



July 2011 – June 2012

A GUIDE TO THE ATHENS ADMINISTRATORS EMPLOYEE BENEFITS PROGRAM

At Athens Administrators, we recognize that our success is contingent upon the health and vitality of our employees. Looking after the well being of others is a commitment we've held since our inception in 1976. To support that commitment, the Athens Administrators Benefits Program offers protection, flexibility and security. Our plans are an important part of your total compensation package, and the decisions you make deserve your attention and careful consideration.

This information, along with other materials available from our benefit partners, will help you understand your benefit options. As you consider the options, keep in mind that there are no right or wrong answers or good or bad plans. The only consideration is what works best for you.

The choices you make will be in place for up to 12 months. Your next opportunity to change plans will be at the next annual re-enrollment period for July 1, 2012. You can make mid-year changes only in the event of a qualified family status change and only within 30 days of that event. Please read the information carefully and contact Human Resources with any questions.

TAKE A MOMENT.....FOR BENEFITS

Each year at this time, we offer you the opportunity to review your current benefits coverage and make any changes for the coming plan year. Because we recognize that lifestyle and personal choice can affect how well your benefit plan works for you, we provide choices in plan coverage levels, dependent enrollment categories and a choice of health plan companies. Our benefits program is designed to protect you and your family physically as well as financially. We offer you the chance to open a health savings account, a retirement savings program and the option to buy additional life insurance, or long term care coverage.

Our program is as competitive as it is comprehensive, and we hope you'll take full advantage of all of the benefits available to you.

Athens Administrators pays the full cost of the Employee Assistance Program, Short Term and Long Term Disability, Business Travel Accident, Basic Life, and Basic Accidental Death and Dismemberment. The company also pays the major share (over 80%) of the cost for the medical, dental, Basic Life Insurance, Short Term and Long Term Disability and a Base Long Term Care Plan for managers and above as well as for employees with over five years of service. Employees pay a share of the cost in the form of employee contributions for medical and dental. Regular employees who work a minimum of 30 hours per week are eligible to participate in the benefit plans upon completion of the eligibility period.

IMPORTANT DETAILS

- We offer a PPO plan with Anthem Blue Cross. It is a High Deductible Health Plan with a Health Savings Account (HSA).
- We offer an HMO plan choice with Anthem which is a copay-based, with a \$500 per day hospital stay up to \$1,500 maximum.
- Guardian is our dental insurance company and we have a voluntary vision plan with VSP.
- Unum provides our life insurance, disability and long term care coverage.

Health Savings Accounts – Company funding continues! If you enroll in the Anthem high deductible health plan, you must open an HSA account, which allows you to make pre-tax deductions into your account in addition to the Athens Quarterly contributions. Use the tax-free distributions to pay for qualified medical expenses, or allow the funds in your HSA account to build with interest year after year, until you need it. HSA contributions are subject to State of California Taxation, exempt from federal income tax or employment taxes. HSA funds may be used for a variety of medical services that may not be covered by traditional health insurance plans.

Enrollment Level

Employee Only
Employee + 1 dependent
Employee + Family

Athens HSA Contribution Amount

\$375 per quarter (\$1,500 per year)
\$625 per quarter (\$2,500 per year)
\$750 per quarter (\$3,000 per year)

IRS HSA Annual Limit (calendar year)

\$3,050 Maximum Contribution limit
\$6,150 Maximum Contribution limit
\$6,150 Maximum Contribution limit

New Hire



ELIGIBILITY

As a regular full-time employee of Athens Administrators, you and any of your following dependents are eligible to participate in the benefits program, which begins on the first day of the month following 30 days of continuous employment:

- Your spouse or registered domestic partner * (*Completed affidavit is required. Potential tax liability may apply, consult your tax accountant)
- Your dependent children under age 26
- Your unmarried dependent children who are age 26 or older and mentally or physically disabled

Unmarried dependent children include your children, your stepchildren, children covered under a child support order, your adopted children, children placed with you for adoption, and your domestic partner's children who are dependent upon you for support. Dependent children must be dependent on you for over one-half of their support during the calendar year.

COVERAGE FOR ADULT CHILDREN (FOR MEDICAL, DENTAL AND VISION)

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in Athens Administrators health insurance coverage effective January 1, 2011. Individuals may request enrollment for such children for 30 days from the date of eligibility. For more information contact your Benefits Help Desk.

COVERAGE LEVELS

You may select from the following levels of coverage when you enroll in our health care plans:

- Employee only
- Employee + one dependent
- Employee + two or more dependents

LIFETIME LIMITS

Effective January 1, 2011, the lifetime limit on the dollar value of benefits under Athens Administrators health plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information contact your Benefits Help Desk.

