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## **INTRODUCTION**

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**Insurance Contract**

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**Booklets**

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**Booklets**

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## **OBTAINING AND CHANGING COVERAGES**

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**Marketplace**

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*Consistency Rule*

*not*

*not*







*coverage may be retroactively terminated*



**VISION PROGRAM**

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**LONG-TERM DISABILITY PROGRAM**

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**LIFE/AD&D INSURANCE PROGRAM**

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**GROUP TRAVEL ACCIDENT PROGRAM**

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**EAP**

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**PRE-TAX PAYMENT PROGRAM**

**COBRA Premiums**

**DEPENDENT CARE FSA PROGRAM**

**Example:**

	<b>Using Dependent Care FSA Program</b>	<b>Not Using Dependent Care FSA Program</b>
	_____	_____
<b>Your Net Take Home Pay</b>	<b>\$42,750</b>	<b>\$42,000</b>
<b>Your Tax Savings</b>	<b>\$750</b>	<b>N/A</b>

**Dependent Care Flexible Spending Account**

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**Full-**

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**Carry-Over Amount**

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*Filing an Appeal*

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*Filing Civil Action*

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**Claims Under the Long-Term Disability Program and Claims Under Other Benefit Programs for Benefits Conditioned Upon the Claims Administrator's Determination of Disability**

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*Filing an Appeal*

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***Filing Civil Action***

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**Claims Based Solely on Eligibility to Participate in Plan or Benefit Program and  
Claims of ERISA or Code Violations**

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**COBRA Continuation Coverage**

**COBRA**

**COBRA Continuation Coverage**



### ***Notice of Qualifying Event Required***

**For the other Qualifying Events (e.g., your divorce or legal separation, or your Child's losing eligibility for coverage as a dependent Child), you must notify the COBRA Administrator within 60 days after the Qualifying Event occurs. You must provide written notice of the Qualifying Event to the COBRA Administrator. Emailed notices or notices sent by facsimile will be considered written notices. Oral or voice-mailed notices will not be accepted.**

**Your notice must include: the name and contact information of the person giving notice, the name and address of the employee or former employee who is or was a Plan Participant, a description of the Qualifying Event, the date of the Qualifying Event, any documents or materials relevant to the Qualifying Event (e.g., a copy of a judgment of divorce in the event of a divorce), and the names, addresses, and Social Security numbers of the Covered Dependents affected by the Qualifying Event. Failure to notify the COBRA Administrator in a timely manner will mean that neither you nor your Covered Dependents will be able to elect COBRA Continuation Coverage for these Qualifying Events.**

### ***Electing COBRA Continuation Coverage***

*Cost of COBRA Continuation Coverage*

*Paying for COBRA Continuation Coverage*

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*Extending Length of COBRA Continuation Coverage*

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## **Military Leave Continuation Coverage**

*Uses and Disclosures of PHI by Plan*

*Plan Administrative Functions*

**Plan Administration Functions**

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**Genetic Information Nondiscrimination Act**

**Mental Health Parity and Addiction Equity Act**

**MHPAEA**



## Indemnification



## Type of Plan





**Construction**

**Non-Assignability of Rights**

**Errors**

**Severability**

**STATEMENT OF ERISA RIGHTS**

**Receive Information About Your Plan and Benefits**



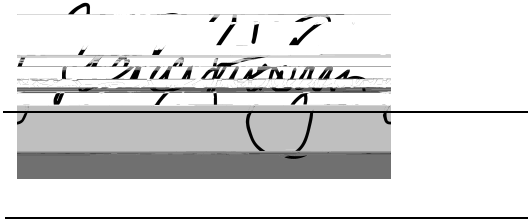


## INDEX OF DEFINED TERMS

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**EXECUTION**





**APPENDIX A**

**PLAN DOCUMENTS CHART**

**Effective July 1, 2020**

<b>Benefit Program</b>	<b>Insurance Policy/Contract (if applicable)</b>	<b>Booklets</b>
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**APPENDIX B**

**BENEFIT PROGRAM INFORMATION CHART**

**Effective July 1, 2020**

<b>Benefit Program</b>	<b>Funding and Claim Type</b>	<b>Insurance Company or Claims Administrator Contact Information</b>
<b>Medical/Rx Program</b>	<b>Self-Funded</b>	
<b>Dental Program</b>	<b>Insured</b>	

Benefit Program	Funding and Claim Type	Insurance Company or Claims Administrator Contact Information
Long-Term Disability Program	Insured	
Life /AD&D Insurance Program	Insured	
Group Travel Accident	Insured	
EAP	Self-Insured	
Pre-Tax Payment Program	N/A	
Dependent Care FSA Program	N/A	

Benefit Program	Funding and Claim Type	Insurance Company or Claims Administrator Contact Information
Health Care FSA Program	Self-Insured _____	
HSA Contributions Program	N/A _____ _____	
COBRA Administrator	N/A	