

Employee Benefits Overview

2016



Dear Jackson Laboratory Employees and Families:

JAX has been working hard to give you the tools you need to better manage your health, resulting in high quality health care at a reasonable price. The Laboratory has also been increasing support to help you achieve a sense of well-being resulting from using healthcare services wisely and engaging in health promotion and financial planning activities. The employee benefits plans described on the next pages of this booklet work together to help you reduce risks, be they financial or health related, and achieve that sense of well-being we all yearn and strive for. Here is a brief summary of items of special interest:

- In 2016 there will be no increase in payroll deductions for life, health, dental and disability benefits unless you move into a higher age bracket in the voluntary life plan.
- In 2016 we will continue the health incentive program, in partnership with Aetna, that allows you and your spouse/domestic partner to earn credits for healthy activities and then apply those credits to lower or eliminate your health plan deductible. In 2016 there will be many more opportunities to earn credits. And the deductibles are not increasing!
- The Provider of Distinction program (POD) will continue in 2016, identifying doctors and hospitals that have achieved high quality ratings and provide high value when you need them. We pay a higher benefit for office visits to Providers of Distinction. POD doctors can be searched for at www.aetna.com/docfind/custom/JAX. Look for blue ribbons opposite the names of highly rated primary care doctors and stars for highly rated specialists.
- Quest Laboratories remains our Provider of Distinction for lab work. Hundreds of dollars can be saved by using a Quest location, and the Laboratory Health Plan pays 100% of all charges when you choose to use Quest. Advise your doctor when they issue a lab service request that you are taking it to Quest. Maine Coast Memorial Hospital, MDI Hospital and The St. Joseph's Family Practice at JAX are Quest locations. Concentra locations nationwide, including Bangor, Farmington and Sacramento, are Quest locations. To find a Quest location near you, go to www.questdiagnostics.com and click on "Find a location." To make your trip to Quest as quick and painless as possible, log on to Quest Diagnostics and make an appointment.
- We continue to require pre-certification for complex imaging (CAT Scans, MRI's, etc). If you are not pre-certified, such services will not be covered. Aetna has advised your doctor that pre-certification is required, but it can't hurt to remind them!
- We continue to pay 100% of the cost for online second opinions from the world's most renowned physicians associated with Harvard medical facilities. Go on line to <http://www.econsults.partners.org/aetna> or call 1-800-456-5003.
- We continue to incent employees to use St. Mary's Hospital in Lewiston, ME, for knee and hip replacement. All charges are reimbursed at 100% including travel and board expenses for the family. To date we have had a number of employees replace a knee or hip with good results and significant savings. If you need a hip or knee replacement, call Tracey Allen at 207-561-4819 for confidential help.
- In 2016 your prescription co-pays and office visit co-pays will be included in your max out-of-pocket limits.

- We continue to offer a dedicated nurse to help manage your medical issues and chronic conditions. She is our nurse in the family. Give Rita, our dedicated nurse at Aetna, a call at 1-866-251-2377, ext. 687-0259.
- St. Joseph's Hospital in Bangor, Maine remains a Provider of Distinction and you will be reimbursed for 95% (after deductible) of your facility expenditures when you use one of their facilities. Please keep in mind, not all charges delivered in St. Joseph facilities are St. Joseph charges.
- Our "Passport to Better Health" program will continue in 2016 in a new and improved version. Watch for details, and then start earning points to offset your health plan deductible.
- Children of employees are covered to age 26 for healthcare with no pre-existing condition limitation applying to children age 19 and younger.
- Remember, IRS regulations for Flexible Spending Accounts exclude coverage for over-the-counter medications such as allergy medicine, pain relievers, vitamins and cough syrups. These will not be eligible expenses unless a physician has prescribed them.
- In 2016 we will continue to offer our vision coverage through EyeMed. Coverage provides both in-network and out-of-network benefits. See page 9 for coverage details.
- Under our Aetna medical plan, hearing aids are covered at \$1,400 per ear every 36 months

Watch for more information in the future on new benefit initiatives.

Summary of Employee Benefits 2016



Introduction to Plan Summary

The following is a summary of your benefits as a Jackson Laboratory employee. Each section contains important information, so please read carefully while keeping you and your family's needs in mind.

If you have questions about your benefits or if you need assistance with claims resolution, your Human Resources team is here to help you and your family. See the directory on page 18. We also have a Benefit Advocate service to assist you confidentially. Benefit Advocates are trained professionals who are available to provide confidential assistance for you and your covered family members. Please see page 17 of this guide for more information.

