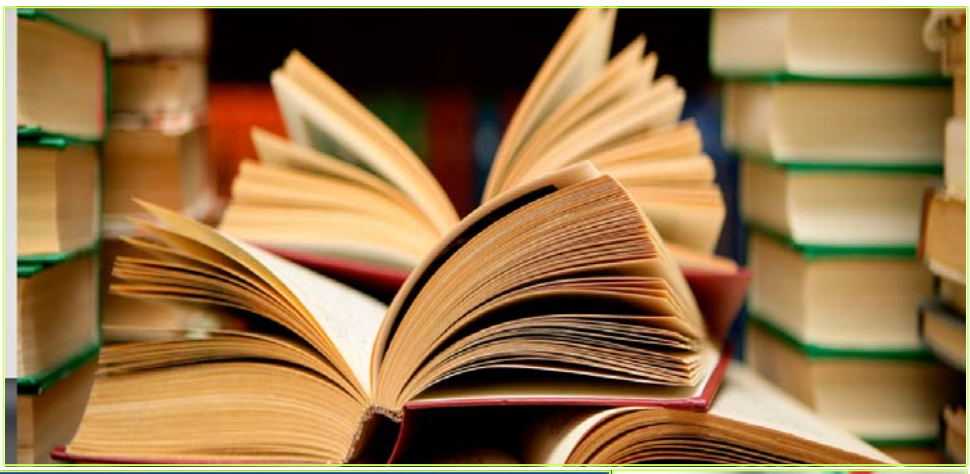
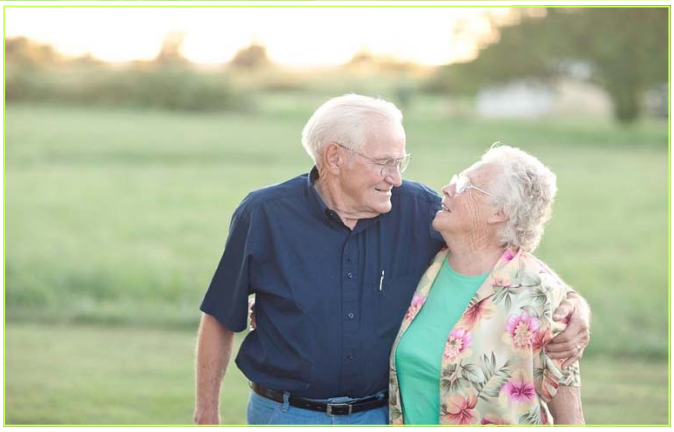
LIVING WELL 2017 / 2018





ROWMAN & LITTLEFIELD

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ROWMAN & LITTLEFIELD

Welcome!

Rowman & Littlefield is conducting a passive online enrollment this year, which means all employees have the option to choose and update their elections or maintain their current benefit elections. The Annual Benefits Open Enrollment period will run between Monday, July 10th through July 14th, 2017.

Health benefit elections are among the most important choices we make for ourselves and our family. Rowman & Littlefield offers a comprehensive benefits package that includes various options to meet the needs of our diverse lifestyles and financial needs. Please take the time to consider your benefit choices during the Annual Open Enrollment period, and keep focused on how we can make healthy choices in our everyday lives and throughout the year.

If you have any questions or concerns, please do not hesitate to contact the Human Resources Department: Penny Thomas at PThomas@rowman.com, 717-794-4803, Heather Kaiser at Hkaiser@rowman.com, 717-794-3849, Boone Soukthideth@rowman.com, 203-458-4645.

Thank you,

Rob McCreadie

VP of Human Resources

Rowman & Littlefield

2017-2018

Employee Benefits Guide

ROWMAN & LITTLEFIELD

INSIDE THIS ISSUE:

Welcome! Rowman & Littlefield takes pride in offering a comprehensive and competitive benefits package to its employees. Through all of its benefit partners, the company offers you a benefit program that allows choice and flexibility. Through this program you can choose the benefits that are best for you and your family.

It is important that you take the time to review all of the plan options available to you upon New Hire Eligibility and then again at Open Enrollment. Please consider each benefit and the associated cost carefully and choose the benefits package that will best meet you and your family's needs throughout the year.

What's New in 2017

What's Changing?

- Effective at renewal the Aetna HMO Individual Deductible will increase from $250 to $500 and Family Deductible will increase from $500 to $1,000
- Effective at renewal the Aetna QPOS Individual Deductible will increase from $300 to $500 and Family Deductible will increase from $600 to $1,000
- Health Savings Account: For 2017, the maximum contribution limit for individuals has increased from $3,350 to $3,400. January 2018, the individual limit increases to $3,450, and family limit increases from $6,750 to $6,900. Contribution from your employer would be subtracted from these limits.
- No other changes to your health, vision, dental, life or disability plans.
- If you are enrolled in the Flexible Spending Account, you will have an opportunity to re-enroll in November for 2018 year.

