

KBA Benefits Trust Program

2017 SUMMARY PLAN DESCRIPTION

KBA Benefits Trust Program

Table of Contents

Component Benefits Offered.....	4
Effective Date.....	4
Eligibility.....	4
Spousal Coverage.....	5
Dependent/Child Coverage.....	6
Enrollment Periods.....	6
Special Enrollment Periods.....	7
Re-Enrollment in the Plan.....	8
Certification of Coverage.....	8
Termination of Coverage.....	8
Termination of Coverage for Spouse and Dependent/Child.....	8
Member Failure to Re-Subscribe.....	9
Claims Procedures.....	9
Limitations on Actions.....	9
Administrative Information.....	10
Name of the Plan.....	10
Name and Address of the Plan Sponsor.....	10
EIN of Plan Sponsor.....	10
Plan Number.....	10
Plan Type.....	10
Plan Year.....	10
Plan Administrator.....	10
Plan Funding.....	11
Third Party Administrator.....	11
Insured Benefits.....	11
Component Benefit Details.....	11
HIPAA Certificates.....	12
Program Amendment and Termination.....	12
Statement of ERISA Rights.....	13
Prudent Actions by Plan Fiduciaries.....	13
Enforce Your Rights.....	13
Assistance with Your Questions.....	14
Provisions Applicable to Medical Benefits.....	15
HIPAA Privacy Notice.....	15
Pledge Regarding Health Information Privacy.....	15
Privacy Obligations of the Program.....	15
How the Program May Use and Disclose Health Information.....	16
Your Rights Regarding Health Information About Your.....	18
Changes to this Notice.....	19
Complaint.....	19
Other Uses and Disclosure of Health Information.....	19
HIPAA Security Compliance.....	20
Maternity Coverage.....	21
Qualified Medical Child Support Orders.....	21
Mastectomy Coverage.....	22
Leave Under Family Medical Leave Act.....	22
Choice of Provider.....	22
Access to Obstetric or Gynecological Care.....	23
Contact Information.....	23

KBA Benefits Trust Program

USERRA Continuation Coverage	24
Background.....	24
Your Right to Continued Health Coverage.....	24
Election of USERRA Continuation Coverage.....	24
Payment for USERRA Coverage.....	25
Duration of USERRA Coverage.....	25
USERRA Questions.....	26
Your Initial COBRA Notice	27
COBRA Continuation Coverage.....	27
You Must Give Notice of Certain Qualifying Events.....	29
Election Period.....	30
Length of COBRA Coverage.....	31
Special Rule for Health Flexible Spending Account.....	33
Termination of COBRA Continuation Coverage.....	33
If You Have Questions.....	34
Keep the Plan Administrator Informed of Address Changes.....	34
Premium Assistance Under Medicaid and the CHIP	35

KBA Benefits Trust Program

Component Benefits Offered Under the KBA Benefits Trust Program

The Board of Trustees of the KBA Benefits Trust is committed to providing qualifying employees of Members (“Employer(s)”) with valuable benefits protection. The following table identifies each Component Benefit offered under the KBA Benefits Trust Program. Your Employer has elected one or more of the Component Benefits, which may be available to you. Contact your Employer’s human resources department if you have any questions as to which Component Benefits are available to you, as your employer may not have elected to offer all of them.

Medical*	All Eligible Employees	Yourself Yourself, Spouse and/or Children
Wellness Program**	All Eligible Employees	Yourself Yourself, Spouse and or children over 19 covered under the medical plan
Dental*	All Eligible Employees	Yourself Yourself, Spouse and/or Children

*See the Summary of Benefits provided by your Employer, contact your Employer’s human resources department or refer to the applicable insurance benefit booklet or Certificate for coverage specifics.

**You, your spouse and each dependent(s) who is at least 19 years of age and enrolled in the Medical component under the Program may be eligible to participate in the Wellness Program. You will be provided with information regarding participation, if you are eligible.

Effective Date of Your Component Benefits

Your Employer will advise you of the date on which your benefits are effective and of any applicable waiting periods. For additional information regarding any other issues, such as an “actively-at-work” requirement, contact your employer’s human resources department or refer to the applicable insurance benefit booklet or Certificate.

Eligibility

In order to participate in Component Benefits under the Program (a Covered Employee), you must be an Eligible Employee of a Member.

- **Member:** Your Employer is a Member if your employer is a qualifying entity and has executed an adoption agreement to participate in Component Benefits under the Program. Entities that qualify to be Members include: (i) the KBA; (ii) any bank in the State of

KBA Benefits Trust Program

Kentucky that is a member of the KBA; a subscribing Employer to a plan or program of benefits previously offered by the KBA; and (iii) certain other entities, as determined by the Plan Administrator, including a group or association of Employers acting directly or indirectly in the interest of such entity in relation to an employee benefit plan, provided that the admission of another group or association does not impact the status of the KBA as a “bona fide” trade association for purposes of sponsoring the KBA Benefits Trust Program.

- **Eligible Employee:** You are an Eligible Employee if you work at least 30-hours per week (or a lower number of hours, as low as 20-hours per week, if elected by your Employer). Contact your Employer’s human resources department or refer to the applicable insurance benefit booklet or Certificate for additional information and/eligibility requirements.
- **Grandfathered Directors:** You may be eligible to receive benefits under the KBA Benefits Trust Program, if elected by your Employer, if you have served continuously on a Member’s board of directors since prior to January 1, 2011.
- **Early Retirees:** You may be eligible for medical and/or dental coverage, if elected by your Employer, if you are retired and satisfy the following: (i) you are age 60-65; (ii) you were employed by a Member prior to retirement; (iii) you were covered by Component Benefits under the Program prior to retirement and continuously thereafter; (iv) you are not eligible for group health insurance elsewhere as an employee; and (v) you meet any other eligibility rules required by your Employer or described in the applicable insurance benefit booklets or Certificate.

In all circumstances, the Plan Administrator has the sole authority to determine whether an entity is a Member and whether an individual is an Eligible Employee under the Program. Such determination made by the Plan Administrator shall be conclusive and binding on all parties involved. Contact your Employer’s human resources department or refer to the applicable insurance benefit booklet or Certificate for additional information and/eligibility requirements.

Spousal Coverage

If you are a Covered Employee, your spouse may be eligible for certain Component Benefits under the Program.

Your spouse is eligible if (i) the spouse is legally married to the Covered Employee, (including a common law marriage, if the common law marriage was formed in a state that recognizes the legally valid formation of a common law marriage) and (ii) the marriage is recognized on the relevant date as legally valid in the state where the Covered Employee resides. If requested by the Plan Administrator, a common-law spouse must demonstrate that his or her common-law marriage is valid and legally recognized in the state of formation.

If your spouse is eligible for both medical insurance under the Program and medical insurance offered through his or her employer, your spouse must elect to take his or her employer provided medical insurance, as primary coverage, before any benefits under the Program are due or paid.

KBA Benefits Trust Program

Failure of your spouse to elect employer provided medical insurance will result in your spouse being ineligible for medical insurance under the Program.