ELIGIBLE IRS STATUS CHANGES

Once your health plan coverage is effective, you may make changes to your elections only when you have one of the following "family status changes":

- Your marriage, legal separation, or divorce
- The birth or adoption of your child or a change in child custody
- The death of your spouse or child
- A change in your spouse's employment status that affects benefits coverage (such as losing a job or becoming employed)
- A change in your child's eligibility status (for example, turning age 19 or becoming physically disabled)
- A change in your work hours

Any changes to your health care plan elections must be made within 31 days of your family status change. Changes must also be related to your family status change. For example, if you have a baby, you may enroll your child in a plan but you may not drop your coverage entirely.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT SPECIAL ENROLLMENT PERIOD

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in one of the health care options offered by the Plan Sponsor, provided that you request enrollment within 30 days after your coverage ends. 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 otherwise decline to enroll, you may be required to wait until the group's next open enrollment to do so. You also may be subject to additional limitations on the coverage available at that time.

Any changes to your health care plan elections must be made within 30 days of your qualifying event. Changes must also be consistent with your family status change. For example, if you have a baby, you may enroll your child in the medical plan but you may not drop your spouse from the plan. Additional documentation will be required for employees and/or dependents electing coverage at times other than their initial eligibility date or the annual open enrollment period unless it's open enrollment for you or your spouse.



MEDICAL PLANS

Anthem Health Maintenance Organization (HMO) Plan

In the Anthem HMO, benefits are covered only when services are provided or coordinated by the primary care physician and authorized by the participating medical group or independent practice association.

Anthem Lumenos High Deductible Health Plan with HSA

The Anthem Lumenos High Deductible Health Plan is an innovative type of coverage that allows an insured person to use a Health Savings Account (HSA) to pay for routine medical care.

When you enroll in the Anthem Lumenos Plan, you may receive care from any provider. However, Anthem pays for eligible expenses at a higher level when you visit a network provider. When you visit a non-network provider, Anthem still pays for eligible expenses, but you may pay more out-of-pocket before expenses are covered. This plan has a \$3,000 individual deductible and a \$6,000 family deductible.

*Athens Administrators will fund a portion of your Anthem deductible in the following amount per year: **Employee = \$1,500; Employee + 1 = \$2,500; Employee + Family = \$3,000. Funds are paid per plan year on a quarterly basis based on your enrollment. Employer funding is paid at Employer's discretion. Employees are encouraged to fund their own HSA accounts in addition to Employer funding.***

Pre-Existing Condition (Not Applicable to Children Under Age 19)

Our PPO plan contains a pre-existing condition limitation clause. A pre-existing condition is a condition for which medical advice, diagnosis, care, or treatment was recommended or received within a six-month period prior to your coverage under this plan. If an individual has a pre-existing condition no payment will be made for services or supplies for the treatment of a pre-existing condition. The pre-existing condition exclusion does not apply to pregnancy nor to a child who is enrolled in the plan within 31 days after birth, adoption, or placement for adoption. This exclusion may last up to six months from your first day of coverage or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior creditable health coverage. Most prior health coverage is creditable coverage and can be used to reduce the pre-existing condition exclusion if you have not experienced a significant break in coverage. The maximum allowable break in coverage is 180 days if your prior coverage was provided through an employer and ended because your employment (or the person's employment through which you had this coverage) ended, the availability of coverage through employment or sponsored by an employer has terminated, or an employer's contribution toward health coverage has terminated. For prior coverage that was not provided through an employer, such as individual coverage or coverage through a government program such as Medicaid, the maximum allowable break in coverage is 63 days. To reduce the six-month exclusion period, please provide a copy of any certificates of creditable coverage you have. There is no time limit within which you must provide a certificate in order to receive credit for your prior coverage.

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT

The Federal "Women's Health and Cancer Rights Act" requires coverage of treatment related to mastectomy. If you or your dependent are eligible for mastectomy benefits under this coverage and you elect breast reconstruction in connection with such mastectomy, you are also covered for the following:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications in all stages of mastectomy, including lymphadenomas.

Coverage for reconstructive breast surgery may not be denied or reduced on the grounds that it is cosmetic in nature or that it otherwise does not meet the coverage definition of "medically necessary". Benefits will be provided on the same basis as for any other illness or injury under your plan.