Passive Enrollment Period

2017 Benefits Open Enrollment is a "passive" enrollment period. This means if you do not want to make any changes to your benefits for 2017-18 Plan year, your current elections will "roll over" for the 2017 plan starting on **August 1, 2017. However, you will be required to login to the ADP Enrollment Portal to confirm benefits for the 2017-18 plan year.**

All employees are encouraged to use this annual opportunity to review their benefit elections and their beneficiary elections for Life Insurance products to make sure their family needs are met for the upcoming year.

Eligibility

You are eligible for benefits if you are a regular full-time Rowman & Littlefield employee who works at least 30 hours per week. Coverage begins on the day following 90 days after your date of hire or you become eligible for benefits, and ends on your last day of the month following date of termination.

ELIGIBLE DEPENDENTS INCLUDE

- Married spouses
- Dependent children to age 26

ELIGIBILITY FOR DEPENDENT COVERAGE

Medical	Dependents covered up to age 26
Dental	
Vision	
Supplemental Life Insurance for Dependent Children	

Life Changing Events

You can make changes to your medical, dental, vision and Flexible Spending Account elections during the year only if you have an IRS approved "qualified status change." You must make a change within 31 days of the event.

You can change your benefits within 31 days if you experience one of the following life changes:

⇒ Marriage, divorce, or legal separation

⇒ Birth or adoption of child

⇒ Death of a covered dependent

⇒ Job status change (Full-time to Part-time or vice versa)

⇒ A change in your spouse's job status from full-time to part-time or vice versa

⇒ Your spouse becomes eligible for medical and/or dental benefits through new employment

⇒ Your spouse becomes unemployed and loses benefit coverage

⇒ A significant change in your spouse's health coverage attributable to your spouse's employment

⇒ Ineligibility of your covered dependents due to:

- Marriage*
- Change in dependent status
- Attainment of non-qualifying age (medical, dental, vision, and life insurance coverage)

Medical & Rx Benefits

The medical options offered by the company are designed to provide you and your family with access to quality, affordable healthcare. Four plans are available through Aetna. The options include the Aetna HMO, Aetna QPOS, Aetna PPO and Aetna PPO HDHP Plans. All plan options cover a broad range of healthcare services and supplies, including prescriptions, office visits and hospitalizations. The plans differ when it comes to how they share costs with you. Please refer to the summary for highlights and the detailed summaries and additional information on our website for more specifics on each medical plan: www.aetna.com.

Coverage: The company pays the majority of the cost for single coverage and significantly subsidizes the cost of dependent coverage for each additional medical plan option.

Medical Benefits Description—Aetna HMO, Aetna QPOS

	AETNA HMO Referral Required		AETNA QPOS Referral Required	
CRITERION	*In-Network*	*Out-Of-Network*	*In-Network*	*Out-Of-Network*
Deductible (8/1 through 7/31) **Individual** **Family**	 $500 $1,000		 $500 $1,000	 $600 $1,200
Out of Pocket Maximum (8/1 through 7/31) **Individual** **Family**	 $3,000 $6,000		 $3,000 $6,000	 $4,000 $8,000
Coinsurance	100% coinsurance in-network		90% / 10% coinsurance	Coinsurance 70% / 30% Plan Allowance
Routine/Preventive Visit	Covered in Full	Emergency Room Services	Covered in Full	Deductible, then 30% Coinsurance
Primary Office Visit	Deductible, then $30 Copay		Deductible, then $30 Copay	Deductible, then 30% Coinsurance
Specialist Services	Deductible, then $40 Copay		Deductible, then $40 Copay	Deductible, then 30% Coinsurance
Urgent Care	Deductible, then $40 Copay		Deductible, then $40 Copay	Paid as In-Network
Emergency Room ***(waived if admitted)***	Deductible, then $100 Copay		Deductible, then $100 Copay	Paid as In-Network
Inpatient Hospital Services	Deductible, then $500 Copay		$500 after Deductible, then 10%	Deductible, then 30% Coinsurance
Prescription Plan	$15 / $35 / $60 (Mail Order - 2 x copay)		$15 / $35 / $60 (Mail Order - 2 x copay)	
Carrier Website	www.aetna.com		www.aetna.com	
Plan Highlights	· Straight HMO plan. · Referral required for Specialists. · No out-of-network benefits · PCP selection is required. · Routing Well Child and Adult Care Covered in Full · Pharmacy expenses count towards the Out-of-Pocket Max.		· PCP selection is required. · Specialist referrals are required in network. · Reimbursement on out-of-network is based on HMO plan allowance. · Members are balance billed for ALL out-of-network services. · Pharmacy expenses count towards the Out-of-Pocket Max.	

