

LETTER OF AGREEMENT
 BETWEEN URS FEDERAL TECHNICAL SERVICES, INC.
 AND
 THE INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, LOCAL 558
 FACILITY TECHNICIANS

URS Federal Technical Services, Inc. and The International Brotherhood of Electrical Workers agree to revise the language in Article 24, paragraph A of the Collective Bargaining Agreement between URS and the IBEW which is in effect May 15, 2012 – May 14, 2015. The revised language will read as follows:

ARTICLE 24 – HEALTH AND WELFARE

A. Health Insurance

The Company will provide equitable wages and benefits for employees as described in this Article. The Company will make available the Blue Cross Blue Shield of Alabama 501 Health and Dental Plan. Benefits will be paid in accordance with the Blue Cross Blue Shield Plan Document titled, "URS Federal Technical Services-COSS Group Health Care Plan" with an effective date of January 1, 2012. While the Plan states, "The employer currently intends to continue the plan as described herein, but reserves the right, in its discretion, to amend, reduce or terminate the plan and coverage at any time for active employees, retirees, former employees, and all dependents," the benefits will remain comparable to the 501 Plan dated January 1, 2012.

Employee biweekly contributions are listed below. Increases in health and dental premiums will be shared on a 80/20 basis with the Company paying 80% of the new premium and the employee paying 20% of the new premium. The current employee biweekly health contributions are listed below:

Coverage	Health	Dental
Employee	\$ 41.91	\$ 2.12
Employee/Spouse	\$ 94.62	\$ 5.91
Employee/Child(ren)	\$ 94.62	\$ 5.91
Family	\$ 94.62	\$ 5.91

Health Waiver – Employees may opt to waive health insurance coverage and receive a waiver paid on a biweekly basis. Employees must furnish proof of other health coverage to qualify for the waiver. Employees may receive the following waivers:

Individual – \$500.00 per year

Dependent - \$500.00 per year

Benefits offered will be equitable to the Blue Cross Blue Shield of Alabama 501 Health and Dental Plan described below:

HEALTH PLAN

**INPATIENT HOSPITAL AND PHYSICIAN BENEFITS
 (Includes Mental Health and Substance Abuse)**

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Inpatient Hospital Note: Inpatient hospital deductibles and copays do not apply to the Calendar Year Out-of-Pocket Maximum	Covered at 100% after \$150 per admission deductible; no copay required	Covered at 80% after \$300 per admission deductible Note: In Alabama, available only for accidental injury
Inpatient Physician Visits and Consultations	Covered at 100%; no copay or deductible	Covered at 50% subject to calendar year deductible Mental Health and Substance Abuse Services covered at 80% not subject to calendar year deductible

OUTPATIENT HOSPITAL BENEFITS
(includes Mental Health and Substance Abuse)

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Outpatient Surgery (Including Ambulatory Surgical Centers)	Covered at 100% after \$150 hospital copay	Covered at 80% subject to calendar year deductible; in Alabama, not covered
Emergency Room (Medical Emergency)	Covered at 100% after \$150 hospital copay	Covered at 100% after \$150 hospital copay and subject to calendar year deductible Mental Health and Substance Abuse Services covered at 100% after \$150 hospital copay
Emergency Room (Accident)	Covered at 100%; no copay or deductible	Covered at 100%; no copay or deductible for services within 72 hours of accident; thereafter 80% subject to calendar year deductible
Emergency Room Physician	Covered at 100% after \$30 physician copay	Covered at 100% after \$30 physician copay and subject to calendar year deductible Mental Health and Substance Abuse Services covered at 100% after \$30 physician copay
Outpatient Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy, Chemotherapy & Radiation Therapy	Covered at 100%; no copay or deductible	Covered at 80% subject to calendar year deductible; in Alabama, not covered

PHYSICIAN BENEFITS
(includes Mental Health and Substance Abuse)

Office Visits & Consultations	Covered at 100% after \$30 physician copay	Covered at 50% subject to calendar year deductible
Surgery & Anesthesia (excluding services related to Bariatrics)	Covered at 100%; no copay or deductible	Covered at 50% subject to calendar year deductible
Bariatric Surgery (Surgeon, Assistant Surgeon & Anesthesia) Note: Bariatric Services in Alabama must be performed by Bariatric Surgery Network Provider	Covered at 80%; no copay or deductible	Not covered
Maternity Care	Covered at 100%; no copay or deductible	Covered at 50% subject to calendar year deductible
Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy, Chemotherapy & Radiation Therapy	Covered at 100%; no copay or deductible	Covered at 50% subject to calendar year deductible

PREVENTIVE CARE BENEFITS

Routine Immunizations and Preventive Services	Covered at 100%; no copay or deductible	Not covered
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PRESCRIPTION DRUG BENEFITS
(includes Mental Health and Substance Abuse)

<p>Prescription Drug Card 90 day supply may be purchased but copay applies for each 30 day supply; some copays combined for diabetic supplies Certain Specialty Drugs can only be dispensed by a Specialty Participating Pharmacy.</p>	<p>Covered at 100% subject to the following copays: Generic Drugs: \$10 copay per prescription Preferred Brand Name Drugs: \$25 copay per prescription Other Brand Name Drugs: \$45 copay per prescription</p>	<p>Not covered</p>
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SUMMARY OF COST SHARING PROVISIONS
(includes Mental Health and Substance Abuse)