MEDICAL PLANS

Features	Anthem HMO
Group Number	276555H001
Customer Service	(800) 227-3613
Website	www.anthem.com/ca
Physician Choice	In Network Required
Lifetime Maximum	Unlimited
Annual Out of Pocket Maximum (calendar year)	N/A
Annual Deductible 2	N/A
Annual Copayment Maximum	\$1,500/individual \$3,000/family
YOU PAY	
Routine Medical Care	
• Office Visits	\$30 copay
• Routine Physical Exams	No copay
• Well Woman Care	No copay
• Maternity Visit	\$30 copay
• Well Child Care	No copay
• X-Ray & Lab	20% of charges
• Complex X-Ray & Lab (CT, MRI, and PET)	20% of charges
Hospital Services	
• Inpatient Room & Board	\$500/day, up to 3-day maximum 1
• Ambulatory Surgical Center	20% of charges
Emergency Room (waived if admitted)	\$100 per visit
Ground Ambulance	No copay
Mental Health & Substance Abuse	
• Inpatient	\$500/day, up to 3-day maximum 1
• Outpatient	\$30 copay
Occupational Speech and Physical Therapy (medically necessary and preauthorized)	\$30 copay
Chiropractic (HMO through American Specialty Health)	\$10 per visit 30 visits/year
Prescription Drug Benefits	
• Pharmacy Network	Retail: Anthem Prescription Services / Mail Order: Express Scripts
• Generic/Brand on the Formulary	\$10 / \$25 copay 30-day supply
• Non Formulary Drugs	\$40 copay
• Mail Order	\$10 / \$50 / \$80 copay 90-day supply

1) Pre-authorization required for all inpatient admissions.

2) Deductibles are on Calendar Year basis.



MEDICAL PLANS (CONTINUED)

Features	Anthem Lumenos HDHP with HSA (Embedded)	
	In Network	Out of Network
Group Number	276555M001	
Customer Service	(866) 207-9878	
Website	www.anthem.com/ca	
Physician Choice	Anthem PPO Physician	Non-Anthem PPO Physician ²
Lifetime Maximum	Unlimited	
Annual Out of Pocket Maximum (includes calendar year deductible)	\$5,000/Individual \$10,000/family	\$10,000/Individual \$20,000/family
Annual Calendar Year Deductible-Embedded * (Each insured person only needs to satisfy his or her individual deductible, not the entire family deductible, prior to receiving plan benefits)	\$3,000/individual \$6,000/family	
	YOU PAY	YOU PAY ²
Routine Medical Care		
• Office Visits	Covered at 100%, after deductible	30% after deductible
• Routine Physical Exams	Covered at 100%	30% after deductible
• Well Woman Care	Covered at 100%	30% after deductible
• Maternity Visit	Covered at 100%	30% after deductible
• Well Child Care	Covered at 100%	30% after deductible
• X-Ray & Lab	Covered at 100%, after deductible	30% after deductible
• Complex X-Ray & Lab (CT, MRI, and PET)	Covered at 100%, after deductible	30% after deductible (limited to \$800/procedure)
Hospital Services		
• Inpatient Room & Board	Covered at 100%	30% after deductible
• Ambulatory Surgical Center	Covered at 100%	30% after deductible
Emergency Room (waived if admitted)	Covered at 100%	
Ground Ambulance	Covered at 100%	
Mental Health & Substance Abuse		
• Inpatient	Covered at 100%, after deductible	30% after deductible
• Outpatient	Covered at 100%, after deductible	30% after deductible
Occupational Speech and Physical Therapy and Chiropractic (limited to 24 visits/calendar year)	Covered at 100%	30% (limited to \$25/visit)
Prescription Drug Benefits		
• Generic	\$10 copay	\$10 copay + 30% excess charges ¹
• Formulary Brand	\$30 copay	\$30 copay + 30% excess charges ¹
• Non-Formulary Brand	\$50 copay	\$50 copay + 30% excess charges ¹
• Mail Order (90-day supply)	\$10 / \$60 / \$100	Not Covered

(Note: Athens funds your Health Savings Account quarterly to help you with the deductible).

1) If using a Non Network Pharmacy you are responsible for any additional cost above the cost of a Prescription Drug which is dispensed by a Network Pharmacy.

2) Subject to plan limits.

DISCLAIMER: Please note that this benefit summary is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary conflicts in any way with the Certificate of Coverage (COC), the COC shall prevail. It is recommended that you review your COC for an exact description of services and supplies that are covered, those which are excluded or limited and other terms and conditions of coverage.



