GILMORE & ASSOCIATES, INC.
ENGINEERING & CONSULTING SERVICES

YOUR 2017-2018 BENEFITS GUIDE

Gilmore & Associates, Inc. takes pride in providing a comprehensive employee benefits program that continues to meet our employees' evolving needs and ensures a level of security and protection. We also recognize the important role employee benefits play as a critical component of your overall compensation. We strive to maintain a benefits program that is competitive within our industry.

Benefits that benefit you

● **Medical/Prescription** ● **Dental** ● **Vision** ● **Voluntary**

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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see Page 14 for more details.

The information in this Benefit Summary is presented for illustrative purpose. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was made to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Summary, contact Human Resources.

Enrollment Guidelines

Benefit Election

Who is Eligible: If you are a Gilmore & Associates, Inc. full-time employee (working 30 or more hours per week) you are eligible to enroll in the benefits described in this guide. The following family members are eligible for medical, dental and vision coverage:

- Your legal spouse
- Dependent children until age 26

How to Enroll: Log into the Bright Choices portal, review the plans and associated costs being offered. Verify your personal information. Make your benefit elections. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.

- **Open Enrollment**
  - ALL employees will need to log into the portal by 2/22/2017 to elect or waive benefits. Failure to do so will result in termination of your coverage effective March 1, 2017.
  - Portal will be open 2/15/2017 and will close 2/22/2017. Your elections will be effective March 1, 2017 will remain in place until February 28, 2018.
- **New Hire**
  - ALL new hired employees will need to log into the portal within 30 days of receiving portal email to elect or waive benefits. Failure to do so you will need to wait until open enrollment to elect benefits.
  - Your elections will be effective first of the month after date of hire.
  - Your elections will remain in place until February 28, 2018.

Annual Enrollment: During Annual Open Enrollment you are allowed to make changes to your current benefit elections, add or remove dependent(s), enroll in coverage for the first time, or waive a coverage that you may have previously elected. Once enrolled, you will not be able to make changes or cancel coverage until the next the Annual Open Enrollment period unless you have a qualified life event (i.e. marriage/divorce, birth/adoption, death, or loss of coverage). Should you experience a Qualified Life Event you will have 30 days from the date of the event to contact HR to make a benefits change.



2017-2018 Medical Insurance Benefit

Gilmore & Associates, Inc. provides medical insurance through Aetna.

In-Network:	OAMC POS 500 100/70 RX21	OAMC POS 1500 100/70 RX23	OAMC POS 3000 100/70 RX25	OAMC POS 2500 100/70 HSA RX26.5
Referrals	No	No	No	No
Benefit Year	Plan Year	Plan Year	Plan Year	Calendar Year
Deductible (Individual/Family)	$500/$1,000	$1,500/$3,000	$3,000/$6,000	$2,500/$5,000 *(there is no single deductible when enrolled as a family)*
Coinsurance	100%	100%	100%	100%
Out of Pocket Max (Individual/Family)	$6,600/$13,200	$6,600/$13,200	$6,600/$13,200	$3,250/$6,500 *(there is no single maximum when enrolled as a family)*
Preventive Care	No Charge	No Charge	No Charge	No Charge
Physician Visit	$10 copay	$20 copay	$40 copay	100% after ded
Specialist Visit	$20 copay	$40 copay	$60 copay	100% after ded
Lab **Routine X-Ray** **Complex X-Ray**	$0 100% after ded 100% after ded	$0 100% after ded 100% after ded	$0 100% after ded 100% after ded	100% after ded 100% after ded 100% after ded
Hospitalization	100% after ded	100% after ded	100% after ded	100% after ded
Outpatient Surgery	100% after ded	100% after ded	100% after ded	100% after ded
Emergency Room (copays waived if admitted)	$150 copay	$150 copay	$150 copay	100% after ded
Vision Exam Copay	100% (1 every 12 months)	100% (1 every 12 months)	100% (1 every 12 months)	100% (1 every 12 months)
Out-of-Network:				
Deductible (Individual/Family) **Coinsurance** **Out of Pocket Max** (Individual/Family)	$5,000/$10,000 70% $10,000/$20,000	$5,000/$10,000 70% $10,000/$20,000	$5,000/$10,000 70% $10,000/$20,000	$5,000/$10,000 70% $10,000/$20,000
Prescription Drugs:				
Retail Generic/ Preferred/Non-Preferred **Mail Order**	$5/$30/$55 2X	$15/$25/$40 2X	$10/$35/$60 2X	Integrated w/Medical ded $20/$40/$70 after ded 2X after ded

Valuable Tool: AETNA NAVIGATOR - Go to: www.aetna.com

You can:

- Find a Participating doctor, compare hospitals; research treatments
- Estimate and compare costs for services and procedures
- View your claims information
- Sign up for Aetna's wellness programs and discount programs

2017-2018 Dental Insurance Benefit

Gilmore & Associates, Inc. provides dental insurance through Humana.

