



2019 BENEFITS GUIDE

nsba
National School Boards Association



Dear Colleagues:

Please take time to carefully review this benefits guide. The National School Boards Association (NSBA) cares about the health and well-being of you and your family, and we are dedicated to providing you with a comprehensive benefits package. We encourage you and your dependents to become familiar with the resources and providers listed in this benefits guide.

Eligibility

As an employee who is scheduled to work 25 or more hours per week, you and your dependents are eligible for benefits through NSBA. Eligible dependents include a legal spouse, domestic partner, and dependent children. For a child to be considered a dependent, he or she must be less than 26 years of age, regardless of student status. Stepchildren may also be considered eligible dependents if they reside with and are primarily dependent upon the NSBA employee for support. A child who has a physical or mental disability may be eligible for coverage at any age with proof of disability.

Enrollment

Coverage is effective on your date of hire. Open enrollment takes place each year and is the time you may change your benefit elections. If you qualify for a change in your benefits outside of the open enrollment period due to a qualifying life event, NSBA must be notified within 30 days of the change in status. You will need proof of the change.

If you have any questions regarding coverage or payroll deductions, you may contact the Human Resources department at 703.535.1619.

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ADVOCACY



WEBSITE

Stay informed with the latest health news, biometric tools, calculators and information at benefitsvip.com!



LIVECHAT

Chat live with one of our dedicated BenefitsVIP advocates through our BenefitsVIP website!

HELP STARTS HERE

BenefitsVIP is a powerful, one-stop contact center staffed by seasoned professionals. Your dedicated team of employee benefits advocates is ready to help you and your family members resolve your benefits issues.

For service that's confidential and responsive, contact:

866.284.2053

Monday - Friday,
8:30am—8:00pm (ET)
Fax: 856.996.2735

MyTeam@benefitsvip.com

QUESTIONS ANSWERED HERE

COMPLETELY CONFIDENTIAL! Your dedicated BenefitsVIP advocates understand your benefit plans and are able to answer benefit questions and quickly resolve claims and eligibility issues. A majority of inquiries are resolved the same day and all calls adhere to privacy best practices.

BenefitsVIP.com

ABOUT NSBA



WHO WE ARE

The National School Boards Association (NSBA) was founded in 1940 as a not-for-profit organization to assist state school boards associations in their efforts to support public education and local school board governance.

NSBA represents state school boards associations and their more than 90,000 local school board members. We believe education is a civil right, and public education is America's most vital institution.

WHAT WE DO

NSBA advocates local school boards as the ultimate expression of grassroots democracy. NSBA supports the capacity of each school board, acting on behalf of and in close concert with the people of its community, to envision the future of education in its community, to establish a structure and environment that allow all students to reach their maximum potential, to provide accountability to the community on performance in the schools, and to serve as the key community advocate for children and youth and their public schools. The association continues to adapt as challenges facing public education and local school governance grow. The New NSBA features a more assertive approach to advocacy in the legislative, legal, and public arenas in an effort to shape the debate about public education and to counter the efforts of those who endanger this vital institution.

NSBA'S GOVERNANCE

NSBA policy is determined by a 150-member Delegate Assembly of local school board members who represent their state associations of school boards. The 25 member Board of Directors translates this policy into action. Programs and services are administered by NSBA's Executive Director and a nearly 70 person staff. NSBA's office is located in Alexandria, Va.

OUR MISSION

Working with and through our State Associations, NSBA Advocates for Equity and Excellence in Public Education through School Board Leadership.

OUR VISION

National leadership that encourages outstanding school board governance to achieve student success.

OUR GOALS

ADVOCATING FOR PUBLIC EDUCATION

- ▶ Expand advocacy efforts in the Congress and federal agencies by further increasing NSBA's capacity to interact with policymakers and to advance our own proposals.
- ▶ Expand advocacy efforts in the courts, including through a proactive litigation initiative.
- ▶ Expand public advocacy efforts through the "Stand Up 4 Public Schools" campaign and proactive litigation initiative.
- ▶ Exposing critics of public education through a research-based effort that challenges inaccurate statements & sheds light on how adversary groups are organized and funded.

