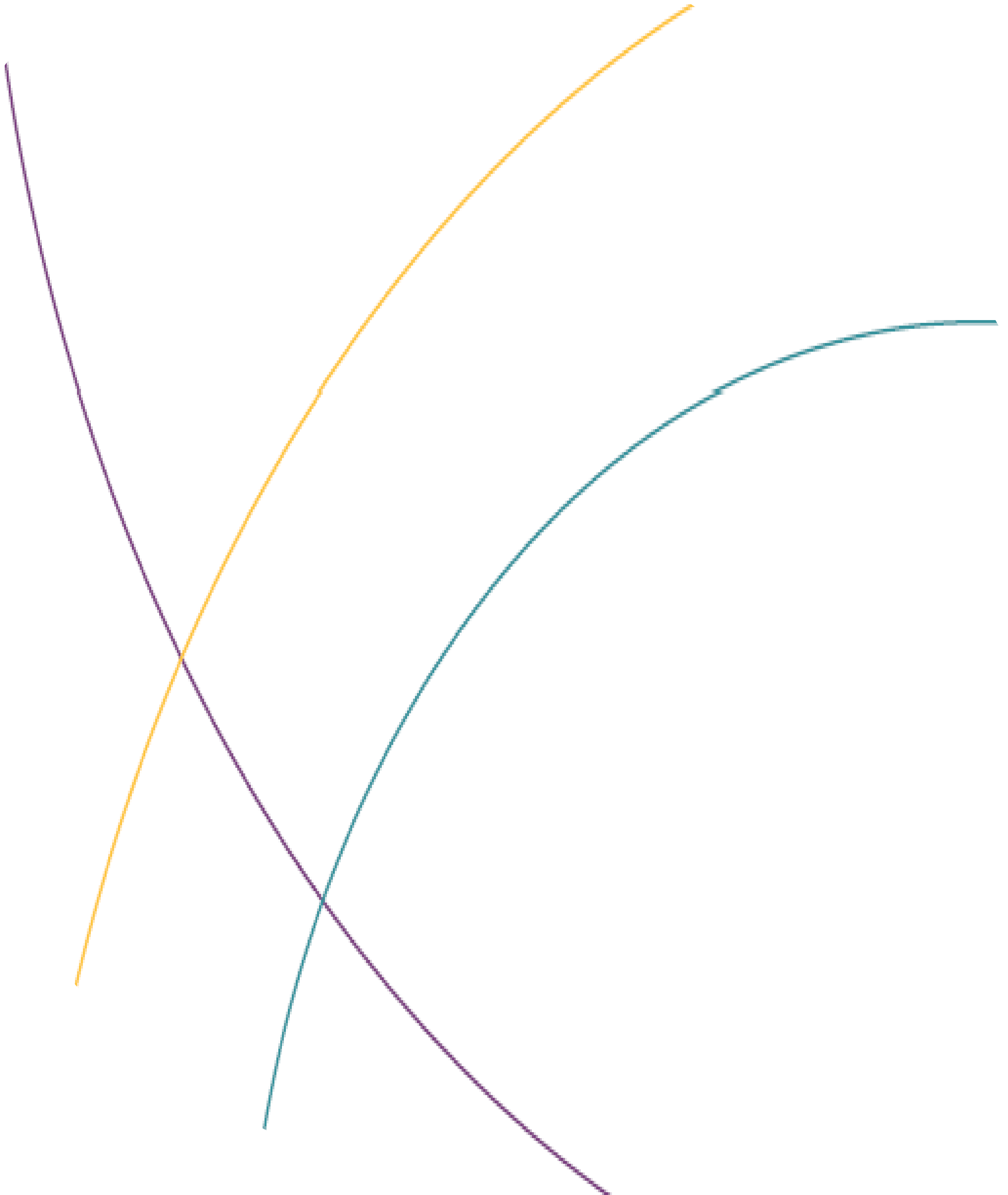
Bay Laurel Center CDD

Benefits – at – a – Glance

NOVEMBER 2024 – OCTOBER 2025



Contents and Contact Information

Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources.