Contact your Employer's human resources department or refer to the applicable insurance benefit booklet or Certificate for additional information and/eligibility requirements.

Dependent/Child Coverage

If you are a Covered Employee, your dependent/child may be eligible for certain Component Benefits under the Program.

Your dependent/child is eligible if: (i) he or she is your natural child, legally adopted child, stepchild, foster child, other child living with you under a legal custody or guardianship order, or any child for whom you are required to provide health coverage under a qualified medical child support order ("QMCSO"); (ii) he or she is within Applicable Age Limit (until end of the month in which the child attains the age of 26); and, (iii) he or she lives in the United States, unless temporarily outside the country in a school related program.

Continued coverage for your unmarried dependent/child beyond the Applicable Age Limit, who is mentally or physically disabled and who is entirely dependent on you for support, may be available for certain Component Benefits under the Program. In order to continue such coverage, such disability must have existed *before* your dependent/child reaches the Applicable Age Limit. It is your responsibility to notify the Plan Administrator that your child is disabled. You may be required to provide proof of the continuation of such condition from time to time.

Contact your Employer's human resources department or refer to the applicable insurance benefit booklet or Certificate for additional information and/eligibility requirements.

Enrollment Periods

Your Employer will provide information on available enrollment periods and procedures. You must complete all necessary procedures (including the completion of any forms required by an insurer) to enroll, by the applicable deadlines, in order to ensure coverage for Component Benefits under the Program.

If you are enrolling beyond the annual enrollment period as a newly hired Eligible Employee, you will be able to enroll but you may be subject to a waiting period elected by your Employer.

Additionally, if you experience a triggering life event you may be able to enroll or change enrollment elections during a Special Enrollment Period

For purposes of enrollment, if you leave your job, voluntarily or involuntarily, and your Employer rehires you within 90 days of the last date you worked for that Employer, you will not be subject to new hire waiting periods. If your Employer rehired you past the 90 days, you will be subject to your Employer's applicable waiting period, as if newly hired.

Contact your Employer's human resources department or refer to the applicable insurance benefit booklet or Certificate for additional information and/eligibility requirements.

KBA Benefits Trust Program

Special Enrollment Periods

If you are an Eligible Employee and you did not enroll for Component Benefits under the Program for you, your spouse or your dependent/child during the annual enrollment period, you may be able to enroll for Component Benefits under the Program during a Special Enrollment Period, if a Triggering Life Event occurs. The effective date for coverage under the Program for you if you enroll during a Special Enrollment Period will be the date of the Triggering Life Event. If a Triggering Life Event occurs and you wish to enroll during a Special Enrollment Period, you must complete the enrollment process no later than 30 days after the Triggering Life Event. Acceptable evidence of the occurrence of the Triggering Life Event may be required in order to continue coverage beyond the first 30 days of the Triggering Life Event. Examples of Triggering Life Events include the following instances:

- You have a change in family status, such as a marriage or divorce, or you gain a new dependent/child through marriage, birth, adoption or other legal order. (For a dependent/child placed with you by a licensed child placement agency for purposes of adoption, the date of the Triggering Life Event will be the date of placement, but coverage continues after the first 30 days only if acceptable proof of placement or legal adoption is submitted within 30 days.)
- You suffer a loss of coverage through another source (for instance, a spouse's employer provided plan), if each of the following conditions is met: (i) you had insurance coverage, from another plan or program, at the time you were first eligible for Component Benefits under the Program; (ii) you waived participation in or failed to enroll for Component Benefits under the Program due to the other coverage; and (iii) the other coverage is terminated as a result of loss of eligibility for the coverage, termination of Employer contributions towards such coverage, or exhausted COBRA coverage (if the coverage was available because of COBRA).

Special Enrollment and Disenrollment for Employees and Dependents

Effective April 1, 2009, the Children's Health Insurance Program Reauthorization Act of 2009 ("CHIPRA") requires a new type of special enrollment and disenrollment right for employees and their eligible dependents. An Eligible Employee or dependent/child that loses coverage under the State Children's Health Insurance Program ("SCHIP") or Medicaid may elect to participate in certain Component Benefits under the Program. An Eligible Employee whose dependent/child becomes eligible to enroll in and receive child health assistance under the SCHIP may dis-enroll the dependent/child from the Plan. The effective date of coverage will be the date of the loss of coverage under the SCHIP or Medicaid, if written application for coverage is made within 60 days of that event. Requests to dis-enroll a Dependent from the Plan must be made within 60 days of when coverage under the SCHIP begins, unless otherwise provided under applicable state regulations.

Contact your Employer's human resources department or refer to the applicable insurance benefit booklet or Certificate for additional information and/eligibility requirements.

KBA Benefits Trust Program

Re-enrollment in the Plan

If you waived participation in or failed to enroll for certain Component Benefits under the Program, you are ineligible to re-enroll in the Plan, for one year, until the next regular annual enrollment period or if you experience a Triggering Life Event, a Special Enrollment Period.

Contact your Employer's human resources department or refer to the applicable insurance benefit booklet or Certificate for additional information and/eligibility requirements.

Certification of Other Coverage

If you waived participation in or failed to enroll for certain Component Benefits under the Program, you may be required to certify that you, your spouse and/or your dependent(s) have other similar coverage in effect.

Termination of Coverage

Your coverage under the Program will terminate on the earliest of the following dates:

- The date you enter the armed forces of any country or international organization on a full-time active duty basis. This does not apply to scheduled drills or other training that does not exceed one month in any calendar year.
- The date you cease to be an Eligible Employee.
- The date your employer is no longer a Member in the Program or in Component Benefits under the Program.
- The date any Component Benefit is no longer offered under the Program.

Contact your Employer's human resources department or refer to the applicable insurance benefit booklet or Certificate for additional information and/eligibility requirements.

Termination of Coverage for Spouse and Dependent/Child

Your Spouse or Dependent coverage pursuant to certain Component Benefits under the Program will terminate on the earliest of the following dates:

- The date your coverage is terminated or you are no longer an Eligible Employee.
- The first of the month following the date the dependent ceases to be eligible for coverage under the Plan.
- The date the dependent enters the armed forces of any country or international organization on a full-time active duty basis. This does not apply to scheduled drills or other training not exceeding one month in any calendar year.

KBA Benefits Trust Program

- For a newborn or adopted child, the 31st day after the date of birth, adoption or placement for adoption, unless the enrollment procedures are completed on the child before that date.
- The date a Component Benefit is no longer provided under the Program.

Member Failure to Re-Subscribe

If your Employer leaves the Program, the Employer is eligible to re-subscribe to the Program at a next renewal period. If your Employer does not provide written notification of their intent to terminate their subscription to the Program at least 30 days prior to their requested termination date, the Employer's reserve refund (if any) shall be reduced by the administration fees paid by the Program to its third party administrators for your Employer's group.