REASONS TO CONSIDER A HIGH DEDUCTIBLE HEALTH PLAN WITH A HEALTH SAVINGS ACCOUNT

- Athens Administrators is providing you money that can be used toward the deductible
- Contributions are deposited before you are taxed federally and the account earnings are not taxed
- Contributions roll over year after year (so you can build a nest egg)
- Distributions are not taxed if the funds are used for qualified expenses
- **It is always your money even beyond your employment with Athens Administrators**
- Use your HSA money to pay for qualified expenses or long term care premiums, Medicare and COBRA premiums
- HSA requires an account to be established and then you will receive a debit card to use when paying for care at doctors, dentists or the pharmacy

Contributions may be made:

- Pre tax via payroll deduction
- Post tax** via personal check or cash (may require a contribution form)
**Account holder takes personal deduction off 1040 tax return
- **Tax-related questions should be directed to your tax accountant**
- **You are responsible for keeping relevant documents as it pertains to your HSA account**

PREVENTIVE CARE

Beginning July 1, 2011, and in compliance with the Patient Protection and Affordable Care Act, Anthem Blue Cross will be eliminating member cost share to certain preventive services on the Anthem HMO and Anthem PPO.

The required preventive services are based on recommendations by the United States Preventive Services Task Force, the Health Resources and Services Administration, and the Centers for Disease Control and Prevention.

Anthem will cover the following preventive services without a copayment, coinsurance, or deductible, when these services are delivered by a network provider.

Preventive services for adults, including, but not limited to:

- Age-appropriate preventive medical examination
- Blood pressure screening for all adults
- Cholesterol screening for adults at higher risk of cardiovascular disease
- Colorectal cancer screening for adults age 50 to 75
- Prostate cancer screening in men age 50 to 75
- Depression screening for adults
- Type 2 diabetes screening for adults with high blood pressure
- Immunizations for adult (doses, recommended ages, and recommended populations vary)

Preventive services for women, including pregnant women, including, but not limited to:

- Age-appropriate preventive medical examination
- Mammography screening for breast cancer for women age 50 to 74
- Cervical cancer screening for women age 21 to 65
- Scheduled prenatal visits and first postpartum visit

Preventive services for children, including, but not limited to:

- Age-appropriate preventive medical examination
- Height, weight, and body mass index measurements for children
- Developmental screening for children under age 3 years and surveillance throughout childhood by primary care physician
- Hearing screening for all newborns
- Vision screening for all children
- Immunizations for children from birth to 18 years (doses, recommended ages, and recommended population vary)

Preventive vs. diagnostic or therapeutic services

There are some additional things to keep in mind about coverage for preventive services vs. coverage for diagnostic or therapeutic services. When a preventive service turns into a diagnostic or therapeutic service in the same visit, the diagnostic or therapeutic cost share will apply.



DENTAL PLAN

Guardian

Group Number: 415295

Member Services: (800) 541-7846

Website: www.glic.com

Dental Preferred Provider Organization (PPO)

When you enroll in the Guardian dental plan, you may receive care from any provider. However, when you visit providers who belong to the Guardian PPO network, you will pay less out-of-pocket than if you choose to obtain services from non-network providers.

	In-Network	Non-Network
Dentist Choice	Dental Guard Preferred PPO Dentist	Any Other Dentist
Annual Maximum	\$1,500 per member	
Deductible	\$50 per individual / \$150 per family	
Reimbursement Basis	Negotiated Rates	Usual, Customary and Reasonable (UCR) ⁽¹⁾
	YOU PAY	YOU PAY
Diagnostic & Preventive Services <i>Cleanings, Exams (Deductible waived)</i>	Covered in full	Covered in full
Basic Services <i>Fillings, Extractions, etc.</i>	10%	20% of UCR
Major Services <i>Bridges, Dentures, Crowns</i>	40%	50% of UCR
Orthodontics (Child Only)	50% to lifetime maximum of \$1,000	

1. Non-PPO dentists are paid based on Usual, Customary and Reasonable charges. The patient is responsible for any charges over the Usual, Customary and Reasonable amount.

Note: Late Entrant Provisions: If you waived dental coverage during your initial eligibility period and wish to enroll at a later time without a qualifying event, you will be subject to a 12-month waiting period for major services.

VOLUNTARY VISION

Vision Service Plan

Group Number: 12289299

Member Services: (800) 877-7195

Website: www.vsp.com

Athens Administrators offers a voluntary vision plan provided through Vision Service Plan (VSP). If you enroll in the VSP plan, you may receive care from any provider. However, VSP pays for eligible expenses at a higher level when you visit a network provider.