BENEFIT INFORMATION: ______ pages 2 & 10

MEDICAL: ______ page 3

Florida Blue Health Insurance	Policy #B0761
Customer Service Number	800-352-2583
Web Address	www.floridablue.com and Register!
Nurse Hot Line 24/7	877-789-2583 ask for a nurse

DENTAL & VISION: ______ page 5 & 6

Guardian Life Insurance Company	Policy #472726
Customer Service Number	888-600-1600
Web Address	www.GuardianAnyTime.com and Register!

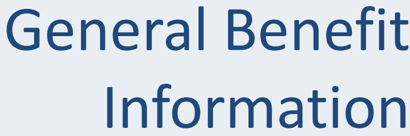
GROUP BASIC LIFE, STD & LTD: ______ page 7 -9

Mutual of Omaha	Policy #G000AK1Q
Customer Service Number	800-877-5176
Web Address	www.mutualofomaha.com

ANCILLARY/WORKSITE PRODUCTS: ______ page 10

Colonial Life	Individual Policy Numbers
Customer Service Number	800-325-4368
Web Address	www.coloniallife.com

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan, prescriptions 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 Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.



General Benefit Information

Your Benefit Plans!

Bay Laurel Center CDD offers a variety of benefits allowing you the opportunity to customize a benefit package that meets your personal needs for you and your family.

In the following pages, you'll learn more about the benefits offered. You'll also see how choosing the right combination of benefits can help protect you and your family's health and finances – and your family's future.

CARRIER	BENEFIT
Florida Blue	Medical
Guardian Life Insurance	Dental & Vision
Mutual of Omaha	Life/AD&D, Short- and Long-Term Disability
Colonial Life Insurance	Hospital Confinement Accident, Cancer, Critical, Illness, Whole/Universal Life for Employees, Spouse, Dependents

Eligibility

All Regular full-time employees are eligible for Benefit Plans on the First of the Month following 60 days of employment. You may also enroll your dependents in the Benefit Plans when you enroll.

"Regular Full-Time Employees" must be regularly scheduled and working at least 25 hours per week.

Eligible dependents include:

- Your spouse
- Your natural children, step-children living with you, legally adopted children and any other children for whom you have legal guardianship, who are:
  - Under 26 years of age- Medical
  - Under 20 years of age – Dental and Vision
  - for medical, in some circumstances, up to age 30; for dental and vision if unmarried and a full-time student, up to age 26

When Can You Enroll?

You can sign up for Benefits at any of the following times:

- After completing initial eligibility period;
- During the annual open enrollment period;
- Within 30 days of a qualified family-status change.

If you do not enroll at one of the above times, you must wait for the next annual open enrollment period.

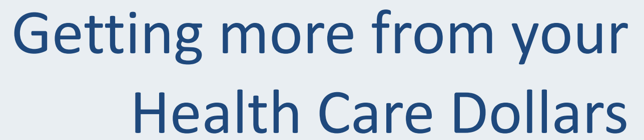
Medical Insurance

Your Employer offers you health insurance through Florida Blue. Find participating providers on www.floridablue.com Choose Blue Options as your plan.

Plan Name	Blue Options 14003
In Network Deductible (Individual / Family) Out of Network Deductible (Individual / Family)	$500 / $1,500 $1,000 / $3,000
In Network Out-of-Pocket Maximum Out of Network Out-of-Pocket Maximum	$2,800 / $8,400 $7,000 / $14,000
Out-of-Pocket Max Includes	Mental Health/Substance Abuse and out of network covered expenses
Lifetime Major Medical Maximum	Unlimited
Coinsurance – In /Out Network	80% / 50%
ROUTINE PREVENTIVE SERVICES - in Network Wellness, Immunizations, Mammography, Colonoscopy	Covered 100%
Office Visits/Consultations for Illness/Injury – in Network	$10 copay
Specialist Visit– in Network	$25 copay
Inpatient Hospital– in Network	Opt 1- $250 p/d $750 max Opt 2 - $350 p/d $1,050 max
Outpatient Surgery– in Network	Ambulatory surg center - $100, Opt 1 hosp $200 Opt 2 hosp $400
Emergency Room / Urgent Care– in Network	$100 / $30 copay
PRESCRIPTIONS RX Copayments (30-day supply) Mail Order (3-month supply)	$10/$30/$50/$150 $20/$60/$100/NA

