2016 Summary of Benefits

Medical Insurance

Carrier: The Staffing Exchange
Effective: 01/01/2016 through 12/31/2016
Website: www.staffingexchange.org
Phone: (844) 631.6104

MEC Plus (basically current non-hospitalization MVP) – This plan provides first dollar coverage with no deductible for all covered services. Review what is covered carefully because this plan does not cover certain services such as surgery, hospitalization or coverage for nervous and mental health. You have the flexibility to see any doctor or visit any hospital of your choice, however, you will pay significantly less money out of your pocket if you use a doctor or hospital that is in the network. For most doctor visits and specialist visits, you simply pay a copayment at the time of service. Listed Preventative care services are generally covered at 100%, with no cost share to you. You have a great deal of flexibility and choice with a PPO, and can manage your out-of-pocket costs by remaining in network. Please note that there is ***no Hospital Coverage*** with this plan.

A wide variety of doctor and hospitals to choose from by accessing: www.multiplan.com

MVP (true comprehensive major medical) - This is a major medical plan with very comprehensive services including surgical benefits and hospitalization. Listed Preventative care services are covered at 100% with no cost share to you. For other services, including routine office visits, procedures, lab work, prescription drugs, etc., no benefits will be paid until you have met your annual deductible.

Search for a PPO provider under the Choice Fund PPO at: http://hcpdirectory.cigna.com/web/public/providers

Weekly Contributions:	MEC Plus You Pay:	MVP You Pay:
Employee Only	$20.00	$20.00
Employee & Spouse	$53.57	$71.63
Employee & Child(ren)	$52.97	$70.70
Family	$120.08	$173.95

Choice of plan options:	MEC Plus	MVP (In-Network only)
Network	Multiplan / PHCS	CIGNA
Deductible Individual (In-Network / Out-of-Network) Family (In-Network / Out-of-Network)	 $0 / $500 $0 / $1,000	 $3,000 $6,000
Coinsurance In-Network / Out-of-Network	100% / 40%	60% / Not Covered
Out-of-Pocket Max Individual (In-Network / Out-of-Network) Family (In-Network / Out-of-Network)	 $1,850 / Unlimited $12,700 / Unlimited *Includes Deductible*	 $6,350 $12,700 *Includes Deductible*
Physician Services (In-Network/Out-of-Network) Well Adult / Well Child Physician Office Visit Specialist Diagnostic Lab & X-Ray Imaging (CT, PET Scans, MRIs)	 100% / Ded then 40% $15 copay / Ded then 40% $25 copay / Ded then 40% $50 copay / Ded then 40% $400 copay/Ded then 40%	**In-Network Only** 100% Deductible then 60% Deductible then 60% Deductible then 60% Deductible then 60%
Inpatient Hospital / Surgery In-Network / Out-of-Network	Not Covered	Deductible then 60%
Emergency Room (In-Network / Out-of-Network)	$400 Copay	Deductible then 60%
Prescription Drugs (In-Network / Out-of-Network) Generic / Formulary / Non-Formulary # Days Supply Generic / Formulary / Non-Formulary # Days Supply	Copays: $15 / $25 / $75 30 Days $37.50 / $62.50 / $187.50 90 Days	Copays: Ded then $10 / $35 / $70 30 Days Ded then $20 / $70 / $150 90 Days
Lifetime Maximum	Unlimited	Unlimited

Upon missing one health insurance payroll deduction, you are responsible to send a check or money order within 5 business days to: Personnel Staffing Group, 1751 Lake Cook Rd. Suite 600 Deerfield, IL. 60015, Attention: Lauren Ball. If we do not receive payment within 10 business days of the missed payroll deduction, your health insurance plan will be terminated due to non-payment back to the first date of missed premiums."

Voluntary Dental Insurance

Carrier: Security Life Insurance Company of America
Effective: 01/01/2016 through 12/31/2016
Website: www.staffingexchange.org
Phone: (844) 631.6104

Preferred Provider Organization (PPO) – Your dental insurance plan utilizes the Maximum Care network of providers giving you over 200,000 access points nationwide. You have the flexibility to use any dentist however you can help manage your out-of-pocket costs by remaining in-network. Regardless of whether you use a network provider or not, plan paid benefits are based on a negotiated fee schedule. If you use a network dentist your out-of-pocket costs may be lower because of the negotiated fees. If you use a non-network provider your out-of-pocket costs will be based on what the provider charges. Whether using an in or out-of-network provider you are responsible for any deductible and co-insurance amounts.

Search for a Maximum Care provider at www.careington.com/co/slica or call 800.290.0523

Employee pays 100% of the insurance premium.