Claims Procedures

You must file any claim for coverage pursuant to Component Benefits under the Program in accordance with the claims procedures set forth in the applicable Certificate or benefit booklet relating to the Component Benefit. All disputes regarding those claims must be resolved in accordance with the procedures associated with the Component Benefit as set forth in the applicable Certificate or benefit booklet.

Contact your Employer's human resources department or refer to the applicable insurance benefit booklet or Certificate for additional information and/eligibility requirements.

Limitations on Actions

Any claim or action for benefits that is filed in federal or state court against or with respect to the Plan Administrator, the Kentucky Bankers Association, any third-party claims administrator or the Program must be filed within the applicable timeframe, listed as follows:

- Any claim or action filed in state or federal court relating to the alleged wrongful denial of benefits must be filed within three years from the date of service or date you were furnished the item or product covered by the applicable Component Benefit under the Program. If the time duration in the SPD conflicts with any time limitation in an applicable Certificate, the time limitation in the Certificate will prevail. Please refer to any applicable Certificate for time limits for filing an action alleging a wrongful denial of coverage.
- Any claim or action filed in state or federal court that does not relate to the alleged wrongful denial of benefits, but that does relate to the alleged interference or violation of ERISA-protected rights, must be filed within two years of the date when you knew or should have known of the acts or omissions that are alleged to have interfered with the ERISA-protected right.

Any claim or action not brought within the above time periods will be void and forfeited. Any correspondence received from the Program, the Plan Administrator, the Kentucky Bankers Association and any third-party claims administrator will not extend the above time periods.

KBA Benefits Trust Program

Administrative Information

Name of the Plan

KBA Health Benefits Trust Program

Name and Address of Plan Sponsor

Board of Trustees
KBA Health Benefits Trust
600 West Main Street, Suite 400
Louisville, Kentucky 40202
(502) 582-2453

Employer Identification Number of Plan Sponsor

The Employer Identification Number (EIN) of the Plan Sponsor is 82-1170686.

Agent for Service of Legal Process

General Counsel
KBA Health Benefits Trust
600 West Main Street, Suite 400
Louisville, Kentucky 40202
(502) 582-2453

Plan Number

The Plan Administrator has established the plan number for the Program as 501.

Plan Type

Each Component Benefit described in this SPD is an “employee welfare benefit plan” for purposes of the Employee Retirement Income Security Act of 1974 (ERISA). If your Employer offers a Section 125 cafeteria plan, it is not part of this Program.

Plan Year

The Program is maintained on a calendar year basis.

Plan Administrator

The Plan Administrator of the Program is the Board of Trustees (and its delegates). The address of the Plan Administrator is as follows –

Board of Trustees
KBA Health Benefits Trust
600 West Main Street, Suite 400
Louisville, Kentucky 40202

KBA Benefits Trust Program

Plan Funding

Funding of insured Component Benefits under the Program is based on premiums and certain administrative fees established by the insurers, and other costs of coverage. Funding of uninsured Component Benefits contributions is based on the total cost of providing coverage.

Using the premiums and the total cost of coverage, the Plan Administrator determines the contributions that each Member group must pay with respect to Component Benefit coverage for the Member's employees. The Member is then responsible for establishing the employee contributions, if any, for coverage for the applicable Component Benefit. In all cases, the Member is responsible for paying your contributions, if any, for each of the Component Benefits in which you are enrolled.

Third Party Administrator

Program and administrative funding and proper payment of funding is processed through a contract with a third party administrator. The third party administrator determines funding requirements in accordance with the official plan documents and applicable contracts.

Insured Benefits

Medical and Dental benefits are fully insured by a third party insurer. The administrative services provided by the insurer include claims processing and payment. The contracts for coverage specify the time when and the circumstances which the insurer is to provide payment for benefits and coverage. The insurer determines and guarantees all benefits according to the terms of the official plan documents and applicable contracts. The Medical and Dental benefits are paid solely by the insurer, and never by the Program.

Component Benefit Details

Contact your Employer's human resources department or refer to the applicable insurance benefit booklet or Certificate for additional information and/eligibility requirements.

KBA Benefits Trust Program

HIPAA Certificates

The insurer will issue you a HIPAA compliant coverage certificate after your Medical benefits under the Program terminate, which will set forth the period for which your Medical benefits were in effect. This coverage certificate can be used for obtaining insurance through a health care exchange. If you extend your regular coverage under COBRA, you will be sent another coverage certificate after your COBRA coverage ends. If your dependent's coverage ends before yours does and you notify the party listed below of this cessation of coverage, a certificate will be issued for your dependent.

Coverage certificates will be sent to your last known address, and will be issued as required by HIPAA. Requests for coverage certificates must be received within 24 months of health coverage ended. Coverage certificates for coverage under the Program prior to July 1, 1996 generally cannot be provided.

You may request a certificate (or a duplicate certificate) by contacting:

Anthem
888-224-4902 for LUMENOS Plans
888-650-4047 for PPO Plans

Program Amendment and Termination

The Plan Sponsor reserves the right to discontinue or terminate the Program and any Component Benefit, to modify the Program and any Component Benefit to provide different cost sharing between the Trust, Members and Covered Employees, or to reduce, amend or modify the Program and any Component Benefit in whole or in part and in any respect, at any time and without advance notice. Benefits for claims occurring after the effective date of a modification or termination are payable in accordance with the revised provisions of the Program and the Component Benefit.

All statements in this SPD and all representations by the Plan Sponsor, the Plan Administrator and their agents and delegates are subject to this right of amendment and termination. This right applies without limitation even after an individual's circumstances have changed by termination of employment, retirement or otherwise. The benefits of the Program and any Component Benefit do not become vested at any time.

KBA Benefits Trust Program

Statement of ERISA Rights

The following statement is required by federal law and regulation. As a participant in the Component Benefits under the Program, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all participants shall be entitled to:

- Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites, all documents governing the applicable Component Benefits, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Program with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the applicable Component Benefits, including insurance contracts, and copies of the latest annual report (Form 5500 Series) and updated summary plan descriptions. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Program's annual financial reports. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plans. The people who operate the Program, called "fiduciaries" of the Program, have a duty to do so prudently and in the interest of you and other participants and beneficiaries. No one, including your employer, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a Program benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a Program benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of the Program documents or the latest annual report from the Program and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits, which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the Program's decision or lack thereof concerning the qualified status of a medical child support order, you may file suit in a Federal court. If it should happen that Program fiduciaries misuse the Program's money, or if you are discriminated against for

KBA Benefits Trust Program

asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about the Program, you should contact the Plan Administrator.

If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

KBA Benefits Trust Program

PROVISIONS APPLICABLE TO MEDICAL BENEFITS

HIPAA PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Background: The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires every health plan to notify Participants and beneficiaries about its policies and practices to protect the confidentiality of their health information. This document is intended to satisfy HIPAA's notice requirement with respect to all health information created, received, or maintained by the KBA Health and Welfare Benefit Program (the "Program") as sponsored by the Kentucky Bankers Association.

