

FELRA & UFCW Health Fund: Plan 1

Coverage Period: 01/01/2014 - 12/31/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual + Family | Plan Type: PPO



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.associated-admin.com or by calling 1-800-638-2972.

| Important Questions | Answers | Why this Matters: |
|---|---|---|
| <p>What is the overall deductible?</p> | <p><u>Before 3/1/2014:</u> \$300 person/\$600 family. Doesn't apply to emergency room, preventive care, including well child immunizations; Hospitalization up to 180 days, Surgical Services, Anesthesia in Hospital, Lab and X-ray, Chemotherapy/Radiation up to 25 treatments. <u>Effective 3/1/2014:</u> \$300 person/\$600 family. Doesn't apply to preventive care.</p> | <p>You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.</p> |
| <p>Are there other deductibles for specific services?</p> | <p>No.</p> | <p>You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.</p> |
| <p>Is there an out-of-pocket limit on my expenses?</p> | <p>Yes. \$4,000 per person for In-Network/Out-of-Network eligible charges. <u>Eff. 3/1/2014</u>, there also is a limit of \$12,700 per family for In-Network/Out-of-Network eligible charges.</p> | <p>The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.</p> |
| <p>What is not included in the out-of-pocket limit?</p> | <p><u>Before 3/1/2014:</u> Premiums, balance billed charges, health care this plan does not cover, prescription drug, dental or vision benefits, penalties for failure to obtain pre-authorization for services. <u>Effective 3/1/2014:</u> non-essential benefits (in addition to above)</p> | <p>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</p> |
| <p>Is there an overall annual limit on what the plan pays?</p> | <p>No.</p> | <p>The chart starting on page 2 describes specific coverage limits, such as limits on the number of office visits.</p> |

Questions: Call 1-800-638-2972 or visit us at www.associated-admin.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform or call 1-800-638-2972 to request a copy.

| Important Questions | Answers | Why this Matters: |
|---|--|---|
| Does this plan use a network of providers? | Yes. For a list of in-network providers , see www.carefirst.com or call 800-810-2583 for medical providers and www.valueoptions.com or call 800-353-3572 for mental health and substance abuse disorders providers. | If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers . |
| Do I need a referral to see a specialist? | No. | You can see the specialist you choose without permission from this plan. |
| Are there services this plan doesn't cover? | Yes. | Some of the services this plan doesn't cover are listed on page 6. See your policy or plan document for additional information about excluded services . |



- **Co-payments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **co-insurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This Plan may encourage you to use in-network **providers** by charging you lower **deductible**, **copayments** and **coinsurance** amounts.

| Common Medical Event | Service You May Need | Your Cost if You Use an | | Limitations & Exceptions |
|---|--|--|--|---|
| | | In-Network Provider | Out-of-Network Provider | |
| If you visit a health care provider's office or clinic | Primary care visit to treat an injury or illness | 20% co-insurance of UCR charges, plus balance billing up to In-Network rate | 20% co-insurance of UCR charges, plus balance billing | None |
| | Specialist visit | 20% co-insurance of UCR charges, plus balance billing up to In-Network rate | 20% co-insurance of UCR charges, plus balance billing | None |
| | Other practitioner office visit | 20% co-insurance of the UCR charges, then balance billing up to In-Network rate | 20% co-insurance of UCR charges, plus balance billing | Coverage is limited to \$1,000/year for a chiropractor |
| If you visit a health care provider's office or clinic | Preventive care, screening, immunization | <u>Before 3/1/2014</u> : No charge for certain routine lab work, well child exams, immunizations, and adult screenings for mamograms, Pap, PSA, adult flu shots, and HPV vaccine for females, up to 100% of UCR charges, plus balance billing up to In-Network rate. For adult physical for participant and spouse, combined payment up to \$200, at 20% co-insurance of UCR charges, plus balance billing up to In-Network rate. <u>Effective 3/1/2014</u> : No charge. | <u>Before 3/1/2014</u> : No charge up to 100% of UCR charges for routine lab work, well child exams, immunizations, adult screenings for mamograms, Pap, PSA, adult flu shots, HPV vaccine for females, plus balance billing. No charge for adult physical, up to \$200, plus 20% co-insurance of UCR charges, plus balance billing. <u>Effective 3/1/2014</u> : 20% coinsurance of UCR charges for all services noted above, plus balance billing | <u>Before 3/1/2014</u> : Well child exams to 8 visits through age five. <u>Effective 3/1/2014</u> : 8 visit limit for well child exams applies to out-of-network benefit only |