Weekly Contributions:	PPO Plan B *You Pay:*
Employee Only	$5.45
Employee & 1 Dependent	$10.13
Family	$16.45

Dental Plan Details:	PPO Plan B *In-Network*
Lifetime Deductible (Preventive) Annual Deductible (Basic and Major)	$50 $50
Preventive Services—Plan pays	100%
Basic Services—Plan pays	80%
Major Services—Plan pays	50%
Calendar Year Max	$750
Waiting Periods *Preventive Services* *Basic Services* *Major Services*	None 3 Months 12 Months
Benefit Classifications *Class A—Preventive Services*	 *Exams, Cleanings, Bitewing X-Rays*
Class B—Basic Services	*Sealants (Up to age 16), Simple Extractions, Fillings and X-Rays*
Class C—Major Services	*Oral Surgery, Periodontics, Crowns, Bridges, Endodontics, Dentures*

Questions? Contact the SISCO Call Center at (844) 631-6104 or https://www2.benefitelect.com/be/psg

2016 Summary of Benefits

Voluntary Vision Insurance

Carrier: Security Life Insurance Company of America
Effective: 01/01/2016 through 12/31/2016
Website: www.eyemed.com
Phone: (866) 939.3633

This vision insurance plan utilizes the EyeMed vision network of over 78,000 providers nationwide, including such familiar names as Pearle Vision, LensCrafters, Target, JCP and Sears optical. Find an EyeMed vision provider near you by visiting eyemed.com and selecting the Access network. You may go outside the EyeMed network as well, however you will be reimbursed at an out-of-network fee schedule as noted below.

Employee pays 100% of the insurance premium.

Weekly Contributions:	You Pay
Employee Only	$1.58
Employee & 1 Dependent	$2.66
Family	$3.81

Vision Plan Details:	Frequency	In-Network	Out-of-Network
Eye Exam	Every 12 months	$10 copayment	Up to $25 reimbursement
Materials	Every 24 months	$20 copayment	Varies depending on lens type
Frames	Every 24 months	None	Up to $40 reimbursement
Elective Contacts (in lieu of frames)	Every 24 months	None	Up to $60 reimbursement

Basic Life/AD&D Insurance

Carrier: Allstate Benefits
Effective: 01/01/2016 through 12/31/2016
Website: www.allstate.com

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

Plan details:

- Premium included in medical
- Basic Group Term Life Insurance equal to **$10,000**
- Basic AD&D Insurance benefit amount is 100% of the life amount

Voluntary Short Term Disability Insurance

Carrier: Allstate Benefits
Effective: 01/01/2016 through 12/31/2016
Website: www.allstate.com

Short Term Disability (STD) Program – If you become ill or suffer an injury that prevents you from working, this form of disability insurance replaces a portion of your income for a defined maximum period of time.

Plan details:

- STD benefit begins after 7 days of illness or injury
- STD benefit pays up to 60% of pre-disability earnings to a maximum of $650 per month
- Employee pays 100% of the insurance premium of $4.20 per Week
- Benefit duration is 6 weeks

Voluntary Term Life/AD&D Insurance

Carrier: Allstate Benefits
Effective: 01/01/2016 through 12/31/2016
Website: www.allstate.com

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

Plan details:

- Voluntary Group Term Life Insurance equal to **$20,000**
- AD&D Insurance benefit amount is 100% of the life amount
- Employee pays 100% of the insurance premium

Weekly Contributions:	You Pay
Employee Only	$ 1.20
Employee & 1 Dependent	$1.80
Family	$2.40

2016 Summary of Benefits

Voluntary Critical Illness Insurance

Carrier: Allstate Benefits
Effective: 01/01/2016 through 12/31/2016
Website: www.allstate.com

Critical illness coverage or a dread disease policy, is an **insurance** product in which the insurer is contracted to typically make a lump sum cash payment if the policyholder is diagnosed with one of the specific **illnesses** on a predetermined list as part of an **insurance** policy.

Critical Illness Plan Details:	Benefits:
Initial Critical Illness Benefits	
Heart Attack, Stroke, Major Organ Transplant, End Stage Renal Failure (100%)	$10,000
Coronary Artery Bypass Surgery (25%)	$2,500
Waiver of Premium (employee only)	Yes
Cancer Critical Illness Benefits	
Invasive Cancer (100%)	$10,000
Carcinoma in Situ (25%)	$2,500
Supplemental Critical Illness Benefits	
Benign Brain Tumor, Coma, Complete Blindness, Complete Loss of Hearing, Paralysis (100%)	$10,000
Advanced Parkinson's Disease, Advanced Alzheimers Disease (25%)	$2,500
Additional Benefits	
Second Event Initial Critical Illness Benefit	Yes
Second Event Cancer Critical Illness Benefit	Yes
Wellness Benefit (per year)	$50

Critical Illness (Tobacco/Non Tobacco):