FEATURES	VSP Provider	Non-VSP Provider
Exams & Materials Copays	Exams - \$10 / Materials - \$25	
Exams (every 12 months)	Covered in full	Plan pays up to \$45
Lenses (every 12 months)		
• Single	Covered in full	Plan pays up to \$45
• Bifocal	Covered in full	Plan pays up to \$65
• Trifocal	Covered in full	Plan pays up to \$85
• Lenticular	Covered in full	Plan pays up to \$125
• Scratch & Anti-Reflective Coating	Covered in full	Not covered
Frames (every 24 months)	Plan pays up to \$150	Plan pays up to \$47
Contact Lenses (instead of lenses & frames)		
• Necessary	Covered in full	Plan pays up to \$105
• Elective	Plan pays up to \$135	Plan pays up to \$105
Laser Vision Care	Discount for LASIK	Not covered

NOTE: In-network member costs are based on wholesale prices. Members are responsible for optional items such as tinted lenses, coated lenses, and frames which exceed the wholesale allowance.



CALIFORNIA STATE DISABILITY INSURANCE (CA SDI)

The disability benefit will be reduced by any disability income payments received through the California State Disability program or any other type of compensation that is received. The California State Disability program provides a benefit of 55% of weekly income up to a maximum amount. For more information about the California State Disability program and how to apply please call 1-800-480-3287 or you can go online to www.edd.ca.gov.

EMPLOYEE SHORT TERM DISABILITY (STD)

Unum

Group # 0591376

Member Services: (800) 421-0344

Website: www.unum.com

This plan provides you 66.67% of your weekly earnings to a maximum of \$3,500 per week if you are unable to work due to illness or injury. Payments begin after 30 days of disability and can continue for up to 22 weeks.

LONG TERM DISABILITY (LTD)

Unum

Group # 0591376

Member Services: (800) 421-0344

Website: www.unum.com

This plan provides you 66.67% of your monthly earnings to a maximum of \$15,000 once you have been disabled for 6 months. If you are totally disabled, benefits will continue up to age 65.

EMPLOYEE LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Unum

Group # 0591376

Member Services: (800) 421-0344

Website: www.unum.com

In the event of your death, your beneficiary will receive a benefit equal to your basic annual earnings. The maximum benefit is \$500,000. The plan also includes coverage in the event of dismemberment and payment options in the event of a terminal illness. Athens pays the full cost of this coverage. You may purchase additional life coverage under the voluntary plan through Principal. See Voluntary Life Insurance below for details.

VOLUNTARY LIFE INSURANCE

Principal

Group # GU02772-09

Member Services: (800) 255-6614

Website: www.principal.com

You may purchase additional life insurance coverage on your life and on that of your spouse and children. You pay for this coverage through after-tax payroll deductions.

Voluntary Employee Life Insurance is available in \$10,000 increments with a minimum of \$10,000 and a maximum that is 5x the employee's annual compensation, not to exceed \$1,000,000.

Voluntary Spouse Life Insurance is available in \$10,000 increments with a minimum of \$10,000 and a maximum that is 3x the employee's annual compensation, not to exceed \$100,000.

Voluntary Child Life Insurance is available in a flat amount of \$10,000. If you or your spouse elects coverage, the monthly premium is \$2.50, regardless of the number of children covered.

BUSINESS TRAVEL ACCIDENT

CIGNA

In the event of your death while traveling on company business, Athens' policy will pay your beneficiary \$50,000.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Claremont EAP

Group # 14311

Member Services: (800) 834-3773

Website: www.claremonteap.com

An EAP is a confidential service designed to assist employees and their dependents with mental health and crisis intervention. Employees and their family members may call and receive assistance with job burnout, substance abuse, depression, marital stress, grief, financial assistance and various other issues. This number is available 24 hours a day on an unlimited basis. The plan provides up to 3 sessions per occurrence each calendar year with a therapist and offers discounted rates for additional sessions.

FLEXIBLE SPENDING ACCOUNTS

ADP Flex Direct

Member Services: (800) 654-6695

Website: www.adp.com

Under the Flexible Spending Account, employees may enroll in any of the three options which include Pre-tax Premium Plan, Medical Care Reimbursement and Dependent Care Reimbursement. Tax savings under these plans will vary based on your individual salary and personal income tax level. Tax savings include Federal, State and Social Security taxes. The plan year for employee contributions is 7/1/11 through 6/30/12 but expenses are paid on a calendar-year basis.

* New Enrollment is required for all continuing Flexible Spending Account participants from prior plan year.

Pre-Tax Premium: A pre-tax premium plan allows you to use pre-tax dollars to pay for monthly medical, dental and vision contributions. You will automatically be enrolled in this option unless you waive this tax savings benefit.