| Common Medical Event | Service You May Need | Your Cost if You Use an | | Limitations & Exceptions |
|---|--|--|---|---|
| | | In-Network Provider | Out-of-Network Provider | |
| If you have a test | Diagnostic test (x-ray, blood work) | <u>Before 3/1/2014:</u> No charge up to 100% of UCR charges, plus balance billing up to In-Network rate. <u>Effective 3/1/2014:</u> 20% co-insurance of UCR charges, plus balance billing up to In-Network rate | <u>Before 3/1/2014:</u> No charge up- to 100% of UCR charges, plus balance billing. <u>Effective 3/1/2014:</u> 20% co-insurance of UCR charges, plus balance billing | Lab work must be provided through Quest or LabCorp. |
| | Imaging (CT/PET scans, MRIs) | <u>Before 3/1/2014:</u> No charge up to 100% of UCR charges, plus balance billing up to In-Network rate. <u>Effective 3/1/2014:</u> 20% co-insurance of UCR charges, plus balance billing up to In-Network rate | <u>Before 3/1/2014:</u> No charge up to 100% of UCR charges, plus balance billing . <u>Effective 3/1/2014:</u> 20% co-insurance of UCR charges. | None |
| If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.express-scripts.com . | Generic drugs | Giant or Safeway pharmacy: 8% coinsurance, Other In-Network pharmacy: 13% coinsurance retail | Not covered at non-network pharmacies or Rite Aid, Walmart, Walgreens or CVS | Limited to 34-day supply - retail, 100-day supply for approved maintenance medications; some quantity limits apply |
| | Brand drugs | Giant or Safeway pharmacy: 8% coinsurance, Other In-Network pharmacy: 13% coinsurance retail, provided there is no generic equivalent | | If generic drug is available, you pay full cost of the brand name drug. Limited to 34-day supply for retail and 100-day supply for approved maintenance medications; some quantity limits apply. |
| | Specialty drugs | 13% coinsurance | | Certain specialty medications require prior authorization and must be ordered by phone through Accredo Specialty Pharmacy, which has an 8% co-insurance rate. Certain specialty drugs (e.g., cancer drugs) may be dispensed directly from the physician's office. |
| If you have outpatient surgery | Facility fee (e.g., ambulatory surgery center) | <u>Before 3/1/2014:</u> No charge up to 100% of UCR charges, plus balance billing up to In-Network rate. <u>Effective 3/1/2014:</u> 20% co-insurance of UCR charges, plus balance billing up to In-Network rate. | <u>Before 3/1/2014:</u> No charge up to 100% of UCR charges, plus balance billing. <u>Effective 3/1/2014:</u> 20% co-insurance of UCR charges, plus balance billing. | Pre-certification is required |
| | Physician/surgeon fees | <u>Before 3/1/2014:</u> No charge up to 100% of UCR charges, plus balance billing up to In-Network rate. <u>Effective 3/1/2014:</u> 20% co-insurance of UCR charges, plus balance billing up to In-Network rate. | <u>Before 3/1/2014:</u> No charge up to 100% of UCR charges, plus balance billing . <u>Effective 3/1/2014:</u> 20% co-insurance of UCR charges, plus balance billing. | None |

