



# Summary Plan Description for Teladoc Services and myStrength

## **A component of the Truist Financial Corporation Health Care Plan**

January 2021; Revised August 2021

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## Introduction

Truist Financial Corporation (“Truist”) maintains the Truist Financial Corporation Health Care Plan. (the “Plan”).<sup>1</sup> This document provides a summary of the (1) Teladoc Health Services (the “Teladoc Health Services”), (2) Teladoc Expert Medical Services (the “Teladoc Expert Services”), and (3) myStrength program. All three are offered under the Plan and administered through Teladoc Health, Inc. This document is part of the summary plan description (“SPD”) of the Plan. You should read this document in conjunction with the other sections of the Plan’s SPD, including:

- Overview;
- Eligibility and Enrollment; and
- Administration.

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<sup>1</sup> The Truist Financial Corporation Health Care Plan is incorporated into and, thus, a component plan of the Truist Financial Corporate Employee Benefit Plan, Plan 508.

# An Introduction to Teladoc Health Services

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## Overview

The Teladoc Health Services are being offered because Truist recognizes the challenges and stresses that can occur when your health needs.

Through the Teladoc Health Services, you and your eligible dependents can use Teladoc to help you get health care through telemedicine. You can get medical information from physicians to help you feel better.

## GENERAL MEDICAL CARE

Program Description: Teladoc provides access to a national network of board-certified doctors and pediatricians in the U.S. who are available on-demand 24 hours a day, 7 days a week, 365 days a year to diagnose, treat and prescribe medication (when necessary) for many medical issues via phone or online video consultations. Teladoc does not replace existing primary care physician relationships, but supplements them as a convenient, affordable alternative for medical care.

### Benefit:

- Teladoc virtual general medical consultations (CPT codes 99441, 99442, 99443) are a covered expense provided by Teladoc Health Medical Group, P.A. The fee for Teladoc general medical consultations is \$55 or less for High Deductible Health Plan members and \$25 for PPO members.
- Eligibility: All teammates dependent spouses/domestic partners and dependent child(ren) of any age who enroll in a Truist-Sponsored medical plan (excluding Kaiser).

What is covered: The charges for a Teladoc virtual general medical consultation with a physician for covered teammates, dependent spouses/domestic partners and dependent child(ren) who are enrolled in a Truist-sponsored medical plan (excluding Kaiser).

## MENTAL HEALTH

Program Description: The Mental Health Program includes access to the Mental Health Practitioners who provide Mental Health Consultations to Members by telephone or video conference in the Mental Health Program's service area. The Mental Health Program offers Members ongoing access to mental diagnostic services, talk therapy, and prescription medication management, when appropriate. The Mental Health Practitioners are selected and engaged by the Mental Health Provider to provide mental health clinical intake assessments in accordance with mental health protocols and guidelines that are tailored to the telehealth industry. Scheduled by appointment only.

### Benefit:

- Teladoc virtual Mental Health (MH) consultations (CPT codes 99204, 99213, 90834) are a covered expense provided by Teladoc Health Medical Group, P.A. Mental Health services are not intended to be provided in emergencies. Teladoc will follow an internal emergency protocol that includes calling 911 in emergencies. The fees for Teladoc MH consultations are:

Mental Health Consultations	High Deductible Health Plan Visit Cost <sup>(1)</sup>	PPO Copay
Psychiatrist – 1 <sup>st</sup> Evaluation	\$220 or less	\$40
Psychiatrist – Ongoing	\$100 or less	\$35
Therapist	\$90 or less	\$35

<sup>(1)</sup> High Deductible costs are the fees associated with the visit. Actual teammate cost maybe less, as these costs are subject to the deductible and coinsurance

- Eligibility: All teammates dependent spouses/domestic partners and dependent child(ren) 18 years and older who enroll in a Truist-Sponsored medical plan (excluding Kaiser).

What is covered: The charges for a Teladoc virtual Mental Health consultation with a psychiatrist or other mental health practitioner for covered teammates, dependent spouses/domestic partners and dependent child(ren) who are enrolled in a Truist-sponsored medical plan (excluding Kaiser).

## **DERMATOLOGY**

Program Description: The Dermatology Program includes access to Dermatologists who provide Dermatology Consultations to Members through an online message center using store-and-forward technology in the Dermatology Program's service area. The Dermatology Program offers Members access to upload photographs of their dermatological conditions to licensed dermatologists, who provide treatment and prescription medication, when appropriate. The Dermatologists are selected and engaged by the Provider to provide dermatological assessments in accordance with standard dermatology protocols and guidelines that are tailored to the telehealth industry. Once a Member submits required information, they will receive a response within 2 business days.