Medical Reimbursement: A medical reimbursement plan enables you to allocate up to \$2,500 on a pre-tax basis for medical, dental and vision expenses not covered under Athens' employee benefit program. Benefits may include, but are not limited to deductibles, copayments, medical, dental, vision and hearing care.

Note: Effective 1/1/2011, most Over-The-Counter (OTC) medications not prescribed by a physician, will no longer be reimbursable with FSA funds. OTC medications purchased in conjunction with a physician's prescription are expected to be reimbursable.

Dependent Care Reimbursement: A dependent care reimbursement plan enables you to make pre-tax contributions of up to \$5,000 annually or \$2,500 if you are married and filing separately. Eligible dependent care includes; day care for a child under age 13, adult care for an incapacitated spouse or parent, or care for a child of any age who is physically or mentally unable to care for him/herself.

401(K) SAVINGS PLAN

Prudential

Plan ID # 768006

Member Services: (877) PRU-2100

Website: www.prudential.com

As an Athens employee, you are eligible to join the 401(k) plan once you have completed 30 days of service without an intervening break in service, and are 18 years of age or older. The open enrollment period is during the months of January, April, July and October of each year. You may contribute any percentage of your total gross salary not to exceed IRS maximum (\$16,500 in 2011). You decide how to invest your contributions so that you control the amount of risk and potential rate of return that your 401(k) savings plan will provide. The company will match 33% of your contribution up to a maximum of 6% of your annual regular pay. You will begin receiving matching contributions as soon as you become a participant. *Employer funding is paid at Employer's discretion.*

529 PLANS

Alliance Bernstein

Member Services: (800) 227-2900

Website: www.collegeboundfund.com

529 is a college bound fund that can help your family tackle the task of saving for college. The earnings grow free from federal taxes. Distributions are free from taxes. You elect how to invest the money and how much to invest. The minimum investment is \$50.



BIG C ATHLETIC CLUB MEMBERSHIP DISCOUNT OFFERING

You have the opportunity to become a member of these full-service gyms and take advantage of our corporate discount on both the enrollment fee and monthly dues. For Big C enrollment, please visit the nearest location. Monthly dues may be deducted through payroll.

LONG TERM CARE COVERAGE FOR EMPLOYEES AND FAMILY

Athens provides a base LTC coverage for managers and above and employees with five or more years of tenure. All employees have the opportunity to purchase LTC coverage for themselves and their family members. See Human Resources for the appropriate form.

FMLA: FAMILY AND MEDICAL LEAVE ACT

If you go on a qualifying leave under the Family and Medical Leave Act (FMLA), the following rules will apply. Only to the extent required by FMLA (among other things, this means only for the duration of a qualifying leave), Athens Administrators will continue to maintain your health benefits on the same terms and conditions as though you were still an active employee. Except as otherwise provided by FMLA, your Plan participation will cease when Athens Administrators learns that you do not intend to return to work after your leave. If earlier, your Plan participation will immediately cease upon expiration of your FMLA leave, if you fail to return to work at such time. Except as otherwise provided in the FMLA, if you fail to return to work after the FMLA leave, you will be required to reimburse Athens Administrators for the cost of the coverage the Athens Administrators provided you while you were on FMLA leave (the cost equals the COBRA premium, without a 2% add-on).

FMLA Military Family Leave. The Family and Medical Leave Act of 1993 to include the following additional leave rights:

- Eligible employees are entitled to up to 12 weeks of leave because of “any qualifying exigency” arising out of the fact that the spouse, son, daughter, or parent of the employee is on active duty, or has been notified of an impending call to active duty status, in support of a contingency operation.
- An eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered service member who is recovering from a serious illness or injury sustained in the line of duty on active duty is entitled to up to 26 weeks of leave in a single 12-month period to care for the service member.

USERRA: EMPLOYEES ON MILITARY LEAVE

Employees going into or returning from military service will have Plan rights mandated by the Uniformed Services Employment and Reemployment Rights Act. These rights include up to 24 months of extended health care coverage upon payment of entire cost of coverage plus a reasonable administration fee and immediate coverage with no preexisting condition exclusions applied in the Plan upon return from service. These rights apply only to employees and their dependents covered under the Plan before leaving for military service.

PAID FAMILY LEAVE

An employee who misses work to care for a covered child, spouse, parent or domestic partner with a serious health condition or to bond with a new child may be eligible to receive benefits through the California State Disability Insurance Program. This paid leave is solely financed through employee contributions to the State Disability Insurance (SDI) program and SDI is solely responsible for determining if an employee is eligible for such benefits.

There is a one-week waiting period during which time no benefits are available. In addition, employees will be required to use up to 2 weeks of paid time off before benefits begin, if this time is available to them.