| Common Medical Event | Service You May Need | Your Cost if You Use an | | Limitations & Exceptions |
|---|------------------------------------|--|---|--|
| | | In-Network Provider | Out-of-Network Provider | |
| If you need immediate medical attention | Emergency room services | <u>Before 3/1/2014</u> : No charge up to 100% of UCR charges, plus balance billing up to In-Network rate. <u>Effective 3/1/2014</u> : \$75 copay, then 20% co-insurance of UCR charges, plus balance billing up to In-Network rate | <u>Before 3/1/2014</u> : No charge up to 100% of UCR charges, plus balance billing. <u>Effective 3/1/2014</u> : \$75 copay, then 20% co-insurance of UCR charges, plus balance billing | Certification is required within 24 hours if admitted for emergency hospital admission or you will pay 100% of charges. If treated for a nonemergency, you pay 20% after the deductible. Copay will be waived if you are admitted to the hospital. |
| | Emergency medical transportation | <u>Before 3/1/2014</u> : No charge up to \$25, then 20% co-insurance of UCR charges, plus balance billing. <u>Effective 3/1/2014</u> : 20% of UCR up to \$25, then 20% co-insurance of UCR charges, plus balance billing | <u>Before 3/1/2014</u> : No charge up to \$25, then 20% co-insurance of UCR charges, plus balance billing. <u>Effective 3/1/2014</u> : 20% of UCR up to \$25, then 20% co-insurance of UCR charges, plus balance billing | None |
| | Urgent care | <u>Before 3/1/2014</u> : No charge up to 100% of UCR charges, plus balance billing up to In-Network rate. <u>Effective 3/1/2014</u> : 20% co-insurance of UCR charges, plus balance billing up to In-Network rate | 20% co-insurance of UCR charges, plus balance billing | None |
| If you have a hospital stay | Facility fee (e.g., hospital room) | <u>Before 3/1/2014</u> : No charge up to 180 days at semi-private room rate, then 20% co-insurance of UCR charges, plus balance billing up to In-Network rate. <u>Effective 3/1/2014</u> : 20% co-insurance of UCR charges, plus balance billing up to In-Network rate | <u>Before 3/1/2014</u> : No charge up to 180 days at semi-private room rate, then 20% co-insurance of UCR charges, plus balance billing. <u>Effective 3/1/2014</u> : 20% co-insurance of UCR charges, plus balance billing. | Pre-certification is required (or certification within 24 hours for an emergency admission). If not obtained, you will pay 100% of charges |
| | Physician/surgeon fee | <u>Before 3/1/2014</u> : No charge up to 180 days , then 20% co-insurance of UCR charges, plus balance billing up to In-Network rate. <u>Effective 3/1/2014</u> : 20% co-insurance of UCR charges, plus balance billing up to In-Network rate | <u>Before 3/1/2014</u> : No charge up to 180 days , then 20% co-insurance of UCR charges, plus balance billing . <u>Effective 3/1/2014</u> : 20% co-insurance of UCR charges, plus balance billing. | |