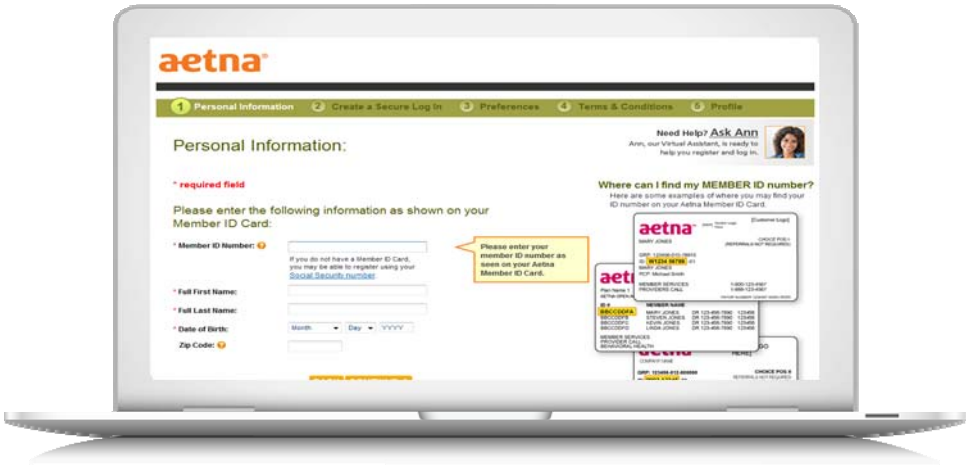
Medical Benefits Description—Aetna PPO, Aetna PPO (HDHP)

	AETNA PPO No Referral Required		AETNA PPO (HDHP) No Referral Required	
CRITERION	*In-Network*	*Out-Of-Network*	*In-Network*	*Out-Of-Network*
Deductible (8/1 through 7/31) **Individual** **Family**	 $750 $1,500	 $2,000 $4,000	 $2,200 $4,400	 $2,200 $4,400
Out of Pocket Maximum (8/1 through 7/31) **Individual** **Family**	 $3,000 $6,000	 $6,000 $12,000	 $3,400 $6,800	 $3,400 $6,800
Coinsurance	Coinsurance 20% Plan Allowance.	Coinsurance 40% Plan Allowance.	Coinsurance 20% Plan Allowance.	Coinsurance 40% Plan Allowance.
Routine/Preventive Visit	Covered in Full	Deductible, then 20% Coinsurance	Covered in Full	Deductible, then 20% Coinsurance
Primary Office Visit	$30 Copay	Deductible then 20% coinsurance.	20% After Deductible	Deductible then 40% coinsurance.
Specialist Services	$30 Copay	Deductible then 20% coinsurance.	20% After Deductible	Deductible then 40% coinsurance.
Urgent Care	$30 Copay	Deductible then 20% coinsurance.	No Charge After Deductible	Deductible then 40% coinsurance.
Emergency Room ***(waived if admitted)***	Deductible, then 20% Coinsurance Plus $100 Copay	Paid as In-Network Only	20% After Deductible	Paid as In-Network Only
Inpatient Hospital Services	$500 Copay; then 20% coinsurance after Deductible	Deductible then 20% coinsurance.	20% After Deductible	Deductible then 40% coinsurance.
Prescription Plan	$15 / $35 / $60 (Mail Order - 2 x copay)		Medical / Prescription Deductible Applied First $15 / $35 / $60 (Mail Order - 2 x copay)	
Carrier Website	www.aetna.com		www.aetna.com	
Plan Highlights	· PCP selection is NOT required. · Referrals are not required, but some procedures may still require pre-authorization. · HDHP includes an Integrated Medical and Prescription Deductible. · Pharmacy expenses count towards the Out-of-Pocket Max.			

Aetna Navigator

Register Online www.Aetna.com

Make the most of your Aetna plan - manage your medical costs and take charge of your health! For online access to your Aetna accounts, visit www.aetna.com to get started.



Search Aetna's Network In 3 Simple Steps

(find a doctor)

Step 1

- Fill in your basic information

Step 2

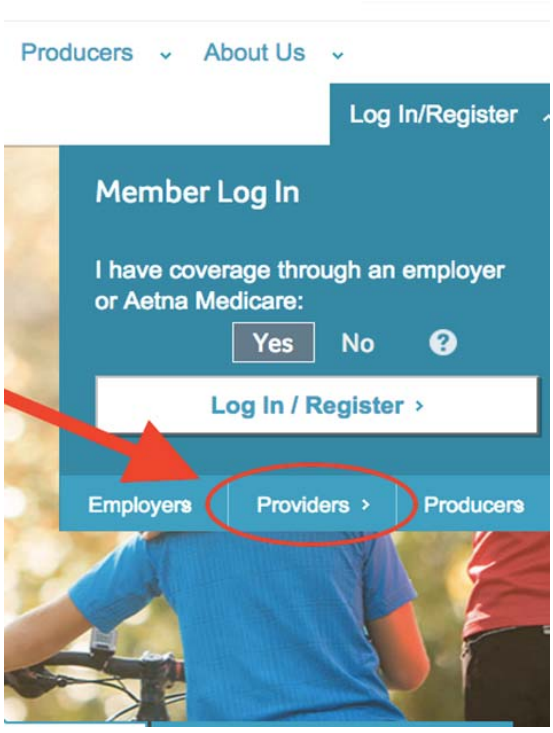
- Create *a user name and password*

Step 3

- Set your preferences

Overall Uses

- Use DocFind to find the care you need
- Use Member Payment Estimator to get personalized medical cost estimates
- Get support from a registered nurse on Aetna's Informed Health Line 24/7
- Easily manage your claims
- Stay on top of your account status
- Discount programs