The Program needs to create, receive, and maintain records that contain health information about you to administer the Program and provide you with health care benefits. This notice describes the Program's health information privacy policy with respect to your Medical Benefits. The notice tells you the ways the Program may use and disclose health information about you, describes your rights, and the obligations the Program has regarding the use and disclosure of your health information. However, it does not address the health information policies or practices of your health care providers.

Pledge Regarding Health Information Privacy

The privacy policy and practices of the Program protect confidential health information that identifies you or could be used to identify you and relates to a physical or mental health condition or the payment of your health care expenses. This individually identifiable health information is known as "protected health information" ("PHI"). Your PHI will not be used or disclosed without a written authorization from you, except as described in this notice or as otherwise permitted by federal and state health information privacy laws.

Privacy Obligations of the Program

The Program is required by law to:

- Make sure that health information that identifies you is kept private;
- Give you this notice of the Program's legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the notice that is currently in effect.

KBA Benefits Trust Program

How the Program May Use and Disclose Health Information about You

The following are the different ways the Program may use and disclose your PHI:

- **For Treatment:** The Program may disclose your PHI to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an accident, the Program may advise an emergency room physician about the types of prescription drugs you currently take.
- **For Payment:** The Program may use and disclose your PHI so claims for health care treatment, services, and supplies you receive from health care providers may be paid according to the Program's terms. For example, the Program may receive and maintain information about surgery you received to enable the Program to process a hospital's claim for reimbursement of surgical expenses incurred on your behalf.
- **For Health Care Operations:** The Program may use and disclose your PHI to enable it to operate or operate more efficiently or make certain all of the Program's participants receive their health benefits. For example, the Program may use your PHI for case management or to perform population-based studies designed to reduce health care costs. In addition, the Program may use or disclose your PHI to conduct compliance reviews, audits, actuarial studies, and/or for fraud and abuse detection. The Program may also combine health information about many Program participants and disclose it to the Program in summary fashion so the Program can decide what coverages the Program should provide. The Program may remove information that identifies you from health information disclosed to the Program so it may be used without the Program learning the identity of the specific participants.
- **To the Program:** The Program may disclose your PHI to designated Program personnel so they can carry out their Program-related administrative functions, including the uses and disclosures described in this notice. These disclosures will be made only to the Program's Privacy Officer, Lisa Mattingly (the "Privacy Officer") and necessary supporting staff. These individuals will protect the privacy of your health information and ensure it is used only as described in this notice or as permitted by law. Unless authorized by you in writing, your health information: (1) may not be disclosed by the Program to any other Program employee or department and (2) will not be used by the Program or any Member for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by the Program or any Member.
- **To a Business Associate:** Certain services are provided to the Program by third party administrators known as "business associates." For example, the Program may input information about your health care treatment into an electronic claims processing system maintained by the Program's business associate so your claim may be paid. In so doing, the Program will disclose your PHI to its business associate so it can perform its claims payment function. However, the Program will require its business associates, through contract, to appropriately safeguard your health information.

KBA Benefits Trust Program

- **Treatment Alternatives:** The Program may use and disclose your PHI to tell you about possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services:** The Program may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- **Individual Involved in Your Care or Payment of Your Care:** The Program may disclose PHI to a close friend or family member involved in or who helps pay for your health care. The Program may also advise a family member or close friend about your condition, your location (for example, that you are in the hospital), or death.
- **As Required by Law:** The Program will disclose your PHI when required to do so by federal, state, or local law, including those that require the reporting of certain types of wounds or physical injuries.

Special Use and Disclosure Situations

The Program may also use or disclose your PHI under the following circumstances:

- **Lawsuits and Disputes:** If you become involved in a lawsuit or other legal action, the Program may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request, or other lawful due process.
- **Law Enforcement:** The Program may release your PHI if asked to do so by a law enforcement official, for example, to identify or locate a suspect, material witness, or missing person or to report a crime, the crime's location or victims, or the identity, description, or location of the person who committed the crime.
- **Workers' Compensation:** The Program may disclose your PHI to the extent authorized by and to the extent necessary to comply with workers' compensation laws or other similar programs.
- **Military and Veterans:** If you are or become a member of the U.S. armed forces, the Program may release medical information about you as deemed necessary by military command authorities.
- **To Avert Serious Threat to Health or Safety:** The Program may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.
- **Public Health Risks:** The Program may disclose health information about you for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; or reporting reactions to medication or problems with medical products or to notify people of recalls of products they have been using.

KBA Benefits Trust Program

- **Health Oversight Activities:** The Program may disclose your PHI to a health oversight agency for audits, investigations, inspections, and licensure necessary for the government to monitor the health care system and government programs.
- **Research:** Under certain circumstances, the Program may use and disclose your PHI for medical research purposes.
- **National Security, Intelligence Activities, and Protective Services:** The Program may release your PHI to authorized federal officials: (1) for intelligence, counterintelligence, and other national security activities authorized by law and (2) to enable them to provide protection to the members of the U.S. government or foreign heads of state, or to conduct special investigations.
- **Organ and Tissue Donation:** If you are an organ donor, the Program may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Coroners, Medical Examiners, and Funerals Directors:** The Program may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Program may also release your PHI to a funeral director, as necessary, to carry out his/her duty.

Your Rights Regarding Health Information about You

Your rights regarding the health information the Program maintains about you are as follows:

- **Right to Inspect and Copy:** You have the right to inspect and copy your PHI. This includes information about your Program eligibility, claim and appeal records, and billing records, but does not include psychotherapy notes.

To inspect and copy health information maintained by the Program, submit your request in writing to the Privacy Officer. The Program may charge a fee for the cost of copying and/or mailing your request. In limited circumstances, the Program may deny your request to inspect and copy your PHI. Generally, if you are denied access to health information, you may request a review of the denial.

- **Right to Amend:** If you feel that health information the Program has about you is incorrect or incomplete, you may ask the Program to amend it. You have the right to request an amendment for as long as the information is kept by or for the Program.

To request an amendment, send a detailed request in writing to the Privacy Officer. You must provide the reason(s) to support your request. The Program may deny your request if you ask the Program to amend health information that was: accurate and complete, not created by the Program; not part of the health information kept by or for the Program; or not information that you would be permitted to inspect and copy.

KBA Benefits Trust Program

- **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of disclosures of your PHI that the Program has made to others, except for those necessary to carry out health care treatment, payment, or operations; disclosures made to you; or in certain other situations.

To request an accounting of disclosures, submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years prior to the date the accounting was requested.

- **Right to Request Restrictions:** You have the right to request a restriction on the health information the Program uses or disclosures about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information the Program discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Program not use or disclose information about a surgery you had.

To request restrictions, make your request in writing to the Privacy Officer. You must advise us: (1) what information you want to limit; (2) whether you want to limit the Program’s use, disclosure, or both; and (3) to whom you want the limit(s) to apply.

Note: The Program is not required to agree to your request.

- **Right to Request Confidential Communications:** You have the right to request that the Program communicate with you about health matters in a certain way or at a certain location. For example, you can ask that the Program send you explanation of benefits (EOB) forms about your benefit claims to a specified address.

