

BENEFITS PLAN OVERVIEW
DECEMBER 2016 - DECEMBER 2017

WELCOME

Meyers, Rodbell & Rosenbaum takes pride in offering a comprehensive and competitive benefits package to its employees. Meyers, Rodbell & Rosenbaum, through all of its benefit partners, 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.



Please take the time to review all of the plan options available to you prior to making your selections. 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.

Options selected during open enrollment remain in place for the full plan policy year. Options selected upon hire remain in place through the end of the policy year in which you are hired.*

*The Internal Revenue Service (IRS) states that eligible employees may only make elections to the plan once a year at open enrollment. Medical, Dental, and Vision benefit choices are binding through November 30th of each year. The following circumstances are the ONLY reasons you may change your benefits during the year:

<i>Marriage</i>	<i>Death of a Spouse</i>
<i>Divorce</i>	<i>Death of a Dependent</i>
<i>Birth & Adoption</i>	<i>Loss of Dependent Status</i>
<i>Loss of Spouse's Job where coverage is maintained through a spouse's plan</i>	

These special circumstances, often referred to as life event changes, will allow you to make plan changes at any time during the year in which they occur. For any allowable changes, you must inform the Employee Benefits Center within 30 days of the event to avoid lapse in coverage. All other changes are deferred to open enrollment.

MEDICAL BENEFITS



Meyers, Rodbell & Rosenbaum's medical options are designed to provide you and your family with access to high quality healthcare. Two plans are available through United Healthcare. The first option is an HMO plan, and the second is a POS plan, both Health Savings - Account Compatible.

The medical options cover a broad range of healthcare services and supplies, including prescriptions,

office visits, hospitalizations and a vision discount plan. The plans differ when it comes to how they share costs with you. Please refer to the summary on Page 2 for specific details on each medical plan option.

Effective Date: Coverage is effective the first day of the month following two months of employment.



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**INSIDE THIS
 ISSUE:**

Medical Benefits	1-2
Health Savings Accounts (HSA)	3
Dental Benefits	4
Vision Benefits	5
Life Insurance	5
Employee Assistance Program (EAP)	5
Long Term Care	6
Other Benefits	6-8
Compliance Notices	9-12

This benefits summary describes the highlights of our benefits in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official documents and not the information in this summary. If there is any discrepancy between the descriptions of the programs as contained in this brochure and the official plan documents, the language of the official plan document shall prevail as accurate. Please refer to the plan-specific documents for detailed plan information. Any plan benefits may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by Meyers, Rodbell & Rosenbaum.

MEDICAL BENEFITS DESCRIPTION



Plan Design	United Healthcare Choice HMO HSA Compatible	United Healthcare Choice Plus POS HSA Compatible	
Deductible:	In-Network	In-Network	Out-of-Network
- Single	\$1500	\$1,300	\$2,000
- Family	\$4,500	\$2,600	\$4,000
Out of Pocket Maximum:	In-Network	Out-of-Network	
- Single	\$6,000	\$2,600	\$6,000
- Family	\$6,850	\$5,200	\$12,000
Coinsurance:	70%	90%	70%
Office Visits:	Deductible First	Deductible First	Deductible First
- Primary Care Physician	30%	10%	30% Allowed Benefit
- Specialist	30%	10%	30% Allowed Benefit
- Lab and x-ray (free standing)	30%	10%	30% Allowed Benefit
Preventive Service	Deductible Does Not Apply	Deductible Does Not Apply	Deductible First
- Well Child	No Charge	No Charge	20%
- Adult	No Charge	No Charge	20%
Hospitalization:	Deductible First	Deductible First	Deductible First
- Inpatient	30%	10%	30% Allowed Benefit
- Outpatient	30%	10%	30% Allowed Benefit
- Urgent care	30%	10%	Same as in network
- Accident/Medical Emergency (Copay Waived if Admitted)	30%	10%	Same as in network
Prescription Drugs:	Integrated Medical/Rx Deductible	Integrated Medical/Rx Deductible First	Integrated Medical/Rx Deductible First
- Generic / Tier 1	\$10 Copay	\$10 Copay	\$10 Copay
- Brand / Tier 2	\$40 Copay	\$40 Copay	\$40 Copay
- Non-Formulary / Tier 3	\$75 Copay	\$75 Copay	\$75 Copay
- Mail Order (up to 90 days)	2.5 x copay	2.5 x copay	N/A
Primary Physician	No Referral	No Referral	N/A
Physician Network	www.uhc.com	www.uhc.com	N/A
Lifetime Maximum	Unlimited	Unlimited	Unlimited