Weekly Contributions: (Issue Age)	EE, EE/CH You Pay:	EE/SP, Family You Pay:
18-29	$1.80 / $1.23	$2.84 / $1.99
30-39	$3.33 / $2.15	$5.13 / $3.37
40-49	$6.86 / $3.89	$10.43 / $5.98
50-59	$11.48 / $6.81	$17.36 / $10.37
60-63	$18.82 / $11.00	$28.38 / $16.64
64+	$24.61 / $14.24	$37.06 / $21.51

Voluntary Accident Insurance

Carrier: Allstate Benefits
Effective: 01/01/2016 through 12/31/2016
Website: www.allstate.com

Voluntary Accident is an optional coverage that provides you (and your eligible dependents, if you enroll in the Family Plan) with insurance protection in case of accidental loss of life, dismemberment or paralysis, 24-hours a day, 365 days a year, anywhere in the world.

Accident Plan Details:	Benefits:
Accidental Death	$40,000 (EE), $20,000 (SP), $10,000 (DEP)
Common Carrier	$200,000 (EE), $100,000 (SP), $50,000 (DEP)
Dismemberment	Up to $40,000 (EE), Up to $20,000 (SP), Up to $10,000 (DEP)
Dislocation or Fracture	Up to $4,000 (EE), Up to $2,000 (SP), Up to $1,000 (DEP)
Hospitalization Confinement (Per Year)	$1,000
Daily Hospital Confinement (Per Day)	$200
Intensive Care (Per Day)	$400
Ambulance Services	$200 (Regular), $600 (Air)
Accident Physician Treatment	$100
X-Ray	$200
Emergency Room Services	$200

Weekly Contributions:	Voluntary Accident You Pay:
Employee Only	$2.69
Employee & Spouse	$3.94
Employee & Child(ren)	$5.43
Family	$6.78

Generic Prescription Savings Programs

You may be paying too much for your prescription medications. Have you heard of the $4 Generic Prescription Program? All you have to do is ask your doctor to prescribe the generic version of your medication, if one is available, and drop off that prescription at your local Wal-Mart or Target. If your prescribed medication falls under the $4 Generic Prescription Program, you will pay only $4 (or your prescription co-pay amount, whichever is less). The list of applicable medications is extensive, covering more than 350 generic medications.

Meijer also has created a program that offers leading antibiotics and pre-natal vitamins for FREE - no strings attached. The program covers leading, oral generic antibiotics with a special focus on the prescriptions most often filled for children. In order to take advantage of this program, you must have a doctor's prescription and pick up the medication at a local Meijer pharmacy.

Note: These programs can be used by all individuals, regardless of insurance or copays. Even those individuals without any insurance may take advantage of these savings.

Visit any of the following websites for a complete list of available generic medications and more details on these programs:

Target: www.target.com/pharmacy/generics Wal-Mart: www.walmart.com Meijer: www.meijer.com/pharmacy

Questions? Contact the SISCO Call Center at (844) 631-6104 or https://www2.benefitelect.com/be/psg

COBRA Continuation of Coverage Notice

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

For additional information regarding COBRA qualifying events, how coverage is provided, and actions required to participate in COBRA coverage, please see your Human Resources department.

Newborns' and Mothers' Heath Protection Act

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

Premium Assistance under Medicaid and CHIP

If you or your children are eligible for Medicaid or CHIP (Children's Health Insurance Program) and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

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, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. Please see Human Resources for a list of state Medicaid or CHIP offices to find out more about premium assistance.

Women Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

All stages of reconstruction of the breast on which the mastectomy was performed;
Surgery and reconstruction of the other breast to produce a symmetrical appearance;
Prostheses; and Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator.

Special Enrollment Events

An Eligible Person and/or Dependent may also be able to enroll during a special enrollment period. A special enrollment period is not available to an Eligible Person and his or her Dependents if coverage under the prior plan was terminated for cause, or because premiums were not paid on a timely basis.
An Eligible Person and/or Dependent does not need to elect COBRA continuation coverage to preserve special enrollment rights. Special enrollment is available to an Eligible Person and/or Dependent even if COBRA is elected. Please be aware that most special enrollment events require action within 30 days of the event.

Please see Human Resources for a list of special enrollment opportunities and procedures.

GINA

The Genetic Information Nondiscrimination Act (GINA) prohibits health benefit plans from discriminating on the basis of genetic information in regards to eligibility, premiums, and contributions. This generally also means that private employers with more than 15 employees, its health plan, or "business associate" of the employer, cannot collect or use genetic information (including family medical history information). The one exemption would be that a minimum about of genetic testing results may be used to make a determination regarding a claim.
You should know that GINA is treated as protected health information (PHI) under HIPAA. The plan must provide that an employer cannot request or require that you reveal whether or not you have had genetic testing; nor can you employer require you do participate in a genetic test. An employer cannot use any genetic information to set contribution rates or premiums.

