

THE FEDCAP GROUP

The Power of Possible



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2019 Benefits Guide for All Staff Employees

Welcome to The Fedcap Group's comprehensive and competitive benefits program. We know how important it is to have good, affordable health and group benefits. Our program is designed to recognize the diverse needs of our workforce and provide you with the flexibility to choose the plans that are right for you and your family.

This Guide provides an overview of your benefits. Be sure to review this Guide carefully so you have a better understanding of the plans offered and elect the coverages you need for the year. If you need additional benefit information, contact the Benefit Service Center at [1-866-533-3227](tel:1-866-533-3227) or benefitservicecenter@fedcap.org.

Contact Information



Fedcap Benefit Service Center

Contact the Fedcap Benefit Service Center at [1-866-533-3227](tel:1-866-533-3227) if you have benefit questions or need assistance with enrollment. Benefit representatives are available Monday through Friday between 9:00 am and 5:00 pm ET. You may also send questions via email anytime at benefitservicecenter@fedcap.org.

During Open Enrollment, Benefit representatives are available Monday through Friday between 9:00 am and 7:00 pm ET as well as on Saturday November 17, 2018 and Sunday November 18, 2018 between 12:00 pm and 5:00 pm ET.

Benefits/Carrier	Telephone	Website
Medical Empire BCBS	800-435-1385 800-241-6894 (TDD) 877-536-4320 (Express Scripts)	www.empireblue.com
24-Hour Nurse Line Empire BCBS	877-825-5276	N/A
LiveHealth Online	844-784-8409	www.livehealthonline.com
Dental Empire BCBS	877-606-3338	www.empireblue.com
Vision Empire BCBS	866-723-0515	www.empireblue.com
FSA & eTRAC Benefit Resource Inc.	800-473-9595	www.benefitresource.com (company code: fedcap login ID: your full SSN password: home zip code)
Life/Accident, Disability The Hartford	800-523-2233	www.thehartford.com
Leave Management (FMLA & other leaves) The Hartford	877-822-3184	www.thehartford.com
403(b) Thrift Plan Mutual of America	212-587-9045	www.mutualofamerica.com
Legal Plan Hyatt Legal Plans	800-821-6400 Monday - Friday: 8am to 7pm Password: MetLaw	www.legalplans.com (access code: 1500985)
Employee Assistance Plan Corporate Counseling Associates	800-833-8707	www.ccainc.com (company code: FEDCAP)

The material in this benefits brochure is for informational purposes only and is neither an offer of coverage nor medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. In case of a conflict between your plan contracts and this information, the plan contracts will govern. While this material is believed to be accurate as of the print date, it is subject to change. If you have any questions about the benefits available to you as an eligible employee of The Fedcap Group, please feel free to contact the Benefit Service Center.

Medical, dental and vision benefits are administered and insured by Empire Blue Cross Blue Shield. Short term disability, life insurance, and accidental death and dismemberment and long-term disability benefits are administered and insured by The Hartford.

All trademarks, trade names or company names referenced herein are used for informational and identification purposes only and are the exclusive property of their respective owners.



Eligibility

For you: You are eligible for benefits if you are a full-time or regular part-time employee regularly scheduled to work at least 30 hours per week.

For your dependents. Your dependents become eligible for coverage on the same date you do. Eligible dependents are your:

- ▶ Legal spouse
- ▶ Children up to age 26, including stepchildren, foster children and adopted children (for medical, dental and vision)
- ▶ Disabled child of any age (with documentation) who is dependent on you for support due to a mental or physical disability that occurred before reaching age 26

Benefits become effective according to the schedule below.

When Your Benefits Are Effective

For new hires, benefits are effective:

Medical Dental Vision Flexible Spending Accounts Commuter Benefits Short-Term Disability Employee Assistance Plan Hyatt Legal Plan	First of the month following 30 days of employment
Life Insurance Long-Term Disability	First of the month following 90 days of employment
403(b) Thrift Plan	Immediately

If you are a current employee making changes during the open enrollment period, any benefit changes will be effective on January 1.

Enrollment

New Hires: You have 30 days from your date of hire to enroll in your benefits.

Current Employees: You may enroll in or change your benefit elections only during the annual open enrollment period or if you experience a Qualified Life Event.

How to Enroll

To enroll or make changes to your benefits, you will need to access the Fedcap Benefit Portal:

- ▶ Visit www.fedcapbenefits.hrintouch.com
- ▶ Register as a new user
- ▶ Make a note of your Username and Password for future use
- ▶ View your benefits online and make your elections

Once you have submitted your elections for 2019, your benefits will remain in effect until December 31, 2019, unless you experience a qualifying life event (see Making Changes During the Year on the next page).

Note: You may enroll in or change your Commuter Benefits or 403(b) Thrift Plan Benefits at any time.

If you need assistance with enrollment, contact the Fedcap Benefit Service Center at [1-866-533-3227](tel:1-866-533-3227) or benefitservicecenter@fedcap.org.

Fedcap Benefit Portal

The Fedcap Benefit Portal is your online resource for benefits information and enrollment. You can enroll from the convenience of your home computer, mobile device or at work. The website also provides detailed information and tools to help you decide among the available benefit options.

