% after deductible	90% after deductible	60% after deductible
Outpatient Hospital Lab & X-Rays	80% after deductible	50% after deductible	90% after deductible	60% after deductible
Obstetrical Services	\$25 co-pay for initial visit, then global fee applies (sonogram not included)	50% after deductible	\$25 co-pay for initial visit, then global fee applies (sonogram not included)	60% after deductible
Ambulance Service	100%	100%	100%	100%
Annual Routine Mammograms	100%	50% after deductible	100%	60% after deductible
Routine Pap Smears	100%	50% after deductible	100%	60% after deductible
Colonoscopy	100%	50% after deductible	100%	60% after deductible
Preventive Care (Routine Physicals, Well Baby Care, Immunizations, and Hearing Exams)	100% after \$25 co-pay \$35 specialist co-pay	50% after deductible	100% after \$25 co-pay \$35 specialist co-pay	60% after deductible
Routine Prostate Screening	100%	50% after deductible	100%	60% after deductible
Chiropractic Treatment (\$1,000 annual maximum)	100% after \$35 co-pay	50% after deductible	100% after \$35 co-pay	60% after deductible
TMJ Lifetime Maximum (\$10,000 per individual)	80% after deductible	50% after deductible	90% after deductible	60% after deductible

Annual out-of-pocket maximum does not include cost associated with deductibles, drugs or co-pays. Only applies towards co-insurance costs.

In 2010, an employee with single coverage will have to meet single deductible and out-of-pocket maximum. An employee with family coverage will have to meet the family deductible and family out-of-pocket maximum.

MENTAL HEALTH

care plan for 2010

The Mental Healthcare Plan can help if you or a covered family member suffers from an emotional or a substance abuse problem. When you need assistance, call the Employee Assistance Program (EAP) provided by LifeEra (1-866-638-5709). The EAP provides five free face-to-face counseling visits per problem. LifeEra will also coordinate any care required outside the scope of the EAP. If you are currently in outpatient treatment or require inpatient services, contact BCBS of Texas at 1-800-528-7264 for pre-certification of care.

Plan Feature	PPO CORE PLAN		PPO PLUS PLAN	
	Preferred Provider	All Other Providers	Preferred Provider	All Other Providers
Mental Health/Serious Mental Illness (Care must be pre-certified)				
Inpatient Services				
Hospital Services (facility)	80% after deductible	50% after per-admission and annual deductible	90% after deductible	60% after per-admission and annual deductible
Physician Services	80% after deductible	50% after deductible	90% after deductible	60% after deductible
Inpatient Visits	covered by plan		covered by plan	
Outpatient Services				
Services Performed in Physician Office (non-surgical)	100% after \$25 co-pay	50% after deductible	100% after \$25 co-pay	60% after deductible
Facility Charges	80% after deductible; co-pay waived if admitted	50% after deductible; co-pay waived if admitted	90% after deductible; co-pay waived if admitted	60% after deductible; co-pay waived if admitted
Professional Provider	80% after deductible	50% after deductible	90% after deductible	60% after deductible
Outpatient Visits	covered by plan		covered by plan	
Chemical Dependency (Care must be pre-certified)				
Inpatient Services				
Per-Admission Deductible	no deductible	\$200	no deductible	\$200
Hospital Services (facility)	80% after deductible	50% after chemical dependency per-admission deductible	90% after deductible	60% after chemical dependency per-admission deductible
Physician Services	80% after deductible	50% after deductible	90% after deductible	60% after deductible
Outpatient Services				
Services Performed in Physician Office (non-surgical)	100% after \$25 co-pay	50% after deductible	100% after \$25 co-pay	60% after deductible
Facility Charges	80% after deductible; co-pay waived if admitted	50% after deductible; co-pay waived if admitted	90% after deductible; co-pay waived if admitted	60% after deductible; co-pay waived if admitted
Professional Provider	80% after deductible	50% after deductible	90% after deductible	60% after deductible
Outpatient Visits	covered by plan		covered by plan	

THE EMPLOYEE ASSISTANCE PROGRAM CAN PROVIDE ANSWERS TO A WIDE RANGE OF ISSUES. LOG ON TO WWW.LIVEANDWORKWELL.COM (ACCESS CODE 30350) FOR MORE PROGRAM DETAILS.