Election	Monthly Premium	Employer Contributions Per month	Employee Contributions Per Month	Employee Contributions Per Pay (48)
Employee Only	**$1,034.38**	**$827.50**	**$206.88**	**$51.72**
Employee + Spouse	**$2,068.77**	**$1,758.45**	**$310.32**	**$77.58**
Employee + Child(ren)	**$1,913.61**	**$1,642.08**	**$271.53**	**$67.88**
Family	**$2,948.00**	**$2,417.88**	**$530.12**	**$132.53**

This chart is intended only to highlight the benefits available and should not be relied upon to fully determine your coverage. Should the benefits illustrated conflict in any way with the Summary Plan Description (SPD), the SPD shall prevail. This summary contains highlights only and is subject to change. The specific terms of coverage, exclusions and limitations including legislated benefits are contained in the Summary Plan Description or Insurance Certificates.



Pharmacy Benefits & Consumer Tips

Did you know you can obtain prescription drugs at local retailers at a reduced cost and sometimes even free?

- ✓ **Wal-Mart** offers generic prescriptions for $4 and a 90-day supply for approximately $10!
- ✓ **Walgreens & CVS** have discount clubs you can join for savings – see their websites for details.
- ✓ **New Prescriptions?** Ask your doctor for a generic sample before you spend dollars on a brand name only to find you are allergic or it has an adverse effect on you.
- ✓ **Check Manufacturer** website for coupons/discounts!!!
- ✓ www.goodrx.com – Find out what pharmacy nearest your home zip code charges the least amount for your prescription!
- ✓ www.costplusdrugs.com – Low-cost option on certain drugs
- ✓ www.zennioptical.com **Zenni Optical** – go online to purchase discount glasses! No Insurance Needed

Remember DO NOT show your medical ID card to receive these benefits or you will be charged your medical plans drug rate.

Always Choose in-network providers for your least expensive option!

Convenience Care Clinics – Don't pay more if you don't have to. Common examples: Pink Eye, school physicals, common infections, flu shots

Urgent Care Centers – for health conditions that aren't life-threatening, and your regular doctor isn't available. Common examples: Sprains and Strains, Fever, Minor injuries and Burns, Flu

Emergency Room – use for true emergencies like life threatening illnesses and injuries. Common examples: Chest Pain, Broken Bones, Allergic Reactions, Continuous Bleeding, Head Injury, Deep Wounds

Medical Helpful Hints

- ➢ ASK - Are you a contracted in network provider for MY Florida Blue plan?
- ➢ ASK - Can you provide me a pre-determination (i.e., estimate) of services?
- ➢ NEED LABS? – ensure you and/or your doctor utilizes an IN-NETWORK LAB!
- ➢ PREVENTATIVE CARE – have you had your annual checkups? It's FREE!
- ➢ PRE-AUTHORIZATION – Required for ALL in patient stays – coordinated by your In-Network Physician. Some Outpatient procedures and diagnostic testing require this too.

REGISTER –Member Private Portal

www.FloridaBlue.com

- ✓ Find an In-Network provider, hospital or pharmacy
- ✓ RX Formulary Lists
- ✓ ID Card Replacement
- ✓ View your plan benefits
- ✓ View Claims and Explanation of Benefits
- ✓ Claim/Cost Estimator

Member Resources

24-Hour Nurse helpline - available 24/7/365 for general health and prevention questions or for education and support on medical issues. 877-789-2583.

Florida Blue Member Mobile Solution – Free App for Apple, Kindle Fire, BlackBerry and Google Play. Simply Search for myFlorida Blue Mobile App!