Dental PPO		
	196/185	**Traditional Preferred**
Annual Maximum Per person, per calendar year, in and out of network	$1,500	$1,500
Annual Deductible (Single/Family) Per calendar year, in and out of network *Waived for Preventive Care*	$50/$150	$50/$150
Diagnostic and Preventive Services - Exams, Cleanings, X-rays	100%	100%
Basic Services - Restorative, Simple Extractions	90%	80%
Major Services – Crowns, Bridges, Dentures, Periodontics	60%	50%
Orthodontia - Child **Orthodontia Lifetime Max** In and out of network	Not Covered	50% $1,000
Out of Network* **Diagnostic and Preventive Services** **Basic Services** **Major Services**	 100% 80% 50%	 100% 50% 50%

*Humana pays out of network claims based on Maximum Allowable Cost (MAC). If your dentist charges over MAC, balance billing could occur.

How to find a dentist? Go to www.humanadental.com and click on “Dental & Vision” next screen select “Provider finder”.

- Choose to search by a member ID number (if you have your card) or by Coverage/Network (Just Looking)
  - Coverage/Network
  - Select PPO
  - Enter Zip Code
  - Network select PPO/Traditional Preferred
  - Search
  - Choose a type of service (i.e. Dentistry for General Dentists) or find a specific dentist
- Click Search for results

2017-2018 Vision Insurance Benefit

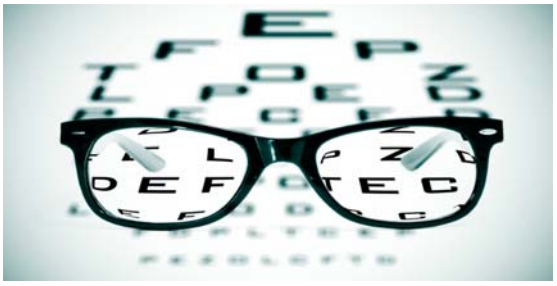
Gilmore & Associates, Inc. provides vision insurance through Guardian.

The vision plan includes discounts on exams (including contact lens exams) and the purchase of eyeglasses, sunglasses, and other prescription eyewear when provided by VSP providers.

	VSP High	VSP Low	Davis High	Davis Low
Routine Eye Exam *Frequency*	$10 copay 12 months	$10 copay 12 months	$10 copay 12 months	$10 copay 12 months
Frames *Frequency*	Up to $130 Allowance + overage discount 24 months	Up to $120 Allowance + overage discount 24 months	Up to $130 Allowance + overage discount 24 months	Up to $120 Allowance + overage discount 24 months
Lenses *Frequency*	Covered after copay 12 months	Covered after copay 24 months	Covered after copay 12 months	Covered after copay 24 months
Contact Lenses (instead of glasses) *Frequency*	Up to $130 12 months	Up to $120 24 months	Up to $130 12 months	Up to $120 24 months
Out of Network	See Schedule	See Schedule	See Schedule	See Schedule

How to find a vision provider? Go to www.guardiananytime.com and click on “Find a Provider” next screen will pop up you should select “Find a Vision Provider”

- Select your Vision Plan (Davis or VSP)
- Enter in your personal search information
- For VSP members only you will be asked to “Select your Vision Network” you will select:
  - VSP Network (Signature Plan)
- Click Continue for results



Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSA) - FSAs provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.

Plan Carefully: Unused balances up to $500 in your Health Care FSA will be rolled over at the end of the plan year. Balances in your Health Care FSA above $500 will be forfeited. The Dependent Care FSA remains a "Use It or Lose It" fund. Any unused monies in your Dependent Care FSA at the end of the year will be forfeited.