Benefit:

- Teladoc virtual dermatology consultations (CPT code 99214) are a covered expense provided by Teladoc Health Medical Group, P.A. The fee for Teladoc dermatology consultations is \$85 or less for High Deductible Health Plan members or \$35 for PPO members. [Provide detail of employer and/or employee payment/cost-sharing of consultation fee.]
- Eligibility: All teammates dependent spouses/domestic partners and dependent child(ren) of any age who enroll in a Truist-Sponsored medical plan (excluding Kaiser).

What is covered: The charges for a Teladoc virtual dermatology consultation with a dermatologist for covered teammates, dependent spouses/domestic partners and dependent child(ren) who are enrolled in a Truist-sponsored medical plan (excluding Kaiser).

## **NUTRITION**

Program Description: The Nutrition Program includes access to Nutrition Program Coaches who provide Nutrition Consultations to Members via web-based video and telephone. The Nutrition Program offers Members access to the Nutrition Program Coaches who assess and provide advice regarding the nutrition care of the Member. Each Nutrition Consultation provides a personalized nutrition guide to the Member, along with various nutritional guidance support tools. The Nutrition Program utilizes current science-based nutrition guidelines while also incorporating assessments in accordance with standard protocols and guidelines. The Nutrition Program is currently also available to Members who are minors (who are under the age of 18) with adult supervision.

Benefit:

- Teladoc virtual nutrition consultations (CPT codes 97802, 97803) are a covered expense provided by Teladoc Health, Inc. Teladoc nutrition consultations are provided at no cost to teammates
- Eligibility: All teammates, dependent spouses/domestic partners and dependent child(ren) of any age who enroll in a Truist-Sponsored medical plan (excluding Kaiser).

What is covered: The charges for a Teladoc virtual nutrition consultation with a nutrition program coach for covered teammates, dependent spouses/domestic partners and dependent child(ren) who are enrolled in a Truist-sponsored medical plan (excluding Kaiser).

## **MUSCULOSKELETAL (Neck/Back Care)**

Program Description: The Musculoskeletal (neck/back care) Program includes access to Musculoskeletal Program Vendor-certified Coaches who provide Musculoskeletal Consultations to Members by web, telephone, chat, or video conference. The Musculoskeletal Program offer Members an automated and

interactive web-based body of content that is wellness-oriented and guides Members through a personalized program of care that includes functional and pain data collection through onboarding surveys, video tutorials instructing Members in healthy back and neck exercises and education, automated process and participation tracking, Member notifications and encouragement via the app and email communications, three subsequent functional and pain data surveys, and end of program reporting. Musculoskeletal Program Vendor-certified Coaches are selected and engaged by the Musculoskeletal Program Vendor to provide back pain, neck pain, and other related musculoskeletal treatment assessments in accordance with standard protocols and guidelines that are tailored to the telehealth industry.

**Benefit:**

- Teladoc virtual musculoskeletal consultations are a covered expense provided by Teladoc Health, Inc. Teladoc musculoskeletal consultations are provided at no cost to teammates.
- Eligibility: All teammates, dependent spouses/domestic partners and dependent child(ren) 18 years and older who enroll in a Truist-Sponsored medical plan (excluding Kaiser).

What is covered: The charges for a Teladoc virtual musculoskeletal consultation with a musculoskeletal program coach for covered teammates, dependent spouses/domestic partners and dependent child(ren) who are enrolled in a Truist-sponsored medical plan (excluding Kaiser).

**TOBACCO CESSATION**

Program Description: The Tobacco Cessation Program includes access to nurses who are trained to provide smoking and tobacco product cessation coaching and counseling. Teladoc physicians are also available to prescribe FDA-approved drugs, including Chantix, Zyban, and nicotine replacement therapies, if necessary.

**Benefit:**

- Teladoc virtual tobacco cessation consultations are a covered expense provided by Teladoc Health, Inc. Teladoc tobacco cessation consultations are provided at no cost to teammates.
- Eligibility: All teammates, dependent spouses/domestic partners and dependent child(ren) 18 years and older who enroll in a Truist-Sponsored medical plan (excluding Kaiser).

What is covered: The charges for a Teladoc virtual tobacco cessation consultation trained nurse for covered teammates, dependent spouses/domestic partners and dependent child(ren) who are enrolled in a Truist-sponsored medical plan (excluding Kaiser).