With a single login you can:

- ▶ Compare available benefit plans
- ▶ Enroll — make benefit elections or make changes
- ▶ Enter eligible dependents
- ▶ Designate/change beneficiaries at any time
- ▶ Download necessary forms, Summary Plan Descriptions (SPD), etc.
- ▶ Access carrier phone numbers and link to carrier websites & claims addresses



Making Changes During the Year

The IRS requires that benefit elections paid for on a pre-tax basis remain in effect for the full plan year. However, the IRS permits changes within 30 days of a qualifying life event. Examples of qualifying life events are:

- ▶ Your marriage, divorce, legal separation or annulment,
- ▶ The birth of your baby, or adoption or placement of a child with you for adoption, or another change in the number of your dependents,
- ▶ The death of a dependent,
- ▶ Your dependent's eligibility or ineligibility for coverage (for example, he or she reaches the plan's eligibility age limit),
- ▶ A change in work location or home address for you, your spouse or your dependents,
- ▶ A change in coverage of your spouse or your dependent under another plan,
- ▶ Your qualification for a special enrollment under the Health Insurance Portability and Accountability Act of 1996 (HIPAA),
- ▶ A court order received by the plan, such as a Qualified Medical Child Support Order (QMCSO), or
- ▶ You, your spouse or your dependent's qualification for Medicare or Medicaid.

If you need to make an election change during the year or have questions about what constitutes a life status change, contact the Fedcap Benefit Service Center at [1-866-533-3227](tel:1-866-533-3227) or benefitservicecenter@fedcap.org.

Terms You Should Know

Deductible: A fixed dollar amount (individual or family) during the calendar year that the insured pays out-of-pocket, before the insurer begins to make payments for covered services.

Coinsurance: A form of cost sharing in an insurance plan that requires an insured person to pay a shared percentage of covered expenses after the deductible amount, if any, is paid.

Copay: A fixed amount required by a health provider to be paid by the insured for each outpatient (office) visit or prescription.

Out-of-Pocket Maximum: The maximum dollar amount an insured is required to pay "out of his/her pocket" during a plan year. After the maximum is reached, the insurance carrier pays the total cost of all eligible covered expenses.





What's new or changing in 2019?

<p>Vision</p>	<ul style="list-style-type: none">▶ The NVA vision plan will be replaced by the Empire BCBS vision plan. If you are currently enrolled in the NVA plan, you will be automatically enrolled in the new Empire BCBS plan. If you do not wish to continue coverage, you need to waive coverage. For questions regarding coverage and doctors, please visit www.empireblue.com or call 1-866-723-0515.
<p>Prescription Medication</p>	<ul style="list-style-type: none">▶ The copay for Tier 3 will change for 2019. The new copay will be 20% of the cost of prescription medication, with a minimum amount of \$80 and maximum amount of \$300.▶ All maintenance medications must be filled through mail order.▶ The plan will exclude prescription medication which have over-the-counter or lower cost alternatives.
<p>New ID Cards</p>	<ul style="list-style-type: none">▶ New ID cards will be issued by 1/1/2019 to all plan members. Medical, dental and vision will be combined into one card.

Medical Benefits



Fedcap offers four medical plans through Empire Blue Cross Blue Shield — Exclusive Provider Organizations (EPOs) and Preferred Provider Organization (PPO). For additional information, refer to the detailed plan descriptions provided by the Empire BCBS.

Empire BCBS Plan Features	Plan 1: EPO1	Plan 2: EPO2 (Blue Priority)	Plan 3: PPO		Plan 4: HRA3000
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network Only
Annual Deductible (individual/family)	\$1,000/\$2,500	None	\$750/\$1,875	\$2,000/\$5,000	\$3,000/\$6,000
Coinsurance (plan/member)	80%/20%	100%/0%	90%/10%	70%/30%	90%/10%
Out-of-Pocket Maximum (individual/family)	\$5,000/\$12,500 (all in-network cost shares)	\$5,080/\$12,700 (all in-network cost shares)	\$3,250/\$8,125 (includes deductible; all in-network cost shares)	\$4,000/\$10,000 (includes deductible)	\$7,150/\$14,300 (includes deductible; all in-network cost shares)
Annual Preventive Physical	Covered 100%	Covered 100%	Covered 100%	Covered in-network only	Covered 100%
Office Visits (PCP/Specialist)	\$35/\$50 copay	\$25/\$40 copay	\$20/\$35 copay	Deductible/Coinsurance	Deductible/Coinsurance
Live Health Online	\$0 copay	\$0 copay	\$0 copay	N/A	Deductible/Coinsurance (If deductible is not met cost is \$49. If deductible is met cost is \$4.90)
Outpatient Lab & X-Ray*	Covered 100%	Covered 100%	\$20/\$35 copay**	Deductible/Coinsurance	Deductible/Coinsurance
MRI/MRA, CAT, PET Scans	Deductible/Coinsurance	\$50 copay	\$20/\$35 copay**	Deductible/Coinsurance	Deductible/Coinsurance
Urgent Care	\$50 copay	\$40 copay	\$35 copay	\$35 copay	Deductible/Coinsurance
Emergency Room (waived if admitted)	\$250 copay	\$250 copay	\$250 copay	\$250 copay	Deductible/Coinsurance
Routine Maternity Care	Deductible/Coinsurance	Covered 100%	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Inpatient Hospital	Deductible/Coinsurance	\$100 per admission; \$250 limit/cal year	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Outpatient Surgery	Deductible/Coinsurance	\$100 copay	\$20/\$35 copay**	Deductible/Coinsurance	Deductible/Coinsurance
Durable Medical Equipment	Deductible/Coinsurance	20% coinsurance	Deductible/Coinsurance	Covered in-network only	Deductible/Coinsurance
Mental Health/Substance Abuse					
▶ Inpatient	Deductible/Coinsurance	\$100 per admission; \$250 limit/cal year	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
▶ Outpatient Office Facility	\$35 copay Coinsurance only	\$25 copay Covered 100%	\$20 copay* Coinsurance only	Deductible/Coinsurance	Deductible/Coinsurance
Outpatient Short Term Rehabilitation (exam/evaluation)	\$35/\$50 copay**	\$25/\$40 copay	\$20/\$35 copay**	Covered in-network only	Deductible/Coinsurance

