# 2018 - 2019
# Summary of Benefits
## Missouri

Napleton Since 1931

Napleton Automotive Group

# Major Medical Insurance

**Carrier:** BAS Health
**Effective:** 9/1/2018 through 8/31/2019
**Website:** www.bashealth.com
**Phone:** 800.843.3831

**Network:** HealthLink Open Access II
**Website:** www.healthlink.com
**Phone:** 800.624.2356

**Pharmacy:** CVS Caremark
**Rx Website:** www.caremark.com
**Rx Phone:** 866.818.6911

**Optum Banking for HSA Members:**
**Phone:** 866.234.8913

**Preferred Provider Organization (PPO) –** You have the flexibility to see any doctor or visit any hospital of your choice, however, you will pay significantly less money out of your pocket if you use a doctor or hospital that is in the network. For most doctor visits and specialist visits, you simply pay a copayment at the time of service. Preventive care services are generally covered at 100%, with no cost share to you. You have a great deal of flexibility and choice with a PPO, and can manage your out-of-pocket costs by remaining in network.

**High Deductible Health Plan (HDHP) with Health Savings Account (HSA) –** Although you have the flexibility to see any doctor or visit any hospital of your choice, you will pay significantly less money out of your pocket if you use a doctor or hospital that is in the network. Preventive care services are covered at 100% as long as your physician bills your visit as preventive. For other services, including routine office visits, procedures, lab work, prescription drugs, etc., no benefits will be paid until you have met your annual deductible.

The HSA is a bank account paired with your HDHP that allows you to save money on a tax-free basis to pay your deductible and other out-of-pocket medical expenses in the current year or in the future. Qualified medical expenses that can be paid using this account include doctor visits, prescription drugs, and even dental and vision expenses. You own the money in your HSA account and it is yours to keep – even when you change plans or retire. The funds can roll over from year to year and you do not pay tax on withdrawals used for qualified medical expenses.

| Choice of Plan Options: | PPO | HDHP (HSA-Qualified PPO Plan) |
|---|---|---|
| **Network** | HealthLink Open Access II PPO | HealthLink Open Access II PPO |
| **Deductible**<br>Individual (In-Network / Out-of-Network)<br>Family (In-Network / Out-of-Network) | <br>$0 / $250<br>$0 / $500 | <br>$6,000 / $18,000<br>$12,000 / $36,000 |
| **Coinsurance**<br>In-Network / Out-of-Network | <br>80% / 60%* | <br>100% / 60%* |
| **Out-of-Pocket Max**<br>Individual (In-Network / Out-of-Network)<br>Family (In-Network / Out-of-Network) | <br>$3,000 / $18,000<br>$9,000 / $54,000<br>*Includes Deductible* | <br>$6,450 / $36,000<br>$12,900 / $72,000<br>*Includes Deductible* |
| **Physician Services (In-Network)**<br>Well Adult / Well Child<br>Physician Office Visit<br>Specialist<br>X-Rays / Lab Diagnostics<br>*see Medical Summary of Benefits* | <br>No Charge<br>$30 Copay<br>$50 Copay<br>Benefit percentage based on type of service provided | <br>No Charge<br>$30 copay**<br>$50 copay**<br>Benefit percentage based on type of service provided |
| **Hospital Services**<br>Inpatient (per admit) (In-Network / Out-of-Network)<br>Outpatient Non-Surgical (In-Network / Out-of-Network)<br>Outpatient Surgery (In-Network / Out-of-Network) | <br>$300 Copay + 80% / $300 Copay + 60%**<br>80% / 60%**<br>$250 Copay / $250 copay then 60%** | <br>100%** / 60%**<br>100%** / 60%**<br>100%** / 60%** |
| **Emergency Room** | $500 Copay (waived if admitted) | $500 copay** |
| **Urgent Care Facility** (In-Network / Out-of-Network) | $75 copay / 60%** | $75 copay** / 60%** |
| **Prescription Drugs (In-Network)**<br>Generic / Preferred / Non-Preferred / Specialty<br>90 Day Retail Program (Excludes Specialty)<br>90 Day Mail-Order (Excludes Specialty) | Copays:<br>$10 / $40 / $60 / $100<br>$30 / $120 / $180 / NC<br>$25 / $100 / $150 / NC | Copays**:<br>$10** / $40** / $60** / $100**<br>$30** / $120** / $180** / NC<br>$25** / $100** / $150** / NC |
| ***Notes*** | **Coinsurance varies out-of-network; see full plan summary*<br>***After deductible* | |

| Monthly Contributions: | You Pay | You Pay |
|---|---|---|
| Employee Only | $186.64 | $96.08 |
| Employee & Spouse | $275.18 | $219.62 |
| Employee & Child(ren) | $321.24 | $257.18 |
| Family | $415.72 | $332.28 |