Prescription Coverage and Medicare

This notice has information about your current prescription drug coverage with your employer and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:
1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare.
2. Your employer has determined that the prescription drug coverage offered by the Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.
For More Information About Options Under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.
For more information about Medicare prescription drug coverage:
Visit www.medicare.gov
Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

PPACA Compliant Plan Notice

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

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

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

Notice of Privacy Provision

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

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

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

If you have any questions about this Notice or about our privacy practices, please contact your Human Resources department. The full privacy notice is available with your Human Resources Department.

Affordable Care Act (ACA)

Did you know that every American is required to have health insurance coverage as of 1/1/2014? Should you choose not to insure yourself, you could be looking at an annual penalty.

If you choose to go without health insurance coverage: The 2015 penalty will be the **greater** of 2% of your family income or $325 per adult and $162.50 per child (capped at $975). The 2016 penalty will be the **greater** of 2.5% of your family income or $695 per adult and $347.50 per child (capped at $2,085).

Open enrollment is now for your company sponsored health plan. Being open enrollment time, it is your one time of year, without a qualified life event, to enroll in the health coverage and avoid paying this penalty. The coverage that is offered through the company is fully compliant per the ACA regulations.

Should you want to explore individual health insurance options outside of your employer group plan(s), the federal exchange has an open enrollment period from 11/01/15 - 01/31/16. You can access the exchange by logging on to www.healthcare.gov if you're interested in researching individual policies today.

Should you waive health coverage during the company's open enrollment period, you will not be eligible to enroll until next year's annual open enrollment period.

USERRA Notice

The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) established requirements that employers must meet for certain employees who are involved in the uniformed services. In addition to the rights that you have under COBRA, you (the employee) are entitled under USERRA to continue the coverage that you (and your covered dependents, if any) had under the your employer Plan.

You Have Rights Under Both COBRA and USERRA. Your rights under COBRA and USERRA are similar but not identical. Any election that you make pursuant to COBRA will also be an election under USERRA, and COBRA and USERRA will both apply with respect to the continuation coverage elected. If COBRA and USERRA give you different rights or protections, the law that provides the greater benefit will apply. The administrative policies and procedures described in the attached COBRA Election Notice also apply to USERRA coverage, unless compliance with the procedures is precluded by military necessity or is otherwise impossible or unreasonable under the circumstances.

Definitions
"Uniformed services" means the Armed Forces, the Army National Guard, and the Air National Guard when an individual is engaged in active duty for training, inactive duty training, or full-time National Guard duty (i.e., pursuant to orders issued under federal law), the commissioned corps of the Public Health Service, and any other category of persons designated by the President in time of war or national emergency.
"Service in the uniformed services" or "service" means the performance of duty on a voluntary or involuntary basis in the uniformed services under competent authority, including active duty, active and inactive duty for training, National Guard duty under federal statute, a period for which a person is absent from employment for an examination to determine his or her fitness to perform any of these duties, and a period for which a person is absent from employment to perform certain funeral honors duty. It also includes certain service by intermittent disaster response appointees of the National Disaster Medical System.

Duration of USERRA Coverage
General Rule: 24-Month Maximum. When a covered employee takes a leave for service in the uniformed services, USERRA coverage for the employee (and covered dependents for whom coverage is elected) can continue until up to 24 months from the date on which the employee's leave for uniformed service began. However, USERRA coverage will end earlier if one of the following events takes place:
A premium payment is not made within the required time;
You fail to return to work or to apply for reemployment within the time required under USERRA (see below) following the completion of your service in the uniformed services;
You lose your rights under USERRA as a result of a dishonorable discharge or other conduct specified in USERRA.

USERRA and Health FSAs
USERRA's continuation coverage requirements for health plans apply to health FSAs. USERRA has no special rules for health FSAs. For example, the limited COBRA obligation for certain health FSAs (as described in the attached COBRA Election Notice) does not apply under USERRA— under USERRA, the right to continuation coverage generally lasts for up to 24 months (unless one of the events described above takes place).
COBRA and USERRA Coverage Are Concurrent
This means that COBRA coverage and USERRA coverage begin at the same time. However, COBRA coverage can continue for up to 18 months (it may continue for a longer period and is subject to early termination, as described in the attached COBRA Election Notice). In contrast, USERRA coverage can continue for up to 24 months.
Premium Payments for USERRA Continuation Coverage
If you elect to continue your health coverage pursuant to USERRA, you will be required to pay 102% of the full premium for the coverage elected (the same rate as COBRA), at the times and using the procedures specified in the attached COBRA Election Notice. However, if your uniformed service period is less than 31 days, you are not required to pay more than the amount that you pay as an active employee for that coverage.

For the full USERRA notice of rights, which includes details regarding periods of uniformed service as it relates to report-to-work requirements, please see Human Resources.

Brought to you by:

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