# An Introduction to Teladoc Expert Medical Services

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## Overview

The Teladoc Expert Medical Services are being offered because Truist recognizes the challenges and stresses that can occur when you are uncertain about a medical diagnosis or treatment plan. Truist is providing the Teladoc Expert Medical Service to help you make medical decisions with confidence and to ensure you are getting the right care. It supplements the work of your own doctor and does not replace it. Many doctors find that collaboration with other experts is very helpful, especially in complex situations. Teladoc enables doctors to collaborate in a new way.

Through the Teladoc Expert Medical Services, you and your eligible dependents can use Teladoc to help you get the right treatment for your condition. You can get medical information from physicians so that you and your treating physician can make the best possible decisions about your health.

## The Teladoc Expert Medical Services

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### Eligibility to Use the Teladoc Expert Medical Services

Those employees and their dependents who are enrolled in an Aetna or Blue Cross Blue Shield option offered under the Plan are eligible to use the Teladoc Expert Medical Services. See the “Eligibility Section” of the Health Plan’s summary plan description for more information about eligibility to participate.

### Description of the Teladoc Expert Medical Services

You have access to the following Teladoc Expert Medical Service to help you and your eligible dependents make the right medical decisions:

1. **“Find a Doctor”** is a Service whereby Teladoc identifies for You one or more expert specialist located within Your geographic area who treat Your specific condition. The expert specialist list is Teladoc’s proprietary database of more than 50,000 physicians in over 450 specialties and subspecialties. Physicians on this list are clinically and academically accomplished, affiliated with national and global centers of excellence, and are leading medical practitioners, researchers, and/or teachers.
2. **“Ask the Expert”** is a Service whereby Teladoc provides You with a written response from an expert specialist in response to Your question(s) related to an established diagnosis, without the need to collect Your medical records. **“Expert Specialist”** means a specialist physician who has contracted with Teladoc to perform certain Services and whose medical credentials have been verified by Teladoc.
3. **“Expert Medical Opinion”** is a Service whereby an Expert Specialist reviews your diagnosis and/or treatment plan and provides a detailed recommendation. Teladoc collects all your records, images, and test samples and provides them to an Expert Specialist for review. The Expert Specialist reviews everything in detail and creates a comprehensive report, either confirming what you’ve been told or recommending a change. You can use this report to bring back to your treating physician to help make treatment decisions.
4. **“Critical Care Expert Medical Opinion”** is an Expert Medical Opinion as described above but for individuals in an in-patient medical setting experiencing a traumatic or catastrophic event such as

traumatic brain injury, spinal cord injury, multi-organ failure, serious burns, or premature birth. With a Critical Care Expert Medical Opinion, Teladoc will address, in real time, immediate and highly complex needs of the Member. Critical Care Expert Medical Opinion is available 24x7x365.

5. **Behavioral Health Navigator** is an Expert Medical Opinion as described above but for individuals with complex behavioral health conditions. Carefully selected Expert Psychiatrists review your diagnosis and treatment plan and creates a comprehensive report, either confirming what you've been told or recommending a change. A customized action plan is created for You and a Teladoc Navigator is assigned to help you find the best care and take recommended actions. You can also bring this action plan back to your treating behavioral health specialist.
6. **Treatment Decision Support** is a Service whereby Teladoc provides You with health coaching and information to help You make decisions about your treatment options. With this service, a dedicated Teladoc Member Advocate will have an in-depth discussion with You about your medical condition and the questions You have about your treatment plan. The Teladoc Member Advocate recommends relevant trainings from an online collection of easy-to-follow, interactive educational resources. You receive written summary of all Treatment Decision Support coaching calls and questions to ask when discussing options with your treating physician.
7. **"Medical Records eSummary<sup>SM</sup>"** is a Service whereby Teladoc will collect all Your medical records, prepare a summary of the records, and provide You with written suggestions to address Your health issues in the coming 12-18 months.

### Cost for Teladoc Expert Medical Services

Teladoc Expert Medical Services are offered to you at no cost. Truist covers all Teladoc Expert Medical Service costs. If you need additional tests or services based on the Teladoc recommendation, they are covered according to the provisions of your health plan, if any.

### What Types of Diagnoses Qualify for Teladoc Expert Medical Services?

Teladoc provides services for a wide range of medical conditions. They can include everything from back pain and sports injuries to chronic diseases to complex behavioral health conditions and life-threatening illnesses.