PRESCRIPTION

drug coverage for 2010

2010 CHANGES TO PRESCRIPTION PROGRAM

Safety-Kleen will be transitioning its prescription drug program to CVS Caremark effective January 1, 2010. **Please refer to the inside pocket of this guide for the CVS Caremark Welcome Letter, 2010 Preferred Drug Listing and CVS Caremark Frequently Asked Questions. All of this information will assist you through the transition, give you contact information as well as answer questions you may have regarding your prescription coverage.**

HOW YOU CAN BETTER MANAGE PRESCRIPTION DRUG COSTS:

Here are some steps you can take to make sure you're getting the most for your prescription drug dollars.

- **Use the Healthcare FSA** to cover prescription drug co-insurance amounts if you enroll in one of the medical PPO options. See page 14 for an explanation of how to use the FSA.
- **Use the mail order service** for maintenance prescriptions to receive a 90-day supply of maintenance drugs.
- **Talk to your pharmacist.** Pharmacists are qualified to answer many questions about your medications and are often aware of alternative treatments available for your condition that may not include prescription drugs. If that is the case, you can talk to your physician about the alternative.
- **Determine if your prescription is on the new CVS Caremark preferred drug list.** The preferred drug list contains brand-name drugs that are most commonly prescribed. These drugs are included on the list based on their comparable safety,

effectiveness, and value. If your doctor prescribes a drug that has no generic equivalent, check to see if the prescription is on the list. Remember, the list is subject to change.

- **Work with your doctor** to make sure you're getting medication that provides the most value – and the right dosage.

CHOOSING GENERIC VS. NAME-BRAND

When generic is available and you choose a brand-name drug, you will be responsible for the difference in cost between the generic and brand-name drug and the higher co-pay.

PRESCRIPTION DRUG PLAN SUMMARY

When you enroll in the PPO Core Plan or PPO Plus Plan, you'll also receive prescription drug benefits. The prescription drug plan offers three ways for you to obtain your medications. The chart below outlines specific plan information.

	PPO CORE PLAN	PPO PLUS PLAN
31-day Supply – Retail Pharmacy		
Generic	25% or minimum \$10 co-pay	\$10 co-pay
Preferred Brand Name*	30% or minimum \$25 co-pay	\$25 co-pay
Non-Preferred Brand Name*	35% or minimum \$40 co-pay	\$40 co-pay
\$100 out-of-pocket maximum per prescription		
90-day Supply – Retail Pharmacy		
Generic	25% or minimum \$25 co-pay	\$25 co-pay
Preferred Brand Name*	30% or minimum \$62 co-pay	\$62 co-pay
Non-Preferred Brand Name*	35% or minimum \$100 co-pay	\$100 co-pay
\$250 out-of-pocket maximum per prescription		
90-day Supply – Mail Order Pharmacy		
Generic	25% or minimum \$25 co-pay	\$25 co-pay
Preferred Brand Name*	30% or minimum \$62 co-pay	\$62 co-pay
Non-Preferred Brand Name*	35% or minimum \$100 co-pay	\$100 co-pay
\$250 out-of-pocket maximum per prescription		

* When generic is available and you choose a brand-name drug, you will be responsible for the difference in cost between the generic and brand-name drug and the higher co-pay.

DENTAL CARE PLANS

The Delta Dental PPO program continues to allow you the freedom to visit any licensed dentist. To **better understand** how claims will be paid in 2010, please refer to the chart below. It is very important that you verify with your dentist if s/he is a **Delta Dental Premier, Delta Dental Preferred** or **Non-Delta Dental** dentist so that you understand how your claims will be processed and the discounts you will receive.

You may locate a Delta Dental provider by going to www.deltadentalins.com. Click on "dentist directory" then click on "all states" beneath Delta Dental PPO, then enter the criteria for your search.