*covered in full when part of office visit on same day of service **exam/evaluation only; other services subject to deductible/coinsurance



About LiveHealth Online

With Live Health Online, you can see a board-certified doctor from home, office or on the go at no cost to you. When you sign up at www.livehealthonline.com or download the app to your smartphone or tablet, you can access doctors 24/7 for health issues like the flu, a cold, pink eye, and more. You can also talk to a licensed psychologist or therapist through video using LiveHealth Online Psychology when you're feeling stressed. **Note:** You can also call LiveHealth Online at 844-784-8409 from 7:00 am to 11:00 pm. Due to state laws, LiveHealth Online is not available in all 50 states and state restrictions may limit coverage in states where it is available. Go to www.livehealthonline.com/availability for details.

The Empire BCBS medical plans also include in-network coverage for prescription drugs. Plan 1 and Plan 2 require you to satisfy a prescription drug deductible before you begin to pay copays based on drug tier. Below is a summary of Empire's prescription drug coverage.

Prescription Drug Coverage	Plan 1: EPO1	Plan 2: EPO2 (Blue Priority)	Plan 3: PPO		Plan 4: HRA3000
Retail (30-day supply)	\$100 deductible*	\$50 deductible*	No deductible	Covered in-network only	Deductible then \$10 copay
▶ Tier 1	\$10 copay	\$10 copay	\$10 copay		\$35 copay
▶ Tier 2	\$35 copay	\$35 copay	\$25 copay	\$80 min/\$300 max	20%**
▶ Tier 3	20%**	20%**	20%**		\$80 min/\$300 max
	\$80 min/\$300 max	\$80 min/\$300 max	\$80 min/\$300 max		
Mail Order (90-day supply)	No deductible	No deductible	No deductible	Covered in-network only	Deductible then \$20 copay
▶ Tier 1	\$20 copay	\$20 copay	\$20 copay		\$70 copay
▶ Tier 2	\$70 copay	\$70 copay	\$50 copay		\$140 copay
▶ Tier 3	\$140 copay	\$140 copay	\$100 copay		

*per person; does not apply to generic **20% of prescription drug cost

Preferred Generics Prescription Drug Program

With the Preferred Generic Prescription Drug Program, you can save money by choosing a generic over a brand-name drug. When your doctor prescribes a brand-name drug that has a generic option, your pharmacy will automatically fill the prescription using the generic drug. You'll pay less for the generic drug.

If you prefer the brand-name drug over the generic option, you will pay the generic copay plus the difference in cost between the generic and the brand-name drug.

When your doctor writes a prescription for a brand-name drug that has a generic option and writes "dispense as written", the pharmacy will fill the prescription for the brand-name drug.

Be sure to talk with your doctor about generic versus brand-name medications. For more information on the Preferred Generics Prescription Drug Program, visit www.empireblue.com.

Home Delivery Complete

Maintenance medications are drugs that treat long-term, chronic health conditions such as indigestion, high blood pressure, high cholesterol, and diabetes. You are required to participate in Home Delivery Complete. You can enroll by visiting www.empireblue.com, and selecting "Manage Your Prescriptions" to log in. On your pharmacy page, select "Switch to Home Delivery"; under "Manage Your Prescriptions on the Express Scripts website" choose "My Coverage" then "Transfer to Home Delivery" to have your prescriptions shipped directly to your home. You get free standard shipping, refill reminders and you can even set up automatic refills. Call Empire at 1-888-613-6091 if you have questions.

Important Information Regarding Diabetes Medications & Supplies

If you take diabetic medications and need diabetic supplies, you will pay \$0 copay.

Diabetic supplies include:

- ▶ Blood sugar diagnostics
- ▶ Glucometers
- ▶ Insulin syringes
- ▶ Lancets
- ▶ Urine test strips
- ▶ Alcohol swabs

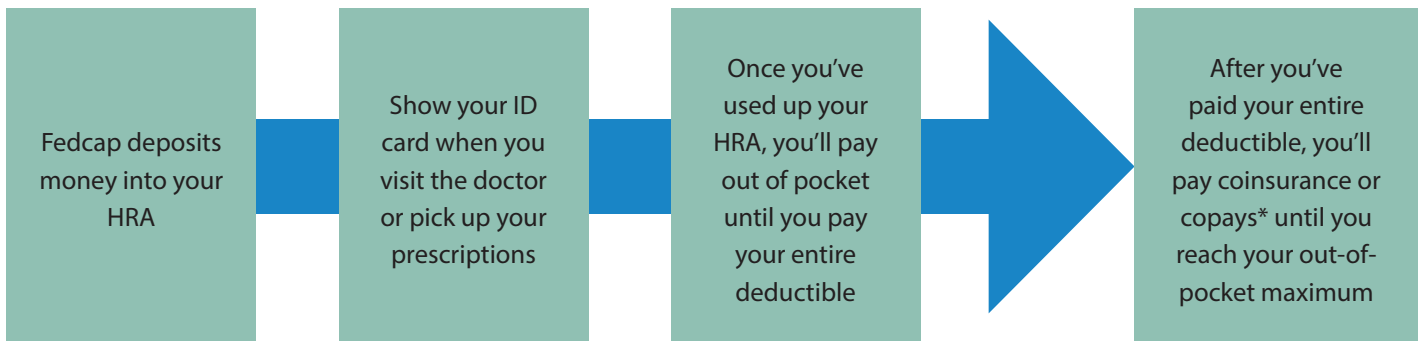
For more information on medications and supplies available for \$0 copay, log on to www.empireblue.com.

