



GEMINI
TECH SERVICES, LLC

SCA Employees

Benefits Enrollment Guide

Benefit Plan Year: 02/01/2018—01/31/2019



**THE
Contractors
PLAN[®]**

Provided by Fringe Benefit Group

Welcome

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Overview & Eligibility

Employees are eligible for the benefits described in this enrollment guide when assigned to Service Contract Act (SCA) contract(s) and who average 30+ hours per week (Full-Time). The table below shows the benefit options that are available to Full-Time Employees. **Part-Time employees and their dependents are eligible only for the Specialty Benefits and retirement plan.**

Employee Status	Health	Specialty Benefits
Full-Time	<ul style="list-style-type: none"> BlueCross BlueShield EPO 8000 Plan BlueCross BlueShield PPO 6029 Plan 	<ul style="list-style-type: none"> MetLife Dental MetLife Vision Employee Assistance Program MetLife Short-Term Disability* MetLife Long-Term Disability* MetLife Life/AD&D Insurance*

*Mandatory Employee Only Benefit

Default Coverage for Full-Time Employees

Full-Time employees who do not take action will be automatically enrolled in the following benefits:

- BlueCross BlueShield EPO 8000 Low Plan
- MetLife Dental
- MetLife Vision
- MetLife Life/AD&D Insurance
- Employee Assistance Program
- MetLife Short-Term Disability
- MetLife Long-Term Disability

You must take action if you wish to opt out of Major Medical, Dental, or Vision

Waiving Major Medical

You may waive major medical with proof of other employer sponsored group major medical coverage, Service-Connected VA Coverage or Tricare. **Individual Marketplace coverage, Medicare and Medicaid are not valid alternative insurance to waive major medical and will not be accepted.**

Your benefit elections made during Open Enrollment will be effective February 1, 2018 and cannot be changed without a qualifying event until Open Enrollment 2018.

Dependent Eligibility

Determining Eligibility

If you are a Full-Time employee, you may enroll eligible dependents into available coverage. Your dependents may include:

- Your spouse or domestic partner.
- Your children, including step-children, legally adopted children, children who have been placed with you for adoption, or children for whom you have been a court appointed legal guardian.
 - In most cases, your dependent children are eligible until age 26. (The Contractors Plan requires documentation of a dependent's eligibility at initial enrollment and reserves the right to re-verify eligibility at any time.)

If you elect dependent coverage, the premium will be paid through payroll deductions. Health & Welfare dollars are for employee coverage only and cannot be used to pay for dependent benefit coverage.

Benefits available for Full-Time Employee dependents include:

- BlueCross BlueShield EPO 8000 Plan
- BlueCross BlueShield PPO 6029 Plan
- MetLife Dental*
- MetLife Vision*
- Employee Assistance Program*

*Part Time Employee Dependents are only eligible for starred benefits.

If you experience a qualifying life/family status change event, you must notify The Contractors Plan within 30 days of the qualifying event to change your dependent coverage.

Making Changes During the Year

You may change your dependent coverage during the year, according to IRS rules, when you experience a qualifying event such as:

- Marriage, divorce, or legal separation
- Death of spouse, domestic partner, or dependent
- Birth or adoption of a new dependent or gaining legal custody of a new dependent
- A change in a dependent's eligibility status
- Employment change for a spouse resulting in a loss or gain of employer-sponsored medical plan
- A change in your employment status

You must make a coverage change due to a qualifying life event within 30 days of the event, and the election change must be consistent with the event. For example, if your dependent child no longer meets eligibility requirements (if he or she reaches age 26), you can drop coverage only for that dependent.

Family Status Change

If you are declining benefit coverage for your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll your eligible dependents in this plan if your dependents lose eligibility for the other coverage (or if the employer stops contributing toward your dependents' other coverage). However, you must enroll within 30 days after your dependents' other coverage ends or after the employer stops contributing toward the other coverage.