EXAMPLE OF HOW YOUR CLAIMS WILL BE PAID DEPENDING ON YOUR DENTIST'S PARTICIPATION WITH DELTA DENTAL

DELTA DENTAL PPO (PREFERRED) DENTISTS	DELTA DENTAL PREMIER® DENTISTS	NON-DELTA DENTAL DENTISTS
Claims paid according to negotiated rates	Claims paid according to traditional fee-for-service program	Claims paid according to reasonable and customary
Best discounts (PPO)	Discounts offered but not as good as PPO	No discounts
No balance billing	No balance billing	Dentist can bill for amount over reasonable and customary
Fewer providers	More providers	Includes all licensed dentists



GO TO THE SAFETYNET HOMEPAGE, CLICK EMPLOYEE BENEFITS AND SELECT "BENEFITS DENTAL". THIS WILL ASSIST YOU IN LOCATING IMPORTANT INFORMATION ABOUT YOUR DENTAL BENEFITS.

DENTAL

coverage for 2010



SERVICES THAT ARE CONSIDERED DIAGNOSTIC AND PREVENTATIVE ARE NOT APPLIED TO THE \$1,500 PER PERSON ANNUAL MAXIMUM.

Below is an overview of your Safety-Kleen Dental Plan options:

DENTAL CARE PLAN SUMMARY	
Who's Eligible	Primary enrollee, spouse and eligible dependent children to age 19 or up to age 24 if full-time student
Deductibles	\$50 per person/\$100 per family, per calendar year
Deductible Waived for Diagnostic and Preventive	Yes
Annual Maximum	The maximum benefit paid per calendar year is \$1,500 per person covered. Annual maximum is waived for diagnostic and preventative care.

BENEFITS AND COVERED SERVICES*	IN-PPO NETWORK**	OUT-OF-PPO NETWORK**
DIAGNOSTIC & PREVENTIVE BENEFITS* Oral examinations, routine cleanings, x-rays, fluoride treatment, space maintainers, additional benefits if pregnant	90%	90%
BASIC BENEFITS* Fillings, sealants, denture repairs	80%	80%
MAJOR BENEFITS* Crowns, inlays, onlays, cast restorations, dentures and implants	50%	50%
ENDODONTICS* (root canals) Covered Under Basic	80%	80%
PERIODONTICS* (gum treatment) Covered Under Basic	80%	80%
ORAL SURGERY* Incisions, excisions, surgical removal of tooth, Covered Under Basic	80%	80%
ORTHODONTIC BENEFITS* Adult and children	50%	50%
ORTHODONTIC MAXIMUMS*	\$ 1,500 Lifetime	\$ 1,500 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded. Please refer to your Evidence of Coverage or Summary Plan Description for waiting periods and a list of benefit limitations and exclusions.

** Fees are based on PPO fees for in-network dentists and the MPA (maximum plan allowance) for out-of-network dentists. Reimbursement is paid on Delta Dental contract allowances and not necessarily each dentist's actual fees.

VISION

coverage for 2010

VSP provides vision benefits through a network of doctors who offer eye care and eyewear materials. The plan pays benefits for eye examinations and vision expenses, including eyeglasses or contact lenses. When you visit an eye care provider, you'll need to file claims directly with VSP.

With VSP's **Signature Plan**, members have the following benefits:

- 30% off unlimited additional pairs of prescription glasses when purchased the same day as the member's eye exam from the same VSP doctor who provided the exam
- 30% off unlimited non-prescription sunglasses when purchased the same day as the member's eye exam from the same VSP doctor who provided the exam
- New and current contact lens wearers are eligible for a covered-in-full contact lens evaluation and initial supply of approved lenses from our newly expanded list, including toric, multifocal, and hydrogel lenses



For a listing of VSP-participating providers in your area, go to www.vsp.com or call **1-800-877-7195**.