Health Reimbursement Account (HRA)

Fedcap provides you with a Health Reimbursement Account (HRA) through Empire. An HRA is an employer-funded account you can use to pay for eligible health care expenses not covered by Empire.

This Plan is an In-Network only plan; this means there is no coverage if you use an out of network provider. You must satisfy a deductible before the Plan will begin to pay benefits, except for preventive care services, which are covered at no cost to you. Once the deductible has been satisfied, the Plan provides traditional health coverage through a national network of physicians and facilities.

How the HRA Works with Empire



*Copays apply to prescriptions only. All other services are subject to coinsurance after the deductible has been met.

Fedcap will provide a HRA stipend to use towards the deductible. The size of the HRA stipend varies with coverage tier. Effective January 1, 2019, Fedcap will provide the following amount to HRA3000 participants:

Coverage Level	Stipend Amount
Employee Only	\$500
Employee + Child(ren)	\$750
Employee + Spouse	\$750
Employee + Family	\$1,000

In the HRA3000 Plan, the deductible is satisfied as soon as one covered individual meets the Individual deductible for Employee Only tier, or one or more individuals collectively meet the Family deductible. In other words, each covered individual is not required to meet the Individual deductible, except for individuals in Employee Only tier. The HRA3000 has an aggregate deductible; the Family deductible amount will include all combined eligible expenses that you and your covered dependents incur. The Family deductible amount may be satisfied by one member or a combination of two or more members covered under the HRA3000 Plan.

Can I elect Flexible Spending to use towards my deductible and other medical expenses?

When you enroll in the HRA3000 Plan, you will only have access to the Limited Purpose Flexible Spending Account. This account will only reimburse your dental and vision expenses.



Get Fit and Healthy in 2019!

ExerciseRewards™ Gym Reimbursement — Get reimbursed for your gym dues. It's one more way exercise really pays off!

There are many ways regular exercise pays off. It can help you manage your weight. It can help relieve stress. It can also lower your risk for major health problems such as diabetes and high blood pressure.

The ExerciseRewards™ Gym Reimbursement program from Empire offers you the chance to be reimbursed up to \$300 per benefit plan year for your fitness center's membership dues. It's easy to qualify:

1. You must be enrolled in an Empire health plan.
2. Work out at the qualifying fitness center and track your workout sessions.
3. Fill out and send in the appropriate forms and proof of payment when you have met the visit requirements.

You can earn your reimbursement while enjoying the activities you love! To get started, go to www.empireblue.com or call the number on the back of your ID card to speak with a representative about the ExerciseRewards™ Gym Reimbursement program.

Be on the lookout for more information on this and other wellness activities coming to Fedcap employees in 2019!

Did you know?

Empire's ConditionCare® program is available to help members better understand and control certain medical conditions like:

- ▶ Diabetes (Type 1 and 2)
- ▶ Chronic Obstructive Pulmonary Disease (COPD)
- ▶ Heart failure
- ▶ Asthma (pediatric and adult)
- ▶ Coronary Artery Disease

Future Moms helps mothers-to-be have healthier pregnancies. Expecting members can learn about prenatal care, preventing pre-term labor and how to best follow the physician's plan of care to reduce the risk of pregnancy complications.



We are dedicated to helping you take an active role in getting fit and healthy. Stay tuned for more information on how YOU can qualify to earn incentives for participating in healthy activities throughout the year!

Dental Benefits



Fedcap offers two Preferred Provider Organization (PPO) dental plans through Empire BCBS.

Empire BCBS Plan Features	Plan 1: PPO1		Plan 2: PPO2	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (individual/family) Waived for preventive and diagnostic services	\$50/\$150	\$50/\$150	\$100/\$300	\$100/\$300
Annual Maximum	\$1,500	\$1,500	\$1,000	\$1,000
Preventive & Diagnostic Services ▶ Oral exams ▶ Cleanings ▶ Full mouth x-rays ▶ Bitewing x-rays ▶ Fluoride treatment ▶ Sealants (children under age 16)	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Basic Services ▶ Fillings ▶ Amalgam (silver) fillings ▶ Simple extractions	80% after deductible	80% after deductible	60% after deductible	50% after deductible
Endodontics ▶ Root canal	80% after deductible	80% after deductible	60% after deductible	50% after deductible
Periodontics ▶ Scaling and root planing	80% after deductible	80% after deductible	60% after deductible	50% after deductible
Oral surgery ▶ Surgical extractions	80% after deductible	80% after deductible	60% after deductible	50% after deductible
Major Services ▶ Crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Prosthodontics ▶ Dentures ▶ Bridges	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Orthodontia	50%	50%	50%	50%
Orthodontia Lifetime Maximum	\$1,500	\$1,500	\$1,000	\$1,000

Accessing Empire BCBS Dental ID Cards

- ▶ Go to www.empireblue.com from your computer or mobile browser and click Login/Register
- ▶ Login with you member user name/password to access your secure member website

PPO1 Network: Dental Complete

PPO2 Network: Dental Complete



Fedcap offers vision benefits through Empire. For additional information, refer to the detailed plan descriptions provided by the Empire.