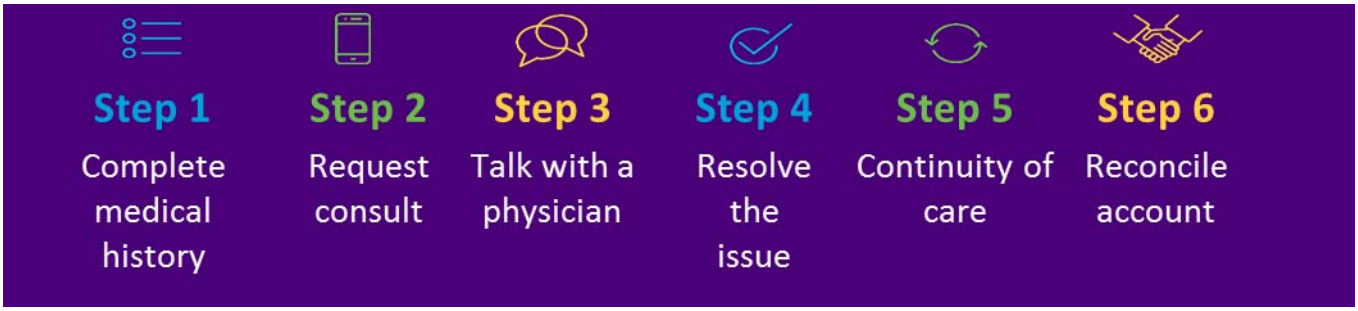
24/7 Access to a doctor with Teladoc

TELADOC.

***Guaranteed** call back for on-demand consult **within 1 hour** or consult is **FREE!**

- **Board-certified physicians treat many conditions by phone or video**
- **Consultation includes diagnosis and recommended treatment, including prescriptions (if appropriate)**
- **Talk to a doctor any time for $40 or less**
- **Average call back for on-demand consult is 16 minutes***
- **Integration with plan administrator for claims and eligibility**
- **Real-time member responsibility determination**
- **Rx sent to local pharmacy (if needed)**
- **Teladoc Health record automatically updated**

A convenient, coordinated experience



How to Find a Doctor

aetna

Make better health care decisions

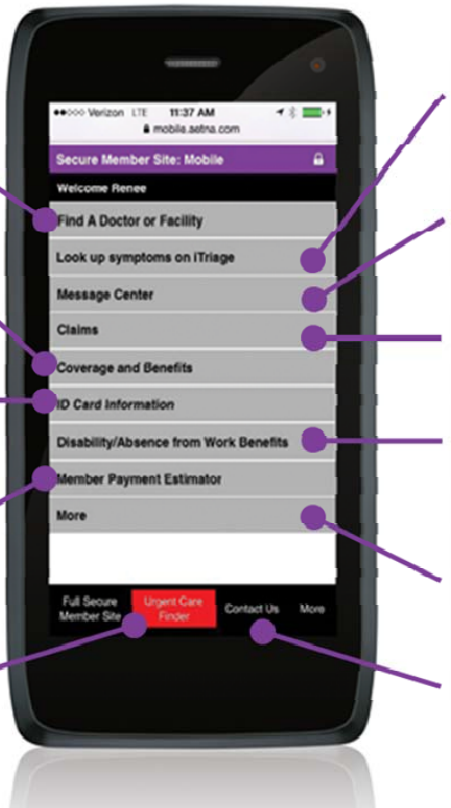
Find provider type based on symptoms

Book appointments

Use special tools just for Aetna members

- View in- and out-of-network providers
- Access your ID card
- See your claims history

Information on the go saves time, engages members



Save on costs by finding network doctors

See what's covered

Pull up medical and/or dental ID card

Estimate expenses with Member Payment Estimator

Find urgent care

Look up symptoms with the iTriage® app

Get e-mails in the Message Center

Check claims status

Monitor disability or leave benefits (if applicable)

Access your personal health record

Contact us

Health Savings Accounts (HSA)

If you enroll in Rowman & Littlefield's **Aetna PPO HDHP** plan, you may be eligible to open a Health Saving Account (HSA). HSA's are individual, tax-advantaged savings accounts used to cover health expenses. You may use funds in your HSA to reimburse yourself for out-of-pocket health plan expenses. Distributions from your HSA are tax-free if used to pay for eligible medical, dental, vision, and prescription drug expenses for yourself or a covered family member (Dependents over age 19 must be able to be claimed on your Federal tax return).

Who is eligible to open an HSA?

In order to open an HSA, you must meet the following requirements:

- You must be enrolled in the qualified high deductible health plan known as the **Aetna PPO HDHP** plan
- You cannot be claimed as a tax dependent by another individual
- You cannot be enrolled in any other health plan coverage including Medicare, military coverage, a spouse's plan, or a health care flexible spending account (FSA)

How much can I contribute to an HSA?

Each year, the IRS sets a limit on the maximum amount that can be deposited into an HSA. The accounts can be funded by the employer, employee or a combination of employer and employee funds. The chart below summarizes the total maximum contribution that an employee can contribute in 2017**.**

If you are 55 or older, you can contribute an additional $1,000.