| Common Medical Event | Service You May Need | Your Cost if You Use an | | Limitations & Exceptions |
|---|--|--|---|--|
| | | In-Network Provider | Out-of-Network Provider | |
| If you have mental health, behavioral health, or substance abuse needs | Mental/Behavioral health outpatient services | 20% co-insurance/office visit, 20% co-insurance for other outpatient services of UCR charges | 20% co-insurance of UCR charges, plus balance billing | <u>Before 3/1/2014:</u> 1st six in-network visits covered at 100% (for lifetime). <u>Effective 3/1/2014:</u> None |
| | Mental/Behavioral health inpatient services | <u>Before 3/1/2014:</u> No charge up to 180 days at semi-private room rate, then 20% co-insurance of UCR charges. <u>Effective 3/1/2014:</u> 20% co-insurance of UCR charges. | <u>Before 3/1/2014:</u> No charge up to 180 days at semi-private room rate, then 20% co-insurance of UCR charges, plus balance billing. <u>Effective 3/1/2014:</u> 20% co-insurance of UCR charges, plus balance billing. | Pre-certification is required (or certification within 24 hours for an emergency admission). If not obtained, you will pay 100% of charges |
| | Substance use disorder outpatient services | 20% co-insurance/office visit, 20% co-insurance for other outpatient services of UCR charges | 20% co-insurance of UCR charges, plus balance billing | <u>Before 3/1/2014:</u> 1st 30 in-network visits covered at 100%. <u>Effective 3/1/2014:</u> None |
| | Substance use disorder inpatient services | <u>Before 3/1/2014:</u> No charge up to 180 days at semi-private room rate, then 20% co-insurance of UCR charges. <u>Effective 3/1/2014:</u> 20% co-insurance of UCR charges. | <u>Before 3/1/2014:</u> No charge up to 180 days at semi-private room rate, then 20% co-insurance of UCR charges, plus balance billing. <u>Effective 3/1/2014:</u> 20% co-insurance of UCR charges, plus balance billing. | Pre-certification is required (or certification within 24 hours for emergency admission). If not obtained, you will pay 100% of charges |
| If you are pregnant | Prenatal and postnatal care | 20% co-insurance of UCR charges, plus balance billing up to In-Network rate | 20% co-insurance of UCR charges, plus balance billing | <u>Before 3/1/2014:</u> Dependent children are not covered. <u>Effective 3/1/2014:</u> Dependent children are covered, to the extent required under PPACA. |
| | Delivery and all inpatient services | <u>Before 3/1/2014:</u> No charge up to 100% of UCR charges, plus balance billing up to In-Network rate. <u>Effective 3/1/2014:</u> 20% co-insurance of UCR charges, plus balance billing up to In-Network rate. | 20% co-insurance of UCR charges, plus balance billing | <u>Before 3/1/2014:</u> Dependent children are not covered. <u>Effective 3/1/2014:</u> Dependent children are covered, to the extent required under PPACA. |

| Common Medical Event | Service You May Need | Your Cost if You Use an | | Limitations & Exceptions |
|--|---------------------------|--|--|--|
| | | In-Network Provider | Out-of-Network Provider | |
| If you need help recovering or have other special health needs | Home health care | <u>Before 3/1/2014:</u> No charge up to 180 visits, then 20% co-insurance of UCR charges, plus balance billing up to In-Network rate. <u>Effective 3/1/2014:</u> 20% co-insurance of UCR charges, plus balance billing up to In-Network rate | <u>Before 3/1/2014:</u> No charge up to 180 visits, then 20% co-insurance of UCR charges, plus balance billing. <u>Effective 3/1/2014:</u> 20% co-insurance of UCR charges, plus balance billing | Pre-certification is required |
| | Rehabilitation services | <u>Before 3/1/2014:</u> No charge up to 100% of UCR charges for 30 inpatient days, plus balance billing up to In-Network rate; 20% co-insurance of UCR charges for 60 outpatient visits, plus balance billing up to In-Network rate. <u>Effective 3/1/2014:</u> 20% co-insurance of UCR charges up to 30 inpatient days and 60 outpatient visits, plus balance billing up to In-Network rate | <u>Before 3/1/2014:</u> No charge up to 100% of UCR charges for 30 inpatient days, plus balance billing; 20% co-insurance of UCR charges for 60 outpatient visits, plus balance billing. <u>Effective 3/1/2014:</u> 20% co-insurance of UCR charges up to 30 inpatient days and 60 outpatient visits, plus balance billing | Pre-certification is required. Limited to 30 days for inpatient treatment and 60 outpatient visits |
| | Habilitation services | Not covered | Not covered | None |
| | Skilled nursing care | 20% co-insurance of UCR charges, plus balance billing up to In-Network rate | 20% co-insurance of UCR charges, plus balance billing | None |
| | Durable medical equipment | 20% co-insurance of UCR charges, plus balance billing up to In-Network rate | 20% co-insurance of UCR charges, plus balance billing | Pre-certification is required. Rental payment limited to the purchase cost |
| | Hospice service | <u>Before 3/1/2014:</u> No charge up to 30 days, then 20% co-insurance of UCR charges, plus balance billing up to In-Network rate. <u>Effective 3/1/2014:</u> 20% co-insurance of UCR charges, plus balance billing up to the In-Network rate | <u>Before 3/1/2014:</u> No charge up to 30 days, then 20% co-insurance of UCR charges, plus balance billing. <u>Effective 3/1/2014:</u> 20% co-insurance of UCR charges, plus balance billing. | Pre-certification is required. Day limit is included in 180-day Hospitalization maximum. Must have life expectancy of 6 months or less |
| If your child needs dental or eye care | Eye exam | No charge | Not covered | Coverage is limited to one exam/2 years |
| | Glasses | No charge | Not covered | Coverage is limited to one pair of glasses/2 years, subject to limitations for non-covered frames |
| | Dental check-up | No charge | Reimbursement up to the In-Network covered charges, in certain limited circumstances | Children under age 4 are excluded. Children covered under another group health plan are excluded with the exception of periodontia and orthodontia benefits when other dental plan does not cover them. Limited to one exam every six months |