### Do I Have to Travel or Collect My Own Medical Records?

No. You make a call to Teladoc and they handle everything for you. All your contact with Teladoc is by phone, or mobile app. You do not need to travel or contact your doctor(s) to obtain records, images, or other information related to your medical case.

### Do I Have to Follow Teladoc's Recommendations?

No. You remain in full control of your healthcare decision making. Teladoc Services described herein provide medical information only and not medical care, diagnosis, or treatment. The information you receive from Teladoc is intended to help you make informed decisions regarding your diagnosis and/or treatment plan. And only you can decide to share the report with your treating physician. Teladoc will not share your report with your physician unless you authorize it.

### How Does Teladoc's Expert Medical Opinion Process Work?

- You call 1-800-TELADOC or download the Teladoc app to request services.

- A dedicated Teladoc Member Advocate will have an in-depth discussion with you about your medical condition and obtains a full health history.
- With your written approval, Teladoc will collect all appropriate medical records, images and test samples.
- The Teladoc clinical team will then conduct a comprehensive analysis of your case and selects the most appropriate expert(s).
- The Expert will review your case and provide Teladoc with a detailed report that includes his or her recommendations.
- Teladoc will share the report with you and your treating physician, with your consent.

Throughout the process, the Teladoc Member Advocate is available to answer your questions. Depending on your case, your Teladoc Member Advocate may also follow up with you to see if you need any other help.

### How Will Teladoc Work With My Treating Physician?

Teladoc shares the Expert Specialist's findings with you first - and only with you. Then Teladoc will share the Expert Specialist's report with your treating physician if you consent. Teladoc will not share the report without your consent. The goal is to provide useful information so that you and your physician can make more informed decisions together regarding treatment.

### How Do I Use Teladoc Expert Medical Services?

- Call 1-800-TELADOC or download the Teladoc app to request services
- A member of the Teladoc clinical team will gather basic information from you, so it can recommend the right service.
- Once you and Teladoc agree on the appropriate service, Teladoc will initiate the service and explain the process to you.

### Can Teladoc Expert Medical Services be used in emergency situations?

For urgent medical situations where immediate intervention is requested, Teladoc Services are not an option. In these situations, Teladoc may be able to provide you with appropriate questions to ask your provider before you proceed with treatment, however you should seek immediate treatment as directed by your doctor. Once your condition has stabilized, Teladoc can evaluate your case for future treatment options.

### Am I required to use Teladoc Expert Medical Services?

No. Participation is completely voluntary.

### How Will Teladoc Maintain My Privacy?

Teladoc complies with all relevant state and federal laws and regulations regarding privacy and confidentiality, including the Health Insurance Portability and Accountability Act of 1986 (HIPAA).

In order for you to use the Teladoc Services, Teladoc will need to collect, use, and disclose your protected health information ("PHI"). When you initiate the Teladoc Services, you will be provided with more detailed information regarding the services and confidentiality of your PHI.



## Where Do I Get More Information About the Teladoc Services?

- If you have questions about Teladoc or would like more information, visit [Teladoc.com/Truist](https://teladoc.com/truist) or call 1-800-TELADOC

# An Introduction to myStrength

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## Overview

myStrength is a virtual mental health product featuring a comprehensive stepped care solution that addresses the full spectrum of mental health acuties.

The full spectrum of stepped care, including digital programs, coaching, therapy, and psychiatry as well as crisis management, seamlessly addresses all acuity levels across a broad range of conditions and eliminates the consumer experience of self-navigating a bewildering array of fragmented solutions.

The solution is driven by powerful personalization which seeks to develop a deep understanding of the member's needs, and then uses sophisticated algorithms to recommend a personal plan. This personal plan recommends the optimal care, which is both clinically- and cost-effective, for each member. Care is measurement-based, so can be adapted to the member's evolving needs. myStrength includes access to the both web-based and mobile applications. These apps enable members to access all steps of care seamlessly in a single site.

## Eligibility & Enrollment

All teammates are automatically enrolled.

Cost – No cost to member for digital tools; however, cost applies for therapy and psychiatry telehealth visits as outlined in the Mental Health section under Teladoc Health Services.