Empire Plan Features	Empire Vision Benefits	
	In-Network	Out-of-Network
		Reimbursed up to...
Eye Exam Once every 12 months	\$5 copay	Up to \$30 Allowance
Lenses Once every 12 months	\$10 copay	Single: Up to \$25 Bifocal: Up to \$35 Trifocal: Up to \$45 Lenticular: Up to \$80
Frames Once every 24 months	\$120 allowance, then 20% off any balance	Up to \$120 Allowance
Contact Lenses (in lieu of eyeglasses) Once every 12 months ▶ Elective Conventional ▶ Elective Disposable ▶ Medically Necessary	\$120 allowance, 15% off any balance \$120 allowance (no additional discount) Covered in Full	Up to \$120 Allowance Up to \$120 Allowance Up to \$200 Allowance



Flexible Spending Accounts (FSAs)



Flexible Spending Accounts (FSAs)

FSAs allow you to pay for unreimbursed health care and/or dependent care expenses on a pre-tax basis.

Account Type	Examples of Eligible Expenses	Contribution Limits	Access to Funds	Pre-Tax Benefit
Health Care FSA For yourself or any dependent claimed on your federal tax return	<ul style="list-style-type: none"> • Medical plan deductibles and coinsurance • Most insurance copays • Prescription drugs • Vision exams/eyeglasses/contacts • Laser eye surgery 	Up to \$2,650* not applicable towards contributions toward the cost of medical plan coverage	Immediate access to your entire annual contribution amount as of January 1	<ul style="list-style-type: none"> • Save 20% - 40% on your health care expenses • Save on purchases not covered by insurance • Reduce your taxable income
Limited Purpose FSA For yourself or any dependent enrolled in the HRA3000 plan	<ul style="list-style-type: none"> • Dental expenses • Vision exams/eyeglasses/contacts • Laser eye surgery 	Up to \$2,650* not applicable towards contributions toward the cost of medical plan coverage	Immediate access to your entire annual contribution amount as of January 1	<ul style="list-style-type: none"> • Save 20% - 40% on your dental and vision expenses • Save on purchases not covered by insurance • Reduce your taxable income
Dependent Care FSA For eligible dependents under age 13, a disabled spouse, a parent or disabled child over age 13	<ul style="list-style-type: none"> • Dependent/child care centers • Adult day care • Nursery school/pre-school • After school/summer day camp 	Up to \$5,000 (\$2,500 if married and filing separately)	<ul style="list-style-type: none"> • Funds are added to your Dependent Care FSA account on every pay date. • Submit claims up to your year-to-date accumulated amount in your account 	<ul style="list-style-type: none"> • Save 20% - 40% on your dependent care expenses • Reduce your taxable income

*Subject to change by IRS

Budget Appropriately: It is important you budget appropriately and use all of the funds within the FSA plan year. FSAs are considered "use it or lose it" plans. This means you will forfeit your remaining balance if you do not use all the funds by March 15, 2020. You have until March 31, 2020 to submit all claims. Any Health Care FSA balance from the previous year will not be available on your card. You must submit a manual claim for reimbursement and note that this expense should be reimbursed from your prior plan year's funds.



Commuter Benefits: eTRAC

Fedcap offers a commuter benefits program, which allows you to set aside money on a pre-tax basis to pay for qualified workplace mass transit and parking expenses incurred when commuting to and from work. You can sign up and make changes at anytime throughout the year.

Eligible Transportation Expenses. Eligible expenses under the Qualified Transportation Expense Plan are those that provide transportation and/or parking in connection with travel between an employee's residence and place of employment, subject to the IRS guidelines. These include:

- ▶ Transportation in a commuter highway vehicle
- ▶ Any transit pass
- ▶ Qualified parking

Transit Pass. Any pass, farecard, voucher, or similar item entitling a person to transportation (or transportation at a reduced price) if such transportation is...

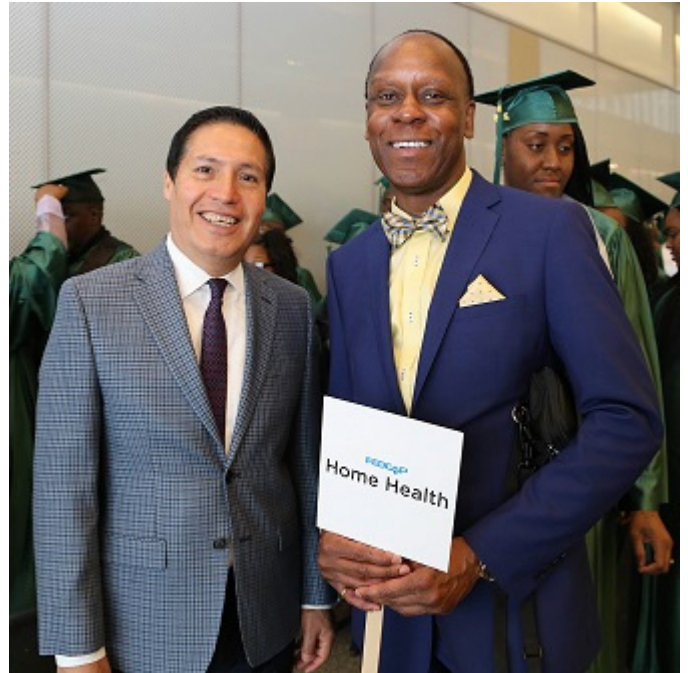
- ▶ On mass transit facilities (publicly or privately owned), or
- ▶ Provided by any person in the business of transporting persons for compensation or hire if such transportation is provided in a vehicle meeting the requirements of commuter highway vehicle. (e.g. Uber and Lyft)

Contribution Amount. You may contribute up to the following monthly maximums determined by the IRS:

Transportation	Amount per Month
Transit expenses	\$260
Parking expenses	\$260

If your total monthly commuter amount exceeds \$260, the difference will be deducted on a post-tax basis

Transit costs are deducted twice a month. If a month has 3 paychecks, transit deductions will not be made on the 3rd paycheck of that month.