Dental Insurance

You have two dental plans to enroll in.
Choose the one that best meets your needs.

BENEFITS Mac	Value NA PPO
Deductible	$50/150 – IN $100/300 – Out
Deductible waived for Preventative?	Yes - In No – Out
PREVENTATIVE Oral Examinations; Cleanings; X-Rays; Sealants - children (16)	100/100
BASIC Fillings, General Anesthesia, Scaling and Root Planing, Perio Maintenance, Simple/Surgical Extractions, Root Canal	80/50
MAJOR Bridges & Dentures/Single Crowns, Implants	50/25
Endodontics/Periodontics	Basic
Annual Maximum	$1,000

BENEFITS UCR	Buy Up B1 PPO
Deductible	$50/150 – IN $50/150 – Out
Deductible waived for Preventative?	Yes
PREVENTATIVE Oral Examinations; Cleanings; X-Rays; Sealants - children (16)	100/100
BASIC Fillings, General Anesthesia, Scaling and Root Planing, Perio Maintenance, Simple/Surgical Extractions, Root Canal	100/80
MAJOR Bridges & Dentures/Single Crowns, Implants	60/50
Endodontics/Periodontics	Basic
Annual Maximum	$1,500 IN $1,000 Out

Late entrant penalties – both plans – Basic: 6 months; Major: 12 months

Dental Cost Per Pay (48)	Value NA	B1
Employee Only	**$0.00**	**$3.57**
Employee + Spouse	**$5.39**	**$9.21**
Employee + Child(ren)	**$7.43**	**$12.68**
Family	**$11.62**	**$19.85**

To find a Dental Provider register:
www.GuardianAnyTime.com
Dental Network: PPO-DentalGuard Preferred
Dayton/Gainesville

If a member uses a network provider, they will pay less out-of-pocket costs. Network providers will not charge more than the allowable fee. **Balance billing will occur** when a member chooses to receive services from an **out-of-network provider.**

Maximum Rollover Feature

Value added feature! Qualifying participants can carryover part of their unused annual max. Earn by submitting at least one claim for dental expenses incurred during the benefit year, While staying at or under the threshold amount. Register on www.GuardianAnyTime.com for details!

Vision Insurance

	VSP Choice Network	
	In-Network	**Out-of-Network Reimbursement**
Benefit Coverage – Includes coverage for glasses OR contact lenses, not both, in a plan year.		
Examination for glasses (*once every 12 months*)	$10	Up to $50
Materials Copay (Waived for elective contacts)	$25	N/A
Frames Retail Allowance (Once every 24 months)	Up to $130 (20% savings on amount over allowance)	Up to $48
Contact Lenses (Evaluation and Fitting)	15% off UCR Available at addl disc charge or sometimes ded from contact lens allowance	N/A
Eyeglass Lenses Allowance (Once every 12 months)		
Single Vision	100% after copay	Up to $48
Bifocal	100% after copay	Up to $67
Trifocal	100% after copay	Up to $86
Lenticular	100% after copay	Up to $126
Contact Lenses: Medically Necessary	Covered 100%	Up to $210
Elective	Up to $130	Up to $120
Lasik	Discount Available	N/A

Vision Cost Per Pay (48)	
Employee Only	**$0.00**
Employee + Spouse	**$1.29**
Employee + Child(ren)	**$1.44**
Family	**$3.23**

Your Vision Coverage is provided by your employer for you, you can buy up for your dependents. See benefit summary for full details. To find a VSP Vision Provider register: www.GuardianAnyTime.com

Basic Life Insurance

Your Employer provides life insurance to all active full-time employees. You also have the option to purchase additional Voluntary Term Life. The chart below provides a brief overview of the plans.