Payroll Deductions

The cost for adding dependents will be paid through payroll deductions. The following table shows how payroll deductions will be handled for Employees who choose to enroll eligible dependents. **Employee Only Coverage is paid for with H&W Dollars.**

Payroll Deductions for Full-Time Employees (24 pay periods)

Coverage	Employee Only (Paid by H&W)	Employee & Spouse	Employee & Child(ren)	Family
BlueCross BlueShield EPO 8000	\$0.00	\$217.51	\$234.08	\$387.36
BlueCross BlueShield PPO 6029	\$0.00	\$301.72	\$324.71	\$537.36
MetLife Dental	\$0.00	\$18.14	\$18.94	\$42.38
MetLife VSP Vision	\$0.00	\$2.60	\$3.82	\$5.15
Employee Assistance Program	\$0.00	\$0.00	\$0.00	\$0.00
MetLife Short-Term Disability	\$0.00	NA	NA	NA
MetLife Long-Term Disability	\$0.00	NA	NA	NA
MetLife Life and AD&D	\$0.00	NA	NA	NA



Employer Contribution

Every hour you work, up to 40 hours per week, will earn you a fringe benefit allowance.

When you start work, your first month of Health & Welfare dollars will be allocated as follows and in this order.

- 1) To pay for your first month of active benefits (January hours pay for February benefits);
- 2) To fund your Reserve/401k account. Funds will flow directly to your 401k account if you have accumulated 1 month of premium in your reserve account. The reserve covers the cost of Employee Only premium for one month, if dependent coverage is elected this is paid for through payroll deduction.

EMPLOYEE ONLY EXAMPLE:

For Example, you are enrolled in major medical + all specialty benefits (dental, vision, life, EAP and disability) as employee only. Your hours worked in January will pay for coverage in February. If for example you earn \$740.13 in health and welfare fringe dollars in the month of January, you will have \$740.13 sent to The Contractors Plan for February benefits.

Your ILLUSTRATIVE EXAMPLE Healthcare plan premium totals and allocation are as follows:

Example Medical Premium:	\$506.06
Example Specialty Premium:	\$57.37
Example Total Premium:	\$563.43

You will have **\$563.43** utilized for your benefits and the remaining **\$176.70** will be sent to your 401k account once the Reserve is fully funded.

Paying for Benefits

How H&W Dollars Work

Health & Welfare (H&W) dollars—also referred to as fringe dollars - are contributed by your employer to help pay for your benefit coverage as required by the Service Contract Act. You earn an H&W allowance for every hour worked up to 40 hours per week (excluding PTO and holidays), or for every hour you are paid (excluding overtime), as defined by your Wage Determination. This H&W allowance is utilized to pay for employee only benefits with any excess H&W dollars added to a Reserve Account—which is set up for each employee. This Reserve Account will accumulate up to one month of employee only premium for all elected benefits; once full, excess H&W dollars will flow to your HRA account.

H&W dollars will be allocated as follows, and in this order:

1. H&W dollars are first used to pay for your first month of employee only benefits.
2. If there are H&W dollars remaining after paying for employee only benefits, they are allocated to your reserve account.
3. Once you have a full month's worth of employee only premium in your reserve, any additional H&W dollars will flow into your HRA.

H&W dollars can only be used to pay for employee only benefit coverage. If you choose to enroll an eligible dependent, the additional cost to cover your dependent(s) will be paid for with payroll deductions, see page 5.

What if I Work Fewer Hours in a Month?

If you do not work enough hours to cover the cost of your benefits in a given month, H&W dollars in your reserve account will be used to cover the shortage and keep your coverage active. When you start working enough hours to sufficiently cover the cost of benefits, any extra H&W dollars will be funded back to your reserve account until it is satisfied again.



Enrolling in Your Benefits

How To Enroll Online

1. Go to **www.thecontractorsplan.com** to enroll in/ and review your benefit options.
2. As a **new user**; click on **New Users: Register Here** Select the Social Security # button; enter your Social Security Number, Date of Birth, and click **Continue**.
3. Enter your personal information under **Get Started** and click **Continue**.
4. Make your elections for each benefit. Enroll dependents in dependent coverage as you choose. Also, remember to include any beneficiary designations for your Life/AD&D benefit.
5. The enrollment will be summarized for your review and confirmation. If you would like to make changes, you may select the **My Plans** tab to go back to the benefits election page, or select the **shopping cart icon** to empty or delete your elections and begin again. Once you are satisfied with your elections, click **Continue**.
6. Once you receive your **confirmation number and projected effective date**, your enrollment is complete. This confirmation number is for your records only and should be kept.