Life & Accidental Death & Dismemberment (AD&D) Insurance

Basic Life/AD&D coverage is provided to you at no cost through the Hartford.

Benefit	Active Employees
Benefit Amount (Life)	1x annual salary up to a maximum of \$100,000
Benefit Amount (AD&D)	1x annual salary up to a maximum of \$100,000
Benefit Reduction Schedule	50% at age 70

You must designate a beneficiary to receive your benefit in the event of your death. Be sure to review your beneficiary designation on file and make any updates as necessary.

Short-Term Disability

Statutory disability benefits are provided to you by Fedcap. If you are absent from work you must notify your manager. If you are absent for more than three consecutive days, on the fourth day you must contact The Hartford at [877-822-3184](tel:877-822-3184) and file a claim under the Family Medical Leave Act (FMLA) and/or Disability. In addition, you must also contact your Manager.

Benefit	Non-NJ Employees (Hartford Policy No 637005)	NJ Employees (Hartford Policy No 411122)
Benefit Amount	50% of salary up to \$170 per week	66 2/3% of salary up to \$633 per week
Eligibility Waiting Period	7 days of total disability	7 days of total disability
Benefit Duration	26 weeks	26 weeks

Rhode Island Temporary Disability Insurance (for Rhode Island employees)

Short term disability benefits are provided through the Rhode Island Temporary Disability Insurance (TDI) program. You pay for this benefit through payroll deductions.

If you are absent from work, you must notify your manager. If you are absent for more than three consecutive days, on the fourth day you must contact The Hartford at [877-822-3184](tel:877-822-3184) and file a claim under the Family Medical Leave Act (FMLA) and/or Disability. In addition, you must also contact your Manager.

About FMLA

The federal Family and Medical Leave Act (FMLA) provides eligible employees with up to 12 weeks of unpaid leave, job protection and health benefits continuation in the event of their own serious health condition or the serious health condition of a qualifying family member.

You are eligible for FMLA at the time of the qualifying event if you have at least 12 months of service and have worked a minimum of 1,250 hours in the previous 12 months with Fedcap.

State Paid Family Leave

Fedcap complies with state mandated paid family leave laws. Contact The Hartford at [877-822-3184](tel:877-822-3184) for additional information.

In addition, some states have paid family leave. Check www.fedcapbenefits.hrntouch.com for more details.



Voluntary Short-Term Disability

You have the opportunity to purchase additional Short-Term Disability through the Hartford.

Benefit	Active Employees
Benefit Amount (STD)	60% of salary up to a weekly maximum benefit of \$500. Calculate your weekly benefit by subtracting any other income you receive as a result of your disability from the amount shown. The benefit amount is the payment you may receive if you become disabled.
How Benefits Are Paid	Payments begin for disabilities resulting from accidents and illnesses as follows: ▶ 8 th day for accident ▶ 8 th day for illness The maximum benefit period is 26 weeks.

Long-Term Disability

Long-Term Disability benefits are provided at no cost to you through the Hartford. If you remain disabled beyond the Short-Term Disability period, you may be eligible to continue receiving disability benefits. Below is a summary of coverage.

Benefit	For All Active Full-Time Employees		
Benefit Amount:	60% of salary up to \$5,000 per month		
Elimination Period:	90 days of total disability	Benefit Duration:	Social Security normal retirement age
Pre-Existing Condition:	If you received care for a condition in the 3 months before the effective date of your policy, you will not be covered for a disability due to that condition until you have been continuously insured under the Policy for 12 consecutive months.		

Additional Benefits



403(b) Thrift Plan

Saving for retirement is important. You have the opportunity to set aside money on a pre-and/or post-tax basis to help build your retirement nest egg.

Eligibility	Employee Contributions: You are eligible to enroll at any time during your employment. There is no minimum service or age requirement to make salary reduction contributions, including Designated Roth contributions, to this plan.
Plan Entry	You are included as a participant in the plan immediately upon enrollment.
Retirement	Attainment of age 65.
Contributions	<p>Salary Deduction: At participant's discretion</p> <p>Maximum Allowed: \$19,000 (as of 2019)</p> <p>Catch up Contribution Age 50+: \$6,000 (2019)</p> <p>Employer Match: No minimum age or service requirement; All full-time employees are eligible to receive matching contributions up to 3% of your base salary (including overtime and bonus)</p>
Vesting	<p>Salary Deduction: 100% immediate</p> <p>Employer Match: vested after 3 years of service</p>
Changes to 403(b)	<p>To change beneficiaries or funding allocation, contact Mutual of America at 212-587-9045.</p> <p>To change salary deduction, contact HR Benefits at hr.benefits@fedcap.org</p>
Rollovers	You may transfer the taxable portion of a cash distribution from another qualified retirement plan (including an IRA, 403(b), 408(a) or 401(k)).
Withdrawals	<p>You may withdraw your funds upon termination of employment, death or commencement of Social Security Disability benefits.</p> <p>In-Service withdrawals are permitted for active employees who are 59 1/2 years old.</p>
Hardship Withdrawals	<p>You may withdraw your funds for purposes of uninsured medical expenses, college tuition, purchase of primary home or preventing foreclosure, funeral expenses and casualty loss only, with supporting documentation. If approved, deductions will stop for six consecutive months.</p> <p>Contact Mutual of America Withdrawal Processing Department 877-567-9662</p>
Loans	<p>You may request a loan limited to the lesser of half vested interest or \$50,000; Minimum loan \$1,000.</p> <p>Repayment is based on a five year amortization schedule.</p> <p>Contact Mutual of America Loan Department 800-468-3785 (Option #3)</p>

For assistance, please contact Mutual of America directly at 212-587-9045.