To request confidential communications, make your request in writing to the Privacy Officer. The Program will make every attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Changes to this Notice

The Program reserves the right to change this notice at any time and to make the revised or changed notice effective for health information the Program already has about you, as well as any information the Program receives in the future. The Program will post a copy of the current notice in the Program’s locations at all times.

Complaint

If you believe your privacy rights under this policy have been violated, you may file a written complaint with the Privacy Officer at the address listed below. Alternatively, you may complain to the Secretary of the U.S. Department of Health and Human Services, generally, within 180 days of when the act or omission complained of occurred.

Note: You will not be penalized or retaliated against for filing a complaint.

KBA Benefits Trust Program

Other Uses and Disclosures of Health Information

Other uses and disclosures of health information not covered by this notice or by the laws that apply to the Program will be made only with your written authorization. If you authorize the Program to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Program will no longer use or disclose your PHI for the reasons covered by your written authorization; however, the Program will not reverse any uses or disclosures already made in reliance on your prior authorization.

Contact Information

If you have any questions about this notice, please contact:

Lisa Mattingly
600 W. Main Street, Suite 400
Louisville, KY 40202
502-736-2683

HIPAA Security Compliance

HIPAA requires, among other things, that group health plans include certain provisions to ensure compliance with the rules regarding the security of electronic PHI (“Security Rule”).

The Program will:

- Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic PHI that it creates, receives, maintains, or transmits on behalf of the Program;
- Ensure that the adequate separation required by the HIPAA Security Rule is supported by reasonable and appropriate security measures;
- Ensure that any agent, including a subcontractor, to whom it provides this information agrees to implement reasonable and appropriate security measures to protect the information; and
- Report to the Program any security incident of which it becomes aware.

KBA Benefits Trust Program

Maternity Coverage

Under Federal law, group health plans generally may not 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 delivery by cesarean section. The Program may pay for a shorter stay if the attending provider, after consultation with the mother, discharges the mother or newborn earlier than 48 hours (or 96 hours as applicable). An "attending provider" would be your physician, nurse midwife, or physician assistant. In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the Program or the insurance issuer for prescribing a hospital length of stay not in excess of 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out of pocket costs, you may be required to obtain authorization.

Also, group health plans may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour or 96-hour stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

Qualified Medical Child Support Orders

In general, qualified medical child support orders ("QMCSOs") are legal orders requiring a parent to provide medical support to a child (for example, in cases of legal separation or divorce). QMCSOs may require the Program to make health coverage available to your child, even when there is no other event that would permit a mid-year enrollment. In order to qualify as a QMCSO, the medical support order must be a judgment, decree or order (including approval of a settlement agreement) issued by a court of competent jurisdiction or by an authorized administrative agency, which does the following:

- Specifies your name and last known address, and the child's name and last known address;
- Provides a reasonable description of the type of coverage to be provided by the Program, or the manner in which the type of coverage is to be determined;
- States the period to which it applies; and
- Specifies the benefits to which it applies.

The QMCSO may not require the Program to provide coverage for any type or form of benefit, or any option, not otherwise provided under the terms of the Program. Upon approval of a QMCSO, the Program must pay benefits directly to the child, or to the child's custodial parent or legal guardian, pursuant to the terms of the order to the extent it is consistent with the terms of the Program.

You must pay any contribution required for the child's coverage under the Program resulting from the QMCSO. If you are an eligible Employee but you are not enrolled in the Program, you will be automatically enrolled in the Program so that coverage can be provided to the affected child as required by the QMCSO. If the QMCSO does not specify the type of Medical Benefit in which the child must be enrolled and more than one Medical Benefit option is available, the

KBA Benefits Trust Program

child (and you if you are not enrolled in the Program) will be enrolled in the Medical Benefit option that both has the lowest Employee contribution and under which coverage is available to the child (for example, if the child lives outside of an HMO coverage area, the child will not be enrolled in the HMO).

You and the affected child will be notified if an order is received and will be provided with a copy of the Program's QMCSO procedures. A child covered under the Program pursuant to a QMCSO will be treated as an eligible Dependent.

QMCSOs must be sent to:

KBA Health Benefits Trust
Phone – (844-KBA-PLAN) (844-522-7526)
Fax – (844-KBA-FAXX) (844-522-3299)

Mastectomy Coverage

Federal law requires a group health plan to provide coverage for the following services to an individual receiving health benefits in connection with a mastectomy:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis and physical complications for all stages of a mastectomy, including lymphedemas (swelling associated with the removal of lymph nodes).

The group health plan must determine the manner of coverage in consultation with the attending physician and patient. Coverage for breast reconstruction and related services will be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

Leave Under Family Medical Leave Act (FMLA)

If you take a leave of absence for your own serious health condition or to care for a family member with a serious health condition or to care for your newborn or adopted child, you may be able to continue your health coverage under the Program. If you drop your health coverage during the leave, you can also have your health coverage reinstated on the date you return to work, provided that you pay any contributions required for the coverage.

Choice of Provider

If your Medical Benefit coverage requires or allows you to designate a primary care provider, you have certain rights under federal law. You have the right to designate any primary care provider who participates in the applicable network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. For information on how to select a primary care provider, and for a list of the participating

KBA Benefits Trust Program

primary care providers, consult your Certificate for Medical Benefits or contact Anthem Kentucky.

Access to Obstetric or Gynecological Care

Under federal law, you do not need prior authorization from the Plan or a referral from a primary care provider in order to obtain access to obstetrical or gynecological care from a health care professional who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, consult your Certificate for Medical Benefits or contact Anthem Kentucky.

Contact Information

If you have any questions about these notices or would like to submit a complaint to the Program, please contact:

KBA Health Benefits Trust
600 W. Main Street, Suite 400
Louisville, KY 40202

If you would like to exercise any of your rights concerning your health information (such as your right to request access to your health information), you should contact your health carrier or vendor directly.

You may also obtain the contact information for your health insurer from your Employer's human resources department or from the applicable insurance benefit booklet or Certificate.

KBA Benefits Trust Program

USERRA CONTINUATION COVERAGE

Background

The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) gives certain rights to employees who are absent from work on account of qualifying service in the uniformed services. To be entitled to USERRA rights, the employee (or an appropriate officer) must give the employer advance notice of the employee's absence from employment unless it is impossible or unreasonable under the circumstances to give such notice or giving such notice is precluded by military necessity.

Service in the uniformed services includes your performance of duty on a voluntary or involuntary basis in the uniformed services, including active duty, active duty for training, initial active duty for training, inactive duty training, full-time National Guard duty, and a period for which a person is absent from employment for an examination to determine his or her fitness to perform any of the foregoing duties. The uniformed services includes the Armed Forces (including the Coast Guard and the Reserves), the Army National Guard, the Air National Guard, and the commissioned corps of the Public Health Service.