LEADING THE CONVERSATION

- ▶ Provide resources & support to ensure equity and access for all students.
- ▶ Redefine 'student success' beyond mere performance on standardized tests so the public schools are known to be a place that maximizes students' potential.
- ▶ Promote the appropriate roles for the federal, state and local levels of governance in public education.
- ▶ Be a thought leader on education issues by engaging interested groups and policymakers in examining and gaining consensus about ways to strengthen public education.

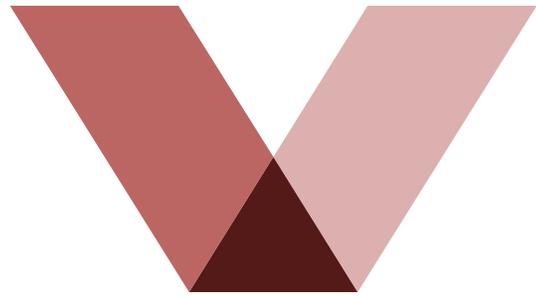
SERVING STATE ASSOCIATIONS

- ▶ Identify and deliver needed services to state associations.
- ▶ Strengthen membership ties.

ENSURING FINANCIAL STABILITY

- ▶ Further diversify revenue streams.
- ▶ Systematically build reserves.
- ▶ Implement the Glide Path Plan to address the association's unfunded pension liability.

MEDICAL



BENEFIT	OPTION 1 OPTIMUM CHOICE HMO (REFERRALS)	OPTION 2 CHOICE (OPEN ACCESS)
	IN-NETWORK	IN-NETWORK
Annual Deductible	Individual: \$250 Family: \$750	Individual: None Family: None
Out-of-Pocket Maximum	Individual: \$3,000 Family: \$6,000	Individual: \$3,000 Family: \$6,000
Preventive Care	No charge	No charge
Outpatient Care Primary care physician office visits Specialist office visits Lab & X-Ray Imaging	\$15 copay \$30 copay No charge 10%*	\$20 copay \$40 copay No charge 10%
Hospitalization Inpatient Outpatient	10%* 10%*	10% 10%
Emergency Care Ambulance when medically necessary At emergency room Urgent Care	10%* \$250 copay \$75 copay	10% \$250 copay \$75 copay
Mental Health Inpatient Outpatient	10%* \$30 copay	10% \$40 copay
Prescription Drug <i>Retail Pharmacy</i> (31 day supply) Tier 1/Tier 2/Tier 3 <i>Mail Order Pharmacy</i> (90 day supply) Tier 1/Tier 2/Tier 3	\$10/\$35/\$60 \$25/\$87.50/\$150	\$10/\$35/\$60 \$25/\$87.50/\$150
Per Pay Period Contributions Employee Only Employee + Spouse Employee + Children Employee + Family	\$53.25 \$171.45 \$138.00 \$202.35	\$58.30 \$178.75 \$143.80 \$211.00

* After deductible

NSBA MEDICAL PLANS

NSBA offers three UnitedHealthcare medical plans. Each plan utilizes a different network: Optimum Choice HMO, Choice, and Choice Plus. The Optimum Choice HMO and Choice networks do not provide out-of-network coverage. In other words, if you seek services out-of-network, you will be responsible for the entire cost of the service. To find an in-network doctor, visit myUHC.com.

The Optimum Choice HMO plan requires that members select a primary care physician and receive referrals to see a network specialist. With the Choice and Choice Plus plans, members do not need to select a primary care physician or seek referrals to see a specialist.





TRY THE RALLY APP!

Rally is a simple tool that rewards you for making small changes to your daily routine, setting smart goals, and staying on target. You'll get personalized recommendations on how to move more, eat better, and feel happier.