Please note that this guide is a summary of benefits. Please refer to your summary plan description (SPD) for a complete description of the benefit provisions. In the event of a discrepancy between this guide and the SPD, the SPD will govern the plan.

Eligibility

- Eligibility starts on the first of the month following 30 days of regular full-time and regular part-time employment.
- You may begin participating in the Laboratory's 403b retirement plan on your first day of employment. The Laboratory's contributions to the Retirement Plan begin on the first day of the month following six months of regular full or part-time employment or age 21, whichever is later.
- A dependent is defined as legal spouse or domestic partner, or dependent child(ren) from birth to age 26.
- The Life and Long term disability plans are available for regular full-time employees only.



Medical

We provide you the choice of two Health Plan options through Aetna:

Aetna Standard Plan: In order to receive benefits, you must use in-network providers. Services provided by out-of-network providers are NOT covered in most circumstances.

Aetna Point of Service (POS) Plan: In order to receive the highest level of benefit, you must use in-network providers. The in-network plan works the same as the Standard Plan. However, under the POS Plan you can self-refer for both in-network and out-of-network services. When self-referring and using out-of-network services, medical care is covered at a lower level than if care is provided in-network. Because there are benefits for out-of-network services the payroll deduction costs for the POS Plan are higher than for the Standard Plan.

Both health plan options include deductibles which did not increase in 2016. Each family member must meet a \$500 per person deductible before charges normally covered at 80% will be considered for payment. No family will be required to have more than \$800 in deductible expenses in any one calendar year. Families can avoid all or a part of their deductible expenses by earning Health Incentive Credits through the Jackson Laboratory Passport to Better Health Program. Both you and your spouse or domestic partner can earn Health Incentive Credits. See the Passport to Better Health section on page 15.

This plan includes an annual open enrollment. If you or your dependents do not enroll when you are first eligible, then you can only enroll during annual open enrollment or during a family status change.

	2016 Aetna Standard All Eligible Employees	2016 Aetna Point of Service All Eligible Employees	
	Schedule of Benefits	POS In-Network	POS Out-of-Network
Annual Deductible	\$500/Employee \$800/Emp + Sp/DP \$500/Emp + Children \$800/Emp + Family	\$500/Employee \$800/Emp + Sp/DP \$500/Emp + Children \$800/Emp + Family	\$1,000/Employee \$1,800/Emp + Sp/DP \$1,000/Emp + Children \$1,800/Emp + Family
Annual Out-of-Pocket Limit	\$2,500/Employee \$4,800/Emp + Sp/DP \$2,500/Emp + Children \$4,800/Emp + Family	\$2,500/Employee \$4,800/Emp + Sp/DP \$2,500/Emp + Children \$4,800/Emp + Family	\$3,500/Employee \$6,800/Emp + Sp/DP \$3,500/Emp + Children \$7,800/Emp + Family
Lifetime Plan Max	Unlimited	Unlimited	\$1,000,000
Office Visit/Exam - Primary Office Visit/ Exam - Specialist	\$20 copay (\$10 Prov of Dist) \$25 copay (\$15 Prov of Dist)	\$20 copay (\$10 Prov of Dist) \$25 copay (\$15 Prov of Dist)	Plan pays 70% after deductible
Preventive Services, Routine Physical, Well-Child Care/ Immunizations, GYN Exam, Hearing Exam, Mammogram, Colonoscopies, Sigmoidoscopies	Plan pays 100% (some limitations may apply)	Plan pays 100% (some limitations may apply)	Plan pays 70% after deductible (some limitations may apply)
Chiropractic Services <i>* 36 visits per calendar year</i>	\$25 copay then plan pays 100%	\$25 copay then plan pays 100%	Plan pays 70% after deductible
Diagnostic X-Ray & Lab Tests	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
	Plan pays 100% if Participant uses Quest Laboratory Sites		
Inpatient Hospital Services Facility charges only	Plan pays 80% after deductible (95% if at St. Joseph's Hospital)	Plan pays 80% after deductible (95% if at St. Joseph's Hospital)	Plan pays 70% after deductible
Outpatient Surgery	Plan pays 80% after deductible (95% if at St. Joseph's Hospital)	Plan pays 80% after deductible (95% if at St. Joseph's Hospital)	Plan pays 70% after deductible
Emergency Use of Emergency Room <i>* copay waived if admitted</i>	\$75 copay then plan pays 100%	\$75 copay then plan pays 100%	\$75 copay then plan pays 70% after deductible
Mental Health Benefits Inpatient Care	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
Outpatient Care	\$25 copay then plan pays 100%	\$25 copay then plan pays 100%	Plan pays 70% after deductible