The plan year is March 1 through February 28. Qualified expenses must be incurred during the plan year. Expenses are considered incurred when the service is performed. Once you make your election, you cannot change the contribution amount unless you experience a qualified life event change. There are two unique FSA options:

Health Care FSA - This program allows Gilmore & Associates, Inc. employees to pay with pre-tax dollars for certain IRS-approved medical care expenses not covered by your insurance plan. You do not need to be enrolled in the medical plan to enroll in this benefit. **The annual maximum you may contribute is $2,600.** This maximum is based on 2017 IRS guidelines.

Eligible Expenses Include:

- Copays, Coinsurance, and Deductibles
- Hearing services, including: hearing aids and batteries
- Vision services, including: contact lenses, contact lens solution, eye exams and eye glasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Over-the-counter (OTC) medications provided you have a prescription

Please note: OTC rules changed January 1, 2011 as a result of Healthcare Reform. Only OTC medications accompanied by a prescription from your provider will be eligible for reimbursement. Your debit card will not work for these purchases.

Dependent Care FSA – The Dependent Care FSA allows Gilmore & Associates, Inc. employees to use pre-tax dollars to pay for qualified dependent care, such as caring for children under the age of 13 or caring for elders (dependent on you for their daily care). **The annual maximum amount you may contribute is $5,000** (or $2,500 if married and filing separately) per calendar year.

Eligible Expenses include:

- The cost of child or adult dependent care either inside or outside the home
- The cost for an individual to provide care either in or out of his/her house
- Nursery schools and preschools (excluding kindergarten)

Life and Disability Insurance

Basic Life & AD&D Insurance

Gilmore & Associates, Inc. provides full-time employees with life and accidental death and dismemberment (AD&D) insurance, and pays the full cost of this benefit. This benefit is 1x base annual earnings to $100,000. This benefit is through Lincoln Financial. Contact Human Resources for additional details or to update your beneficiary information.

Short and Long Term Disability Income Benefits

Gilmore & Associates, Inc. provides full-time employees with short and long-term disability income benefits, and pays the full cost of this coverage. In the event you become disabled from a non work-related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive short-term or long-term disability benefits if you are receiving workers' compensation benefits. This benefit is through Lincoln Financial.

	Short-Term Disability	Long-Term Disability
Benefits Begin	15th Day	91st Day
Benefits Payable	Up to 11 Weeks	Up to 65 or Social Security Normal Retirement
Percentage of Income Replaced	50% of Base Monthly Earnings	50% of Base Monthly Earnings
Maximum Benefit	$1,500 per week	$5,000 per month

Additional Benefit Offerings

Voluntary - You are also eligible to enroll or participate in the following voluntary programs at a group rate:

Voluntary Life Insurance – an insurance policy paid to beneficiaries in the event of the insured's death. This policy is an important part of your financial security, especially if others depend on you for support. Can be purchased for yourself, spouse and dependent child.

Buy Up Short Term Disability (STD) - an insurance policy that replaces a portion of your earnings if you are unable to work due to an accident or disability that occurs off the job.

Teladoc – you will have access to an on call licensed physician 24/7/365. Services include unlimited telephone (Tele-Consults) or secure e-mail (E-Consults) comprehensive Medical Tele-Consults, where prescriptions can be prescribed.

Identity theft protection – service includes scouring thousands of public and private databases searching for new information associated with your SSN or identity, and working to re-store your identity in the event of identity theft. Basic Credit Report Monitoring is also included.

***Critical Illness** – used to pay for the out-of-pocket expenses. The policy pays as a lump sum, when someone is diagnosed with a serious illness. It can be used at the discretion of the policy holder, and it gives the person financial protection.

***Accident Insurance** - provides cash benefits for out-of-pocket expenses associated with an accidental injury and can help you protect hard earned savings.

*plan is subject to minimum participation requirements

Resources - Employer Paid

Health Advocate - Health Advocate provides a wide variety of services that can help you and your family with health care and insurance matters. Services are available to all employees and their spouses, dependent children, parents and parents-in-law. Health Advocate services are free and completely confidential. Call the Health Advocate at **1-866-695-8622 or visit www.HealthAdvocate**

Health Advocate can assist with:

- Researching and Resolving Claim Issues
- Finding Doctors/Best-in-Class Facilities
- Reviewing Treatment Options
- Locating and Scheduling Appointments with Top Specialists
- Obtaining Approval for Medically Necessary Network Exceptions
- Arranging Medical Record Transfers
- Exploring and Arranging Elder Care