Please note, employees taking time off work to care for a covered child, spouse, parent or domestic partner with a serious health condition or to bond with a new child are not guaranteed job reinstatement unless they qualify for Family Medical Leave. Please see the Family Medical Leave policy for the eligibility requirements for that leave.

If you need to take time off work to care for a covered child, spouse, parent or domestic partner with a serious health condition or to bond with a new child, please advise Human Resources. Employees can also contact their local Employment Development Department for further information.

HIPAA PRIVACY

HIPAA requires that the privacy of your personal health information be protected. The Plan’s Notice of Privacy Practices, distributed to all Plan Participants, explains what information is considered “Protected Health Information (PHI).” It also tells you when the Plan may use or disclose this information, when your permission or written authorization is required, how you can get access to your information, and what actions you can take regarding your information. If you have misplaced your copy of the Plan’s Notice of Privacy Practices, please contact Human Resources to request a replacement.



EMPLOYEE CONTRIBUTIONS

Athens Administrators pays the major share of the cost for employee healthcare coverage. Employees pay a portion of the cost of coverage and also pay a portion of the cost for covering their dependents. See the charts below.

Athens Administrators offers group health plans and a wellness program. During the re-enrollment period, Athens' group health plan provides an option for employees to certify they have not used tobacco during the preceding 12 months. Employees who do not provide the certification or do not complete the smoking cessation program will not qualify for the discounted contributions.

If it is unreasonably difficult, due to a medical condition for you to meet the requirements of the smoking cessation program or if it is medically inadvisable for you to attempt to meet the program requirements, Athens Administrators will provide an alternative for you to qualify for the discounted contributions. Please contact your Human Resource department.

Pre-Tax Discounted Rates For Non-Smokers and Smokers Who Complete the Smoking Cessation Program Deduction Per Bi-Weekly Pay Period

	Employee Only	Employee + 1	Employee + 2 or more
Anthem HDHP PPO (HSA)	\$50.77	\$115.38	\$166.15
Anthem HMO	\$50.77	\$115.38	\$166.15
Guardian PPO Dental	\$9.23	EE + Spouse - \$18.46 / EE + Child(ren) - \$22.15	\$32.31
Voluntary VSP Vision	\$5.23	EE + Spouse - \$8.97 / EE + Child(ren) - \$9.16	\$14.77

Pre-Tax Rates For Smokers Deduction per Bi-Weekly Pay Period

Anthem HDHP PPO (HSA)	\$96.92	\$161.54	\$212.31
Anthem HMO	\$96.92	\$161.54	\$212.31
Guardian PPO Dental	\$9.23	EE + Spouse - \$18.46 / EE + Child(ren) - \$22.15	\$32.31
Voluntary VSP Vision	\$5.23	EE + Spouse - \$8.97 / EE + Child(ren) - \$9.16	\$14.77

1) Employees who waive coverage and provide proof of coverage elsewhere will receive a \$23.08 credit per pay period.

Athens Administrators' Annual (Health Savings Account HSA) Funding (Funded Quarterly)

	Employee Only	Employee + 1	Employee + 2 or more
Anthem HDHP HSA Total Per Year	\$1,500	\$2,500	\$3,000
IRS HSA 2011 Annual Limit*	\$3,050	\$6,150	\$6,150

* Catch-up Contribution for those ages 55 and older is an additional \$1,000.



EMPLOYEE BENEFITS WEBSITE (exclusively for Athens Administrators)

To review the benefit plans offered through Athens Administrators, please visit our Employee Benefits Website at www.athensadmin.myjenkinshr.com. The login is **athensadmin**. The password is **benefits**.

Within our website, you will be able to:

Benefit Programs

- Direct link to the online enrollment system
- Learn about **all your benefit plans**:
 1. Benefits Summaries
 2. Eligibility requirements
 3. Contributions
- Find links to provider directories and other internet resources
- Get contact information for phone numbers, addresses and links
- Compare plans

Human Resources Center

- News

Health & Wellness Center

- Assess your health
- Research a disease, condition, or treatment
- Click to find your symptoms or condition

It's as easy as 1-2-3 to obtain information!

1. Go to the web address www.athensadmin.myjenkinshr.com
2. Input your user ID and password:
 - User ID: athensadmin
 - Password: benefits
3. Hit "enter"

The screenshot shows the Athens Administrators Employee Benefits Resource Center. The header includes the Athens Administrators logo and the title 'Your Employee Benefits Resource Center'. Below the header is a navigation menu with links for Home, Benefit Programs, Human Resources, Health & Wellness, Additional Resources, and Site Map. A search bar is located on the left side. The main content area features a 'Welcome' message and a 'Quick Links' section with two links: 'Access the plan to review and/or process individual benefits details' and 'Employee Benefits brochure Employee Benefits Brochure Insert for 04'. At the bottom, there are three image-based buttons for 'Benefit Programs', 'Human Resources', and 'Health & Wellness'.