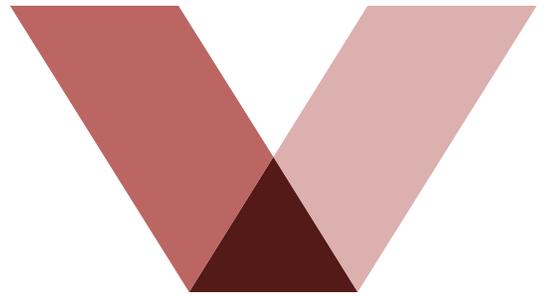
As part of your United Healthcare medical plan benefits, Rally is available to you at no additional cost online and through the mobile app. Visit myUHC.com to learn more.

OPTION 3 CHOICE PLUS (IN & OUT-OF-NETWORK)

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	Individual: None Family: None	Individual: \$1,000 Family: \$3,000
Medical Out-of-Pocket Maximum	Individual: \$3,000 Family: \$6,000	Individual: \$6,000 Family: \$12,000
Preventive Care	No charge	30%*
Outpatient Care Primary care physician office visits Specialist office visits Lab & X-Ray Imaging	\$20 copay \$40 copay No charge 10%	30%* 30%* 30%* 30%*
Hospitalization Inpatient Outpatient	10% 10%	30%* 30%*
Emergency Care Ambulance when medically necessary At hospital emergency room Urgent Care	10% \$250 copay \$75 copay	10% \$250 copay 30%*
Mental Health Inpatient Outpatient	10% \$40 copay	30%* 30%*
Prescription Drug <i>Retail Pharmacy</i> (31 day supply) Tier 1/Tier 2/Tier 3 <i>Mail Order Pharmacy</i> (90 day supply) Tier 1/Tier 2/Tier 3	\$10/\$35/\$60 \$25/\$87.50/\$150	
Per Pay Period Contributions Employee Only Employee + Spouse Employee + Children Employee + Family	\$75.50 \$231.50 \$180.30 \$239.00	

*After deductible

DENTAL



DENTAL

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
Annual Benefit Maximum (Per person)	\$1,750 plus Maximum Rollover	
Diagnostic & Preventive Services Prophylaxis (Cleanings); Oral Examinations; Topical Fluoride; X-rays; Sealants (up to age 16); Space Maintainers	100%	100%
Basic Services Fillings; Simple Extractions; Complex Extractions; Repairs of dentures, crowns, bridges; Endodontics; Periodontics; Periodontal surgery; Anesthesia	90%*	80%*
Major Services Bridge and Dentures; Crowns; Inlays, Onlays, and Veneers; Implants	60%*	50%*
Per Pay Period Contributions		
Employee Only		\$1.87
Employee + Spouse		\$3.88
Employee + Child(ren)		\$3.86
Employee + Family		\$5.84

*After deductible

DENTAL BENEFITS

You can visit GuardianAnytime.com to access secure information about your dental benefits and view your ID card. Your online account will be set up within 30 days after your plan effective date.

FIND A DENTIST

Visit GuardianAnytime.com to find a dental provider.

Plan Type: PPO

Network: DentalGuard Preferred

Member ID: Your SSN

Plan Number: 556815

BENEFIT MAXIMUM ROLLOVER

Guardian will roll over a portion of your unused annual benefit maximum into your personal Maximum Rollover Account (MRA). If you reach your annual benefit maximum in future years, you can use money from your MRA. To qualify for an MRA, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Your MRA may not exceed the MRA limit. You can view your annual MRA statement detailing your account and those of your dependents on GuardianAnytime.com.



VISION



VISION BENEFITS

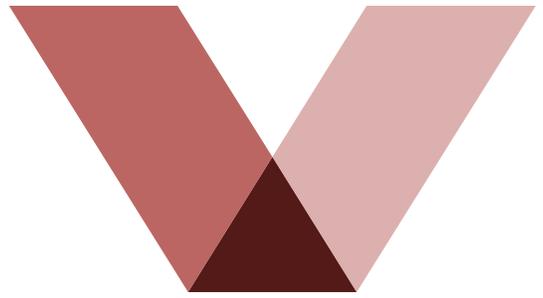
Guardian's affiliation with Davis Vision offers access to over 80,000 provider locations nationwide, including private practice providers and many convenient retailers such as Walmart, Sam's Club, Target, Sears, JC Penny, and contracted Pearle locations. Visit GuardianAnytime.com to locate a network provider.