myuhc.com

How do I register?

Registrations only takes a few minutes and will give you full access to a wealth of information about your health care. Only members age 13 or older are allowed to use this website. To register, you must:

1. Enter information from your ID card or enrollment materials.
Don't have your ID card or enrollment materials?
Members can enter their Social Security Number and birth date instead.
2. Select a username and password for this website.

That's all there is to it!
Get started. **Register Now.**

myuhc.com Online Tools

- Find network doctors/hospitals
- Estimate costs
- Track claims status
- Get health product discounts

Health4Me App

- Information at your fingertips
- Health plan information
- ID card
- Claims status
- GPS provider search
- Available on iPhone® and Android™



HSA Contributions

Once enrolled in the High Deductible Health Plan (HDHP), Meyers, Rodbell & Rosenbaum will make a contribution to your Health Savings Account through OptumHealth Bank. You may also contribute too, through pre-tax payroll deductions, to this account. All contributions are tax free and will grow tax free until you use them for qualified health care expenses. Once you enroll in the HDHP, you will receive information from UHC's banking partner, OptumHealth Bank, with information about setting up your account.

2017 HSA Annual Contributions			
Coverage Level	Meyers, Rodbell & Rosenbaum will contribute*	You may contribute (pre-tax)**	Maximum 2016 combined HSA contribution
Single	\$1,000	Up to \$2,400	\$3,400
Family	\$2,000	Up to \$4,750	\$6,750

* Meyers, Rodbell & Rosenbaum's HSA contributions are deposited annually. Future Meyers, Rodbell & Rosenbaum contributions, if any, will be determined each year.

** You may make an additional catch-up contribution of up to \$1,000 if you will be age 55 or older in 2015.

VISION BENEFITS



Meyers, Rodbell & Rosenbaum offers a Voluntary Vision program through UnitedHealthcare. Benefits include:

- Complete eye exam
- Discounts on eyeglasses and contact lenses from participating providers

- Discounts also available on progressive lenses, anti-reflective and UV coatings, tints and more.

To find a provider, or for a complete listing, please visit www.myuhcvision.com and use the provider locator or call 1-800-638-3120.

	United Healthcare	
	In-Network	Out-of-Network
Eye Exam	\$10 copay	Up to \$40 reimbursement
Frequency	Once every 12 months	
Lenses		
Single	\$25 copay	Up to \$40 reimbursement
Bifocal	\$25 copay	Up to \$60 reimbursement
Trifocal	\$25 copay	Up to \$80 reimbursement
Frequency	Once every 12 months	
Frames	\$130 Allowance + 30% discount	Up to \$45 Reimbursement
Frequency	Once every 12 months	
Contact Lenses		
Medically Necessary	Covered in full	Up to \$210 reimbursement
Elective	\$125 allowance	Up to \$125 reimbursement
Frequency	Once every 12 months	

DENTAL BENEFITS

Good Dental health is important to your overall well being. At the same time, we all need different levels of dental treatment. We are offering PPO plan that provide affordable coverage based on the type of services obtained – **Preventive, Basic or Major**.