Your Right to Continued Health Coverage

If you or your dependents lose health coverage under the Program as a result of your qualifying service in the uniformed services and you provide advance notice of your service (unless such notice is excused), you have the right to elect to continue such coverage under USERRA. Your right to continued health coverage under USERRA is very similar, but not identical, to your right to continued health coverage under another federal law, known as "COBRA." Your right to COBRA continuation coverage is described in the COBRA Information section of this SPD. In those instances where your rights under COBRA and USERRA are not the same, whichever law gives you the greater benefit will apply.

The administrative policies and procedures which govern your right to COBRA continuation coverage (as described in the COBRA Information section of this SPD) also apply to your right to USERRA continuation coverage, with a few limited exceptions described below.

Election of USERRA Continuation Coverage

The procedures for electing USERRA continuation coverage are the same as the procedures for electing COBRA coverage. (These procedures are described in the COBRA Information section of this SPD.) Any election that you make under COBRA will also be an election to continue your health coverage under USERRA. In other words, if you elect to continue your health coverage under COBRA by completing and returning a COBRA Election Form within the required time period, you will be deemed to have elected to continue your health coverage under USERRA.

KBA Benefits Trust Program

Only the covered employee who is called to serve in the uniformed services may make an election under USERRA to continue health coverage for himself/herself and/or any covered dependents. The employee's covered dependents do not have an independent right to make an election for USERRA continuation coverage. As a result, if you do not elect USERRA / COBRA coverage on behalf of your covered dependents, your covered dependents will still have a right to elect to continue their health coverage under COBRA, but they will not be entitled to receive any additional benefits provided under USERRA.

If you elect to continue health coverage under USERRA, generally, you will be provided the same coverage that was in effect when your military service began. From time to time, however, some changes in coverage and cost are possible. For example, coverage and cost may be modified as the Program makes regular changes to its benefit plans, and you will be given the opportunity to make a new election during annual enrollment or when you have a qualifying event.

Payment for USERRA Coverage

If you elect to continue health coverage for yourself (and/or your covered dependents) under USERRA, you will be required to pay 102% of the full premium (employer and employee portions) for the coverage elected. This is the same premium rate as COBRA. However, if your uniformed service period is less than 31 days, you are not required to pay more for health coverage than you would be required to pay as an active employee.

You must make your payments for USERRA coverage at the times and according to the same procedures that apply to payment of COBRA coverage. These time periods and procedures are described in the COBRA Information section of this SPD. For example, you must make your initial premium payment within 45 days of electing USERRA / COBRA coverage, and thereafter you must make your monthly premium payments within 30 days of the due date.

Duration of USERRA Coverage

If you elect to continue health coverage for yourself and/or your covered dependents under USERRA and you remit your payment for such coverage on time, coverage will begin on the day after health coverage is lost under the Program. In other words, you will not experience an interruption in coverage. Thereafter, USERRA continuation coverage will terminate upon the earliest of the following events to occur:

- After 24 months of coverage;
- A premium payment is not made within the required time;
- You fail to return to work within the time required under USERRA following the completion of your service in the uniformed services; or
- You lose your rights under USERRA as a result of a dishonorable discharge or other conduct specified in USERRA.

KBA Benefits Trust Program

Although COBRA coverage and USERRA coverage begin at the same time, they do not end at the same time. COBRA coverage continues for up to 18 months (although, if certain events occur, it can be extended), while USERRA coverage continues for up to 24 months as described above. The COBRA and USERRA duration period run concurrently. In other words, unless a COBRA secondary event occurs (see COBRA section for details) extending the time of the COBRA coverage, the maximum duration of the COBRA/USERRA period is a total of 24 months.

On the other hand, there are certain events, like your failure to return to work at the end of your service or a dishonorable discharge, which cause your USERRA coverage to terminate early but which do not cause COBRA coverage to terminate. In that situation, even if your USERRA coverage terminates, you may still be entitled to continued health coverage under COBRA.

USERRA Questions

If you have any questions regarding your right to continued health coverage under USERRA, please contact:

KBA Health Benefits Trust
Lisa Mattingly
502-736-2683

If you have any questions about other rights under USERRA (e.g., USERRA's reemployment provisions after returning from the Uniformed Services) or about USERRA in general, you should contact your employer.

KBA Benefits Trust Program

YOUR INITIAL COBRA NOTICE

This is your notice and explanation of continuation coverage rights under COBRA. You are receiving this notice because you have recently become covered under one or more of the following benefits sponsored by KBA: medical or dental. These benefits will be referred to in this notice as “COBRA Eligible Benefits.” This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage for the COBRA Eligible Benefits. **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.**

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 COBRA Eligible Benefits coverage. It can also become available to other members of your family who are covered by the COBRA Eligible Benefits when they would otherwise lose their coverage. For additional information about your rights and obligations under the COBRA Eligible Benefits and under federal law, you should review this SPD or contact the Plan Administrator.

The Plan Administrator is responsible for administering COBRA continuation coverage. Certain aspects of COBRA continuation coverage are administered by ASG/KBA Health Benefits Trust, referred to in this notice as the “COBRA Administrator.” The address of the COBRA Administrator is as follows –

KBA Health Benefits Trust:
Phone: 844-KBA-PLAN; 844-522-7526
Fax: 844-KBA-FAXX; 844-522-3299
600 W Main St., Suite 400
Louisville, Ky 40202

The Program provides no greater COBRA rights than what COBRA requires and nothing in this notice is intended to expand your rights beyond COBRA’s requirements.

COBRA Continuation Coverage

COBRA continuation coverage is a continuation of COBRA Eligible Benefits 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 COBRA Eligible Benefits coverage is lost because of the qualifying event. Qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

KBA Benefits Trust Program

Covered Employees

If you are a Covered Employee, you will become a qualified beneficiary if you lose your COBRA Eligible Benefits coverage 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.

Covered Spouses

If you are the covered spouse of a Covered Employee, you will become a qualified beneficiary if you lose your COBRA Eligible Benefits coverage 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 (if legal separation is recognized as a qualifying event under the applicable state law) from your spouse.

Covered Dependent Children

Your covered dependent children will become qualified beneficiaries if they lose COBRA Eligible Benefits coverage 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 (if legal separation is recognized as a qualifying event under the applicable state law); or
- The child stops being eligible for coverage as a "dependent child."

Children born to or placed for adoption with a Covered Employee during the continuation coverage period may also elect continuation coverage, provided that the Covered Employee has elected COBRA coverage for himself or herself. The coverage period will be determined

KBA Benefits Trust Program

according to the date of the qualifying event that gave rise to the Covered Employee's COBRA coverage.

You Must Give Notice of Certain Qualifying Events

COBRA continuation coverage is only offered to qualified beneficiaries after the COBRA Administrator has been notified that a qualifying event has occurred.