Basic Life/AD&D Insurance General Terms	
Employee Definition	All active full-time employees
Employer Paid Benefit **Group Life and AD&D**	$15,000 AD&D – Equal to Basic Life
Voluntary Term Life **Employee Paid** **For Employee, Spouse and Children**	Employee – up to 5 X's Salary (Max $250k) *Guarantee Issue $50,000 Spouse - up to 50% of EE amount (Max $50k) *Guarantee Issue $25,000 Children –Up to 50% of EE amount (Max $10k) Six-month-old to age 21 (25 if student) 0-14 days old no benefit
Portability / Conversion	Yes, with age and other restrictions for Vol Life. Conversion only on Employer paid life.
Age Reduction	At age 65 reduced by 35%; At age 70 reduced by 50% Spouse terms at 70 or EE retirement if earlier

***Voluntary Life – amounts over Guarantee Issue Listed Above**

It is the EMPLOYEE's responsibility to complete and submit an Evidence of Insurability (EOI) form. An EOI form is required for coverage elections above the GI or if coverage was previously waived or not elected during the initial eligibility period. Note -Benefit coverage & payroll deductions for newly elected amounts will not take effect until EOI is approved by the carrier.
www.mutualofomaha.com/EOI

Don't forget to designate your beneficiary!

Voluntary Life Insurance

Below is the cost for the Voluntary Life Insurance coverage. The rates/premium are age banded based on the employee's age as of the first day of the plan year for both the employee and spouse.

If the benefit amount you would like to select is over $50,000, select the benefit amount from the first column (Coverage Amount) that when multiplied by another number results in the benefit amount you want. For Example: If you would like to elect $150,000 in coverage, use the $50,000 row rate which applies to your age band and multiply by 2. Note: Your actual payroll deduction may vary slightly due to rounding.

Employee Weekly Payroll Deduction (Includes AD&D) 48 pay										
AGE	**$10,000**	**$20,000**	**$30,000**	**$40,000**	**$50,000**	**$60,000**	**$70,000**	**$80,000**	**$90,000**	**$100,000**
<30	$0.30	$0.60	$0.90	$1.20	$1.50	$1.80	$2.10	$2.40	$2.70	$3.00
30-34	$0.33	$0.65	$0.98	$1.30	$1.63	$1.95	$2.28	$2.60	$2.93	$3.25
35-39	$0.43	$0.85	$1.28	$1.70	$2.13	$2.55	$2.98	$3.40	$3.83	$4.25
40-44	$0.60	$1.20	$1.80	$2.40	$3.00	$3.60	$4.20	$4.80	$5.40	$6.00
45-49	$0.95	$1.90	$2.85	$3.80	$4.75	$5.70	$6.65	$7.60	$8.55	$9.50
50-54	$1.35	$2.70	$4.05	$5.40	$6.75	$8.10	$9.45	$10.80	$12.15	$13.50
55-59	$1.95	$3.90	$5.85	$7.80	$9.75	$11.70	$13.65	$15.60	$17.55	$19.50
60-64	$3.13	$6.25	$9.38	$12.50	$15.63	$18.75	$21.88	$25.00	$28.13	$31.25
65-69	$5.75	$11.50	$17.25	$23.00	$28.75	$34.50	$40.25	$46.00	$51.75	$57.50

Spouse Weekly Payroll Deduction (Includes AD&D) 48 pay										
AGE	**$5,000**	**$10,000**	**$15,000**	**$20,000**	**$25,000**	**$30,000**	**$35,000**	**$40,000**	**$45,000**	**$50,000**
<30	$0.15	$0.30	$0.45	$0.60	$0.75	$0.90	$1.05	$1.20	$1.35	$1.50
30-34	$0.16	$0.33	$0.49	$0.65	$0.81	$0.98	$1.14	$1.30	$1.46	$1.63
35-39	$0.21	$0.43	$0.64	$0.85	$1.06	$1.28	$1.49	$1.70	$1.91	$2.13
40-44	$0.30	$0.60	$0.90	$1.20	$1.50	$1.80	$2.10	$2.40	$2.70	$3.00
45-49	$0.48	$0.95	$1.43	$1.90	$2.38	$2.85	$3.33	$3.80	$4.28	$4.75
50-54	$0.68	$1.35	$2.03	$2.70	$3.38	$4.05	$4.73	$5.40	$6.08	$6.75
55-59	$0.98	$1.95	$2.93	$3.90	$4.88	$5.85	$6.83	$7.80	$8.78	$9.75
60-64	$1.56	$3.13	$4.69	$6.25	$7.81	$9.38	$10.94	$12.50	$14.06	$15.63
65-69	$2.88	$5.75	$8.63	$11.50	$14.38	$17.25	$20.13	$23.00	$25.88	$28.75