Napleton Since 1937 Napleton Automotive Group

# BAS, HealthLink & LDI at a Glance—Value Added Benefits

» **For your medical benefit questions, claims information, or any other BAS benefit related inquiry contact:**

1.800.843.3831 or [www.bashealth.com](http://www.bashealth.com)

» **BAS offers all members access to our Nurse Hotline, staffed by registered nurses 24 hours a day, 7 days a week at NO COST TO YOU.** The nurse hotline is an immediate & reliable source of health information, education, and support:

**NURSE HOTLINE: (888) 546-8463**

» **Online Services though BAS**

*Registering for online services is easy!*
To register for online services, go to [www.bashealth.com](http://www.bashealth.com)

Click on *MEMBERS Get access here*. From there, select the *Create an account* link located under *Members Login* .

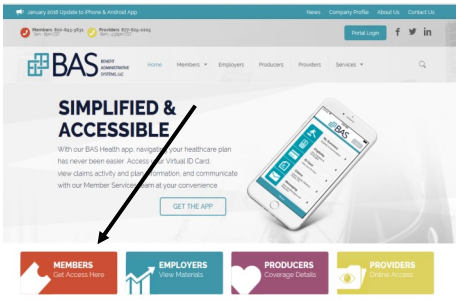
Once you create and login to your account, there is an abundance of information that you can access 24 hours a day, 7 days a week.

» **Using your online services**

*Information at your fingertips!*

At [www.bashealth.com](http://www.bashealth.com) you can:

- View online explanation of benefits (EOB) statements
- Find claims and eligibility information
- Download frequently used forms
- Search for in-network providers
- View ID cards
- And more!




## HealthLink

### Medical Network

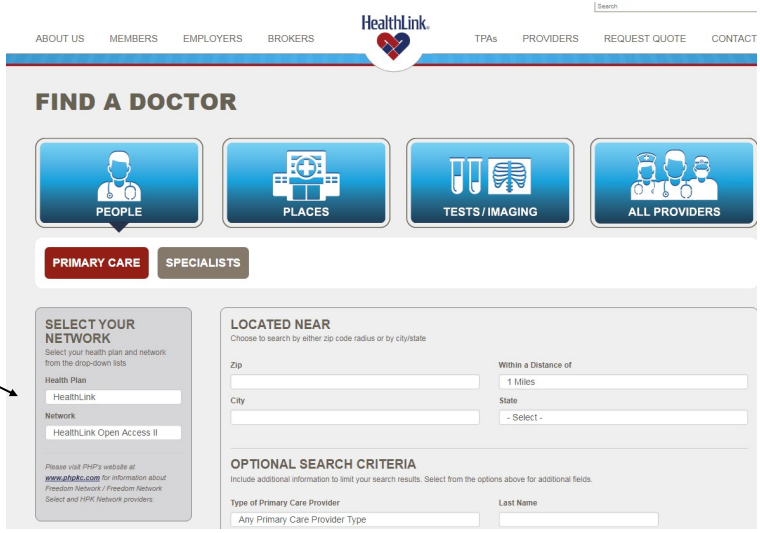
» **Online Provider Search Tool:**

To find an in-network provider, you can search through the BAS Health Member portal, or you can search through the HealthLink website with out a login required.

Go to [www.healthlink.com](http://www.healthlink.com) and click *Members* at the top of the screen. Then select the *Find a Doctor* button near the bottom of the screen.

**Choose *HealthLink* as your Health Plan and *HealthLink open access II* for your network.**

» If you don't have access to a computer, you can also call the toll-free number on the back of your ID card to find an in-network provider.