VISION

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Eye Exam	\$10 copay	Reimbursement up to \$50
Frequency		
Exam	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frames	Once every 24 months	
Frames	\$130 allowance	Reimbursement up to \$48
Lenses		
Single Vision Lenses	\$20 copay	Reimbursement up to \$48
Bifocal Vision Lenses	\$20 copay	Reimbursement up to \$67
Trifocal Vision Lenses	\$20 copay	Reimbursement up to \$86
Contact Lenses¹		
Medically Necessary Contact Lenses	No copay with prior approval	Reimbursement up to \$210
Elective Contact Lenses	\$130 allowance	Reimbursement up to \$105
Per Pay Period Contributions		
Employee Only		\$1.33
Employee + Spouse		\$2.95
Employee + Child(ren)		\$2.95
Employee + Family		\$4.16

¹Contact lenses are in lieu of eyeglass lenses and/or eyeglass frames

LIFE, AD&D, AND DISABILITY



BASIC TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Life insurance coverage provides important financial protection for your family in the event of your death. Accidental Death and Dismemberment (AD&D) insurance coverage provides important financial protection in the event of death, loss of hand, feet and/or vision when an employee experiences a loss within 365 days of a related accident. NSBA provides benefit eligible employees with Basic Term Life and AD&D coverage through Guardian with an issue amount of two times base salary with a maximum benefit of \$500,000.

NSBA covers the entire cost of this benefit.

SHORT TERM DISABILITY

Short term disability (STD) is designed to provide income replacement if you become disabled and unable to work. NSBA provides all benefit eligible employees with STD coverage after the 14th day of an accident or sickness, for a maximum of 11 weeks. The weekly benefit will not exceed 66.67% of weekly earnings to a maximum of \$2,000 per week.

NSBA covers the entire cost of this benefit.

LONG TERM DISABILITY

Long term disability (LTD) is designed to provide income replacement if you become disabled and are unable to work. NSBA provides all benefit eligible employees with LTD coverage after the 90 day waiting period. The LTD benefit replaces 66.67% of your pre-disability monthly earnings to a maximum of \$10,000 per month.

NSBA covers the entire cost of this benefit.

VOLUNTARY TERM LIFE INSURANCE

Eligible employees may elect additional voluntary life insurance through Guardian. You have the opportunity to elect a benefit amount equal to 1x, 2x, or 3x your annual salary, up to a maximum of \$500,000. Spouse insurance is available in \$5,000 increments up to the lesser of 50% of the employee's benefit amount or \$100,000. Dependent children can have coverage amounts of \$1,000, \$2,000, \$5,000 or \$10,000.

Premiums are based on the age of the covered person and the amount of coverage elected.

Employees are responsible for 100% of the cost of this benefit.



FLEXIBLE SPENDING ACCOUNT

SAVE ALL RECEIPTS

You must save all receipts from purchases made with your FSA. UHC may request that you substantiate your FSA Health Care purchases.

SECURE ONLINE ACCOUNT

Visit <https://member.UHCbs.com> to view your account history and balance, submit reimbursement claims electronically, view eligible expenses lists, and learn more information about your FSA.

FLEXIBLE SPENDING ACCOUNT (FSA)

A Flexible Spending Account (FSA) allows you to set aside pre-tax dollars from your pay to cover out-of-pocket health care or dependent care expenses throughout the year. FSA's are "use it or lose it" type programs, meaning, if you do not use all of the funds you elect to contribute to your FSA during the plan year, you will lose those remaining funds. This is why it is important for you to budget appropriately and use all of the funds within the FSA plan year. However, the Health Care FSA allows you to carry over \$500 of unused dollars into the next year. The only time you may make a change to your election is during an IRS qualified status change such as marriage, birth of a child, divorce, etc.