How To Enroll Dependents

When enrolling eligible dependents, please be prepared to provide their name, date of birth, and Social Security Number.

- Enrollment for dependents can be completed by visiting www.thecontractorsplan.com.
- During your enrollment you will be given the option to cover eligible dependents in major medical, dental, vision, and employee assistance program.

Alternatively, you may enroll by phone:

Call (800) 690-7731 Monday through Friday 7:00 AM to 7:00 PM Central Time

Major Medical—EPO 8000



The chart below provides a summary of the costs for some of the covered services for using BlueCross BlueShield providers.

Information Available For You

Medical information is available whenever you need it via www.bsneny.com or the BCBS Mobile App.

- Find a network provider and estimate costs
- Review your coverage and accounts
- ID Cards are issued when you first enroll, add dependents, or change plans. Additionally, you may obtain and ID card online.

Finding a Doctor

- Go to www.bsneny.com
- Click on “Find a Doctor”
- Click “Start Searching Today”
- Click on “Blue National Finder”
- Choose your Network-BlueCard PPO/EPO
- You can search by Name or by Location

Services Available to You	BlueCross BlueShield EPO 8000
In Network	
Office Copay (PCP/SPC)	Deductible & Coinsurance Apply
Inpatient	Deductible & Coinsurance Apply
Emergency Room Copay	Deductible & Coinsurance Apply
Urgent Care Copay	Deductible & Coinsurance Apply
Deductible	\$5,000 Individually \$10,000 For Family
Coinsurance	80%
Out-Of-Pocket Costs	\$6,350 Individually \$12,700 For Family
Pharmacy: Generic Brand	You Pay \$15**
Pharmacy: Brand Name	You Pay 50%**
Pharmacy: Non-Formulary	You Pay 50%**
Out of Network	
Deductible	N/A
Coinsurance	N/A
Out-Of-Pocket Costs	N/A

** Amount you will pay after meeting your annual deductible.

Major Medical—PPO 6029



The chart below provides a summary of the costs for some of the covered services for using BlueCross BlueShield providers.

Information Available For You

Medical information is available whenever you need it via www.bsneny.com or the BCBS Mobile App.

- Find a network provider and estimate costs
- Review your coverage and accounts
- ID Cards are issued when you first enroll, add dependents, or change plans. Additionally, you may obtain and ID card online.

Finding a Doctor

- Go to www.bsneny.com
- Click on “Find a Doctor”
- Click “Start Searching Today”
- Click on “Blue National Finder”
- Choose your Network-BlueCard PPO/EPO
- You can search by Name or by Location

Services Available to You	BlueCross BlueShield PPO 6029
In Network	
Office Visit (PCP/SPC)	\$25/\$40
Inpatient	Deduction & Coinsurance Apply
Emergency Room Copay	You pay \$100 copay
Urgent Care Copay	You pay \$35 copay
Deductible	\$2,000 Individually \$4,000 For Family
Coinsurance	80%
Out-Of-Pocket Costs	\$4,000 Individually \$8,000 For Family
Pharmacy: Generic Brand	You Pay \$10
Pharmacy: Brand Name	You Pay \$30
Pharmacy: Non-Formulary	You Pay \$50
Out of Network	
Deductible	\$4,000 Individually \$8,000 For Family
Coinsurance	60%
Out-Of-Pocket Costs	\$8,000 Individually \$16,000 For Family

Dental Coverage



As part of the benefits offered to maintain your health and well-being, dental coverage is offered through MetLife.

Information Available For You

Dental information is available whenever you need it via www.metlife.com/mybenefits.

When the website asks for a **Company Name, type: The Contractors Plan Trust** and you will be directed to the benefit plan home page.

- Find a dentist near you
- Review claims and treatment history
- No ID card is issued. You can print an ID card from the MetLife website.

Coverage Type	In-Network Based on Maximum Allowable Charge	Out-of-Network Based on Maximum Allowable Charge
Type A—Preventive	100%	100%
Type B—Basic Restorative	80%	80%
Type C—Major Restorative	50%	50%
Type D—Orthodontia	50%	50%
Deductible (waived for preventive)		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefits		
Per Person	\$1,500	\$1,500
Orthodontia Lifetime Maximum	\$1,000	\$1,000
Ortho Applies to Child Only	Child to age 19	

"In-Network Benefits" means benefits under this plan for covered dental services provided by a MetLife PDP dentist.