VISION CARE PLAN SUMMARY

BENEFIT/FEATURE	VSP PROVIDER	NON-MEMBER PROVIDER
Vision Exam (once every 12 months)	Co-pay \$10	Up to \$45
Lenses* (once every 12 months)	Covered 100% after \$15 materials co-pay; polycarbonate for children covered in full	
Single Vision		Covered up to \$45 after co-pay
Lined Bifocal		Covered up to \$65 after co-pay
Lined Trifocal		Covered up to \$85 after co-pay
Lenticular		Covered up to \$125 after co-pay
Frames** (once every 12 months)	Covered up to \$150 after \$15 materials co-pay; 20% discount on overages	Covered up to \$47 after co-pay
Contact Lenses — Elective In lieu of glasses	Covered in full up to \$150 for exam, fitting, follow up and contacts; 15% discount given on professional fees	Covered up to \$105
Contact Lenses — Medically Necessary (once every 12 months) If following cataract surgery, to correct extreme visual acuity that can not be corrected with standard lenses and frames, or in case of certain conditions of anisometropia or keratoconus.	Covered in full after \$15 co-pay	Covered up to \$210 after co-pay

* Additional charges will apply for items such as UV protective coatings, scratch-resistant coatings, etc.

** The patient may choose from a large selection of quality frames. If requested, the provider will show the patient frames that are covered in full. Patients who choose a frame that exceeds the allowance will pay a controlled amount that is monitored by VSP and based on the wholesale price of the selected frame. VSP covers the majority of frames currently manufactured; however, a small percentage of frames do not meet VSP's guidelines and standards. Should a patient select such a frame, he or she would be reimbursed a set allowance toward the retail cost rather than on the cost-controlled wholesale price.

CONTRIBUTIONS

for medical, dental and vision plans

BI-WEEKLY CONTRIBUTIONS (for employees hired prior to January 1, 2010)

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Medical				
PPO Core Plan	\$34.02	\$94.19	\$73.72	\$126.95
PPO Plus Plan	\$52.66	\$138.46	\$108.36	\$186.62
Dental				
Dental PPO	\$7.20	\$13.56	\$12.35	\$20.10
Vision				
Vision Service Plan	\$2.52	\$5.04	\$5.04	\$7.56

REMEMBER!

New Employees Hired
after January 1, 2010

Employees hired during the
calendar-year 2010 will
have a higher premium to
cover dependents in 2010.



FSA

Flexible Spending Accounts

HEALTHCARE FSA DEBIT CARD

The card is accepted at most pharmacies nationwide and is used just like any other credit card, except that you're spending the pre-tax dollars you've contributed to your FSA account. It's important to remember to save all your receipts so you can submit them to Conexis when audited.

You will only receive a card if you newly elect a Healthcare FSA for 2010. **If you already have a Healthcare Debit card you will continue to reuse your debit card in 2010.**

If you already have an FSA account in 2009, **you must re-enroll for 2010 or your FSA will default to \$0.**

FLEXIBLE SPENDING ACCOUNTS

FSAs are a great way to save money in taxes, by providing a tax-free way to pay for eligible healthcare and dependent day care expenses. The current medical coverage and prescription drug coverage make the Healthcare FSA more valuable than ever – because you can use it to reimburse yourself for your out-of-pocket expenses such as deductibles, co-payments, and co-insurance amounts. Remember that you are not able to change your contribution during the year unless you have a qualified change in status or life event. Even then, the change must be consistent with the life event.

HEALTHCARE FSA

The Healthcare FSA is a great way to help manage health plan cost increases. You can contribute a **minimum of \$100 up to a maximum of \$3,500 per year** in pre-tax dollars to pay for eligible healthcare expenses that are not covered or fully paid by a healthcare plan. You may use this account to pay for expenses for yourself or anyone who qualifies as a dependent on your income tax return — even someone who isn't covered under the Safety-Kleen plan, such as a spouse or child.

ELIGIBLE HEALTHCARE EXPENSES INCLUDE:

Over-the-counter drugs and medications for the treatment of a medical condition; charges in excess of reasonable and customary; medical plan deductibles; medical co-insurance; dental plan deductibles; dental co-insurance; and any other healthcare expense not covered by a health plan (other than premiums for healthcare coverage) that would be allowable as an IRS itemized deduction. You can obtain a complete list at www.conexis.org – click Employees (at top), click Healthcare FSA, then click on the word Healthcare in the first paragraph or contact the Conexis Customer Service department at 1-866-279-8385.