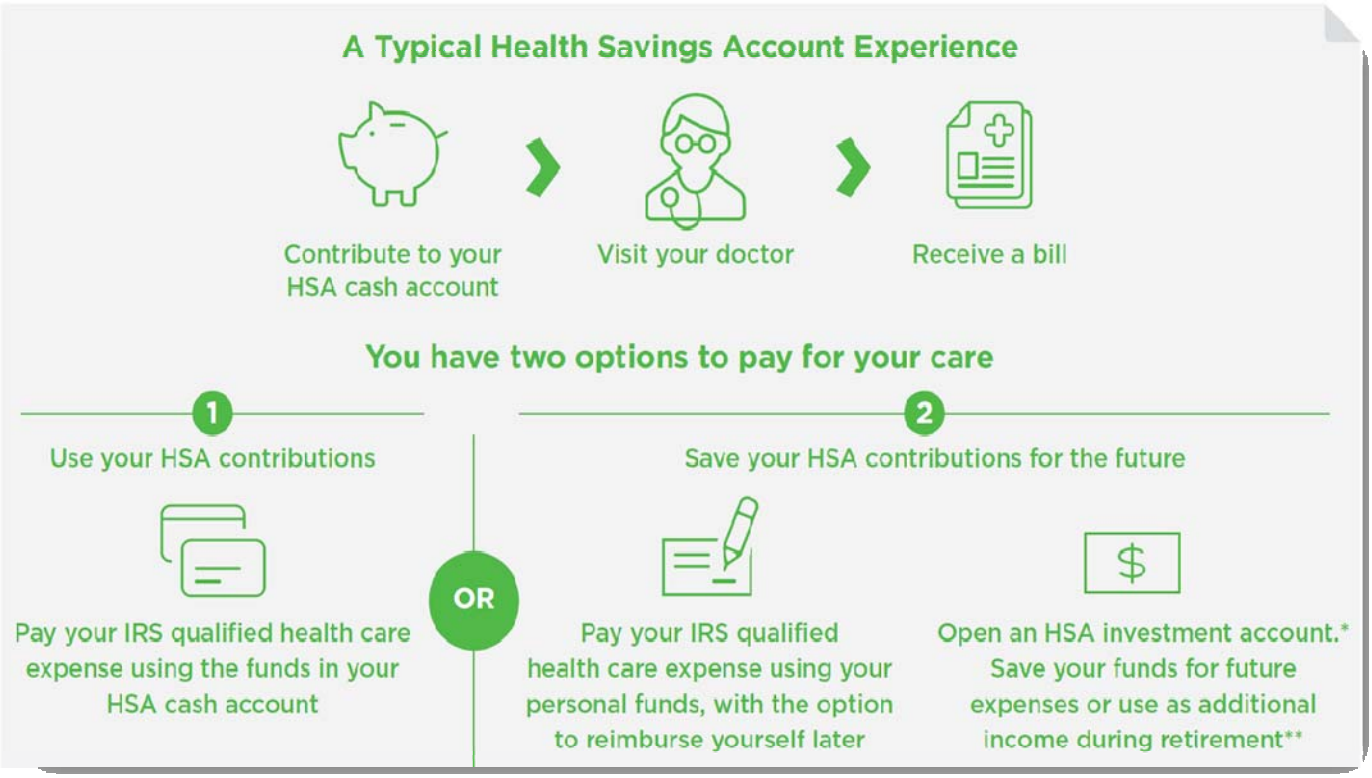
	Total Annual HSA Maximum	Rowman & Littlefield 2017 –18 Contribution	Maximum You May Contribute
Individual	**$3,400**	**$400**	**$3,000**
Employee + One Child	**$6,750**	**$800**	**$5,950**
Employee + Spouse	**$6,750**	**$800**	**$5,950**
Employee + Family	**$6,750**	**$800**	**$5,950**

Question: How do I contribute to my HSA each year?

Answer:

You may open an HSA through the financial institution that partners with Aetna, which is PayFlex. If you elect to contribute to the account, your contributions will be made through pre-tax payroll deductions each pay period up to the maximum amounts shown above. The more you contribute the better prepared you will be to cover your out-of-pocket expenses. You may only contribute to the HSA as long as you remain eligible to do so (see requirements above).

Reminder: The maximum amount that you may contribute to your HSA account is based upon the type of coverage you carry for the health insurance. Ex: Individual health insurance = employee only maximum (**$3,400-$400 ER Fund = $3,000)**



Vision Benefits

Eligible employees may sign up for vision coverage, which allows participants to get an examination and lenses every 12 months and frames every 24 months. Participants have the option of receiving care from a network provider or out-of-network provider; however, if you use an out-of-network provider you will incur higher out-of-pocket expenses. For additional information please visit www.aetna.com