ACCOUNT TYPE	EXAMPLES OF ELIGIBLE EXPENSES	CONTRIBUTION LIMITS	ACCESS TO FUNDS	PRE TAX BENEFIT
Health Care FSA	<ul style="list-style-type: none"> • Medical Plan Deductibles • Most Insurance Co-payments • Prescription Drugs • Vision Exams/ Eyeglasses/Contacts • Laser Eye Surgery • Dental and Orthodontia (Braces) 	Maximum contribution is \$2,700 per year	Allows immediate access to the entire contribution amount from the 1st day of the benefit year, before all scheduled contributions have been made	<ul style="list-style-type: none"> • Save 20-40% on your health care expenses • Save on purchases not covered by insurance • Reduce your taxable income
Dependent Care FSA	<ul style="list-style-type: none"> • Daycare • Day Camp • Eldercare • Before and After School Care 	Maximum contribution is \$5,000 per year (\$2,500 if married and file separate tax returns)	You will be able to submit claims up to your year-to-date accumulated amount in your account (<i>You will only be reimbursed based on your accumulated contribution amounts</i>)	<ul style="list-style-type: none"> • Save 20-40% on your dependent care expenses • Reduce your taxable income

RETIREMENT



DEFINED CONTRIBUTION 403(B)

NSBA offers retirement benefits to eligible employees through a 403(b) defined contribution plan with Mass Mutual. Upon hire, employees are auto-enrolled in the plan at an 8% deferral rate on a pre-tax basis through payroll deductions. Employees may elect to decrease or increase their contribution up to the maximum IRS limits. After one year of service, NSBA contributes a base 3% of employee' eligible wages to their 403(b) accounts, and will match 50% of up to 8% of employee deferrals (for a maximum of an additional 4% of eligible earnings).

DEFERRED COMPENSATION PLAN 457(B)

The 403(b) Plan also features an Automatic Deferral Increase (ADI) that increases by 1% (up to 12%) for employees with a deferral percentage between 1% and 11%. Employees who are automatically enrolled within six (6) months of the July 1 increase date will not be increased until the following July.

ACCESS TO YOUR ACCOUNT

You can access and manage your workplace retirement plan account by phone or online.

- ▶ **By phone:** Call 800.743.5274 to speak with a MassMutual Retirement Specialist to ask questions, check your account balance, change your address, and much more!
- ▶ **Online:** Visit www.retiresmart.com, MassMutual's participant interactive retirement planning website to manage your investment elections, balance transfer, etc.

TRAVEL & PARKING



TRAVEL ACCIDENT INSURANCE

NSBA provides travel accident insurance up to \$250,000 for employees traveling on NSBA business.

SMARTBENEFITS TRANSIT SUBSIDY

NSBA subsidizes employee public transportation costs by providing up to a maximum of \$120 per month on a SmarTrip card. These funds may be used for travel between work and home, and are not transferable. Eligible employees may elect to deduct pre-tax funds from their paychecks for additional transit expenses not covered by NSBA's subsidy and/or parking expenses in Metro-operated parking lots. Employees with NSBA parking privileges are not eligible to receive the transportation subsidy.

PARKING

Parking permits in the NSBA lot are determined by way of an annual lottery system, parking amounts are based on job grade. In addition, NSBA offers a pre-tax stipend of \$75 to defray the cost of offsite parking expenses for eligible employees.

PAID TIME OFF



VACATION

NSBA full-time employees earn a maximum of 15 days of vacation leave per year for the first five years of employment. After completion of five years of service, employees may earn a maximum of 20 days of leave per year. After completion of fifteen years of service, employees may earn a maximum of 25 days of leave per year.

SICK LEAVE

Full-time employees may accrue a maximum of 15 days of sick leave year, up to a maximum accrual of 60 days.

HOLIDAYS

NSBA observes the following 11 paid holidays each year:

- ▶ New Year's Day
- ▶ Martin Luther King Jr. Day*
- ▶ President's Day*
- ▶ Memorial Day
- ▶ Independence Day
- ▶ Labor Day
- ▶ Columbus Day*
- ▶ Veteran's Day*
- ▶ Thanksgiving (2 days)
- ▶ Christmas Day

*Designated floating holidays. Employees may select to work on these days and take holidays at another time during the year.