"Out-of-Network Benefits" means benefits under this plan for covered dental services that are not provided by a MetLife PDP Dentist.

Vision Coverage



As part of the benefits offered to maintain your health and well-being, vision coverage is offered to Full-Time employees through MetLife.

Employees and their covered family members can choose their provider from one of the largest networks of ophthalmologists, optometrists and opticians in the nation. The Vision Service Plan (VSP) Network offers more than 44,000 participating private practice access points—including more than 900 retail chain locations.

Information Available For You

Vision information is available whenever you need it via www.metlife.com/mybenefits.

When the website asks for a **Company Name type: The Contractors Plan Trust** and you will be directed to the benefit plan home page.

- Find a vision provider near you
- Review claims and treatment history
- No ID card is issued. You can print an ID card from the MetLife website.

Coverage Type	In-Network Coverage	Out-of-Network Coverage
Comprehensive Visual Exam	Covered after \$10 copay	Covered up to \$45 Allowance
Base Lenses Single Vision Lined Bifocal Lined Trifocal Lenticular	Covered in full	Covered up to: \$30 Allowance \$50 Allowance \$65 Allowance \$100 Allowance
Frame Allowance	Covered in full up to \$130 Allowance Costco: covered in full up to \$70 Allowance	Covered up to \$70 Allowance
Contact Lenses* (Fitting and Evaluation)	Standard or Premium Fit: Member receives 15% off; copay will not exceed \$60	Not Covered
Contact Lenses (Elective)	Covered up to \$130 Allowance	Covered up to \$105 Allowance

**Either glasses (Base Lenses & Frames) or Contact Lenses allowed per frequency, not both.*

Benefit Frequency	
Vision Exam	Every 12 months
Lenses	Every 12 months
Frames	Every 12 months



Life Insurance and Accidental Death & Dismemberment (AD&D) coverage provides financial security for your family or beneficiary in the event of your death. Your coverage amount will be paid to the beneficiary of your choice, provided a beneficiary is designated.

If your death is a result of a covered accident or injury, your beneficiary will receive an additional benefit through accidental death and dismemberment coverage. AD&D coverage is equal to your basic life insurance coverage amount.

AD&D benefits are payable if you pass away, lose a limb, or have a loss of speech, hearing, or eyesight because of a covered accident (either on or off the job) and the loss occurs within one year of the covered accident.

Beneficiary Designations

A primary beneficiary is defined as the person, organization, trust, or entity you name to receive any benefits in the event of your death. Keep in mind that changes in your family situation (such as marriage, divorce, birth, or adoption) do not automatically alter or revoke your beneficiary designation. Therefore, it is important that you review your beneficiary designation from time to time by visiting www.thecontractorsplan.com.

Basic Term Life: provides a benefit in the event of death	\$50,000 Flat Amount
Accidental Death & Dismemberment: Provides a benefit in the event of death or dismemberment resulting from a covered accident	\$50,000 Flat Amount
Age Reduction Formula	35% at age 65, 50% at age 70

Life/AD&D Insurance is available to Employees Only.



Short-Term Disability



Disability insurance offers financial protection to you and your family in the event that you cannot work due to an illness or accident that did not occur at work. The Contractors Plan offers disability coverage provided by MetLife.

Eligibility

If you are a full-time employee, you will be enrolled into MetLife's Short-Term Disability benefits plan.

Short-Term Disability

There is a 14 day elimination period in the event of an illness or accident. Once you have met this 14 day elimination period the plan will provide:

- 60% of your earnings up to \$600 per week
- Benefit duration of 13 weeks

Pre-Existing Condition

Pre-existing condition means a sickness or accidental injury for which the employee:

- Received medical treatment, consultation, care, or services 3 months prior to short term disability becoming effective.
- Took prescription medication or had medications prescribed in the 3 months before short term disability is effective.
- Pre-Existing conditions are not covered until you have been continuously insured under the short term disability policy for 12 months.

Short-Term Disability provides an income replacement when you are unable to work due to an accident or illness that occurs outside of work.