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Hearing aids
- Infertility treatment
- Long-term care
- Routine foot care

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for those services.)

- Bariatric surgery
- Chiropractic care (Limited to \$1,000 per year)
- Cosmetic surgery (Limited to reconstructive surgery following mastectomy or resulting from traumatic injury)
- Dental care (Adult) (Limited to one routine exam every six months)
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (Adult) (Exams and glasses limited to once every 2 years)
- Weight loss programs (limited coverage of anti-obesity prescription drugs)

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply. For more information on your rights to continue coverage, contact the plan at 1-800-638-2972. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: 1-800-638-2972. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. You may also contact the following consumer assistance programs in the state/district in which you reside: DC Office of the Health Care Ombudsman and Bill of Rights at (877) 685-6391, Maryland Office of the Attorney General Health Education and Advocacy Unit at (877) 261-8807 or <http://www.oag.state.md.us/Consumer.HEAU.htm> and Virginia State Corporation Commission Life & Health Division, Bureau of Insurance at (877) 310-6560 or <http://www.scc.virginia.gov/boi>

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Services:

SPANISH (Español): Para obtener asistencia en Español, llame al 1-800-638-2972.

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*—————

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: **\$7,540**
- Plan pays **\$6,120**
- Patient pays **\$1,420**

Sample care costs:

| | |
|----------------------------|----------------|
| Hospital charges (mother) | \$2,700 |
| Routine obstetric care | \$2,100 |
| Hospital charges (baby) | \$900 |
| Anesthesia | \$900 |
| Laboratory tests | \$500 |
| Prescriptions | \$200 |
| Radiology | \$200 |
| Vaccines, other preventive | \$40 |
| Total | \$7,540 |

Patient pays:

| | |
|----------------------|----------------|
| Deductibles | \$300 |
| Co-pays | \$0 |
| Co-insurance | \$970 |
| Limits or exclusions | \$150 |
| Total | \$1,420 |

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: **\$5,400**
- Plan pays **\$4,340**
- Patient pays **\$1,060**

Sample care costs:

| | |
|--------------------------------|----------------|
| Prescriptions | \$2,900 |
| Medical Equipment and Supplies | \$1,300 |
| Office Visits and Procedures | \$700 |
| Education | \$300 |
| Laboratory tests | \$100 |
| Vaccines, other preventive | \$100 |
| Total | \$5,400 |

Patient pays:

| | |
|----------------------|----------------|
| Deductibles | \$300 |
| Co-pays | \$0 |
| Co-insurance | \$680 |
| Limits or exclusions | \$80 |
| Total | \$1,060 |

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
 - Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
 - The patient's condition was not an excluded or preexisting condition.
 - All services and treatments started and ended in the same coverage period.
 - There are no other medical expenses for any member covered under this plan.
 - Out-of-pocket expenses are based only on treating the condition in the example.
-
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles, co-payments, and co-insurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✘ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✘ **No.** Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **co-payments, deductibles, and co-insurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-800-638-2972 or visit us at www.associated-admin.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform or call 1-800-638-2972 to request a copy.