Employee Assistance Program (EAP)

Fedcap offers an Employee Assistance Program (EAP) at no cost to you; you are enrolled in the EAP automatically. With the EAP, you and your family members can get assistance with a variety of personal issues. Benefits include:

- ▶ Help with a wide range of issues
- ▶ Help with problems that can be resolved in a short period of time
- ▶ Confidential counseling
- ▶ Referrals for problems requiring more time

Hyatt Legal Plan

MetLaw®, administered by Hyatt Legal Plans, is an affordable program that can provide you, your spouse and dependents with fully covered legal services from experienced attorneys at a low monthly group rate. When you enroll, you can access Hyatt Legal for legal advice on a wide range of legal matters such as:

- ▶ Purchase, sale or refinancing your home
- ▶ Wills and estate planning
- ▶ Deed preparation
- ▶ Debt matters
- ▶ Identity theft defense
- ▶ Civil litigation defense

Once you enroll, you must remain in the plan for the entire year.

To access MetLaw®, call 800-821-6400 (password: MetLaw) or log on to www.legalplans.com (access code: 1500985).

Paid Time Off

Fedcap provides the following paid time off:

Years 1-5	Vacation	Sick	Personal
Exempt	15 days	12 days	3 days
Non-Exempt	10 days	12 days	3 days
Years 6+	Vacation	Sick	Personal
Exempt	20 days	12 days	3 days
Non-Exempt	15 days	12 days	3 days

- ▶ Time accrues based on days worked
- ▶ Time off requests need to be scheduled with, and approved in advance by, the employee's supervisor
- ▶ Vacation and personal days must be used by the end of the fiscal year (September 30th)
- ▶ Accrued unused vacation time is not eligible for carryover, with one possible exception. Under special circumstances, eligible employees may request to carry over up to five accrued unused vacation days to the following fiscal year which begins on October 1 and must be used by December 31.
- ▶ Unused personal time cannot be carried over from year-to-year.
- ▶ Unused sick time can be carried forward up to a maximum balance of 60 days.
- ▶ Employees who either resign or are terminated will not be paid for any accrued unused vacation, sick or personal time at the time of separation, unless otherwise required by state or local law.

Fedcap holidays are as follows:

- ▶ New Year's Day
- ▶ Independence Day
- ▶ Martin Luther King Day
- ▶ Labor Day
- ▶ President's Day
- ▶ Thanksgiving Day
- ▶ Memorial Day
- ▶ Christmas Day
- ▶ Patriot's Day (MA only)
- ▶ Victory Day (RI only)

Easterseals New York Downstate School Year Staff: Time will be accrued as follows:

- ▶ First year of employment — up to a maximum of 6 days
- ▶ Second + year of employment — up to a maximum of 10 days

School year staff are eligible to use this time during the school year and if working the summer program.



Women’s Health and Cancer Rights Act of 1998

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. Therefore, the following deductibles and coinsurance apply:

	EPO 1	EPO 2*	PPO	HRA3000
	INN**	INN**	INN**	OON**
Individual Deductible	\$1,000	\$0	\$750	\$2,000
Family Deductible	\$2,500	\$0	\$1,875	\$5,000
Coinsurance	20%	0%	10%	30%

*Blue Priority Network **INN=In-Network, OON=Out-of-Network

Newborns’ and Mothers’ Health Protection Act

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

Special Enrollment Rights Under HIPAA

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health in-

surance coverage, you may be able to enroll yourself or your dependents in the Fedcap health plan in the future if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you lose Medicare or CHIP coverage because you are no longer eligible you must request enrollment within 60 days. If you or your dependents become eligible for premium assistance under a State Medicaid or CHIP program that would pay the employee portion of the health insurance premium you may request enrollment within 60 days. To request special enrollment or obtain more information, contact The Fedcap Benefit Service Center at 1-866-533-3227 or benefitservicecenter@fedcap.org.

Mental Health Parity

The Mental Health Parity and Addiction Equity Act of 2008 requires plans to provide mental health and substance abuse benefits at the same level that benefits for medical and surgical related benefits are offered. Additional information and details can be found by visiting the Department of Labor’s Mental Health Parity

<http://www.dol.gov/general/topic/health-plans/mental>

Summary of Benefits and Coverage

As an employee, the health benefits available to you represent a valuable component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan provides a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options. The SBC is available on the company intranet. A paper copy is also available, free of charge, by calling the Fedcap Benefit Service Center at 1-866-533-3227.



Continuing Coverage Through COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) allows you, your spouse and your covered dependents to temporarily extend medical, dental and vision benefits and Health Care FSA in certain situations where coverage would otherwise end (like at your termination of employment or a reduction in hours). If you elect COBRA coverage, your benefits will continue for a defined period of time. Your spouse and dependent children can also continue coverage under COBRA upon a divorce, loss of dependent status, or if you die. You will be required to pay the premiums for this continued coverage, which will be the full cost of the plan plus a 2% administrative fee. For more information about continuing coverage through COBRA, please refer to your Plan Documents or call the Fedcap Benefit Service Center at 1-866-533-3227 or benefitsservicecenter@fedcap.org.

Statement of ERISA Rights

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 participants shall be entitled to:

Receive Information about Your Plan and Benefits

- ▶ Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- ▶ Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- ▶ Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes

duties upon the people who are responsible for operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

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

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. 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 (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

Contact Information

Questions regarding any of this information can be directed to Donna Quinn, Benefits Director at 212-727-4267 or dquinn@fedcap.org.