DEPENDENT CARE FSA

Covers child and elder day care expenses. You can contribute a **minimum of \$100 up to a maximum of \$5,000 (or \$2,500 if you're married and filing separate tax returns)** per year to pay for dependent care expenses so that you (and your spouse, if you're married) can work. You may use this account to pay for dependent care expenses such as a day care center for your dependents who are under age 13 or for dependents of any age who live with you and are unable to care for themselves. You can obtain a complete list of dependent care expenses by going to www.conexis.org – click Employees (at top), click Dependent Care FSA, then click on the words Dependent Care in the first paragraph or contact the Conexis Customer Service department at 1-866-279-8385.

LOWER YOUR TAXES WITH THE FSAs

The FSAs can actually help you lower your costs — by saving you money in taxes on your eligible healthcare and dependent day care expenses. For example, say your annual salary is \$30,000. You decide not to participate in the FSA because you think the savings are just not worth it. Let's assume that your taxable income is \$30,000, and that you will owe \$8,100 in taxes. On the other hand, say you decide to contribute \$1,000 to one of the FSAs. This reduces your \$30,000 taxable income to \$29,000 a year, leaving you (in this example) owing only \$7,830 in taxes. This is a **\$270** cost savings — money you get to keep, rather than give to the IRS.

USE IT OR LOSE IT!

By law, if you don't use all your FSA money you contribute by **December 31**, the remaining balance is forfeited. However, you have until **March 31**, of the next plan year to file a claim for eligible expenses you incurred during 2010.

LIFE INSURANCE

options for 2010

Safety-Kleen provides you with Basic Life and Basic AD&D insurance. But you may purchase additional Voluntary Life, Employee/Family AD&D, and Dependent Life insurance. Below are the life insurance options available to you.

VOLUNTARY LIFE INSURANCE

Company-paid life insurance will be provided at 100% of your salary. In addition, you may elect 1, 2, 3 or 4 times your annual salary through the Voluntary Life Insurance program offered through UNUM. If you elect to participate in the Voluntary Life Insurance program or if you elect to increase this coverage, you must complete an Evidence of Insurability Form (EOI). The EOI form is available during your online enrollment through a link to the UNUM web site. Complete the EOI form electronically via a link to the UNUM web site and submit for review and approval. Once your EOI is approved by UNUM, the Benefits department will increase/begin your

life insurance coverage and start increased benefit deductions. Rates are age-based and listed as you proceed through your online enrollment. Again, this increase will only occur after we receive confirmation that your coverage increase has been approved.

The chart at left lists the 2010 rates that will be deducted from your bi-weekly payroll.

SAFETY-KLEEN VOLUNTARY LIFE RATES PER \$1000*	
payroll rates are based on 26 pay periods per year	
age band	bi-weekly payroll rates
<30	\$ 0.042
30-34	\$ 0.051
35-39	\$ 0.060
40-44	\$ 0.092
45-49	\$ 0.143
50-54	\$ 0.212
55-59	\$ 0.346
60-64	\$ 0.508
65-69	\$ 1.038
70-74	\$ 1.435
75+	\$ 2.552

* Voluntary Life Insurance Premiums are subject to change with an increase in age and/or increase of salary.

EMPLOYEE VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT

Company-paid AD&D insurance will be provided at 100% of your salary. Safety-Kleen provides optional AD&D insurance coverage that you may elect 1, 2, 3 or 4 times your annual salary to a maximum of \$500,000 of coverage. This election can be completed through your online enrollment. No additional paperwork is required to make an election or change. The Bi-weekly Single Coverage Premium is \$0.0102 per \$1,000 of coverage and The Family Coverage Premium is \$0.018 per \$1,000 of coverage. The enrollment process will show you the cost of each option.