For the qualifying events of divorce or legal separation of the Employee and spouse or a dependent child losing eligibility for coverage as a “dependent child,” you must notify your Employer within 60 days after the qualifying event occurs. You or your Employer must notify the COBRA Administrator at the address provided above. (Check the dependent eligibility rules in this SPD and the Certificates carefully to determine when a child loses dependent status for a COBRA Eligible Benefit.) Your notification must contain certain information about your qualifying event, including the following:

- Type of qualifying event (e.g., divorce, legal separation or losing dependent coverage).
- For a divorce or legal separation, date of the divorce or legal separation.
- For a dependent child losing coverage, date of the event causing the loss of coverage and the nature of the event (e.g., over the age limit, no longer a full-time student, married, etc.).
- Name and social security number of covered employee.
- Name, address, social security number and telephone number of covered spouse or dependent who is losing coverage.

Your notification and supporting documentation must be provided by mail. Electronic or oral notice is not sufficient and will not be accepted. In certain situations, the COBRA Administrator may request that you provide additional information regarding the qualifying event or certain documentation, including a copy of the decree of divorce or legal separation (if the qualifying event is a divorce or legal separation), or any other written documentation regarding the qualifying event. If any written materials or additional information are requested, you must provide these materials or information to the COBRA Administrator within a reasonable time after receiving the request.

If the above notification is not made within 60 days after the applicable qualifying event occurs or if you do not timely provide any additional documentation or information (if requested), your notification will be rejected and COBRA continuation coverage will not be offered.

For all other qualifying events, such as the end of employment or reduction of hours of employment, death of the employee, or the employee becoming entitled to Medicare benefits (under Part A, Part B, or both), you are not required to notify the COBRA Administrator of

KBA Benefits Trust Program

these events. Rather, your Employer is responsible for any applicable notification requirements.

Election Period

Once the COBRA Administrator receives 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 for 60 days from the later of the date COBRA Eligible Benefits coverage is lost or the date of notification to elect continuation coverage. If a qualified beneficiary does not elect continuation coverage within this period, his or her rights to COBRA continuation coverage will terminate.

A Covered Employee may elect COBRA continuation coverage on behalf of his or her spouse, and parents may elect COBRA continuation coverage on behalf of their children. If a Covered Employee or his or her spouse elects COBRA continuation coverage without specifying whether the election is for self-only coverage, the election will be considered to be made on behalf of all other qualified beneficiaries with respect to that qualifying event.

If COBRA continuation coverage is elected, the coverage previously in effect will generally be continued. From time to time, some changes in coverage are possible. For example, coverage and cost will be modified as regular changes are made to the COBRA Eligible Benefits coverage, and you will be given the opportunity to make a new election during annual enrollment or when you have a change in family status. Any newly eligible dependents you may have may be enrolled under the same rules that apply to active employees.

Once you make your election, you will have up to 45 days to pay your first COBRA premium, which will include any make-up premiums you missed. COBRA coverage will be effective the first day of the month following your last month of coverage as an active employee. Premiums will be equal to the entire cost of the applicable COBRA Eligible Benefit (both employee and employer portions), with an additional 2 percent to cover administrative expenses. If you or a qualified beneficiary are disabled and coverage continues for 29 months as discussed below, during the 19th through 29th month of COBRA participation, you may be required to pay up to 150% of the entire cost of coverage.

In addition, special COBRA rights apply to certain employees and former employees who are eligible for federal trade adjustment assistance (TAA) or alternative trade adjustment assistance (ATAA). These individuals are entitled to a second opportunity to elect COBRA for themselves and certain family members (if they did not already elect COBRA) during a special second election period. This special second election period lasts for 60 days or less. It is the 60-day period beginning on the first day of the month in which an eligible employee or former employee becomes eligible for TAA or ATAA, but only if the election is made within the six months immediately after the individual's group health plan coverage ended, if you are an employee or former employee and you qualify or may qualify for TAA or ATAA, please contact the COBRA Administrator. Additional information is available at the TAA website at www.doleta.gov/tradeact/.

KBA Benefits Trust Program

Length of COBRA Coverage

COBRA continuation coverage is a temporary continuation of coverage and may only be continued for certain specified time periods depending upon the qualifying event. These time periods are described in general below. In addition, special rules apply to the health flexible spending account as discussed below.

36-Month Period: When the qualifying event is the death of the Covered Employee, the Covered Employee's divorce or legal separation, or a dependent child is losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the Covered Employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), COBRA continuation coverage for a covered spouse or covered dependent children lasts for up to a total of 36 months.

18-Month Period: When the qualifying event is the end of employment or reduction of the Covered Employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. However, if the Covered Employee became entitled to Medicare benefits less than 18 months before the end of employment or reduction of the Covered Employee's hours of employment, COBRA continuation coverage for qualified beneficiaries other than the Covered Employee lasts up to 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).

In addition, as described below there are two ways in which the general 18-month period of COBRA continuation coverage can be extended.

1. **Disability Extension:** If you or anyone in your family that is covered by an applicable COBRA Eligible Benefit is determined by the Social Security Administration to be disabled, and you notify the COBRA 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 must have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the regular 18-month period of continuation coverage. In order to qualify for the extension, you must notify the COBRA Administrator of the Social Security Administration's determination within 60 days of the date of the determination and before the end of the 18-month period of COBRA continuation coverage. The notification must be sent to the COBRA Administrator's address as provided above, and must include the following items:
 - Name and social security number of the covered employee.
 - Name, address, social security number and telephone number of the disabled qualified beneficiary.
 - Date of Social Security Administration's determination of disability.

KBA Benefits Trust Program

- Date that the disabled qualified beneficiary became disabled (according to the Social Security Administration).
- Name of person sending the notice and his or her relationship to the covered employee.
- Signature of person sending the notice and date it is sent.
- A copy of the disability determination made by the Social Security Administration.

Your notification and supporting documentation must be provided by mail. Electronic or oral notice is not sufficient and will not be accepted. In certain situations, the COBRA Administrator may request that you provide additional documentation or information regarding your notice of disability. If any written materials or additional information are requested, you must provide these materials or information to the COBRA Administrator within a reasonable time after receiving the request.

If the above notification is not made within 60 days of the date of the disability determination made by the Social Security Administration and before the end of the 18-month period of COBRA continuation coverage, or if you do not timely provide the additional documentation or information (if requested), your notification will be rejected and any additional COBRA coverage beyond the original 18-month period will not be offered.

In addition, if there is a final determination that the qualified beneficiary is no longer disabled, you must notify the COBRA Administrator (at the above address) within 30 days of the determination that the qualified beneficiary is no longer disabled. Your notification must be in writing and include a copy of the final determination made by the Social Security Administration. If the qualified beneficiary is no longer considered disabled, any COBRA coverage extended beyond the 18-month limit that would otherwise apply will be terminated for the qualified beneficiary and all related qualified beneficiaries.