Long-Term Disability



Monthly Benefit	60% of Pre-disability Earnings	
Maximum Monthly Benefit	\$6,000.00	
Minimum Monthly Benefit	\$100.00 - subject to overpayment situations and any applicable incentives.	
Elimination Period	365 Days	
Own Occupation Period	24 months	
Social Security Integration	Family Social Security	
Benefit Duration		
	<u>Age on Date of Your Disability less than 60</u>	<u>Benefit Duration to age 65</u>
	60	60 months
	61	48 months
	62	42 months
	63	36 months
	64	30 months
	65	24 months
	66	21 months
	67	18 months
	68	15 months
	69 and over	12 months
Survivor Benefit	If the employee dies while they are Disabled, a single sum payment equal to 3 times the employee's last net Monthly Benefit is made.	
Work Incentive	While disabled and receiving a Monthly Benefit, employees may receive up to 100% of Pre-disability Monthly Earnings, including family care expense reimbursement, Rehabilitation incentive, return-to-work earnings, and other income benefits. After the first 24 months following the employees return to work, MetLife will reduce the employees Monthly Benefit by 50% of the amount the employee earns from working while Disabled.	
Rehabilitation Incentive	10% increase in the Monthly Benefit if participating in an approved Rehabilitation Program.	
Family Care Incentive	If the employee works or participates in a Rehabilitation Program while they are Disabled, reimbursement may be provided for up to \$400 per month for eligible Family Care expenses incurred by an employee for each eligible family member during the first 24 months of benefit payments.	
Moving Expense Incentive	If the employee participates in a Rehabilitation Program while they are Disabled, reimbursement may be provided for expenses incurred in order to move to a new residence if recommended as part of the Rehabilitation Program.	



Employee Assistance Program

The Contractors Plan Employee Assistance Plan (EAP) is provided to help employees and their dependents with the complexities of today's healthcare system. These services are unlimited, confidential and available to employees and all family members who are legal dependents. To find a provider and learn more, go to www.mymemberportal.com, under "New to the site?" click "Login with your Group ID here" and enter Group# 78726 and click Login. You can download and print your ID card from www.mymemberportal.com after creating an account.

Teladoc⁺

How to talk to the Doctor, without going to the Doctor.

Teladoc provides employees with 24/7 all day every day access to a national network of U.S. board-certified doctors who can diagnose and treat many medical issues over the telephone. There is no co-pay or consult fee for members and their dependents to access this service and the average physician call back time is 24 minutes.

855-847-3627

Telephone Counselors

Help, without the hourly rate.

Emotional and relationship issues can be overwhelming. However, personal problems are as treatable as any other health concern if employees know where to turn. **800-871-8558**

Nurseline™

A second opinion, when you are unsure.

Nurseline™ offers toll-free access to experienced registered nurses, 24 hours a day, 7 days a week. Hotline Nurses are an immediate, reliable, and caring source of health information, education and support. **866-272-6009**

Disclaimers

This plan is NOT insurance. The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. **It contains a 30 day cancellation period**, provides discounts only at the offices of contracted health care providers, and each member is obligated to pay the discounted medical charges in full at the point of service. The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary service received. Member shall receive a reimbursement of all periodic membership fees if membership is cancelled within the first 30 days after the effective date. Discount Medical Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 671309, Dallas, TX 75367-1309, 800-800-7616. Website to obtain participating providers: MyMemberPortal.com. Not available to WA or VT residents.

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Save time and money on labs and imaging.

Lab Testing Discounts along with CAT Scan and MRI discounts. Members save 10% to 80% on charges for blood tests and other labs. Savings may vary based on geographic location, provider and procedure performed. Available services may vary by provider. *Lab discounts are not available in MD, NJ, NY, RI.* **877-281-7042**

HealthAdvocate™

Assistance navigating affordable care.

Personal Health Advocates are typically registered nurses supported by a team of medical directors and can assist members with clinical, insurance and administrative issues for medical, hospital, dental, pharmacy and other needs. **866-272-6009**

Medical Bill Saver™

Ensure that you do not overpay.

Bill representatives assist with provider negotiations to reduce the amount due to providers. Many providers will agree to a discount in return for promptness of payment and lower collection costs. **866-272-6009**

Retirement Plan



Gemini Tech is pleased to offer you a unique investment platform offering investment choices through two investment approaches. You will be asked to make a decision on your investment option during your enrollment and conducting a little research ahead of time will make the process easier.