	Aetna	
	In Network	Out of Network
Copayments		
- Examination	$10 Copay	$25 Allowance
- Materials	$25 Copay	Plan Allowance
Frequency of Service		
- Vision Exam	Rolling 12 Months	Rolling 12 Months
- Lenses	Rolling 12 Months	Rolling 12 Months
- Frames*	Rolling 24 Months	Rolling 24 Months
- Contact Lenses*	Rolling 12 Months	Rolling 12 Months
Benefits		
- Vision Exam	$10 Copay	Up to $25 Allowance
Lenses (pair)		
Single Vision	$25 Copay	Up to $10 Allowance
Bifocal	$25 Copay	Up to $25 Allowance
Trifocal	$25 Copay	Up to $55 Allowance
*Frames	$130 Allowance, 20% off balance	Up to $65 Allowance
*Contact Lenses	$130 Allowance plus 15% discount on balance. Medically Necessary - Covered in Full	Elective - Up to $90; Medically Necessary-Up to $200
Laser/Surgical Surgery PRK & LASIK	15% off retail price or 5% off promotional price	N/A

Dental Benefits

Good Dental health is important to your overall well-being. At the same time, we all need different levels of dental treatment. MetLife PPO dental plans provides affordable coverage based on the type of services obtained – Preventative, Basic, Major or Orthodontia – whether or not you obtain services from a network or non-network provider.

Under the Standard or Premier Dental plan, you may obtain covered services from any dentist. However, if an out-of-network provider is used, reimbursement is based on MetLife's usual and customary reasonable charge under the Premier plan and Maximum Allowable Expenses on the Standard plan. Employees who use dentists or dental specialists that are part of MetLife's Provider Network (participating Dental Provider) will see reduced or eliminated out-of-pocket expenses. A complete provider directory can be accessed online at www.metlife.com or call Customer Service at (800) 275-4638.

Dental Benefits

MetLife

Dental Benefits Description	METLIFE Premier Plan		METLIFE Standard Plan	
	In-Network	*Out-of-Network*	*In-Network*	*Out-of-Network*
Deductible (Plan Year: 8/1 through 7/31) *(Waived for preventive care)* Individual Family	**$50** **$150**	**$50** **$150**	**$50** **$150**	**$50** **$150**
Coinsurance	**Negotiated PDP Fee**	**90th Percentile of R&C**	**Negotiated PDP Fee**	**Negotiated PDP Fee (MAC)**
Preventive Services (Type I) **cleanings, oral exam**	**100%**	**100%**	**100%**	**90%**
Basic Services (Type II) Fillings	**90%**	**80%**	**80%**	**70%**
Basic Services (Type II) Oral Surgery, Periodontics, Endodontics, Root Canal	**90%**	**80%**	**50%**	**40%**
Major Services (Type III) **Bridges, Dentures**	**60%**	**50%**	**50%**	**40%**
Orthodontic Services ***(Children Only)***	**50%** ***($1,000 lifetime max.)***	**50%** ***($1,000 lifetime max.)***	**50%** ***($1,000 lifetime max.)***	**50%** ***($1,000 lifetime max.)***
Annual Maximum (Plan Year: 8/1 through 7/31)	**$1,500** ***Per Year***	**$1,500** ***Per Year***	**$1,000** ***Per Year***	**$750** ***Per Year***

Basic Life and Accidental Death & Dismemberment Insurance

All full-time, regular employees receive Basic Life Insurance pays an amount equal to your annual earnings up to a maximum of $50,000 (minimum $20,000). If you have eligible dependents, your spouse and/or children will automatically have $2,000 of Life Insurance coverage.

Voluntary Life is also available!

Employees may elect to purchase additional Life insurance coverage, at an additional cost, for themselves and/or their dependents. Employee coverage is available in increments of $10,000 up to the lesser of 5 times your earnings or $500,000 with guarantee issue, the lesser of 3 times earnings or $250,000 if under age 70. Spousal coverage is available up to the lesser of 100% of Employee covered amount or $100,000; guaranteed issue $30,000 under age 70. Dependent child(ren) benefit may be purchased in increments of $2,000 up to $10,000 is available for children aged 15 days through age 26.

Coverage in excess of the guarantee issue amount will require medical evidence of insurability; guarantee issue is only available during your initial enrollment period.

Rates for voluntary Life are based on age and amount of coverage. Please contact HR for further information.

Disability

Your disability benefits provide you with a source of income in the event that you are not able to work due to an accident, illness or injury. The Company provides Long-Term Disability benefits at no cost to eligible employees. The long term benefits are provided through MetLife.

Long-Term Disability (LTD): A benefit equal to 50% of your monthly base earnings to a maximum benefit of $6,000 per month is payable in the event of long term disability. Benefits begin after short term benefits cease and once you've been disabled for 180 days. You will be eligible for this benefit if you work 30 or more hours per week, and after you have worked full time for the company for one full year.

Health Care Reform Notes

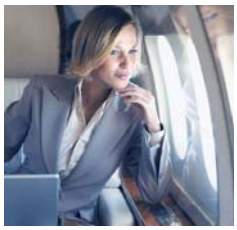
All employees will have the option of waiving coverage through our employer group health plans and enrolling instead for coverage offered through a State or Federal "Marketplace" due to Health Care Reform (the Affordable Care Act). Open Enrollment for Marketplace coverage will begin in December for coverage starting as early as January 1. You may also become eligible for coverage under Medicaid due to expanded eligibility in some states.