Benefit Hotline - The Benefit Hotline provides you with direct access to benefit specialists who can assist you with any questions or concerns you may have about the benefits available to you as a Gilmore & Associates, Inc. employee. Call the Benefit Hotline at **1-800-442-1413 (**available Monday - Friday, 9:00 a.m. to 5:00 p.m.) or email **PlymouthClientServices@cbiz.com** for help on any of the following reasons:

- Benefit Questions
- Eligibility
- Plan Design Information
- Cobra Questions
- Claims Issues

Contacts

Carrier	Plan	Phone Number	
Benefit Hotline		1-800-442-1413	Email: PlymouthClientServices@cbiz.com
Health Advocate		1-866-695-8622	www.healthadvocate.com
Bright Choices/Liazon	Portal	1-866-542-9661	
Aetna	Medical	1-888-802-3862	www.aetna.com
Humana	Dental	1-800-233-4013	www.humana.com
Guardian **VSP** **Davis**	Vision	 1-877-814-8970 1-877-393-7363	www.guardiananytime.com www.vsp.com www.davisvision.com

Notices

Federally Required Notices Related To Your Benefits Program

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2015. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: www.myalhipp.com
Phone: 1-855-692-5447

ALASKA – Medicaid

Website: http://health.hss.state.ak.us/dpa/programs/medicaid/
Phone (Outside of Anchorage): 1-888-318-8890
Phone (Anchorage): 907-269-6529

COLORADO – Medicaid

Medicaid Website: http://www.colorado.gov.hcpf/
Medicaid Customer Contact Center: 1-800-221-3943

FLORIDA – Medicaid

Website: https://www.flmedicaidtplrecovery.com/
Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: http://dch.georgia.gov/
Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)
Phone: 1-800-869-1150

INDIANA – Medicaid

Website: http://www.in.gov/fssa
Phone: 1-800-889-9949

KENTUCKY – Medicaid

Website: http://chfs.ky.gov/dms/default.htm
Phone: 1-800-635-2570

LOUISIANA – Medicaid

Website: http://www.lahipp.dhh.louisiana.gov
Phone: 1-888-695-2447

MAINE – Medicaid

Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 1-800-977-6740
TTY: 1-800-977-6741

MASSACHUSETTS – Medicaid and CHIP

Website: http://www.mass.gov/MassHealth
Phone: 1-800-462-1120

MINNESOTA – Medicaid

Website: http://www.dhs.state.mn.us/id
Click on Health Care, then Medical Assistance
Phone: 800-657-3629

MISSOURI – Medicaid

Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

IOWA – Medicaid

Website: www.dhs.state.ia.us/hipp/
Phone: 1-888-346-9562

KANSAS – Medicaid

Website: http://www.kdheks.gov/hcf/
Phone: 1-800-792-4884

NEVADA – Medicaid

Medicaid Website: http://dwss.nv.gov/
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: www.dhhs.nh.gov/oii/documents/hippapp.pdf
Phone: 603-271-5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid
Phone: 1-609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: http://www.nyhealth.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: http://www.ncdhhs.gov/dma
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-800-755-2604

OKLAHOMA – Medicaid and CHIP

Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid

Website: http://www.oregonhealthykids.gov
http://www.hijossaludablesoregon.gov
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: http://www.dpw.state.pa.us/hipp
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid

Website: www.ohhs.ri.gov
Phone: 401-462-5300

MONTANA – Medicaid

Website: http://medicaid.mt.gov/member
Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633

SOUTH CAROLINA – Medicaid

Website: http://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: https://www.gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: http://health.utah.gov/medicaid
CHIP Website: http://health.utah.gov/chip
Phone: 1-866-435-7414

VERMONT– Medicaid

Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.coverva.org/programs_premium_assistanc.cfm
CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid

Website: http://hca.wa.gov/medicaid/premiumpymt/pages/index.aspx
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Website: www.dhhr.wv.gov/bms/
Phone: 1-877-598-5820, HMS Third Party Liability

WISCONSIN – Medicaid and CHIP

Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: http://www.health.wyo.gov/healthcarefin/equalitycare
Phone: 307-777-7531

To see if any more states have added a premium assistance program since January 31, 2015, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

HIPAA Special Enrollment Notice

If you are declining enrollment for yourself and/or your eligible dependent(s) because of other health/dental insurance coverage and if you lose that coverage, you may in the future be able to enroll yourself and/or your eligible dependent(s) in this plan, provided that you request enrollment within 30 days after your other coverage ends. If you are declining coverage for yourself and/or your eligible dependent(s) for any other reason, you cannot join the plan later unless you have a new dependent as a result of marriage, birth, adoption, placement for adoption, loss of Medicaid or SCHIP coverage, eligibility for Medicaid or SCHIP coverage, or during an open enrollment period, if applicable. You may then be able to enroll yourself and your eligible dependent(s), provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption, or within 60 days of Medicaid and SCHIP.