Child(ren) Weekly Payroll Deductions 48 pay			
$2,500	**$5,000**	**$7,500**	**$10,000**
$0.13	$0.25	$0.38	$0.50

Employees ONLY – if already enrolled but not over $50k, you can increase at Open Enrollment without EOI if increase stays below $50k limit.

Short-Term Disability Insurance

Employer Paid!

Benefit:

60% of
weekly earnings,
not to exceed $1,000/week

Benefit Begins:

On the 15th day out of work due to a non-work-related disabling injury or illness.

Maximum Benefit Period:

Available for up to 26 weeks

Long-Term Disability Insurance

Employer Paid!

Benefit:

60% of
monthly earnings,
not to exceed $6,000/month

Benefit Begins:

On the 181st day out of work due to a non-work-related disabling injury or illness

Maximum Benefit Period:

2 years Own Occupation;
Up to age 65 or Normal Social Security Retirement Age thereafter

Disability income protection insurance provides a benefit for "short or long term" disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration. Pre-Existing Conditions do apply to LTD – see Mutual of Omaha full summaries for details.

Accident Insurance – Helps offset the unexpected medical expenses, such as emergency room fees, deductibles and copayments, that can result from a fracture, dislocation or other covered accidental injury.

Cancer Insurance – Helps offset the out-of-pocket medical and indirect, non-medical expenses related to cancer that most medical plans don't cover. This coverage also provides a benefit for specified cancer-screening tests.

Critical Illness Insurance – Complements your major medical coverage by providing a lump-sum benefit that you can use to pay the direct and indirect costs related to a covered critical illness, which can often be expensive and lengthy.

Whole Life / Universal Life Insurance – Enables you to tailor coverage for your individual needs and helps provide financial security for you and your family members.

Medical Bridge/Hospital Confinement - Helps pay for deductible costs for *inpatient* stays! Simplified individual underwriting, pre-x may apply. Wellness benefit of $50 per year included.

Colonial Life's coverages share important features:

- Coverage is available for your spouse and children with most products.
- Benefits are paid directly to you, unless you specify otherwise.
- With most plans, you can continue coverage when you retire or change jobs, with no increase in premiums.
- With most plans you receive benefits regardless of any other insurance you may have with other companies.

Coverage has exclusions and limitations that may affect benefits payable. Benefits vary by state and may not be available in all states. Contact a Colonial Life benefits representative for more information.

Colonial life products are underwritten by Colonial Life & Accident Insurance Company, for which colonial Life is the marketing brand.

1200 Colonial Life Boulevard, Columbia, SC 29210, www.coloniallife.com

Colonial Life products are not intended as a substitute for medical insurance.

Choosing Your Benefits

You must actively choose any benefit that you pay for or share in the cost with your employer.

Your part of the cost is automatically taken out of your paycheck. There are two ways that the money can be taken out:

> **Before your taxes are calculated** – medical and dental, vision, accident, cancer and hospital confinement.

> **After your taxes are calculated** – voluntary life, accidental death & dismemberment and critical illness.

Making Changes

Generally, you can only change your benefit choices during the annual benefits enrollment period. However, you may be able to change your benefit choices at anytime if you have a change in status including:

> Your marriage

> Your divorce or legal separation

> Birth or adoption of an eligible child

> Death of your spouse or covered child

> Change in your spouse's work status that affects his or her benefits

> Change in your work status that affects your benefits

> Change in residence or work site that affects your eligibility for coverage

> Change in your child's eligibility for benefits

> Receiving Qualified Medical Child Support Order (QMCSO)

If you do not notify Human Resources within 30 days of a family status change, you will have to wait until the next annual enrollment period to make benefit changes unless you have another family status change.