VOLUNTARY DEPENDENT LIFE INSURANCE

You may elect a flat coverage amount for your spouse in the amount of \$10,000 and a flat \$2,000 per child and \$500 per child age birth to six months. This election can be completed through your online enrollment. No additional paperwork is required to make an election change.

Coverage Amount:

- Spouse = \$10,000
- Child (each) = \$2,000
((\$500 birth to six months))

Bi-weekly Premium:

- \$1.38, this premium is the same regardless of spouse only, one child only, or spouse and child(ren)

BENEFICIARY CHANGES DURING OPEN ENROLLMENT

Beneficiary information may be updated during your open enrollment process online or any time throughout the year.

ENROLLMENT

steps to take

DEADLINE TO ENROLL

You must enroll by midnight CST October 23, 2010. You must enroll online via *My Tools*. There will not be paper enrollment forms this year.



ENROLL ONLINE!

If you DON'T enroll or make changes, here's the coverage you'll receive for 2010:

2009 Coverage	2010 Coverage
Medical Plan coverage	Same as 2009 coverage
Waived Medical Plan coverage	No coverage
Vision Plan	Same as 2009 coverage
Waived Vision Plan coverage	No coverage
Dental Plan	Same as 2009 coverage
Waived Dental Plan coverage	No coverage
Flexible Spending Accounts	Annual re-enrollment is necessary
Life Insurance Plans	Same as 2009 coverage

Since your 2009 coverage may not meet your needs for 2010, be sure to review your options and make changes if needed.

Carefully review your Confirmation of Enrollment Statement, which will be mailed to your home in mid December. Your 2010 coverage choices will be effective January 1, 2010. If you enroll in one of the PPO Medical Plans, you will be receiving a new medical ID card as well as a separate ID card for prescriptions.

Here's a CHECKLIST of the things you'll need to do to enroll for your 2010 Safety-Kleen benefits:

You must enroll online via ***My Tools***. There will **not be paper enrollment forms this year.**

- Review** your current elections by logging onto *My Tools* through the SK Portal and opening the Enrollment Kit contents to learn about your choices for 2010.
- Gather the information** you'll need to complete your enrollment, such as your dependents' dates of birth and Social Security numbers.
- Choose** the eligible dependents you want to cover. You can also choose different coverage categories for the Medical, Dental and Vision Plans. Remember to read eligibility rules on page 6.
- Choose** the plans you want for 2010. You'll choose from healthcare plans as well as life insurance and accidental death and dismemberment (AD&D).
- Enroll in a Flexible Spending Account (FSA)**. You must re-enroll for 2010 in your Flexible Spending Account. Your FSA participation will not continue for 2010 unless you actively re-enroll for your 2010 FSA.
- Check beneficiary information** when reviewing your life insurance elections. Ensure it is accurate.

FAQ

frequently asked questions

Below is a list of benefit questions from Safety-Kleen employees that are most commonly asked during Open Enrollment. If you have other questions specific to your benefit situation please e-mail HRBenefits@safety-kleen.com or call the Benefits group at 1-800-819-1012.

If my spouse has coverage available through his/her employer and we are covered under that plan as well as Safety-Kleen's healthcare plan, how do the benefits coordinate?

Coordination of Benefits (COB) rules under both the Safety-Kleen and other employer's plan determine which plan pays benefits first. Safety-Kleen's plan shall not be reduced when our plan determines its benefits before another plan; but may be reduced when another plan determines its benefits first. This eliminates duplication of benefits.

If myself or my spouse is covered by Medicare, which plan is the primary coverage?

Medicare-eligible employees have special rules apply when they are covered by the Safety-Kleen plan and by Medicare. Generally, the Safety-Kleen plan is a primary plan if you are an active employee, and Medicare is a primary plan if you are a retired employee.

Safety-Kleen has a pre-existing exclusion in its healthcare plan. What does that mean?

As long as you have been continuously covered for a period of 12 months under creditable coverage, this time will be counted against your pre-existing exclusion period. Pregnancy, conditions resulting from domestic violence, and

genetic information without a diagnosis shall not be considered pre-existing conditions.