PAID PERSONAL LEAVE

NSBA provides paid personal leave to accommodate full-time employees in special situations, including bereavement, religious observances, and emergencies. Bereavement leave permits five days of paid personal leave for immediate family and one day for other individuals. A combination of four paid personal days may be used for religious observances and/or emergencies.

WORK HOURS & ATTIRE



FLEX TIME

Core work hours at NSBA are 9:00 am to 5:00 pm. Full-time employees work a 7 hour day, 35 hour week. With supervisory approval, employees may elect to adopt a flexible work schedule and vary their work hours to start between 8:00 am and 10:00 am.

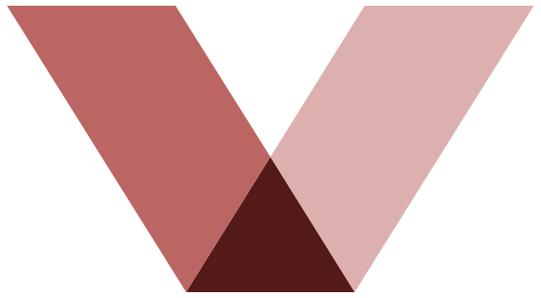
TELEWORKING

NSBA supports teleworking when such an arrangement can benefit both the organization and the employee. Teleworking is a voluntary work alternative that may be appropriate for some employees and some jobs. It allows employees to work at home instead of physically traveling to the office every day. In general, employees are only eligible to enter teleworking arrangements after completion of a minimum of six months of continuous employment.

CASUAL DAY

As a benefit to employees, NSBA designates Fridays as 'casual' days, and permits casual business dress during regular work hours on these days. Casual day may be suspended on Fridays when work responsibilities require more formal business attire.

ADDITIONAL BENEFITS



AFLAC

NSBA offers employees and their families a pre-tax insurance benefit that can be used in addition to their medical coverage. Aflac is insurance for daily living. It pays cash benefits directly to the employee, to help with make up for lost income and increased expenses caused by accident or illnesses. **The costs of premiums is fully paid by employees.**

NSBA offers the following employee-paid policies to employees:

▶ Accident

For a covered accident, Aflac policyholders receive cash benefits for use as they see fit. This plan helps provide a financial cushion if an accident occurs.

▶ Hospital Confinement Indemnity with a Maternity Benefit

Helps with the non-covered expenses of a hospital stay.

▶ Cancer/Specified-Disease

Aflac's cancer/specified disease insurance policies are designed to pay cash benefits that can be used to help offset cancer-related expenses and to help with a variety of daily living expenses.

▶ Critical Care and Recovery (Specified Health Event)

Helps with the medical expenses related to a covered serious health event such as heart attach, stroke, coma, and more.

FOR MORE INFORMATION

To learn more about policy benefits, limitations, and exclusions, please call your Aflac insurance agent, Will Fedo at 410.863.6504 or william.fedo@mwepartnership.com.



TRAVELAID SERVICES

TravelAid provides an emergency response network around the clock and around the world to ensure that business travelers are not left on their own when they need help the most, whether for a medical emergency or to replace travel documents. TravelAid services includes:

- ▶ Travel Planning
- ▶ Specialized Security Resources
- ▶ Medical Transportation
- ▶ Worldwide Physician & Hospital Referrals
- ▶ Emergency Response

Call 888.600.1600 for assistance.

EMPLOYEE ASSISTANCE PROGRAM

NSBA provides employees access to WorkLife Matters, an employee assistance program (EAP) through Guardian. This program provides professional, confidential assistance to employees and their families for a variety of personal circumstances like family care, stress, depression, or addiction. Assistance includes unlimited telephonic counseling, three face-to-face visits per family member per year, online resources, and more. Call 800.386.7055 for assistance or visit ibhworklife.com.
User Name: Matters; Password: wlm70101

LEGAL SERVICES

NSBA offers employees and their families a pre-paid legal service plan, which covers general legal services. Plan attorney firms are located throughout the Metropolitan Washington, D.C. area.