## Administration

- Key program aspects
  - Digital assessment: a broad, clinically-based assessment incorporates validated clinical questionnaires (PHQ-9, GAD-7 & WHO-5) and is supplemented with contextual personal information.
  - Personal plan: the personalized plan defines the mix of care for the Participant based on the digital assessments. The plan empowers Participants to take action by setting expectations and defined goals as well as allowing for choice in the steps.
  - Ongoing measurement-based care: personal plans are continually refined based on pattern of use and repeated assessments.
- Steps of care
  - A wide range of digital programs and resources include the following:
    - In the moment tools: recommended to Participants based on their needs, in-the-moment actionable content is designed to help Participants better deal with episodic distress.
    - Recommended digital content: a personalized mix of articles, videos, exercises - relevant to the plan's focus areas. Content spans a range of intensities so enables Participants at all levels of activation and readiness for change to engage.
    - Structured digital courses: courses which utilize proven, evidence-based techniques to lead Participants through a defined, time-limited curriculum. Courses cover the most common focus areas including depression and anxiety. Certificates of course completion are provided at successful conclusion.
- Non-clinical human-led care
  - Engagement coaching: asynchronous, chat-based coaching from certified coaches provides ongoing support and encouragement to optimize engagement, to support Participants throughout their personalized plan and to reinforce that they are 'not alone' on their journey to mental well-being.
  - Coaching: Participants exhibiting lower levels of acuity within specific focus areas will also be able to schedule and receive a unique blend of live human guided

coaching, supplemented with digital programming, with certified coaches trained in delivering evidence-based, best practice protocols.

- Virtual licensed care services: licensed therapists (psychiatrists, psychologists, clinical social workers, and licensed professional counselors) sessions, conducted via phone or video, for members who are experiencing a higher acuity for a variety of issues (anxiety, depression, PTSD, stress, grief, etc.).
- Crisis management: includes both crisis referral to the national suicide hotline as well as live proactive crisis outreach by a trained crisis manager.

## How to File a Claim or an Appeal

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### Request

- In order to initiate the Teladoc Services you should Call 1-800-TELADOC or download the Teladoc app to request services

### Denial

It is very unlikely that you would be denied the use of Teladoc Services, however, if you are denied services you have the rights outlined in this section. Denial, reduction, termination of or failure to provide or make payment (in whole or in part) for a service, supply, or benefit is called an “Adverse Benefit Determination”. With respect to the Teladoc Services, such Adverse Benefit Determination may be based on:

- Your eligibility for the Services, including a retrospective termination of coverage (whether or not there is an adverse effect on any particular benefit); or
- Your intention to use the Services for litigation or legal reasons, e.g. medical malpractice case; or
- Your refusal to sign an authorization form for Teladoc to collect your medical information when such information is necessary for the type of service you requested.

### Appeals

If you are denied the use of Teladoc Services, you will receive notification from Teladoc of denial of services with an explanation of the reason for the denial. You have the right to file an appeal of such Adverse Benefit Determination by contacting Teladoc within 30 days of receipt of the notice of denial.

If Teladoc upholds its denial, you have the right to seek an appeal. You have a timeframe of 12 months following the date on which you submitted the last required appeal.

Appeals should be sent within the prescribed time period as stated above to:

Employee Benefits Plan Committee  
Truist Financial Corporation  
214 N Tryon Street  
Charlotte NC 28202  
(800) 716-2455  
benefits@truist.com

## COBRA Continuation of Coverage

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The following is a summary of the federal continuation requirements under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), as amended. This summary provides a general notice of a Covered Person's rights under COBRA, but is not intended to satisfy all of the requirements of federal law. Your employer or the COBRA Administrator will provide additional information to You or Your Dependents as required.

Federal law gives certain persons, known as Qualified Beneficiaries, the right to continue their health care benefits beyond the date that they might otherwise terminate. The Qualified Beneficiary must pay the entire cost of the COBRA continuation coverage, plus an administrative fee. In general, a Qualified Beneficiary has the same rights and obligations under the Plan as an active participant. A Qualified Beneficiary may elect to continue coverage under this Plan if such person's coverage would terminate because of a life event known as a Qualifying Event, outlined below. When a Qualifying Event causes (or will cause) a Loss of Coverage, then the Plan must offer COBRA continuation coverage. Loss of Coverage means more than losing coverage entirely. It means that a person ceases to be covered under the same terms and conditions that are in effect immediately before the Qualifying Event. In short, a Qualifying Event plus a Loss of Coverage allows a Qualified Beneficiary the right to elect coverage under COBRA. Generally, You, Your covered spouse, and Your Dependent Children may be Qualified Beneficiaries and eligible to elect COBRA continuation coverage even if the person is already covered under another employer-sponsored group health plan or is enrolled in Medicare at the time of the COBRA election.

For more information regarding COBRA, please refer to the Plan's plan document.