Why do I pay for benefits with before-tax money?

There is a definite advantage to paying for some benefits with before-tax money:

Taking the money out before your taxes are calculated lowers the amount of your pay that is taxable. Therefore, you pay less in taxes.

When Coverage Ends

Varies – For medical, dental and vision coverage ends at end of month in which employment with the company ends. Life and disability end on the date of termination.

Colonial polices can be continued by you making premium payments directly to Colonial on an after-tax basis only if employment ends with the company.

Key Benefit Terms

Coinsurance – The percentage of the medical or dental charge that you pay after the deductible has been met.

Copayment – A flat fee that you pay for medical services, regardless of the actual amount charged by your doctor or another provider. This generally applies to physicians' office visits and prescription drugs.

Deductible – The amount you pay toward medical and dental expenses each calendar year before the plan begins paying benefits.

Out of Pocket Maximum – The maximum amount you will pay in coinsurance, deductible and copays during the calendar year.

Retiree Health Insurance Policy

Florida Statutes 112.0801

In accordance with Section 112.0801, Florida Statutes, all District personnel who retire from the District with immediate eligibility for normal retirement and their eligible dependents, shall be afforded the option of continuing in the District's group health insurance program as follows:

Retired employees and dependents are eligible for continued health, dental and vision coverage if they agree to pay the full cost of the coverage at the current group rate. The cost of this coverage is subject to periodic review and adjustment by the District.

Health, dental and vision benefits for the retirees shall be provided at the same levels of those provided to the District employees.

Retirees within 30 days of retirement shall have a one-time, irrevocable election to continue participation in the District's insurance program.

If a retiree elects not to continue participating in the District's insurance program at the time of retirement or discontinues participation in the District insurance program at any time following retirement or fails to pay the required cost of coverage within 30 days of the invoice date, the retiree shall not thereafter be eligible to participate in the program.

The benefits provided by the District and the cost of coverage may be adjusted when the retiree becomes eligible for Medicare coverage.

The District retains the right to change the insurance program, including, but not limited to, changes in coverage, plans, carriers, benefits, deductibles and co-pays, and to adjust the cost of coverage at any time with appropriate notice to retirees and their dependents.

When a retiree who has elected to continue participating in the District's insurance program reaches age 65 or becomes eligible for Medicare benefits at an earlier age, Medicare shall provide primary health coverage and shall be the primary payer of health benefits, and the District's health benefits shall be secondary to Medicare.

GENERAL NOTICE OF CONTINUATION COVERAGE RIGHTS UNDER COBRA

Effective September 1, 2014

You (as a covered employee, retiree, spouse or dependent) are receiving this notice because you have recently become covered under the Employee Benefit Plan (the "Plan"). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. COBRA (and the description of COBRA coverage contained in this notice) applies only to the group health plan benefits offered under the Plan (the Medical, Dental and Vision components) and not to any other benefits offered under the Plan or by your employer. (such as life insurance). **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. Failing to follow the requirements of this notice can result in the loss of your COBRA rights.**

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 can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. This notice does not fully describe COBRA continuation coverage or other rights under the Plan. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator. The party responsible for administering COBRA continuation coverage, or that party's address and telephone number, may change from time to time. For the most recent information, check the Plan's most recent Summary Plan Description (if you do not have a copy, you may request one from the Plan Administrator).

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 later in this notice. 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. (Certain newborns, newly-adopted children and alternate recipients under QMCSOs may also be qualified beneficiaries. This is discussed in more detail in separate paragraphs below.) Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage. COBRA continuation coverage begins on the date that regular Plan coverage is lost.