2. **Secondary Events:** If your family experiences another qualifying event while receiving 18 months (or 29 months in case of a disability extension) of COBRA continuation coverage, the spouse and dependent children in your family can get additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the COBRA Administrator. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible as a dependent child, but only if the event would have caused the spouse or dependent child to lose COBRA Eligible Benefit coverage had the first qualifying event not occurred. In no event, may a qualifying event give rise to a maximum coverage period that ends more than 36 months after the date of the first qualifying event. For cases of second qualifying events, the qualified beneficiary must notify the COBRA Administrator within 60 days of the date that the second qualifying event occurs. The

KBA Benefits Trust Program

notification must be sent to the COBRA Administrator at the address provided above, must be in writing and must include the following items:

- Type of second qualifying event (e.g., divorce, legal separation, losing dependent coverage, or death of covered employee). For a dependent child losing coverage, also include the nature of the second qualifying event (e.g., over the age limit, no longer a full-time student, married, etc.).
- The date of the second qualifying event (e.g., date of divorce, date of covered employee's death, etc.)
- Name and social security number of the covered employee.
- Names, addresses social security numbers and telephone numbers of the qualified beneficiaries who are the subject of the second qualifying event.
- Name of person sending the notice and his or her relationship to the covered employee.
- Signature of person sending the notice and date it is sent.
- A copy of the decree of divorce or legal separation (if the second qualifying event is on account of a divorce or legal separation).
- A copy of the death certificate (if the second qualifying event is on account of the covered employee's death).

Your notification and any supporting documentation must be provided by mail. Electronic or oral notice is not sufficient and will not be accepted. In certain situations, the COBRA Administrator may request that you provide additional documentation or information regarding the second qualifying event. You must provide these materials or information to the COBRA Administrator within a reasonable time after receiving the request.

If the above notification is not made within 60 days after the second qualifying event occurs or if you do not timely provide the additional documentation or information (if requested), your notification will be rejected and any additional COBRA coverage beyond the original 18 (or 29) month period will not be offered.

Special Rule for Health Flexible Spending Account

Please direct any questions pertaining to COBRA coverage of a Health FSA to your Employer, as the Program does not include Health FSA's.

Termination of COBRA Continuation Coverage

COBRA coverage will terminate before the end of the indicated time period if:

KBA Benefits Trust Program

- You or your dependents becomes covered under another group healthcare plan after electing COBRA (provided the plan does not have pre-existing condition exclusions affecting the covered individuals).
- You or certain of your dependents become entitled to Medicare after electing COBRA continuation coverage.
- The first required premium is not paid within 45 days or any subsequent premium is not paid within 30 days of the due date.
- If coverage is extended beyond 18 months because of disability, the date a final determination is made that the individual is no longer disabled.
- Your employer discontinues participation in the Program and ceases to offer any group health plan to its employees.
- The Program is discontinued by the Plan Sponsor.

If You Have Questions

Questions concerning your COBRA Eligible Benefits or your COBRA continuation coverage rights should be addressed to the COBRA Administrator or the Plan Administrator. 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 the Plan Administrator Informed of Address Changes

In order to protect your family's rights, you should keep your former employer and the COBRA 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 or the COBRA Administrator.

KBA Benefits Trust Program

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are 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 are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2017. Contact your State for more information on eligibility –

- ALABAMA – Medicaid
Phone: 1-855-692-5447
Website: <http://myalhipp.com/>
- ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>
- ARKANSAS – Medicaid
Phone: 1-855-MyARHIPP (855-692-7447)
Website: <http://myarhipp.com/>
- COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website:
<https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711
CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/State Relay 711

KBA Benefits Trust Program

- **FLORIDA – Medicaid**
Website: <http://flmedicaidtplrecovery.com/hipp/>
Phone: 1-877-357-3268
- **GEORGIA – MEDICAID**
Website: <http://dch.georgia.gov/medicaid>
- Click on Health Insurance Premium Payment (HIPP)
Phone: 404-656-4507
- **INDIANA – Medicaid**
Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fsaa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: <http://www.indianamedicaid.com>
Phone 1-800-403-0864
- **IOWA – Medicaid**
Website: <http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
Phone: 1-888-346-9562
- **KANSAS – Medicaid**
Website: <http://www.kdheks.gov/hcf/>
Phone: 1-785-296-3512
- **KENTUCKY – Medicaid**
Website: <http://chfs.ky.gov/dms/default.htm>
Phone: 1-800-635-2570
- **LOUISIANA – Medicaid**
Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>
Phone: 1-888-695-2447
- **MAINE – Medicaid**
Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>
Phone: 1-800-442-6003
TTY: Maine relay 711
- **MASSACHUSETTS – Medicaid and CHIP**
Website: <http://www.mass.gov/eohhs/gov/departments/MassHealth/>
Phone: 1-800-462-1120
- **MINNESOTA – Medicaid**
Website: <http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>
Phone: 1-800-657-3739
- **MISSOURI – Medicaid**
Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp/htm>
Phone: 1-573-751-2005
- **MONTANA – Medicaid**
Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
- **NEBRASKA – Medicaid**
Website:
http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx
Phone: 1-855-632-7633
- **NEVADA – Medicaid**
Website: <https://dwss.nv.gov/>
Phone: 1-800-992-0900
- **NEW HAMPSHIRE – Medicaid**
Website: <http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>
Phone: 1-603-271-5218

KBA Benefits Trust Program

- **NEW JERSEY – Medicaid and CHIP**
Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 1-609-631-2392
CHIP Website: <http://njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710
- **NEW YORK – Medicaid**
Website: http://www.nyhealth.gov/health_care/medicaid/
Phone: 1-800-541-2831
- **NORTH CAROLINA – Medicaid**
Website: <https://dma.ncdhhs.gov/>
Phone: 1-919-855-4100
- **NORTH DAKOTA – Medicaid**
Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-844-854-4825
- **OKLAHOMA – Medicaid and CHIP**
Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742
- **OREGON – Medicaid**
Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075
- **PENNSYLVANIA – Medicaid**
Website:
<http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/imdex.htm>
Phone: 1-800-692-7462
- **RHODE ISLAND – Medicaid**
Website: <http://www.eohhs.ri.gov/>
Phone: 1-401-462-5300
- **SOUTH CAROLINA – Medicaid**
Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820
- **SOUTH DAKOTA – Medicaid**
Website: <http://dss.sd.gov>
Phone: 1-888-828-0059
- **TEXAS – Medicaid**
Website: <http://gethipptexas.com/>
Phone: 1-800-440-0493
- **UTAH – Medicaid and CHIP**
Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669
- **VERMONT – Medicaid**
Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427
- **VIRGINIA – Medicaid and CHIP**
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1-855-242-8282
- **WASHINGTON – Medicaid**
Website: <http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program>
Phone: 1-800-562-3022 ext 15473

KBA Benefits Trust Program

- WEST VIRGINIA – Medicaid
Website: <http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx>
Phone 1-877-598-5820, HMS Third Party Liability
- WISCONSIN – Medicaid and CHIP
Website: <https://www.dhs.wisconsin.gov/publications/pl/p10095.pdf>
Phone: 1-800-362-3002
- WYOMING – Medicaid
Website: <https://wyequalitycare.acs-inc.com/>
Phone: 1-307-777-7531

To see if any more States have added a premium assistance program since January 31, 2017 or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565