Important Notice from Fedcap About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Fedcap 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If this Notice is being provided electronically to you, and you are a Plan participant, it is your responsibility to provide a copy of this Notice to your Medicare eligible dependents covered under the Medical Plan.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

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

2. Fedcap has determined that the prescription drug coverage offered by Fedcap 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.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Fedcap coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Fedcap coverage, be aware that you and your dependents may not be able to get this coverage back until the plan's next open enrollment. You may not drop prescription drug coverage under the medical plan and keep other coverage under the medical plan. This is because prescription drug coverage is part of the entire medical plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Fedcap and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Fedcap changes. You also may request a copy of this notice at any time.

For More Information About Your 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).

Date:	November 1, 2018
Name of Entity/Sender:	Fedcap Rehabilitation Services Inc.
Contact-Position/Office:	Fedcap Benefit Service Center
Address:	c/o Benefit Management Solutions 45 Research Way, Suite 106 East Setauket, NY 11733



Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** (1-877-543-7669) or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2018. Contact your State for more information on eligibility –

<p>ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p>ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>
<p>ARKANSAS– Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711</p>
<p>FLORIDA – Medicaid Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268</p>	<p>GEORGIA – Medicaid Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507</p>
<p>INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864</p>	<p>IOWA – Medicaid Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563</p>
<p>KANSAS – Medicaid Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512</p>	<p>KENTUCKY – Medicaid Website: https://chfs.ky.gov/Pages/index.aspx Phone: 1-800-635-2570</p>



<p>LOUISIANA – Medicaid Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447</p>	<p>MAINE – Medicaid Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>
<p>MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p>MINNESOTA – Medicaid Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
<p>MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p>MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
<p>NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178</p>	<p>NEVADA – Medicaid Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p>NEW HAMPSHIRE – Medicaid Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999</p>	<p>NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p>NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>	<p>NORTH CAROLINA – Medicaid Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100</p>
<p>NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>	<p>OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>
<p>OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>	<p>PENNSYLVANIA – Medicaid Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462</p>
<p>RHODE ISLAND – Medicaid Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347</p>	<p>SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>
<p>SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059</p>	<p>TEXAS – Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>
<p>UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>	<p>VERMONT– Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>
<p>VIRGINIA – Medicaid and CHIP Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282</p>	<p>WASHINGTON – Medicaid Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473</p>
<p>WEST VIRGINIA – Medicaid Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>	<p>WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002</p>

Legal Disclosures (cont.)



WYOMING – Medicaid

Website: <https://wyequalitycare.acs-inc.com/>

Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.



Important Notice from Fedcap about New Health Insurance Marketplace Coverage Options and Your Health Coverage

Part A: General Information

When key parts of the health care law took effect in 2014, there was 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.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins November 1, 2018 for coverage starting as early as January 1, 2019.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. 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. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit¹.

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your plan documents or contact the Fedcap Benefit Service Center at [1-866-533-3227](tel:1-866-533-3227) or benefitservicecenter@fedcap.org.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan's share of the total allowed benefit costs covered by the plan is no less than 60% of such costs.



Part B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here’s the employer information you’ll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums. This information is numbered to correspond to the Marketplace application.

3. Employer Name Fedcap Rehabilitation Services		4. Employer Identification Number (EIN) 13-5645879
5. Employer address 633 Third Avenue, 6th Floor		6. Employer phone number (212) 727-4200
7. City New York	8. State NY	9. ZIP Code 10017
10. Who can we contact about employee health coverage at this job? Donna Quinn		
11. Phone number (if different from above) (212) 727-4267		12. Email address dqinn@fedcap.org

Here is some basic information about health coverage offered by this employer:

- ▶ As your employer, we offer a health plan coverage to employees who work 30 hours or more per week .
- ▶ With respect to dependents, we offer coverage. Eligible dependents are:
 - Your legal spouse
 - Your dependent children

If checked, this coverage meets the minimum value standard¹, and the cost of this coverage to you is intended to be affordable, based on employee wages.

Note: Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60% of such costs.



SUMMARY ANNUAL REPORT

For FEDCAP REHABILITATION SERVICES HEALTH AND WELFARE PLAN

This is a summary of the annual report of the FEDCAP REHABILITATION SERVICES HEALTH AND WELFARE PLAN, EIN 1 3-564 5879 , Plan No. 506, for period 01/01/2017 through 12/31/2017. The annual report has been filed with the Employee Benefits Security Administration , U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The plan has contracts with NEIGHBORHOOD HEALTH PLAN, INC., EMPIRE HEALTHCHOICE ASSURANCE, INC., NATIONAL VISION ADMINISTRATORS, L.L.C., CCA INC., METROPOLITAN PROPERTY AND CASUALTY INSURANCE COMPANY, HARTFORD LIFE AND ACCIDENT, THE LINCOLN NATIONAL LIFE INSURANCE COMPANY to pay Medical, Vision, Life Insurance, Accidental Death and Dismemberment, Short-term Disability, Long-term Disability, Employee Assistance Program, and Legal claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2017 were \$13,277,200.

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- insurance information, including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the office of FEDCAP REHABILITATION SERVICES INC. at 633 3RD AVENUE, 6TH FLOOR, NEW YORK, NY, 10017 or by telephone at 212-727-4253.

You also have the legally protected right to examine the annual report at the main office of the plan (FEDCAP REHABILITATION SERVICES INC., 633 3RD AVENUE, 6TH FLOOR, NEW YORK, NY, 10017) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