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; or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse 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 dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse. If an employee cancels coverage for his or her spouse in anticipation of a divorce or legal separation, and a divorce or legal separation later occurs, then the divorce or legal separation will be considered a qualifying event even though the ex-spouse lost coverage earlier. If the ex-spouse notifies the administrator within 60 days after the divorce or legal separation, and can establish that the employee canceled the coverage earlier in anticipation of the divorce or legal separation, then COBRA coverage may be available for the period after the divorce or legal separation.

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

- 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; or
- 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 timely notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee 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.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator using the procedures specified in the box below entitled "Notice Procedures". If these procedures are not followed, any spouse or dependent child who loses coverage will NOT BE OFFERED THE OPTION TO ELECT CONTINUATION COVERAGE.

NOTICE PROCEDURES

If you or a dependent experiences a second qualifying event (QE), you must notify your employer of any changes to your COBRA coverage within 30 days of the effective date of the QE. Failure to provide timely notification may negatively affect any potential extension of COBRA coverage. Notice must be made in writing and sent to the COBRA contact in your employer's HR Department.

How is COBRA Coverage Provided?
Once the Plan Administrator receives timely notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. If you or your spouse or dependent children do not elect continuation coverage within this 60-day election period, YOU WILL LOSE YOUR RIGHT TO ELECT CONTINUATION COVERAGE.
COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction in the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage
If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. The Plan requires you to follow the procedures specified in the box above, entitled "Notice Procedures". In addition, your notice must include the name of the disabled qualified beneficiary, the date that the qualified beneficiary became disabled, and the date that the Social Security Administration made its determination. Your notice must also include a copy of the Social Security Administration's determination. If this determination changes in the future (for example, the Social Security Administration determines you are no longer disabled) you must notify the Plan of this change within 30 days. If these procedures are not followed or if the notice is not provided in writing to the Plan Administrator within the required period, THEN THERE WILL BE NO DISABILITY EXTENSION OF COBRA CONTINUATION COVERAGE.

Second qualifying event extension of 18-month period of continuation coverage
If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. The Plan requires you to follow the procedures specified in the box above, entitled "Notice Procedures". In addition, your notice must also name the second qualifying event and the date it happened. If the second qualifying event is a divorce or legal separation, your notice must include a copy of the divorce or legal separation decree. If these procedures are not followed or if the notice is not provided in writing to the Plan Administrator within the required period, THEN THERE WILL BE NO EXTENSION OF COBRA COVERAGE DUE TO SECOND QUALIFYING EVENT.

Medicare extension for spouse and dependent children
If a qualifying event that is a termination of employment or reduction of hours occurs within 18 months after the covered employee becomes entitled to Medicare, then the maximum coverage period for the spouse and dependent children will end three years from the date the employee became entitled to Medicare (but the covered employee's maximum coverage period will be 18 months).

Special rules for health FSAs
The maximum COBRA coverage period for a health flexible spending arrangement (health FSA) maintained by the employer ends on the last day of the Plan year in which the qualifying event occurred. No COBRA coverage is provided if the qualified beneficiary has overspent his or her account as of the date of the qualifying event.

Children born to or placed for adoption with the covered employee during COBRA period
A child born to, adopted by or placed for adoption with a covered employee during a period of continuation coverage is considered to be a qualified beneficiary provided that, if the covered employee is a qualified beneficiary, the covered employee has elected continuation coverage for himself or herself. The child's COBRA coverage begins when the child is enrolled in the Plan, whether through special enrollment or open enrollment, and it lasts for as long as COBRA coverage lasts for other family members of the employee. To be enrolled in the Plan, the child must satisfy the otherwise applicable Plan eligibility requirements (for example, regarding age).

Alternate recipients under QMCSOs
A child of the covered employee who is receiving benefits under the Plan pursuant to a Qualified Medical Child Support Order (QMCSO) received by the Plan Administrator during the covered employee's period of employment with the employer is entitled to the same rights under COBRA as a dependent child of the covered employee, regardless of whether that child would otherwise be considered a dependent.

If You Have Questions
Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contract or your employer's HR Department. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes
In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Notes:

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary 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 Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

Presented by: