# Ascend HR Solutions
# Cafeteria Plan
# Summary Plan Description

A Cafeteria Plan allows you to save money on Group Insurance, Health Care Expenses and Day Care Expenses. Your contributions are deducted from your pay ***before*** that portion of your pay is taxed. Because you are taxed on a lower amount of pay, you pay less in taxes and you have more to spend. You may save as much as 35% on the cost of each benefit option!

| Group Insurance | Health Care Expenses | Day Care Expenses |
|---|---|---|
| | | |

**Enrollment** for the Group Insurance portion is automatic. For Health Care or Day Care expenses you will be required to complete an enrollment form. This allows you to make personal choices for each of the benefits being offered under the Plan. The purpose of this Plan is to help each employee have the opportunity to save money; however, participation is optional.

Please read this Summary Plan Description carefully so that you understand the provisions of our Plan and the benefits you will receive. We want you to be informed before you enroll in the Plan.

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# GROUP INSURANCE ACCOUNT

*The Insurance Premium Expense Account allows you to use pre-tax dollars to pay for certain group premium expenses sponsored and offered by the Company. The group benefits offered are listed on the last page of this Summary Plan Description under* General Plan Information.

Any benefits to be provided by insurance will be provided only after (1) you have provided the Company the necessary information to apply for insurance, and (2) the insurance is in effect for you. The insurance company is responsible for insurance benefits.

The Company may terminate or modify Plan benefits at any time, subject to the provisions of any insurance contracts providing benefits described above. Your insurance will end when you leave employment, are no longer eligible under the terms of any insurance policies, or when insurance coverage terminates.

**Example:**

If your share of the group insurance is $200/month, how much do you need to earn to pay the premium?

| | |
|---|---|
| Without this plan you need to earn | About $300/month |
| With this plan you need to earn | $200/month |

**So, this plan could save you about $100/month**

## HERE'S HOW IT WORKS

If you pay any part of the cost of company-sponsored group insurance, that cost will now automatically be deducted from your paycheck pre-tax! You may waive participation at the beginning of each plan year, but you must pay the income tax on your insurance premium.

- The Company will pay the premium directly to the insurance company.
- It won't show on your W-2.
- Only group policies sponsored by the Company are eligible.

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# HEALTH CARE EXPENSE ACCOUNT

*Your health care expense account allows you to save money by paying out-of-pocket health care expenses with pre-tax dollars.*

While the Company's medical insurance provides comprehensive coverage for most of your needs, there are treatments, services, and supplies that are not completely covered. The health care expense account gives you the opportunity to set aside a portion of your pay on a pre-tax basis to cover these expenses.

You will deposit the money in your account through pre-tax payroll deductions. You will file claims and receive payment after incurring eligible expenses. **Careful planning is important, because any funds not spent at the end of the Grace Period must be forfeited.**

## CONTRIBUTIONS TO YOUR ACCOUNT

You fund your health care expense account by depositing pre-tax dollars from your pay.

During your annual benefit enrollment, you must decide whether to participate in the health care expense account and how much to contribute. Your pre-tax contributions will be deducted in equal amounts each pay period during the Plan year. This account will generate no interest.

If you are hired or become eligible after the first of the Plan year, your contributions will be deducted in equal amounts from your remaining pay periods.

## ELIGIBLE EXPENSES

A wide range of medical, dental, and vision care expenses not paid by insurance can be reimbursed.

Without this plan, health care expenses qualify as federal income tax deductions if they exceed 7.5% of your income.

With this Plan, you may now pay those same expenses from the first dollar, tax free.

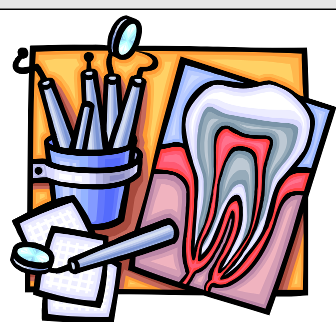
**DO NOT CLAIM SERVICES PAID BY INSURANCE.**

**Please See Next Page For Sample Expenses**

# HEALTH CARE EXPENSE ACCOUNT - SAMPLE EXPENSES

## Medical Expenses

Acupuncture
Addiction Programs and Products
Adoption (Medical Expenses)
Alternative Healer Fees
Allergy Relief (Oral Medications, Nasal Spray)
Ambulance
Antacids and Heartburn Relief
Arthritis Pain Relieving Creams
Anti-itch and Hydrocortisone Creams
Artificial Limbs
Athlete's Foot Treatment
Body Scans
Care for Mentally Handicapped
Chiropractor
Cold Medicines (i.e. Syrups, Drops, Tablets)
Crutches
Diabetes (i.e. Insulin, Glucose Monitor)
Eye Patches
Fertility Treatment
Fever & Pain Reducers (i.e. Aspirin, Tylenol)
First Aid (i.e. Bandages, Gauze, Creams)
Hearing Aids & Batteries
Hypnosis (For Treatment of Illness)
Incontinence Products (i.e. Depends, Serene)
Joint Support Bandages and Hosiery
Laxatives
Monitoring Device (Blood Pressure, Cholesterol)
Motion Sickness Medication
Physical Exams
Prescription Drugs
Psychiatrist/Psychologist
Physical Therapy
Smoking Cessation Relief (i.e. Patches, Gum)
Speech Therapy
Stomach & Digestive Relief
(i.e. Pepto-Bismol, Imodium, etc.)
Tooth and Mouth Pain Relief (Orajel, Anbesol)
Urinary Pain Relief
Vaccinations
Vaporizers or Humidifiers
Wart Removal Medication
Weight Loss Rx/Programs
Wheelchair



## Dental Expenses

Artificial Teeth
Co-Payments
Deductible
Dental Work
Dentures
Orthodontia Expenses
Preventive Care at Dentist Office
Bridges, Crowns, Etc.

## Vision Expenses

Braille - Books & Magazines
Contact Lenses
Contact Lens Solutions
Eye Exams
Eye Glasses
Laser Surgery
Office Fees
Seeing-Eye Dog and its Upkeep

## What is NOT Eligible

**For Additional Information, Visit www.cafeteriaplan.com**

Health care expenses that do not qualify as a federal income tax deduction under IRS Code Section 213 do not qualify for payment through your expense account. The following list includes many of the common expenses that generally do not qualify for reimbursement.

***These expenses may be eligible if they are prescribed by a physician.***

Personal Hygiene (i.e. deodorant, soap, shaving cream, sanitary products, etc.)
Breast Pump (if for convenience)
Cosmetic Surgery
Cosmetics (i.e. makeup, lipstick, cotton swabs, cotton balls, baby oil)
Denture care (i.e. denture cleansers and denture adhesive creams)
Diapers
Exercise Equipment
Hair Care (i.e. hair color, shampoo, conditioner, brushes, hair loss products)
Health Club or Fitness Program Fees
Homeopathic Supplements or Herbs
Household or Domestic Help
Massage Therapy
Maternity Clothes
Nail care & personal grooming (i.e. scissors, nail files)
Nutritional and dietary supplements (i.e. bars, milkshakes, power drinks, Pedialyte)
Routine dental care (i.e. toothpaste, toothbrushes, floss, anti-bacterial mouthwashes, fluoride rinses, breath strips, teeth whitening, etc.)
Skin Care (i.e. sun block, moisturizing lotion, lip balm)
Sleep aids (i.e. oral medications, snoring strips)
Vitamins
Weight reduction aids (i.e. Slimfast, appetite suppressants)

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# HEALTH CARE EXPENSE ACCOUNT

## FILING HEALTH CLAIMS

**Once you incur eligible expenses, you are entitled to make a claim against your account. Eligible claims will be paid up to the total of your elected annual contribution even if you have not yet contributed that amount to the account.**

If you terminate employment during the Plan year, you will still be able to request reimbursement for qualifying expenses for the remainder of the Plan year, but only for expenses incurred before your date of termination.

**TO GET YOUR MONEY:**

1. Complete a claim form
2. Sign the claim form
3. Attach documentation; such as an itemized bill which clearly states:
   - Date of service
   - Name of service provider (i.e. doctor, dentist, pharmacy)
   - Name of person for whom expenses were incurred
   - Fee for service minus any payment made by insurance for that service
4. Fax or mail claim form and documentation to National Benefit Services, LLC

- Date of service must be during the current plan year or grace period
- No invoices from previous years will be approved
- No prepayment of services to be performed next year
- No cancelled checks accepted as proof of service

## UNSPENT CONTRIBUTIONS

If you have unused contributions in your Health Care Expense Account from the immediately preceding plan year, and you incur qualified medical care expenses during the grace period, you may be reimbursed for those expenses as if the expenses had been incurred in the prior plan year.

## CLAIM REVIEW PROCESS

The goal is to approve every claim quickly and fully. Unfortunately, this is not possible if a claim is submitted for an unallowed expense, or is missing information such as date of service, or lacks a proper receipt. If a claim cannot be approved, our Administrator will notify you. You may then provide the required information or request further explanation. The IRS and HIPAA guidelines govern claim review. A person other than the original reviewer will review any claim denial within 30 days of your appeal, and procedures for providing additional data will be given.

# DAY CARE EXPENSE ACCOUNT

*Your Day Care expense account allows you to save money by paying day care expenses with pre-tax dollars.*

While the Company's benefit programs provide for many of your needs, they do not address your Day Care needs. The Day Care Expense Account gives you the opportunity to set aside a portion of your pay on a pre-tax basis to cover these expenses.

## ELIGIBLE DEPENDANTS

Expenses must be for care of "dependants" who spend at least eight hours per day in your home and depend on you for financial support. This includes:

- Your children under age 13, if you can claim them as deductions on your income tax return. As a rule, the parent who has custody of the child for the greater part of the year (the "custodial" parent) can claim the child as a dependant.
- Your spouse who is physically or mentally unable to care of himself/herself and has gross income of less than $3,100 (indexed pursuant to Code Section 151(d)).
- Other dependants of any age, if they are physically or mentally unable to care for themselves and have gross income of less than $3,100 (indexed pursuant to Code Section 151(d)). You must pay more than one-half the cost of their support and be able to claim them as dependants on your federal income tax return.

## CONTRIBUTIONS TO YOUR ACCOUNT

During the annual benefit enrollment, you must decide whether to participate in the day care expense account and how much to contribute.

**Maximum Annual Day-Care Contribution: $5,000 ($2,500 if married and filing taxes separately)**

Because your annual withdrawals cannot exceed your annual earned income or your spouse's (whichever is less), your contributions should be limited accordingly. If your spouse is incapacitated or a student, he or she will be treated as having earned income at the rate of $1,200 per year if one dependant qualifies for care or $2,400 per year if more than one dependant qualifies for care.

## WHO CAN PROVIDE SERVICE?

Day care may be provided in your home or in a day care center provided the center is licensed if it cares for six or more people. If the care provider is related to you, the relative must be someone other than your spouse, child under age 19, or anyone you or your spouse could claim as a dependant. For example, your mother could provide services unless she is claimed (by you) as a dependant.

## HOW TO FILE A CLAIM FOR DAY CARE EXPENSES

You can file claims for reimbursement at any time. You will be reimbursed only up to the amount in your account. If funds aren't available, you won't get reimbursed until there are sufficient funds available in your account. Even if you leave the Company during the Plan year and your contributions end, claims filed for eligible expenses will be reimbursed until the end of the Plan year or until the funds in your account are gone, but only for Day Care expenses incurred during the plan year and no more than 30 days following your date of termination.

# DAY CARE EXPENSE ACCOUNT

## ELIGIBILE EXPENSES

Most day care costs for your dependants are eligible if the care is work-related. You can use your day care expense account to pay expenses that allow you to work provided they are directly related to the care of dependant children or adults. You can be reimbursed with your own pre-tax dollars for expenses such as a day care center for your child or in-home care for an elderly parent or spouse who is not capable of self-care. To qualify for reimbursement, the care must be necessary to allow you to work. If you're married, your spouse must be employed outside the home, disabled, or a full-time student.

## INELIGIBLE EXPENSES

Your day care expense account will help you save money on most day care expenses, but it cannot be used in the situations listed here. The following list is not comprehensive, but it does include common day care expenses which do not qualify for reimbursement:

- Care provided by your spouse, child under age 19, or anyone you can claim as a tax dependant.
- Clothing
- Education
- Entertainment
- Food
- Overnight camp expenses

## TO GET YOUR MONEY:

1. Complete a claim form
2. Sign the claim form
3. Attach documentation; such as an itemized bill which clearly states:
   - Date of service
   - Name of service provider (i.e. doctor, dentist, pharmacy)
   - Name of person for whom expenses were incurred
   - Fee for service minus any payment made by insurance for that service
4. Fax or mail claim form and documentation to National Benefit Services, LLC

## UNSPENT CONTRIBUTIONS

If you have unused contributions in your Day Care Expense Account from the immediately preceding plan year, and you incur day care expenses during the grace period, you may be reimbursed for those expenses as if the expenses had been incurred in the prior plan year.

# DAY CARE
# EXPENSE ACCOUNT

## TAX CREDIT VERSUS YOUR DAY CARE EXPENSE ACCOUNT

For the care of one dependant, you generally can take a tax credit of up to $3,000 in expenses each year. For two or more dependants, you can take a tax credit of up to $6,000 in expenses.

The amount of the tax credit varies (from 20% to 35% of eligible expenses) depending on your income.

You can use the day care expense account and the tax credit in combination, within certain limits. First, the tax credit and the day care expense account cannot be used for the same expenses; second, any expenses reimbursed through the day care expense account will reduce the maximum tax credit – dollar for dollar. For example, if you have one dependant, your normal tax credit limit would be $2,400. If you used the day care expense account to reimburse yourself for $1,000 of eligible expenses, your tax credit limit would be reduced to $1,400 ($2,400 - $1,000).

It is important to note that tax savings will depend on your personal situation and income level. These guidelines are only general in nature. **Because tax laws are complicated and subject to frequent change, you should talk with a qualified tax advisor before deciding on whether to use the day care expense account, the tax credit, or both.**

The IRS requires all tax payers claiming dependant care credit or Day Care expense account **to file Form 2441** with their annual income tax return. Your tax advisor will have these forms, or you may download Form 2441 from National Benefit Services, LLC web site: www.CafeteriaPlan.com

## COORDINATING WITHDRAWALS WITH INCOME TAX DEDUCTIONS

The Company cannot, by law, offer you personal advice on tax issues. This law is designed to protect you by ensuring that you always get the most up-to-date advice available only from a tax expert.

# THINGS YOU SHOULD KNOW

## CHANGE OF STATUS

*Cafeteria Plans are governed by certain Internal Revenue Service (IRS) rules. Once you have made your expense account decisions, you generally cannot increase or decrease your contributions until the open enrollment period for the next plan year.*

**Limited changes are allowed if you experience a change of status. Federal law considers you to have such a change in family status for:**

- Marriage or divorce
- Death of spouse or dependant
- Birth, adoption or placement for adoption
- Dependant no longer a dependant
- You or spouse: terminate employment, change employment status, i.e., full to part-time, or vice versa, unpaid leave of absence, significant health coverage change, legal separation.
- Change in cost (for insurance premiums and day care only): If your insurance premium changes, or your day care cost change, this is considered a status change. If the cost of your elected group policies or day care costs go up or down, or stop, you may change the amount you contribute to match the change. **This DOES NOT apply to cost changes imposed by a relative providing day care.**
- Significant curtailment of coverage: The IRS makes a distinction depending on whether or not the curtailment constitutes a loss of coverage. Loss of coverage is defined as complete loss of coverage under the benefit package option or other coverage option (such as HMO ceasing to be available where employee resides or employee losing coverage because of overall annual or lifetime limitation). In any significant coverage curtailment, the employee can drop the curtailed coverage and elect similar coverage, but the curtailed coverage cannot be dropped if there is no similar coverage unless it meets the definition of Loss of Coverage.
- Coverage improvement: If coverage under a benefit package option is significantly improved, eligible employees who have similar coverage can drop the similar coverage and elect the improved option or elect the coverage even if the employee has not previously made an election.
- Changes in spouse/dependant coverage: An employee may change election in response to changes under the coverage of the employee's spouse or dependant. Also, the employee may elect participation in a cafeteria plan if the employee (or employee's spouse or dependant) loses coverage under a group health plan sponsored by a governmental or educational institution.
- Transfer out of an HMO area: When an employee transfers out of an HMO service area, the employee can change to similar coverage or drop the coverage altogether. This is the ONLY time that an employee is permitted to drop the coverage when similar coverage exists.

# THINGS YOU SHOULD KNOW

## Change of Status Continued:

Please note:

- When a judgment, decree, or order requires coverage of a code §152 dependant to be provided by a spouse, former spouse, or other person, the coverage for the affected dependant cannot be dropped unless the coverage is actually picked up by the spouse, former spouse, or other person.
- Group term life, disability and AD&D: Participant may increase or decrease their coverage for any Change of Status event (not just in marital or employment status) even if eligibility is not gained or lost.

If a change of status occurs, you have ***30 days to make a change*** from the date of occurrence. Notify the Plan Administrator and request a "Change of Status" form, which has additional information and instructions.

## HIGHLY COMPENSATED AND KEY EMPLOYEE LIMITATIONS

Under the Internal Revenue Code, “highly compensated employees” and “key employees” generally are Participants who are officers, shareholders or highly paid.

If you are within these categories, the amount of contributions and benefits for you may be limited so that the Plan as a whole does not unfairly favor those who are highly paid, their spouses or their dependants. Federal tax laws state that a plan will be considered to unfairly favor the key employees if they as a group receive more than 25% of all of the nontaxable benefits provided for under our Plan.

You will be notified of these limitations if you are affected, and may have your elections modified to meet required limits.

## USE-IT-OR-LOSE-IT RULE: HOW TO AVOID FORFEITURES

As you approach the end of the Plan Year, make certain you spend the money in your accounts. You may use your money for eye exams, eye glasses, or orthodontia care. IRS regulations require that any unused amounts remaining in your health care and day care expense accounts at the end of the grace period be forfeited. However, you have an additional time period (see General Plan Information of SPD for “run out” period) after the end of the plan year to submit your claims for service rendered during the previous plan year. If you don't use all of the eligible money, you will lose the remaining balance.

This forfeiture possibility means that you must plan ahead carefully before you make your decisions. As a guide, you may want to add up the expenses you had in the previous Plan Year for health-related items and decide which expenses were “one-time” expenses and which are likely to recur. You should also consider the types of predictable health care expenses you expect to have during the coming Plan Year. When estimating major expenses, you should investigate the costs before making your elections. Then, contribute no more than you expect to spend during the Plan Year. Forecasting your expenses will help you avoid forfeitures.

# THINGS YOU SHOULD KNOW

## NO EXPENSE ACCOUNT TRANSFERS

Funds in your health care, day care and insurance expense accounts accumulate separately and cannot be mixed for withdrawal purposes.

## TERMINATION OF EMPLOYMENT DURING THE YEAR

If you leave our employ during the Plan Year, you will still be able to request reimbursement for qualifying expenses for the remainder of the Plan Year, but only for Health Care expenses through your date of termination and Day Care expenses used within 30 days of your date of termination.

## EFFECTS ON SOCIAL SECURITY AND OTHER BENEFITS

Using pre-tax dollars may have an effect on Social Security benefits. That's because your taxable income is reduced by the amount of your pre-tax dollars. For most people, any Social Security benefit reduction would be very small. Generally, the benefit reduction has shown to be more than offset by the tax savings you experience during your career by using pre-tax dollars.

For more information, contact your local Social Security Administration office.

## YOUR RIGHTS UNDER ERISA

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants shall be entitled to:

1. Examine, without charge, at the Administrator's office, all Plan documents and copies of documents filed by the Plan with the U.S. Department of Labor, such as detailed annual reports and plan descriptions; and
2. Obtain copies of all Plan documents and other Plan information upon request to the Administrator. The Administrator may make a reasonable charge for the copies.

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of an employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the best interest of you and other Plan participants.

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 benefit or exercising your rights under ERISA.

If your claim for a benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have your claim reviewed and reconsidered.

Under ERISA there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within thirty (30) days, you may file suit in a federal court. In such a case, the court may request the Administrator to provide the materials and pay you up to $100 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.

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# THINGS YOU SHOULD KNOW

## YOUR RIGHTS UNDER ERISA (Cont'd)

If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for 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.

## CONTINUATION OF COVERAGE UNDER COBRA, FMLA & USERRA

### COBRA

COBRA is the federal act which requires certain employers (generally those with more than 20 employees) to allow employees, their spouse, and dependants the right to continue coverage of eligible insurance policies.

Qualifying events would be: termination of your employment or reduction of your work hours, divorce or legal separation, your medicare benefit eligibility, dependant no longer a dependant, your death.

You must notify the Plan Administrator of any changes within 60 days of an event. The administrator then has the obligation to inform you, your spouse, and dependants of the option to purchase these benefits. You will receive notification explaining terms and conditions.

*NOTE: Continued coverage then becomes an **after-tax** expense. The Health Care expense account may only be continued through the end of the Plan Year in which you terminate*

### FMLA

FMLA is the Family Medical Leave Act of 1993, generally for companies with more than 50 employees. If subject to FMLA, this would allow you to continue your medical benefits while on medical leave. You may pay your share of the premium while on leave with after-tax dollars, or you may be given the option to pre-pay all or a portion of your share of the premium for the expected duration of the leave on a pre-tax salary reduction basis out of your pre-leave earnings, or by other arrangements agreed upon between you and the Administrator. If agreed to, then upon your return, you would be allowed to re-enter the plan on the same basis as prior to your leave or as otherwise required by FMLA.

> **Please Note: If you are eligible to continue coverage under COBRA or FMLA, continued coverage applies to HEALTH CARE EXPENSE ACCOUNT and GROUP MEDICAL INSURANCE ONLY.**

### USERRA

USERRA is the Uniformed Services Employment And Reemployment Rights Act of 1994, and applies to employers of any size. For employees called to active duty, the goal is to not penalize you due to service in the Armed Forces. You will be treated similarly to someone on FMLA leave as described above.

# HIPAA
# PRIVACY NOTICE

**HIPAA refers to the Health Insurance Portability and Accountability Act of 1996. This notice describes how medical information about you may be used and disclosed and how you can get access to this information.**

This notice describes the medical information practices of National Benefit Services, LLC in the administration of the Ascend HR Solutions Cafeteria Plan medical claims.

**Our Pledge Regarding Medical Information**
We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the health care claims reimbursed under the Plan for plan administration purposes. This notice applies to all of the medical records provided to you by us that we maintain. Your personal doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

**Your Rights Regarding Medical Information About You**
You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy
You have the right to inspect and copy medical information that may be used to make decisions about your Plan benefits. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request in writing that the denial be reviewed.

Right to an Accounting of Disclosures
You have the right to request an "accounting of disclosures" where such disclosure was made for any purpose other than treatment, payment, or health care operations.

To request this list or accounting of disclosures, you must submit your request in writing. Your request must state a time period which may not be longer than six years and may not include dates before April 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12 month period will be free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

# HIPAA PRIVACY NOTICE (Cont'd)

Right to Request Restrictions
You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose 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 we not use or disclose information about a surgery you had.

To request restrictions, you must make your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

HIPAA Privacy laws do not require compliance with your request.

Right to Request Confidential Communications
You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make a written request. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice
You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a paper copy of this notice upon written request. You may obtain a copy of this notice at our website: www.nbs-i.com

**Changes to This Notice**
We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on the NBS website. The notice will contain on the first page, in the top right hand corner, the effective date.

**Complaints**
If you believe your privacy rights have been violated, you may file a complaint with National Benefit Services, LLC or with the Secretary of the Office for Civil Rights of the U.S. Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**Other Uses of Medical Information**
Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**Written Requests and Complaints**
Send all written requests and complaints to:

National Benefit Services, LLC
Attn: Privacy Officer
P.O. Box 1906
Sandy, UT 84091

# GENERAL PLAN INFORMATION

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| Plan Name: | Ascend HR Solutions<br>Cafeteria Plan |
| Address: | P.O. Box 65157<br>Salt Lake City, UT 84165-0157 |
| Telephone: | (801)467-4515 |
| Tax I.D. Number: | 87-0535799 |
| Plan Number: | 501 |
| Plan Effective Date: | January 1, 1996 |
| Amended: | January 1, 2008 |
| Plan Year: | January 1st to December 31st |
| Plan Administrator: | Ascend HR Solutions |

Eligibility: If you work 30 hours or more per week, you will be eligible to join the plan on the first day of the month following your date of employment.

Maximum Annual election for Health Care Expense Account: $5,000

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| Group Insurance Plans covered: | Medical, Dental, Vision |
| Grace Period: | 75 Days following the end of the Plan Year |
| "Run Out" Period: | 90 Days following the end of the Plan Year |
| Minimum Check Issued: | $25 |
| If you have any questions, contact: | Lauren Haglund |

**Here's how to obtain your personal account information 24 hours a day!**
**Internet:** www.nbsbenefits.com Click on "Account Access", then enter in your Social Security number for your User ID and the last four digits of your Social Security number for your first time password. Here you will have access to your personal account balance, last claim paid, etc.

**Use our web site for easy, one-stop access** www.nbsbenefits.com

- Download and print claim forms, dependant care receipts, etc.
- Calculate your tax savings with our interactive tax savings calculator
- View answers to our most commonly asked questions
- Find out what's covered in our "IRS Publications" section
- View your personal up to date account balance information
- Watch our Flexible Spending/Cafeteria Plan Presentation