Please note, the Retirement plan is offered through The Contractors Plan. If you have questions regarding your retirement plan, please contact Member Services at 1-800-933-3863.

Any H&W dollars not used for health benefits or to fund your reserve will be placed into a retirement plan for your future benefit. You can choose your own mix of funds or you can leave the investment allocations to us.

IRS Limits

Tax law limits the amount you can contribute on a pre-tax basis to the plan each year. Tax law also limits the amount of compensation that is considered eligible for the plan. You cannot defer any portion of your compensation above that limit into the plan.

Vesting

Vesting refers to the portion of your plan account balance to which you are entitled under the plan rules. Each contribution is 100% vested in the plan.

Tax Considerations

You pay no taxes on contributions or investment returns until you withdraw funds from the plan.

Account Access & Investment Balances

Once enrolled, you can log in to your account and view your benefits, change information and request information. Please call The Contractors Plan Retirement Member Services at 1-800-933-3863 or go online to **TheContractorsPlan.com** to enroll and for ongoing account access.

Do-It-For-Me Approach

You choose the Target Date fund which corresponds to your expected retirement date. Investment elections are pre-determined based on your expected retirement date.

Do-It-Yourself Approach

You can make your own selections from among the funds offered, creating your own portfolio and asset allocations.



Enrolling in Your Retirement Plan

Once you have finished electing medical benefits online at mycontractorsplan.com, you can click Benefit Center to be directed to your personal home screen. Select the “Retirement” icon. The first time you click this icon it will guide you through several questions to set up your retirement account.

Summary Tab

This is a snapshot of your account balance at a glance. From this page you can select details of your account, current investment fund balances, see a chart of your current investments and more.

Investments Tab

The Investments tab will provide the following tools you may select:

Account Balances: View your investment funds, click on the icon next to the fund name for a detailed report about the fund.

Investment Elections: Review or change your investments.

Investment Profiles: See all the investments available in your plan including detailed reports.

Investment Returns: View the latest investment returns for the available funds.

Rate of Return: See how your account has done—reports your personal rate of return percentage.

Transactions Tab

The Transactions tab will provide the following tools you may select:

Investment Elections: Choose where future contribution deposits are invested.

Transfer Funds: Change where your existing account balance is invested by transferring money between investment funds.

Transaction History: Customize your search for account activity and see detailed reports.

Web/VRU Requests: See a complete history of all requests you have made through the website or the telephone system (VRU) and click to see the details.

Tools Tab

The Tools tab will provide the following tools you may select:

eStatements: sign up for eStatements and receive automatic email delivery of your account statements and view your statements online from anywhere.

Reports: Create your own Statement of account for any time-period and save it to an Adobe PDF file on your computer.

Forms: Select a copy of forms available for your plan.

Personal Profile Tab

The Personal Profile tab will provide the following tools you may select:

Personal Info: Keep your contact information up-to-date, including your mailing address, email, and alternate email or security information.

Beneficiaries: Shows the beneficiary of your account in the event of your death. Designate who should receive your account or add additional or contingent beneficiaries.

Introduction

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It also can become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description, which will be mailed to you following your enrollment in the plan.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed below. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an **employee**, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced
- Your employment ends for any reason other than your gross misconduct

If you are the **spouse** or same sex domestic partner of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse or same sex domestic partner dies
- Your spouse's or same sex domestic partner's hours of employment are reduced
- Your spouse's or same sex domestic partner's employment ends for any reason other than his or her gross misconduct
- Your spouse or same sex domestic partner's becomes entitled to Medicare benefits (under Part A, Part B, or both)
- You become divorced or legally separated from your spouse or same sex domestic partner

Your **dependent children** will become qualified beneficiaries if they lose coverage under the plan because any of the following qualifying events happen:

- The parent/employee dies
- The parent/ employee's hours of employment are reduced
- The parent/ employee's employment ends for any reason other than his or her gross misconduct.
- The parent/ employee becomes entitled to Medicare benefits (Part A, Part B, or both)
- The parents become divorced or legally separated
- The child stops being eligible for coverage under the plan as a "dependent child"

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is: the end of employment, a reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both); the employer must notify the Plan Administrator of the qualifying event.