If you decline coverage for yourself and/or your eligible dependent(s) because you have other health/dental coverage or if you fail to request plan enrollment within 30 days after your (and/or your eligible dependent's) other coverage ends, you will not be eligible to enroll yourself, or your eligible dependent(s) during the special enrollment period discussed above and you will need to wait until the next open enrollment period to enroll in the plan's health/dental/vision coverage.

Non-Medical

If you are voluntarily declining non-medical coverage provided by your employer, you may choose to enroll at a later date depending upon the coverage now being waived. With the late enrollment your cost may be higher, a health questionnaire may be required and the effective date of your coverage may be delayed or denied. If coverage is non-contributory (employer pays entire cost) waivers are not permitted.

Note: Under Section 125, you may make changes to your pre-tax benefit plans only if you experience a qualified event. The change you request must be consistent with the event. The following are the IRS minimum Qualified Events:

1. Marriage, divorce, or legal separation;
2. Birth or adoption of a child;
3. Death of a spouse or child;
4. Change in residence or work location that affects benefits eligibility for you or your covered dependent(s);
5. Your child(ren) meets (or fails to meet) the plan's eligibility rules (for example, student status changes);
6. You or one of your covered dependents gain or lose other benefits coverage due to a change in employment status (for example, beginning or ending a job);
7. Loss or eligibility for Medicaid or SCHIP.

Women's Health and Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, all your plan administrator at 215-345-4330.

Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers 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 vaginal delivery or less than 96 hours following a cesarean section.

However, federal law generally does not prohibit the mother's or the 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 insurers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours/96 hours.

Rights Under COBRA

As a Gilmore & Associates, Inc. employee, you are eligible for COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985 as amended). This gives employees and their qualified beneficiaries the opportunity to continue health insurance coverage for specified periods of time under the Company's health plan when a "qualifying event" occurs. Some common qualifying events are resignation, termination of employment (other than for gross misconduct), or death of an employee; a reduction in an employee's hours or a leave of absence; an employee's divorce or legal separation; and a dependent child no longer meeting eligibility requirements. Under COBRA, the employee or beneficiary pays the full cost of coverage at the employer's group rates plus an administration fee.

Family and Medical Leave Act – FMLA

The Family and Medical Leave Act of 1993 ("FMLA") requires Venezia Transport Services, Inc. to provide eligible employees with up to 12 weeks per year of in a 12-month period for:

- the birth of a child and to care for the newborn child within one year of birth;
- the placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;
- to care for the employee's spouse, child, or parent who has a serious health condition;
- a serious health condition that makes the employee unable to perform the essential functions of his or her job;
- any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;" or

Twenty-six work weeks of leave during a single 12-month period is permitted to care for a covered service member with a serious injury or illness if the eligible employee is the service member's spouse, son, daughter, parent, or next of kin (military caregiver leave).

An eligible employee is one who:

- Works for a covered employer;
- Has worked for the employer for at least 12 months;
- Has at least 1,250 hours of service for the employer during the 12 month period immediately preceding the leave*; and
- Works at a location where the employer has at least 50 employees within 75 miles.

Source: http://www.dol.gov/whd/fmla/
Please contact Human Resources if have any questions or need to request leave.

Important Notice from Gilmore & Associates, Inc. about Your 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 Gilmore and Associates 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. If you are considering joining, 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. 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.
2. Gilmore and Associates has determined that the prescription drug coverage offered by Aetna is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage will not be affected. You can keep your existing coverage or join a Medicare drug plan as a supplement to, or in lieu of, your coverage under the Gilmore and Associate's Welfare Plan.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back until the Gilmore and Associates Welfare Plan next annual open enrollment (or if you experience a special enrollment event).

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Gilmore and Associates and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. 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 Gilmore and Associates changes. You also may request a copy of this notice at any time.

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. 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 them at 1-800-772-1213 (TTY 1-800-325-0778).

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, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: January 16, 2017
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