The cost of premiums is fully paid by employees.

ADP DISCOUNTS

Through ADP NSBA employees have access to numerous online shopping resources with discounts of up to 40% on more than five million products and services.

TUTION REIMBURSEMENT

NSBA offers employees tuition reimbursement after six months of full-time continuous employment.



SPECIAL ENROLLMENT RIGHTS (HIPAA)

If you have previously declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

NO GUARANTEE ON TAX CONSEQUENCES

Neither the Administrator nor the Company makes any commitment or guarantee that any amounts paid to or for the benefit of an Employee under any Plan will be excludable from the Employee's gross income for federal or state income tax purposes, or that any other federal or state tax treatment will apply to or be available to any Employee. An Employee shall indemnify and reimburse the Company for any liability it may incur for failure to withhold federal or state income tax or social security tax from such payments or reimbursements.

NEWBORNS & MOTHERS HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following a cesarean section.

However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

MICHELLE'S LAW

Michelle's Law permits seriously ill or injured college students to continue coverage under a group health plan when they must leave school on a full-time basis due to their injury or illness and would otherwise lose coverage.

The continuation of coverage applies to a dependent child's leave of absence from (or other change in enrollment) at a postsecondary educational institution (college or university) because of a serious illness or injury, while covered under a health plan. This would otherwise cause the child to lose dependent status under the terms of the plan.

Coverage will be continued until:

1. One year from the start of the medically necessary leave of absence, or
2. The date on which the coverage would otherwise terminate under the terms of the health plan; whichever is earlier.

EMPLOYEE RETIREMENT INCOME SECURITY ACT (ERISA)

Federal law imposes certain requirements on employee benefit plans voluntarily established and maintained by employers. [29 USC §1001 et seq.; 29 CFR 2509 et. seq.] ERISA covers two (2) general types of plans: retirement plans, and welfare benefit plans designed to provide health benefits, scholarship funds, and other employee benefits. As a participant, you are entitled to certain rights & protections under ERISA.

- Examine, without charge, at the office of the Administrator and at other specified locations, such as worksites, all Plan documents and copies of all documents filed by the Plan with the US Department of Labor, such as detailed annual reports and Plan descriptions.
- Obtain copies of all Plan documents and other Plan information upon written request to the Administrator. The Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report. The Administrator is required by law to furnish each participant with a copy of this Summary Annual Report.
- Obtain a statement telling you whether you have a right to receive a benefit at normal retirement age and, if so, what your benefit would be at normal retirement age if you stopped working under the Plan now. If you do not have a right to a benefit, the statement will tell you how many more years you have to work to get a right to a benefit. This statement must be requested in writing, and no one is required to give such a statement more than once a year. The Administrator must provide the statement free of charge.

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to run the Plan prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA. If your claim for a benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the Plan review and reconsider your claim. Under ERISA, there are steps you may take to enforce your rights. For instance, if you request materials from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Administrator to provide the materials and pay you up to \$100 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you win the suit, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees—for example, if it finds that your claim is frivolous.

If you have any questions about the Plan, you should contact the plan administrator at your Human Resources Department. If you have any questions about this statement or about your rights under ERISA, you should contact the nearest office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

MEDICARE PART D NOTICE OF CREDITABLE COVERAGE

Written notice stating whether or not the expected amount of paid claims under a group health plan's prescription drug coverage is at least as much as the expected amount of paid claims under the standard drug benefit under Medicare Part D. Must be sent to participants and beneficiaries eligible for Medicare Part D.

The notice must be provided by (1) October 15th each year; (2) prior to an individual's individual enrollment period for Part D; (3) prior to the effective date of coverage for any Part D eligible individual who enrolls in the employer's prescription drug coverage; (4) when the plan no longer provides drug coverage or when the coverage is no longer creditable; and (5) upon request.