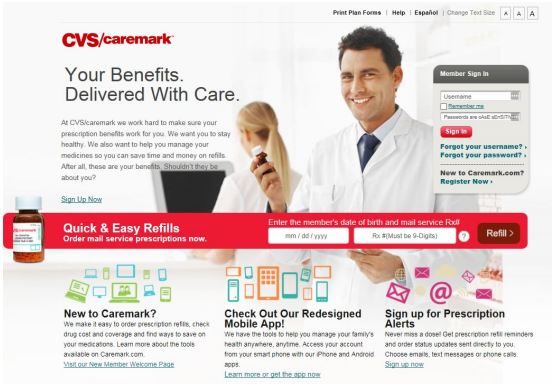



## CVS caremark

### Pharmacy Benefits

**Convenience and Savings**

- More than 68,000 retail network pharmacies
- Customer service center available 24/7
- Toll-free number: 1-866-818-6911
- Online preferred product listing and pharmacy network listing at [www.caremark.com](http://www.caremark.com)



# Important Information Regarding Your Medical/Rx Benefits

Napleton Dealership Group's Medical Administration is managed by BAS and utilizes the HealthLink Open Access II PPO network.
CVS Caremark is the Prescription Benefit Vendor.

- *Who is BAS Health?*
  BAS is a Third party Administrator (TPA) that provides employers and health benefit plan members with services to help them get the most from their benefit plan.

- *What is a PPO Network?*
  Most TPAs work with a preferred provider organization (PPO). A PPO is a network of health care providers who have agreed to discount (reduce) what they charge for services when treating members of a benefit plan. When you choose to see an in-network PPO health care provider, your will pay less for their services than if you had chosen an out-of-network (non-PPO) health care provider. Your ID card contains important information regarding the HealthLink Open Access II PPO network for the Medical Plan.

- *How do I find a provider in the HealthLink Open Access II PPO network?*
  - Visit www.healthlink.com
  - Click "Member Access"
  - Click "Find a Provider"
  - Click **HealthLink Open Access II**
  - Then follow the prompts

- *How do I access my pharmacy benefits?*
  - Visit www.caremark.com and register for member access, so that you can:
  - Estimate drug costs
  - Find network pharmacies
  - Request Mail Order refills
  - View your medication history
  - Sign up for prescription alerts
  - Download the CVS Caremark app for your digital ID card

- *Use Your myBAS Health Portfolio to:*
  - Check your eligibility information and the status of your claims
  - Access information about your benefit plan
  - Look up participating PPO providers using the site's "Find a Provider" feature after registering and logging in
  - Obtain claim forms for Medical

- *How do I access myBAS Health Portfolio?*
  - After you receive your BAS ID card in the mail, visit www.bashealth.com
  - Hover over "Members" and click "Member Login"
  - Click "Create an Account" in the Member Login window and follow the prompts

- You may call BAS Customer Service: 800-843-3831 with any benefit questions after you receive your ID card.

# Tips to Save Money

**In-Network Preventive/Wellness Exams Are Covered At 100%**

- Preventive care is equal to one physical exam per year per enrolled member
  - *Females get an annual well-woman exam covered at 100% in addition to their annual exam*
- No deductible expenses apply—the exam is completely no cost to you

**Prescription Drugs**

- Ask your doctor if there is a generic version of the medication they're prescribing you or that you're already taking
- Take advantage of the Generic Prescription Savings Programs at major retailers
- Ask about free samples from your doctor and/or manufacturer rebates

**High Cost Scans, X-Rays & Tests**

- MRI, PET scans, CT scans, etc. are nearly 2/3 less costly at free-standing, in-network imaging centers than at hospitals
- Finding an in-network, free-standing imaging center can save you a substantial amount of money.

**Accessing Medical Care**

The Emergency Room (ER) is a costly experience if you're seeking care for an issue that is not a true emergency medical issue that could cause death or permanent injury if not treated quickly. There are alternatives to the ER that can offer you quick care at a much more affordable cost. The key is finding these alternatives today when you're happy and healthy.

Doctor's office: for symptoms that aren't extreme, call and let them know your symptoms require immediate attention.

Convenient Care Clinics: when you do not have a primary doctor or cannot get an appointment. Useful for fever, sore throat/strep, coughs/congestion, sports physicals, UTIs, etc. Visit cvs.com or walgreens.com to find a clinic near you.

Urgent Care (UC): less costly than the ER; can treat sprains/strains, minor breaks, mild asthma, minor infections, rashes, small cuts, burns, etc.

## Voluntary Dental Insurance

**Carrier:** Guardian
**Effective:** 9/1/2018 through 8/31/2019
**Website:** www.guardiananytime.com
**Phone:** 800.541.7846
**Group #:** 380854

**Preferred Provider Organization (PPO)** – You have the flexibility to use any dentist of your choice, however, you can manage your out-of-pocket costs by remaining in-network. Negotiated fees extend to all in-network services - even to non-covered services like cosmetics and adult orthodontia - and to services provided after the annual benefit maximum has been exceeded.