Under the PPO plan, you may obtain covered services from any dentist. However, if an out-of-network dentist is used, reimbursement is based on MetLife's usual and customary

reasonable charge. Employees who use dentists or dental specialists that are part of United Concordia's network will see reduced or eliminated out-of-pocket expenses.

A complete provider directory can be accessed online at www.ucci.com.



Plan Design	United Concordia	
	In-Network	Out-of-Network
Individual Deductible (waived for prev):	\$50	
Family Deductible (waived for prev):	\$150	
Dental Annual Maximum:	\$5,000	
Out-of-Network Reimbursement:	90th	
Coinsurance:		
- Preventive (exams-2 every 12 months; X-Rays; cleanings...)	100%	100%
- Basic (Basic restoration; Simple Extractions; Repair of crowns, inlays, onlays, Bridges and Dentures; Endodontics, Periodontics; Anesthesia; Complex Oral Surgery)	90%	90%
- Major (Inlays, Onlays and Crowns; Bridges, Dentures; Implants)	60%	50%
Orthodontia:	50%	
- Lifetime Maximum (Dependents up to age 19)	\$1,000	
Network Dentists:	www.ucci.com Advantage Plus 2.0	N/A
Claim Forms:	No	Yes

National Network provides you with more network dental options

Find a provider at: www.ucci.com/

–Go to Find A Dentist

–Search for providers in Advantage Plus 2.0

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE



All employees receive basic life and accidental death & dismemberment insurance in amounts depending on employment status. Please see the breakdown below. These benefits are paid for by Meyers, Rodbell & Rosenbaum and provided by Unum. www.unum.com

Life / AD&D Insurance - Staff		Life / AD&D Insurance - Associates		Life / AD&D Insurance - Partners	
Unum	\$150,000	Unum	\$200,000	Unum	\$500,000
United Healthcare	\$20,000	United Healthcare	\$20,000	United Healthcare	\$20,000
		Assurant	\$20,000	Assurant	\$20,000
Total	\$170,000	Total	\$240,000	Total	\$540,000

VOLUNTARY LIFE INSURANCE (PREMIUM PAID BY YOU)



Available for employee (up to \$100,000), spouse (up to \$50,000) and dependents (up to \$10,000); cost paid by employee through payroll deduction. Attorneys receive \$20,000 voluntary life paid for by MRR.

EMPLOYEE ASSISTANCE PROGRAM



The Firm offers an Employee Assistant Plan (EAP) through Unum 24 hours a day, 7 days a week. The EAP is free and confidential resource which serves to promote balance through work/life issues. This program is available to you and your family members for assessment, referral, and short-term counseling services for issues affecting job performance and/or personal life, such as:

- Childcare and/or eldercare referrals
- Personal relationship information
- Health information and online tools
- Legal consultations with licensed attorneys
- Financial planning assistance
- Stress management
- Career development



Help is easy to access

- **Telephone consultations:** Speak confidently with a master's level consultant to clarify your need, evaluate options and create an action plan.

For toll-free, 24-hour access, dial (800) 854-1446 (English), (877) 858-2147 (Spanish), or (800) 999-3004 (TTY/TDD)

- **Face-to-face meeting:** Meet with a local consultant up to three times per issue for short-term problem resolution.
- **Educational materials:** Receive information through our online library of downloadable materials and interactive tools.

For Online access, go to www.lifebalance.net; user ID and password: lifebalance
Learn more at www.unum.com/worklifebalance.

VOLUNTARY LONG TERM CARE (PREMIUM PAID BY EMPLOYEE)



Available for employee, spouse, parent, grandparent, in-laws; cost borne by employee.

LONG TERM DISABILITY (LTD)



Your long term 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 LTD benefit equals 60% of your monthly base earnings to a maximum benefit of \$15,000 per month after a 90-day waiting period. This benefit is fully employer paid.