JANET'S LAW WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

On October 21, 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. As required by this law, annual notice of the mandated post-mastectomy benefits must be provided to all covered persons. Please review this information carefully. If your spouse is covered under a health plan sponsored by your employer, please make certain that she or he also has the opportunity to review this information.

The Women's Health and Cancer Rights Act of 1998 requires that all group health plans that provide medical and surgical benefits for a mastectomy also must provide coverage for:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and coverage for any complications in all stages of mastectomy, including lymphedemas.

The Act requires that coverage be provided in a manner that is consistent with other benefits provided under the plan. The coverage may be subject to annual deductibles and coinsurance provisions.

The Act prohibits any group health plan from:

- Denying a participant or a beneficiary eligibility to enroll or renew coverage under the plan in order to avoid the requirements of the Act;
- Penalizing, reducing, or limiting reimbursement to the attending provider (e.g., physician, clinic or hospital) to induce (monetary or otherwise) the provider to provide care consistent with the Act.



DISCLOSURES

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT (CHIPRA)

Effective April 1, 2009 employees and dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances:

- The employee's or dependent's state Medicaid or CHIP (Children's Health Insurance Program) coverage terminates because the individual ceases to be eligible.
- The employee or dependent becomes eligible for a CHIP premium assistance subsidy under state Medicaid or CHIP (Children's Health Insurance Program).

Employees must request this special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy.

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008

This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that: the financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires employers who provide medical coverage to their employees to offer such coverage to employees and covered family members on a temporary basis when there has been a change in circumstances that would otherwise result in a loss of such coverage [26 USC §4980B] This benefit, known as "continuation coverage," applies if, for example, dependent children become independent, spouses get divorced, or employees leave the employer.

HIPAA INFORMATION NOTICE OF PRIVACY PRACTICES

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), your employer recognizes your right to privacy in matters related to the disclosure of health related information. The Notice of privacy Practices (provided to you upon your enrollment in the health plan) details the steps your employer has taken to assure your privacy is protected. The Notice also explains your rights under HIPAA. A copy of this Notice is available to you at any time, free of charge, by request through your local Human Resources Department.

QUALIFIED MEDICAL CHILD SUPPORT ORDER (QMCSO)

is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

COVERAGE EXTENSION RIGHTS UNDER THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions for preexisting conditions except for service-connected injuries or illnesses.

GENETIC INFORMATION NON-DISCRIMINATION ACT (GINA)

GINA broadly prohibits covered employers from discriminating against an employee, individual, or member because of the employee's "genetic information," which is broadly defined in GINA to mean (1) genetic tests of the individual, (2) genetic tests of family members of the individual, and (3) the manifestation of a disease or disorder in family members of such individual.

GINA also prohibits employers from requesting, requiring, or purchasing an employee's genetic information. This prohibition does not extend to information that is requested or required to comply with the certification requirements of family and medical leave laws, or to information inadvertently obtained through lawful inquiries under, for example, the Americans with Disabilities Act, provided the employer does not use the information in any discriminatory manner. In the event a covered employer lawfully (or inadvertently) acquires genetic information, the information must be kept in a separate file and treated as a confidential medical record, and may be disclosed to third parties only in very limited circumstances.

CAN CHILDREN STAY ON A PARENT'S PLAN UNTIL AGE 26?

If a plan covers children, they can be added or kept on the health insurance policy until they turn 26 years old.

Children can join or remain on a plan even if they are:

- married
- not living with their parents
- attending school
- not financially dependent on their parents
- eligible to enroll in their employer's plan

HOW TO GET COVERAGE FOR ADULT CHILDREN

Adult child may be enrolled during a plan's open enrollment period or during other special enrollment opportunities. The employer or insurance company can provide details.

Under-26-year-olds can be signed up directly in new Marketplace plans. Be sure to include him or her on the list of people to be covered.

Questions? Call 1-800-318-2596, 24 hours a day, 7 days a week. (TTY: 1-855-889-4325)



This benefit summary provides selected highlights of the employee benefits program available. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Our company reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.