Out-of-Network fees are based on the 90th percentile of Reasonable and Customary charges.

**Deductible does not apply*

| Dental Plan Details: | PPO<br>*In-Network / Out-of-Network* |
|---|---|
| Network | Dental Guard Preferred |
| Individual Deductible (Family = 3x) | $50 / $50 |
| Office Visit Copay | None |
| Preventive Coinsurance* | 100% / 80% |
| Basic Coinsurance | 80% / 70% |
| Major Coinsurance (Includes Implants) | 50% / 50% |
| Annual Plan Maximum | $2,500 |
| Child Orthodontia Coinsurance | 50% / 50% |
| Child Orthodontia Lifetime Maximum | $1,500 |

| Monthly Contributions: | You Pay |
|---|---|
| Employee Only | $33.77 |
| Employee & Spouse | $63.35 |
| Employee & Child(ren) | $74.02 |
| Family | $102.78 |

## Voluntary Vision Insurance

**Carrier:** VSP Network through Guardian
**Effective:** 9/1/2018 through 8/31/2019
**Website:** www.vsp.com
**Phone:** 877.814.8970
**Group #:** 380854

The vision insurance plan provides reimbursement for vision related services (eye exams, glasses, contact lenses, etc.), however, you can manage your out-of-pocket costs by utilizing in-network vision providers.

*Contact lens benefit is available every 12 months, however you may not utilize the contact lens benefit in addition to lenses for frames/glasses within the same 12 months.

**Receive an additional 20% off the remaining balance for in-network frames.

| Vision Plan Details: | Frequency | In-Network | Out-of-Network |
|---|---|---|---|
| Eye Exam | Every 12 months | $10 copayment | $46 max allowance |
| Materials | Every 12 months | $25 copayment | Allowance varies |
| Frames | Every 24 months | $120 allowance** | $47 max allowance |
| Elective Contacts | Every 12 months* | $120 allowance | $120 max allowance |

| Monthly Contributions: | You Pay |
|---|---|
| Employee Only | $6.94 |
| Employee & Spouse | $11.68 |
| Employee & Child(ren) | $11.91 |
| Family | $18.85 |

## Basic Life / AD&D Insurance

**Carrier:** UNUM
**Website:** www.unum.com
**Phone:** 800.421.0344

Your designated beneficiary will receive a benefit to help ease their financial burden if you die from a covered accident or illness. Accidental Death and Dismemberment (AD&D) provides an additional benefit if you die or become dismembered due to a specifically covered accident.

**Plan details:**

- All full-time employees are eligible for Basic Life/AD&D insurance
- Basic Group Term Life Insurance equal to **$30,000**
- Basic AD&D Insurance benefit amount is 100% of the life amount
- **No insurance premium cost to employees**

## Voluntary Term Life / AD&D Insurance

**Carrier:** UNUM
**Website:** www.unum.com
**Phone:** 800.421.0344

**Plan details:**

- Employee coverage in $10,000 increments; Maximum of $500,000, not to exceed 5 times salary; $200,000 Guarantee Issue
- Spousal coverage in $5,000 increments; Maximum of $100,000, not to exceed 50% of employee amount; $50,000 Guarantee Issue
- Coverage for child(ren):
  - Live birth to 6 months: $1K per child
  - 6 months to 19 years (26 if FT student):
    Options of $1K, $2K, $4K, $5K, or $10K per child
- Employee pays 100% of the insurance premium
- Benefits elected or increased after your initial eligibility for coverage will require completion of Evidence of Insurability

## Voluntary Short Term Disability Insurance

**Carrier:** SunLife
**Website:** www.sunlife.com
**Phone:** 800.733.7879

If you become ill or suffer an injury that prevents you from working, this form of disability insurance replaces a portion of your income for a defined maximum period of time.

**Plan details:**

- STD benefit begins after 7 days of injury or 7 days of illness
- STD benefit pays up to 60% of pre-disability earnings in increments of $50 to a maximum of $1,000 per week
- 12 week benefit duration
- Employee pays 100% of the insurance premium

## Voluntary Long Term Disability Insurance

**Carrier:** UNUM
**Website:** www.unum.com
**Phone:** 800.421.0344

If you become ill or suffer an injury that prevents you from returning to work for an extended period of time, this program will replace a portion of your income for a defined period of time.