WAGE CONTINUATION PLAN

Effective one year after date of employment, Firm may pay 60% of compensation for up to 90-days in lieu of short-term disability. Every occurrence is to be submitted to the Executive Committee for approval. There are restrictions. If an employee is under a physician's care and hospitalized or ordered to stay at home for a period of time, the employee must first use all sick leave and "banked" sick leave before requesting use of the firm's Wage Continuation Plan. A woman is deemed "disabled" for a maximum of six weeks for maternity leave, unless a physician certifies additional time is required.

401(K) PLAN

All employees working a minimum of 1,000 hours per year are eligible as of the first enrollment date (January 1 or July 1) following six months of employment; and may defer a maximum of IRS limit (to include over age 50 catch-up). Effective eligibility enrollment date, firm contributes 3% of compensation. Employees are 100% vested for safe harbor firm contributions. Vesting of excess discretionary contributions (if any) are vested as follows: (as it applies to additional discretionary Firm contributions) 20% - 2 years; 40% - 3 years; 60% - 4 years; 80% - 5 years; 100% - 6 years.



SICK LEAVE



Firm provides staff members with five days of sick leave per year on January 1 (prorated for new hires). Unused sick leave goes into a "bank" at the end of each year and may accumulate to a maximum of 50 days. Unused sick leave is not paid upon termination of employment. Excess sick days are deducted from annual leave or taken without pay.

ANNUAL LEAVE

Firm provides staff members with Annual Leave. Annual leave is accrued per pay period; unused leave may carry over into the next year to a maximum of 30 days. Accumulated leave in excess of 30 days at the end of the year will be paid at current hourly rate. If annual leave balance is negative at the end of the year, overage is deducted at current hourly rate. Annual leave balance at termination of employment is paid at the current hourly rate. Annual leave is earned per pay period as follows:

35 hr/wk:

2.92 hrs first 3 years
4.38 hrs next 3 years
5.84 hrs thereafter

40 hr/wk:

3.334 hrs first 3 years
5.000 hrs next 3 years
6.667 hrs thereafter



TRAVEL ASSISTANCE

Worldwide emergency travel assistance services are available to you with just one phone call. When traveling in a foreign country or just 100 miles away from home, you and your family can count on getting help in the event of a medical emergency. Your travel assistance includes:

- Emergency medical evacuation
- Multilingual crisis management professionals
- Prescription replacement assistance, etc.

Within the US: 1-800-872-1414

Outside the US: + (US Access Code) 609-986-1234



OVERTIME

Overtime will be paid to non exempt employees for time worked in excess of 40 hours per week. Overtime must be pre-approved. Approval forms must be signed by the attorney requesting the work or, where appropriate, the Office Administrator or the Managing Principal. Employees working a 35-hour week will receive the normal hourly rate for the first five hours of overtime. Overtime worked on Saturday, Sunday, Holiday or in excess of 40 hours worked in a week will be compensated at time and one half. All overtime should be held to a minimum.

PAY CHECKS

Pay checks are distributed semi-monthly, on the 15th and the last day of the month. If either of these days occurs on a weekend or holiday, employees will be paid the last working day prior to the scheduled pay date. Direct deposit is strongly encouraged for all employees.



HOLIDAYS

The following holidays are observed;

New Year's Day
Presidents' Day
July 4 - Independence Day
Thanksgiving and Friday after



Martin Luther King Birthday Observance
Memorial Day
Labor Day
Christmas Day

The office will close early on the last business day prior to Memorial Day, Labor Day, Thanksgiving, Christmas and New Years Day

LEGAL SERVICES

The firm will provide legal services for employees in connection with the preparation of simple wills and handling real estate settlements at reduced rates. Any request by an employee to handle a matter involving case work must be pre-approved by the Executive Committee.

PERFORMANCE REVIEWS/SALARY ADJUSTMENTS

Performance reviews occur at year end. Any monetary salary adjustments are effective the first pay period in January.