Does Employer Health Coverage Affect Eligibility for Premium Savings Through the Marketplace? Yes- If you have an offer of group health coverage from your employer that meets certain affordability and benefit standards, **which our plans meet**, you will not be eligible for a tax credit to reduce your premiums through the Marketplaces. Also, if you purchase a health plan through a Marketplace instead of accepting health coverage offered by your employer or your spouse's employer, then you may lose the employer contribution to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is pre-tax (excluded from income for Federal and State income tax purposes). Your payments for coverage through the Marketplace will be made on an after-tax basis.

For more information regarding the Health Insurance Marketplace. You can visit www.HealthCare.gov .

Travel Assistance

For employees receiving Life and Accidental Death & Dismemberment Insurance issued by MetLife, they and their dependents, if any, are covered for Travel Services as well. These services will be provided to participants traveling 100 miles or more from their permanent residence or in another country which is not their country of residence. Travel Services include:



- 24-hour toll-free access worldwide
- Referrals to primary care physicians and hospitals
- Referrals to medical specialists
- Dental referrals
- Vaccination recommendations/insect precautions
- Hospital admission guarantee
- Medical monitoring
- Medical transportation services:
  - Emergency medical evacuation
  - Emergency medical repatriation
- Return of mortal remains
- Transport of a family member
- Escort of dependent children
- Emergency prescription transfer
- Shipment of medication
- Urgent message relay
- Emergency cash/bail assistance
- Legal referrals
- Telephone interpretation
- Claims processing assistance
- Lost document and luggage assistance
- General travel assistance/information services
- City profiles
- Vehicle repatriation services

Voluntary Benefits

The following Voluntary Benefits are offered through Unum and only offered during open enrollment once a year.

WHOLE LIFE INSURANCE

Provides death benefit coverage that you can increase or decrease as your needs change. The policy builds cash value on a tax-deferred basis at current interest rates, and premium payments are flexible.

GROUP CRITICAL ILLNESS INSURANCE:

Pays a lump-sum benefit upon diagnosis of a covered cancer or critical illness, such as heart attack (myocardial infarction), end stage renal failure, coronary artery bypass surgery, stroke or major organ transplant. Offers an optional Cancer Treatment and Care Benefit.

GROUP ACCIDENT INSURANCE:

Helps offset the unexpected medical expenses, such as emergency room fees, deductibles and co-payments that can result from a covered accident.

See Human Resources for additional information.

Employee Assistance Program

You and your household members have access to MHN's Employee Assistance Program (EAP) to help with the everyday challenges of life that may affect your health, family life, and desire to excel at work.

Telephonic counseling and Web access are available for a variety of work/life related issues including:

- Relationship/Marriage Problems
- Family Issues
- Life Changes
- Stress/Emotional Issues
- Alcohol and Drug Dependency
- Legal and financial services
- Locating childcare and eldercare services, and other problems affecting you or your family

Call 1-800-511-3920 to speak with a counselor or schedule a telephonic appointment.

Or use the **Web Service:** Log onto www.members.MHN.com and enter the following access code: **metlifeeap1**.

Flexible Spending Account (FSA)

Rowman & Littlefield's Flexible Spending Account (FSA) enables you to convert taxable salary dollars into pre-tax benefit dollars kept on deposit for your use in paying for health care and/or dependent care expenses.

Unused funds remaining after the plan year close (12/31/2017 will be forfeited under IRS rules).

Health Care FSA: You may deposit up to $2,600 per plan year into your Medical FSA to cover you and your dependents during the plan year. Eligible expenses include, but are not limited to, deductibles, co-payments and co-insurance payments, routine physicals, uninsured dental expenses, vision care expenses and hearing expenses. Remember that over-the-counter medications now require a prescription from your doctor for reimbursement through your FSA.

Dependent Care FSA: You may deposit up to $5,000 per plan year per household into Dependent Care FSA. Eligible expenses include payments to day care centers, preschool costs, before and after school care and elderly care.

This plan renews on the calendar year. You will be notified when open enrollment takes place.

- Phone: 1(800) 815-3023, Option 4
- Fax: 1(800) 584-4185
- Email: cbizflex@cbiz.com
- Mail: CBIZ Payroll & Flex
  310 First Street, #600
  Roanoke, VA 24011
- Check your Flex Account:
  https://myplans.cbiz.com

Retirement/ 401 (k) Savings Plan

Rowman & Littlefield's 401(k) Plan is available (at age 21) to all full-time regular employees, and part time employees working 20 hours or more hours per week, on the first day of the month following completion of the eligibility period, and 401k open enrollment. You may contribute up to **100%** of your pay to a maximum of **$18,000** for the **2017 plan year. If you are age 50 or older,** you are entitled to contribute an additional "catch -up" contribution. The maximum catch-up contribution amount for the 2017 plan year is $**6,000**.

Taxes are not applied to the amount of income you contribute to your account until you "cash out" your retirement savings. By deferring taxes you are able to lower your taxable income.