What charges go toward my out-of-pocket maximum?

All charges for services rendered inpatient or outpatient (except for lab and x-ray) apply. Office visits, co-pays and deductibles do not apply. Once you have met your out-of-pocket maximum you will pay co-pays for the remainder of that calendar year only.

When will I get my insurance cards?

Typically, you can expect your card(s) approximately 2-3 weeks after your eligibility date. If you have not received your cards four weeks after your eligibility date, you will need to contact Blue Cross and Blue Shield of Texas directly to request new, replacement or additional cards. Refer to the back cover for contact phone numbers.

How can I request additional medical ID cards?

Additional medical ID cards or replacement ID cards may be requested by logging on to the Blue Cross and Blue Shield web site for Safety-Kleen (www.bcbstx.com/safetykleen) and then accessing the link for BAM (Blue Access for Members). Additional ID cards may also be requested by calling BCBS Customer Service at 1-866-834-3860.

Where are the claim forms for Medical, Dental and Vision located?

All claim forms for Medical, Dental and Vision are located on Safety-Kleen's internal intranet site <http://safetynet>; click on "Employee Benefits" on the home

page. Instructions on how to use this site are included in your open enrollment materials. Vision does not require a claim form if you go to a participating VSP provider. If you do not go to a participating provider you must file a claim form yourself and it will be paid as though it was an out-of-network provider.

If I want to re-enroll into my Flexible Spending Account, do I have to complete my annual enrollment online?

To re-enroll, or enroll for the first time, into a healthcare or dependent care flexible spending account, you must go online through My Tools and complete your enrollment. If you do not re-enroll your FSA will default to \$0.



IMPORTANT NOTICE

about prescription drug coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Safety-Kleen and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.



If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or the dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- Safety-Kleen has determined that the prescription drug coverage offered by the ("Plan") is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered "credible" prescription drug coverage. This is important for the reasons described next.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare drug plan, as long as you later enroll within specific time periods.

ENROLLING IN MEDICARE - GENERAL RULES

As some background, you can join a Medicare drug plan when you first become eligible for Medicare. If you qualify for Medicare due to age, you may enroll in a Medicare drug plan during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months.

If you qualify for Medicare due to disability or end-stage renal disease, your initial Medicare Part D enrollment period depends on the date your disability or treatment began. For more information you should contact Medicare at the telephone number or web address listed at the end of this notice.

LATE ENROLLMENT AND THE LATE ENROLLMENT PENALTY

If you decide to *wait* to enroll in a Medicare drug plan, you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from November 15 through December 31. But as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

If after your initial Medicare Part D enrollment period you go **63 continuous days or**

IMPORTANT NOTICE

about prescription drug coverage and Medicare

longer without “creditable” prescription drug coverage (that is, prescription drug coverage that’s at least as good as Medicare’s prescription drug coverage), your monthly Part D premium may go up by at least 1% of the premium you would have paid had you enrolled in a timely fashion, for every month that you did not have creditable coverage.

For example, if after your Medicare Part D initial enrollment period you go 19 months without coverage, your premium may be at least 19% higher than the premium you otherwise would have paid. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage. *However, there are some important exceptions to the late enrollment penalty.*

SPECIAL ENROLLMENT PERIOD EXCEPTIONS TO THE LATE ENROLLMENT PENALTY

There are “special enrollment periods” that allow you to add Medicare Part D coverage months or even years after you first became eligible to do so, without a penalty. For example, if after your Medicare Part D initial enrollment period you lose or decide to leave employer-sponsored or union-sponsored health coverage that includes “creditable” prescription drug coverage, you will be eligible to join a Medicare drug plan at that time.

In addition, if you otherwise lose other creditable prescription drug coverage (such as under an individual policy) through no fault of your own, you will be able to join a Medicare drug plan, again without penalty. These special enrollment periods end two months after the month in which your other coverage ends.

COMPARE COVERAGE

You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. See the Plan’s summary plan description for a summary of the Plan’s prescription drug coverage. If you don’t have a copy, you can get one by contacting us at the telephone number or address listed at the end of this notice.