**Plan details:**

- LTD benefit begins after 90 days of continuous injury or illness
- LTD benefits pays up to 60% of pre-disability earnings to a maximum of $5,000 per month
- Employee pays 100% of the insurance premium

## Voluntary Accident Insurance

**Carrier:** SunLife
**Website:** www.sunlife.com
**Phone:** 800.733.7879

Accidents can happen to anyone at any time. Accident insurance pays a cash benefit for injuries, treatments, and loss due to a covered accident. You can use the benefit however you see fit - to help pay for out-of-pocket medical costs or everyday expenses.

- Provides coverage for on– and off-the-job accidents
- Benefits are payable directly to the employee
- Pays in addition to any other coverage you may have
- Coverage is available to employees and their eligible dependents
- Employee pays 100% of the insurance premium

## eBenefits360.com

We recommend that you keep this booklet for reference year-round. In addition to this booklet, we have created a customized, online benefits portal that allows you to access important benefit information 24/7/365.

**Quickly and easily access important benefit plan information, such as...**

- Benefit summaries with plan details
- Plan forms and resources
- Information for how to set up your HSA account with Optum Bank, if you have elected an HSA-qualified medical plan ("Silver" or "Bronze" option)
  - Information on how you can use your HSA funds
  - Tips for saving money on an HSA plan
- Links to online provider directories
- Plan booklets
- Wellness articles and information
- Resources on life events and how to prepare as it relates to your insurance benefits
- Financial calculations for retirement, insurance, and budgeting

Visit **https://ebenefits360.com** and use the following information to login:

**Username:** napletonmoemployees
**Password:** napletonmoemployees

# Compliance Notices

## COBRA Continuation of Coverage Notice

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. 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.

For additional information regarding COBRA qualifying events, how coverage is provided, and actions required to participate in COBRA coverage, please see the www.eBenefits360.com website for a detailed notice.

## Premium Assistance under Medicaid and 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.govto 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).

Please see www.eBenefits360.com for a list of state Medicaid or CHIP offices to find out more about premium assistance and to view a complete Premium Assistance Notice.

## Newborns' and Mothers' Heath Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Women Health and Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? For more information, call your plan administrator.

## HIPAA Special Enrollment Notice

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

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("SCHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

Please see www.eBenefits360.com for a list of special enrollment opportunities and a complete HIPAA Special Enrollment notice.

## Prescription Coverage and Medicare

Below is information about your current prescription drug coverage with Napleton and about your options under Medicare's prescription drug coverage. **Napleton will provide you with a separate Creditable Coverage Notice for you records.** This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

**1.** Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

**2.** Napleton has determined that the prescription drug coverage offered by the Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

**When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

**For More Information About Options Under Medicare Prescription Drug Coverage…**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov or call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep your Formal Creditable Coverage notice provided by your HR Administrator. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of your notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

## PPACA Compliant Plan Notice

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. This is referred to as a "minimum value" plan standard set by the Affordable Care Act. Your health plan offered to you by Napleton is an ACA-compliant plan (surpassing the "minimum value" standard), thus you would not be eligible for the tax credits offered to those who do not have access to such a plan.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you will lose the employer contribution to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

## Notice of Privacy Provision

This Notice of Privacy Practices (the "Notice") describes the legal obligations of Napleton (the "Plan") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. We are required to provide this Notice of Privacy Practices to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to:

(1) your past, present, or future physical or mental health or condition;
(2) the provision of health care to you; or
(3) the past, present, or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact your Human Resources department. The full privacy notice is available online by visiting **www.eBenefits360.com.**

## USERRA Notice

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted.

If you do not elect to continue to participate in the Plan during an absence for military duty that is more than 31 days, you and your covered family members will have the opportunity to elect COBRA Continuation Coverage only under the medical insurance policy for the 24 -month period (18-month period if you elected coverage prior to December 10, 2004) that begins on the first day of your leave of absence. You must pay the premiums for Continuation Coverage with after-tax funds, subject to the rules that are set out in that plan.

For the full USERRA notice of rights, which includes details regarding periods of uniformed service as it relates to report-to-work requirements, please visit www.eBenefits360.com. for a full privacy notice.

**Questions? Contact Betty Boyle at (630) 455-2940 or betty@napleton.com**

NOTE: This Benefits Summary is merely intended to provide a brief overview of the Company's employee benefit programs. Employees should review the Company's employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. The Company reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein.