

Welfare Benefits Plan



Summary of Material Modification — Effective *December 1, 2012*

Changes to the Plan and Summary Plan Description (SPD) for **New Horizons Resources Inc. Welfare Benefits Plan** are described below.

GRANDFATHERED STATUS: This Plan Is A Non-Grandfathered Group Health Plan.

Welfare Benefits Plan (Plan Number 520)

A. General Information about the Plan

1. General Plan Information

The Plan Sponsor has assigned Plan Number 520 to the Plan.

CDPHP HMO — This plan has been renewed.

Metlife Dental — This is a new plan.

Guardian Dental — This plan is no longer available.

Guardian/ Davis Network Vision— This plan has been renewed.

Please refer to your **Medical/Dental/Vision** Carrier Subscriber Contract(s) for a detailed listing of benefits provided along with the applicable Co-Pays/Deductible/Co-Insurance.

In the event of a carrier change, a new book will be sent to you.

This Summary of Material Modification (SMM) describes the changes that affect your benefit plans and updates your plan descriptions. SMM's together with the plan booklets make up your official plan descriptions; please keep them together and refer to them as necessary. We've made every attempt to insure the accuracy of the information in this SMM. However, if there is any discrepancy between this and the insurance contracts, the insurance contracts will always govern.

Plan Administrator Information — The plan Administrator's name, address, and telephone number are:

New Horizons Resources Inc.
123 West Road
Pleasant Valley NY 12569
Telephone: 845-473-3000

The Plan Administrator keeps the records for the Plan and is responsible for the administration of the Plan. The Plan Administrator will also answer any questions you may have about the Plan.

Annual Notices

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan 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. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact your Plan Administrator **New Horizons Resources Inc., 123 West Road Pleasant Valley NY 12569** or by calling **845-473-3000**.

Women's Health and Cancer Rights Act Enrollment Notice

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

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your Plan Administrator **New Horizons Resources Inc., 123 West Road Pleasant Valley NY 12569** or by calling **845-473-3000**.

Women's Health and Cancer Rights Act Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? For more information, contact your Plan Administrator **New Horizons Resources Inc., 123 West Road Pleasant Valley NY 12569** or by calling **845-473-3000**.

New Horizons Resources, Inc. — Welfare Benefits Plan — Schedule A

Employee Costs Per Pay Period as of *December 1, 2012*

(i) Group Medical Benefits — CDPHP, 1223 Washington Avenue, Albany NY 12206-1057

Grandfathered Status Policy	CDPHP Non-Grandfathered 13430			
	Non-Union		Union	
Union Status	Full-Time	Part-Time	Full-Time	Part-Time
Employment Status				
Single	\$0.00	\$50.18	\$0.00	\$50.18
Employee + Spouse	\$0.00	\$130.30	\$0.00	\$130.30
Employee + Child(ren)	\$0.00	\$44.64	\$0.00	\$44.64
Family	\$0.00	\$231.70	\$0.00	\$231.70

(ii) Group Dental Benefits — Metlife, 900 Brooktree Road Brooktree Commons Wexford, Pennsylvania 15090

Policy #	Pending	Non-Union		Union	
		Full-Time	Part-Time	Full-Time	Part-Time
Union Status					
Employment Status					
Single	\$5.00	\$9.85	\$5.00	\$9.85	
Family	\$10.00	\$25.23	\$10.00	\$25.23	

(iii) Group Vision Benefits — Flexible Benefits System, Inc., 22113 Fabco Rd, Watertown NY 13601

Policy # 299097	Non-Union		Union	
	Full-Time	Part-Time	Full-Time	Part-Time
Union Status				
Employment Status				
Single	\$1.49	\$1.49	\$1.49	\$1.49
Family	\$3.19	\$3.19	\$3.19	\$3.19

(iv) Group Term Life/AD&D Insurance — The Guardian, 7 Hanover Square, New York NY 10004

Policy #:	299097
Employee Contribution:	\$0.00

(v) Group Short Term Disability Insurance (voluntary) — Lincoln Life & Annuity Co. 8801 Indian Hill Dr. Omaha NB 68114

Policy #:	10108936
Employee Contribution:	100% of the benefit elected

(vi) Group Long Term Disability Insurance — Cigna Life Ins. Co. of NY, 140 East 45th Street New York NY 10017-3144

Policy #:	NKY960173
Employee Contribution:	Core - \$0.00 Buy Up - 100% of the benefit elected

(vii) Premium Conversion

Third Party Administrator:	Flexible Benefits System, Inc., 1150-G Pittsford-Victor Rd, Pittsford NY 14534
Plan Information:	Flexible Spending Plan

(viii) Flexible Spending Arrangements

Health Care Flexible Spending Arrangement

Third Party Administrator:	Flexible Benefits System, Inc., 1150-G Pittsford-Victor Rd, Pittsford NY 14534
Plan Information:	\$2,500 maximum / year

Dependent Care Flexible Spending Arrangement

Third Party Administrator:	Flexible Benefits System, Inc., 1150-G Pittsford-Victor Rd, Pittsford NY 14534
Plan Information:	\$5,000 maximum / year

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(ix) Standalone Health Reimbursement Arrangement

Third Party Administrator: Flexible Benefits System, Inc., 1150-G Pittsford-Victor Rd, Pittsford NY 14534

Plan Information: Notwithstanding any provision of the Plan to the contrary, no Participant's reimbursement for the Qualifying Medical Expenses incurred shall exceed any amount rolled over from a prior year, in accordance with Section 4.2 of the Standalone Health Reimbursement Arrangement Summary Plan Description.

(x) Employer Funded 50/500/1000 Health Reimbursement Arrangement

Third Party Administrator: Flexible Benefits System, Inc., 1150-G Pittsford-Victor Rd, Pittsford NY 14534

Plan Information: Notwithstanding any provision of the Plan to the contrary, no Participant's reimbursement for the Qualifying Medical Expenses incurred shall exceed \$50 towards each \$100 Co-Pay for Ambulance or Emergency Room Visits; \$500 for each Aetna In-Patient Hospital Co-Pay; or \$1,000 for each CDPHP HMO In-Patient Hospital Co-Pay.

(xi) Employer Funded – Specialist Co-Pay Reimbursement Arrangement

Third Party Administrator: Flexible Benefits System, Inc., 1150-G Pittsford-Victor Rd, Pittsford NY 14534

Plan Information: This reimbursement is limited to \$30 towards each Specialist Co-Pay when all employee and employer funds have been exhausted.