MILEAGE REIMBURSEMENT

Substantiated and approved firm business mileage is reimbursed at the rate of \$.45/mile to staff members. Attorneys will be reimbursed only when mileage cost is in lieu of long-distance travel costs.

SNOW/EMERGENCY CLOSING POLICY

MEYERS, RODBELL & ROSENBAUM (“EMPLOYER”) remains open in all but the most extreme circumstances. Unless an emergency closing is announced, all employees are expected to report to work. However, all employees are urged to and must use their own common sense and discretion in deciding whether they can commute safely to work or not. In severe weather situations, employees can call 301 - 699 - 5800 EXT. 411 after 6:30 A.M. to hear a recorded message with information about the Firm’s operational status.



MRR INFORMATION MAILBOX

The purpose of the MRR Information Mailbox is to furnish general information that affects the Firm and MRR staff (i.e., delayed openings and closing due to inclement weather outages, etc.). In order to access the mailbox, simply dial the Firm’s main number. When given the option to dial the desired extension, dial “411”.

INTERNET POLICY

Personal use of the Firm’s Internet access or electronic communication systems is not permitted during business hours. However, incidental and occasional personal use is acceptable during unpaid lunch hours. No one should have any expectation of privacy in any message, file, image or data created, sent, retrieved or received by use of the Firm’s equipment and/or access. The Firm reserves the right to monitor any and all aspects of the computer systems including, but not limited to, sites, instant messaging systems, chat groups, or news groups visited by Firm users. Such monitoring may occur at any time, without notice, and without the user’s permission. By being employees of the Firm, all users are deemed to have agreed to these provisions.

SMOKING

Smoking is not permitted in the building.



BEREAVEMENT LEAVE

In the event of the death of a member of the immediate family of an employee (i.e., spouse, parent, grandparent, child, grandchild, in-law, brother or sister, or relative residing with employee) up to three days’ additional leave may be granted.

COMPLIANCE

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 July 31, 2016. Contact your State for more information on eligibility –

<p>ALABAMA – Medicaid</p> <p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p>KENTUCKY – Medicaid</p> <p>Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570</p>
<p>ALASKA – Medicaid</p> <p>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</p>	<p>LOUISIANA – Medicaid</p> <p>Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447</p>
<p>ARKANSAS – Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>
<p>COLORADO – Medicaid</p> <p>Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943</p>	<p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120</p>
<p>FLORIDA – Medicaid</p> <p>Website: http://flmedicaidplrecovery.com/hipp/ Phone: 1-877-357-3268</p>	<p>MINNESOTA – Medicaid</p> <p>Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739</p>
<p>GEORGIA – Medicaid</p> <p>Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507</p>	<p>MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p>INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864</p>	<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
<p>IOWA – Medicaid</p> <p>Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562</p>	<p>NEBRASKA – Medicaid</p> <p>Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633</p>
<p>KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512</p>	<p>NEVADA – Medicaid</p> <p>Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900</p>

NEW HAMPSHIRE – Medicaid Website: http://www.dhhs.nh.gov/oi/documents/hippapp.pdf Phone: 603-271-5218	SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW JERSEY – 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	TEXAS – Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NEW YORK – Medicaid Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831	UTAH – Medicaid and CHIP Website: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH CAROLINA – Medicaid Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100	VERMONT– Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	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_assistance.cfm CHIP Phone: 1-855-242-8282
OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	WASHINGTON – Medicaid Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473
OREGON – Medicaid Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075	WEST VIRGINIA – Medicaid Website: http://www.dhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
PENNSYLVANIA – Medicaid Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
RHODE ISLAND – Medicaid Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300	WYOMING – Medicaid Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
SOUTH CAROLINA – Medicaid Website: http://www.scdhhs.gov Phone: 1-888-549-0820	

To see if any other states have added a premium assistance program since July 31, 2016, 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/vision 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 with 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 of other health/dental/vision 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, call your plan administrator at 123-123-1234.

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.