## FACTS ABOUT THE PLAN

<b>Plan Name:</b>	The Truist Financial Corporation Health Care Plan, which is a component plan of the Truist Financial Corporate Employee Benefit Plan (Plan # 508)
<b>Employer Name, Address and Telephone Number:</b>	Truist Financial Corporation 214 N Tryon Street Charlotte NC 28202 (800) 716-2455 benefits@truist.com
<b>Plan Sponsor / Company</b>	Truist Financial Corporation
<b>Plan Administration</b>	Employee Benefits Plan Committee
<b>Effective Date:</b>	This summary is a description of: <ul style="list-style-type: none"><li>• Teladoc Health Services as of January 1, 2021</li><li>• Teldoc Expert Medical Services as of January 1, 2021</li><li>• myStrength as of August 1, 2021</li></ul>
<b>Name and Address of Plan Administrator Agent for Legal Process</b>	Employee Benefits Plan Committee Truist Financial Corporation 214 N Tryon Street Charlotte NC 28202
<b>Employer Identification Number:</b>	56-0939887
<b>Plan Number:</b>	508
<b>Type of Plan:</b>	“Welfare benefit plan” within the meaning of Section 3(1) of the Employee Retirement Income Security Act (“ERISA”).
<b>Plan Year:</b>	January 1 through December 31
<b>Type of Administration:</b>	General administration is provided by the Employee Benefits Plan Committee working through the Benefits Department of Truist Financial Corporation. Claims for benefits under the Reimbursement Accounts portion of the Plan are paid by the Claims Administrator.
<b>Claims Administrator:</b>	Teladoc Health, Inc.

## **Discretionary Authority**

The Plan Administrator shall perform its duties as the Plan Administrator and in its sole discretion, shall determine appropriate courses of action in light of the reason and purpose for which this Plan is established and maintained. In particular, the Plan Administrator shall have full and sole discretionary authority to interpret all plan document, and make all interpretive and factual determinations as to whether any individual is entitled to receive any benefit under the terms of this Plan. Any construction of the terms of any plan document and any determination of fact adopted by the Plan Administrator shall be final and legally binding on all parties, except to the extent that the Plan Administrator has delegated certain responsibilities to any third parties for this Plan. Any interpretation, determination or other action of the Plan Administrator or the third-party shall be subject to review only if a court of proper jurisdiction determines its action is arbitrary or capricious or otherwise a clear abuse of discretion. Any review of a final decision or action of the Plan Administrator or the Third Party Administrators shall be based only on such evidence presented to or considered by the Plan Administrator or the third party at the time it made the decision that is the subject of review. Accepting any benefits or making any claim for benefits under this Plan constitutes agreement with and consent to any decisions that the Plan Administrator or the third party make, in its sole discretion, and further, means that the participant consents to the limited standard and scope of review afforded under law.

## PROTECTION 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 plan administrator's office and at other specified locations, such as worksites and union halls, all documents governing the Plan, including insurance contracts and collective bargaining agreements (if any), and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor
- (2) Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Plan 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 this Plan. The people who operate your plan—called “fiduciaries” of the Plan—have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer, your union (if any), or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining benefits under the Plan or exercising your rights under ERISA.

If your claim for a benefit under this Plan 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 the Plan review and reconsider your claim. 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 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$147 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator.

Subject to the terms of the Plan, if you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a state or federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in federal court. If it should happen that the Plan's 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).

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



certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

### **OTHER IMPORTANT PLAN INFORMATION**

#### *Plan Amendment and Termination*

The Company has reserved the right, to amend or terminate the Plan and the benefit programs under the Plan. Except as otherwise provided in the Plan, the right to amend or terminate the Plan will not in any way affect your right to claim benefits, or diminish or eliminate any claims for benefits under the Plan to which you may have become entitled to claim prior to such termination or amendment. The Plan is not a contract, and the Company does not guarantee and makes no promise to offer a specific level of benefits in the future. The right to future benefits under the Plan will never vest.

#### *Your Rights*

Neither the establishment of this Plan, nor any future modifications, nor any payments from the Plan shall be construed as giving any employee any legal or equitable rights against the Company, its shareholders, directors, or officers, as such, or as giving any employee the right to be retained in the employ of the Company.

#### *Further Questions*

If you have a question that is not answered here, please contact the Plan Administrator. The Plan text governs the operation of the Plan and contains the complete Plan details which are summarized above. In the event of any conflict between this SPD and the Plan text, the Plan text is the controlling document and will govern in all cases. The Plan text is available for review at the Company during regular office hours.