<p>Calendar Year Deductible Calendar Year Out-of-Pocket Maximum Applies to: In-Network physician services that pay less than 100% Home Health and Hospice Other Covered Services (except Out-of-Network occupational therapy, physical therapy and DME in Alabama) Lifetime Maximum</p>	<p>\$200 individual; \$600 aggregate maximum per family \$600 individual plus calendar year deductible Only coinsurance and copays you pay for the listed services will apply to the maximum. Fixed copays do not apply to the maximum. After you reach the Calendar Year Out-of-Pocket Maximum, applicable expenses are covered at 100% for the remainder of the calendar year. There is no lifetime maximum</p>
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BENEFITS FOR OTHER COVERED SERVICES
(includes Mental Health and Substance Abuse)

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Allergy Testing & Treatment Limited to 12 visits per calendar year	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible
Ambulance Service	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible
Participating Chiropractic Services Limited to 15 visits per calendar year	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible; in Alabama, covered at 50% subject to calendar year deductible

HOME HEALTH AND HOSPICE BENEFITS
(includes Mental Health and Substance Abuse)

<p>Home Health and Hospice Precertification required for services rendered outside of Alabama</p>	<p>Covered at 100%; no copay or deductible</p>	<p>Covered at 80% subject to calendar year deductible; in Alabama, not covered</p>
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EXPANDED PSYCHIATRIC SERVICES (EPS)

<p>Expanded Psychiatric Services (EPS) EPS network available throughout Alabama and in Meridian, Mississippi and Northwest Florida To find an EPS provider call Customer Service at 1-800-292-8868 or search the online provider finder on our web site www.bcbsal.com</p>	<p>When care is received or coordinated by an EPS provider, the following mental health and substance abuse benefits are available: Covered at 100%; no copay or deductible Inpatient: Includes hospital, physician and therapy expenses Outpatient: Includes office visits, therapy, counseling and testing</p>
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**HEALTH MANAGEMENT BENEFITS
(includes Mental Health and Substance Abuse)**

Individual Case Management	Coordinates care in event of catastrophic or lengthy illness or injury.
Disease Management	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease.
Baby Yourself Contraceptive Management	A prenatal wellness program. Covers prescription contraceptives, which include: birth control pills, injectables, diaphragms, IUDs and other non-experimental FDA approved contraceptives; subject to applicable deductibles, copays and coinsurance.
Air Medical Services	Air ambulance service to a hospital near home if hospitalized while traveling more than 150 miles from home;

DENTAL PLAN

GENERAL PROVISIONS

Deductible	\$25 deductible per member per calendar year; \$75 aggregate family maximum.
Maximum	\$1,500 per member each calendar year.

DIAGNOSTIC AND PREVENTIVE (Exams and Cleanings)

Covered at 100%, subject to the deductible.

Includes:

- Dental exams up to twice per benefit period.
- Full mouth x-rays, one set during any 36 consecutive months.
- Bitewing x-rays, up to twice per benefit period.
- Other dental x-rays, used to diagnose a specific condition.
- Routine cleanings, twice per benefit period.
- Tooth sealants on teeth numbers 3, 14, 19, and 30, limited to one application per tooth each 48 months. Benefits are limited to a maximum payment of \$20 per tooth. Limited to the first permanent molars of children through age 13.
- Fluoride treatment for children through age 18 twice per benefit period.
- Space maintainers (not made of precious metals) that replace prematurely lost teeth for children through age 18.

RESTORATIVE (Fillings and Root Canals)

Covered at 100%, subject to the deductible.

Includes:

- Fillings made of silver amalgam and synthetic tooth color materials.
- Simple tooth extractions.
- Direct pulp capping, removal of pulp and root canal treatment.
- Repairs to removable dentures.
- Emergency treatment for pain.

SUPPLEMENTAL (Oral Surgery and Anesthesia)

Covered at 100%, subject to the deductible.

Includes:

- Oral surgery for tooth extractions and impacted teeth.
- General anesthesia given for oral or dental surgery. This means drugs injected or inhaled for relaxation or to lessen pain, or to make unconscious, but not analgesics, drugs given by local infiltration, or nitrous oxide.
- Treatment of the root tip of the tooth including its removal.

PROSTHETIC (Crowns and Dentures)

Covered at 50%, subject to the deductible.

Includes:

- Full or partial dentures.
- Fixed or removable bridges.
- Inlays, onlays, or crowns to restore diseased or accidentally broken teeth, if less expensive fillings are not adequate.

PERIODONTIC (Gum Disease)

Covered at 80%, subject to the deductible.

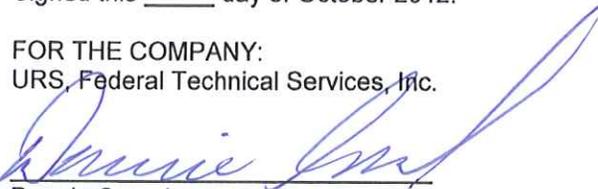
Includes:

- Periodontic exams twice each 12 months.
- Removal of diseased gum tissue and reconstructing gums.
- Removal of diseased bone.
- Reconstruction of gums and mucous membranes by surgery.
- Removing plaque and calculus below the gum line for periodontal disease.

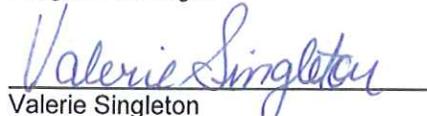
***NOTE: Periodically, minimal changes may be implemented to the Plan by Blue Cross Blue Shield of Alabama.**

Signed this _____ day of October 2012:

FOR THE COMPANY:
URS, Federal Technical Services, Inc.



Donnie Crouch
Program Manager



Valerie Singleton
Human Resource Representative

FOR THE UNION:
The International Brotherhood of Electrical Workers



Ralph Mayes, Business Manager
IBEW Local 558



Tony Quillen
Assistant Business Manager/President