COORDINATING OTHER COVERAGE WITH MEDICARE PART D

Generally speaking, if you decide to join a Medicare drug plan while covered under the Safety-Kleen Plan due to your employment (or someone else’s employment, such as a spouse or parent), your coverage under the Safety-Kleen Plan will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan’s summary plan description or contact Medicare at the telephone number or web address listed at the end of this notice.

If you do decide to join a Medicare drug plan and drop your Safety-Kleen prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage you would have to re-enroll in the Plan, pursuant to the Plan’s eligibility and enrollment rules. You should review the Plan’s summary plan description to determine if and when you are allowed to add coverage.



IMPORTANT NOTICE

about prescription drug coverage and Medicare

REMEMBER!

Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE

Contact the department listed below for further information. Or call the Safety-Kleen Benefits Department at 1-800-819-1012. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Safety-Kleen changes. You also may request a copy.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. If you are eligible for Medicare, you'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

FOR MORE INFORMATION ABOUT MEDICARE PRESCRIPTION DRUG COVERAGE

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227)
TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call 1-800-772-1213 (TTY 1-800-325-0778).

Date: 09/15/2010

Name of Entity/Sender: Safety-Kleen

Contact-Position/Office: Safety-Kleen Benefits

Address: 5360 Legacy Drive

Building 2, Suite 100

Plano, Texas 75024

Phone Number: 1-800-819-1012

Nothing in this notice gives you or your dependents a right to coverage under the Plan. Your (or your dependents') eligibility for coverage under the Plan is determined solely under the terms of the Plan.

IMPORTANT

contact information

PHONE NUMBERS AND WEB ADDRESSES

PLAN	ADMINISTER	PHONE NUMBER	WEB ADDRESS
Medical Care Plan <ul style="list-style-type: none"> ◦ Blue Care Connection ◦ 24-Hour NurseLine ◦ Disease Management ◦ Special Beginnings 	Blue Cross and Blue Shield of Texas	1-866-834-3860 1-800-462-3275 1-888-545-9473 1-800-462-3275 1-800-462-3275	www.bcbstx.com/safetykleen
Vision Care Plan	Vision Service Plan	1-800-877-7195	www.vsp.com
Prescription Drug Plan	CVS Caremark	1-866-329-3057	www.caremark.com
Prescription Drug Mail-Order Program	CVS Caremark	1-866-329-3057	www.caremark.com
Mental Health Care Plan	Blue Cross and Blue Shield of Texas	1-800-528-7264	www.bcbstx.com/safetykleen
Dental PPO Plan	Delta Dental	1-800-521-2651	www.deltadentalins.com
Flexible Spending Accounts	Conexis	1-866-279-8385	www.conexis.org
Employee Assistance Program	LifeEra	1-866-638-5709 (TDD: 1-866-216-9926)	www.liveandworkwell.com
Prudential Financial	Prudential	1-800-562-8838	www.prudential.com
COBRA	Conexis	1-877-722-2667	www.conexis.org
Dependent Audits	ConSova	1-866-797-2055	
Voluntary Benefits <ul style="list-style-type: none"> ◦ Critical Illness Insurance ◦ Whole Life Insurance ◦ Accident Insurance 	Safety-Kleen	1-800-819-1012	E-mail: HRBenefits@safety-kleen.com
Employee Discount Programs* <small>* more programs can be found on SafetyNet</small> <ul style="list-style-type: none"> ◦ Advancial Credit Union ◦ GlobalFit ◦ Recreation Connection 	Safety-Kleen	1-800-819-1012	E-mail: HRBenefits@safety-kleen.com
Benefits Department	Safety-Kleen	1-800-819-1012	E-mail: HRBenefits@safety-kleen.com

This Open Enrollment guide presents a summary of the Safety-Kleen benefit plans. If there are any discrepancies between this document and the official plan documents upon which the Plans are based, the Plan documents will govern. Safety-Kleen reserves the right, at any time without notice, in the company's sole discretion to change, amend, modify, or terminate the plans and benefits mentioned in this summary brochure.