EMPLOYEE ONLINE ENROLLMENT WEBSITE (exclusively for Athens Administrators)

To enroll in your benefits through Benetrac.com

- Copy/Paste the following link into the browser window:
 1. <https://www.eenroller.net/btrac/broker.asp?ST=Jenk5512>
- **Enter your user name in the User Name box:** First initial of your first name and then last name. (i.e Jon Smith is JSmith)
- **Enter the password:** the last four digits of your social security number in the Password box.
- Click **Log in**
- You will be asked to change your password before proceeding. Change password and click **Submit**.
- Please read the Legal Notice, and click on **"I Agree"**.



MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) OFFER FREE OR LOW-COST HEALTH COVERAGE TO CHILDREN AND FAMILIES

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

If you live in one of the following State, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of February 16, 2010. You should contact your State for further information on eligibility –

CALIFORNIA – Medicaid
Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-866-298-8443

To see if any more States have added a premium assistance program since February 16, 2010, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/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, Ext. 61565



MEDICARE PART D CREDITABLE COVERAGE NOTICE

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

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. Athens Insurance Service, Inc. has determined that the prescription drug coverage offered by Anthem is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st. This may mean that you may have to wait to join a Medicare drug plan and that you may pay a higher premium (a penalty) if you join later. You may pay that higher premium (a penalty) as long as you have Medicare prescription drug coverage. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP) because you lost creditable coverage to join a Part D plan.

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.

If you decide to join a Medicare drug plan, your Athens Insurance Service, Inc. coverage may be affected. Please contact us for more information about what happens to your current coverage if you join a Medicare drug plan.

If you do decide to join a Medicare drug plan and drop you're Athens Insurance Service, Inc. prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

You should also know that if you drop or lose your coverage with Athens Insurance Service, Inc. 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 prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium may go up by at least 1% of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium may consistently be at least 19% higher than the 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 November 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 Athens Insurance Service, Inc. changes. You also may request a copy.

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 whether or not you are required to pay a higher premium (a penalty).

Date:	July 1, 2011
Name of Entity/Sender:	Athens Administrators
Contact--Position/Office:	Janet McClain, Human Resources Director
Address:	2552 Stanwell Drive Concord, Ca. 94520
Phone Number:	(925) 826-1288



2011 BENEFITS “TO DO” LIST

1. **Medical, Dental, and Vision Coverage** - All enrollment or changes must be done online. The benefits you elect at this time will be effective July 1, 2011.
2. **Flexible Spending Accounts** – Enroll online. There is an additional form to complete for direct deposit of your reimbursements into your own bank account (the direct deposit form can be found online). NOTE: You may not enroll in both the healthcare FSA plan and put money aside into an HSA plan. So if you are planning to enroll in the High Deductible plan, do not enroll in the healthcare savings account under FSA.
*** New enrollment is required for all continuing Flexible Spending Account participants from prior plan year.**
3. **Waive Medical and/or Dental/Vision Coverage** – If you are electing not to enroll in any of these coverages, please complete the *Health Care Waiver Form* and *print and sign your name* indicating you are waiving coverage and the reason why. In order to receive the \$23.08 per paycheck company refund for waiving coverage, you must attach proof of your other medical plan (the Waiver form can be found online).
4. **Steps When Selecting the Anthem HDHP Plan & HSA**
 - Enroll in Anthem Blue Cross High Deductible Health Plan (HDHP)
 - To open a Health Savings Account (HSA); you will receive an email from Human Resources with instructions on how to open your HSA account with OptumHealth Bank. Complete your HSA account application.
 - Choose whether to contribute into your HSA and how much per paycheck.

FORMS TO COMPLETE & RETURN:

- Medical Waiver form with proof of other coverage (if waiving)

Remember, if you don't enroll now, you will be unable to do so until July 1, 2012, unless you have an IRS-approved change in family status, and your change is reported within 30 days of the event. Please carefully consider your benefit choices for the upcoming year.

This brochure contains a brief description of the benefits under Athens Administrators' plan and is intended as a summary only. This summary does not include all the details of benefits offered and does not supersede the contracts in force. Please refer to your plan summary for details.

Prepared by Jenkins Insurance Group
May 2011

JENKINS
INSURANCE GROUP