Company Match: Rowman & Littlefield will begin matching your elective the first day of the quarter following the completion of one year of service.

Carrier Contacts

Your carriers are just a phone call away! Please contact them via the phone number below or visit their website to view your claims, request an ID card, locate a provider and much more!

Benefit	Provider	Contact Info
Medical	**Aetna**	**Phone # found on the back of your ID Card** **www.aetna.com**
Dental	**MetLife**	**(800) ASK-4MET** **www.mybenefits.metlife.com**
Vision	**Aetna Vision One Discount Program**	**800-793-8616** **www.aetna.com**
FSA	**CBIZ Flex**	**(800) 815-3023, Option 4** **https://myplans.cbiz.com**
Employee Assistance Program	**MHN**	**(800) 511-3920** **www.members.MHN.com** **Access Code: metlifeeap3**
Voluntary Accident, Critical Illness, Whole Life	**Unum**	**(800) 635-5597** **www.unum.com**
Basic Life/AD&D and Supplemental Life	**MetLife**	**(800) ASK-4-MET**
Long Term Disability	**MetLife**	**(800) ASK-4-MET**
Health Savings Account/Banking	**PayFlex Service Team**	**payflexserviceteam@payflex.com**
Will Preparation	**MetLife**	**Hyatt Legal Plans** **(800) 821-6400**
Travel Assistance	**MetLife**	**(800) 454-3679** **http://webcorp.axa.assistance.com** **Login: AXA** **Password: Travel Assist**
Retirement & Institutional Services	**BB&T**	**www.bbandt.com/plantrac**

Disclosure Guide

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 pre-existing conditions except for service-connected injuries or illnesses.

NEWBORN'S 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 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).

QMCSO

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.

JANET'S LAW

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.

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;
- Prostheses and coverage for any complications in all stages of mastectomy, including lymphedamus.

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 the provider to provide care inconsistent with the Act; and

Providing monetary or other incentives to an attending provider to induce the provider to provide care inconsistent with the Act.

EMPLOYEE RETIREMENT INCOME SECURITY ACT (ERISA)

Federal law imposes certain requirements on employee benefit plans voluntarily established and maintained by employers. [29 USC § 1003 et seq.; 29 CFR 2509 et. Seq.] ERISA covers two general types of plans: retirement plans, and welfare benefit plans designed to provide health benefits, scholarship funds, and other employee benefits.

ERISA facilitates portability and continuity of health insurance coverage as a result of added provisions under the Health Insurance Portability and Accountability Act (HIPAA). It also covers continued health care coverage rules mandated under the Consolidated Omnibus Budget Reconciliation Act (COBRA).

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.

SPECIAL ENROLLMENT RIGHTS

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 of 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.

Additionally, CHIPRA allows a special enrollment period of 60 days for employees when (i) an employee/dependent loses eligibility under Medicaid or CHIP; or (ii) an employee/dependent becomes newly eligible for premium assistance through Medicaid or CHIP.

PRE-EXISTING CONDITION NOTIFICATION (HIPAA)

A group health plan may not impose a pre-existing condition exclusion with respect to a participant or dependent before notifying the participant, in writing, of:

- The existence and terms of any pre-existing condition exclusion under the plan;
- The rights of individuals to demonstrate creditable coverage (and any applicable waiting periods);
- The right of the individual to request a certificate from a prior plan or issuer, if necessary; and,
- That the current plan (or issuer) will assist in obtaining a certificate from any prior plan or issuer, if necessary.

MICHELLE'S LAW

Effective October 9, 2009, Michelle's Law allows college students to take up to 12 months medical leave. During this time, students covered under their parents health insurance plans would not lose coverage. Medical leave can signify that the student is absent from school or reduces course load to part time.

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, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid	**KANSAS – Medicaid**
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512
ALASKA – Medicaid	**KENTUCKY – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570
ARKANSAS – Medicaid	**LOUISIANA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**MAINE – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711
FLORIDA – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268	Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-462-1120
GEORGIA – Medicaid	**MINNESOTA – Medicaid**
Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739
INDIANA – Medicaid	**MISSOURI – Medicaid**
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
IOWA – Medicaid	**MONTANA – Medicaid**
Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084

NEBRASKA – Medicaid	SOUTH CAROLINA – Medicaid
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEVADA – Medicaid	**SOUTH DAKOTA - Medicaid**
Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW HAMPSHIRE – Medicaid	**TEXAS – Medicaid**
Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NEW JERSEY – Medicaid and CHIP	**UTAH – Medicaid and CHIP**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NEW YORK – Medicaid	**VERMONT– Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH CAROLINA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
NORTH DAKOTA – Medicaid	**WASHINGTON – Medicaid**
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
OKLAHOMA – Medicaid and CHIP	**WEST VIRGINIA – Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
OREGON – Medicaid	**WISCONSIN – Medicaid and CHIP**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
PENNSYLVANIA – Medicaid	**WYOMING – Medicaid**
Website:http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
RHODE ISLAND – Medicaid	
Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300	

To see if any other states have added a premium assistance program since January 31, 2017, 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

ROWMAN &
LITTLEFIELD

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide 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 Guide, contact Human Resources.