Out-of-Pocket Limit

Once you reach the Annual Out-of-Pocket Limit in qualified out-of-pocket expenses, the plan will pay 100% of those expenses for the remainder of the year. This limit DOES include office visit copays, specialty visit copays and emergency room copays for in-network services and it includes deductible expenses. It DOES NOT include charges that exceed the plan's usual & customary limits. Additionally, prescription copays do not go toward satisfying the Out-of-Pocket Limit.

Aetna POS: All Out-of-Pocket expenses accrue toward both the in-network and out-of-network limits.

Preventive Care (Covered at 100% for In-Network Services)

- Routine adult physical exams and immunizations
- Routine digital rectal exam/prostate (specific antigen test)
- Colonoscopies, sigmoidoscopies (routine and diagnostic)
- Routine gynecological care exams (includes Pap smear and related lab fees)
- Mammogram (routine and diagnostic)
- Routine well child exams and immunizations
- Routine hearing exams

Prescription Drugs

We know that prescription drug coverage is important to you and your family. Our three-tiered plan is designed to give you a range of options to fit your prescription needs.

The mail order option allows you to buy qualified prescriptions in larger 90-day quantities for the same copay amount as a 60-day supply at a retail pharmacy. Mail order saves you time in trips to the retail pharmacy and are delivered right to your door.

	2016 Aetna Standard All Eligible Employees	2016 Aetna Point of Service All Eligible Employees	
	Schedule of Benefits	POS In-Network	POS Out-of-Network
Pharmacy Supply Limit Generic Brand Preferred Brand Non-Preferred Brand	30 days \$10 copay then plan pays 100% \$20 copay then plan pays 100% \$40 copay then plan pays 100%	30 days \$10 copay then plan pays 100% \$20 copay then plan pays 100% \$40 copay then plan pays 100%	Not covered
Mail Order Supply Limit Generic Brand Preferred Brand Non-Preferred Brand	90 days \$20 copay then plan pays 100% \$40 copay then plan pays 100% \$80 copay then plan pays 100%	90 days \$20 copay then plan pays 100% \$40 copay then plan pays 100% \$80 copay then plan pays 100%	Not covered



Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$0 Copay	Up to \$60
Contact Lens Fit and Follow-Up <small>(Contact lens fit and follow up visits are available once a comprehensive eye exam has been completed)</small>		
Standard Contact Lens Fit & Follow-Up	Up to \$55	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail price	N/A
Frames	\$0 Copay, \$200 Allowance; 20% off balance over \$200	Up to \$100
Standard Plastic Lenses		
Single Vision	\$25 Copay	Up to \$8
Bifocal	\$25 Copay	Up to \$24
Trifocal	\$25 Copay	Up to \$52
Lenticular	\$25 Copay	Up to \$52
Standard Progressive Lens	\$90	Up to \$24
Premium Progressive Lens (Add-on to Bifocal) [△]	\$106 - \$118	
Tier 1	\$116	Up to \$24
Tier 2	\$122	Up to \$24
Tier 3	\$128	Up to \$24
Tier 4	\$90, 80% of charge less \$120 Allowance	Up to \$24
Lens Options <small>(paid by the member and added to the base price of the lens)</small>		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$0 Copay	Up to \$12
Standard Polycarbonate - Adults	\$40	N/A
Standard Polycarbonate—Kids under 19	\$0 Copay	Up to \$32
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Coating [△]	\$57 - \$68	
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	80% of charge	N/A
Photochromic/Transitions	\$75	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lenses <small>(allowance includes materials only)</small>		
Conventional	\$0 Copay, \$200 Allowance; 15% off balance over \$200	Up to \$160
Disposable	\$0 Copay; \$200 allowance, plus balance over \$200	Up to \$160
Medically Necessary	\$0 Copay, Paid-in-full	Up to \$200
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price less \$250 Allowance	Up to \$250
Additional Pairs Discount	Members also receive a 40% discount off complete pair eyeglass purchase and 15% discount off conventional contact lenses once the funded benefit has been used.	
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	
Additional Discounts and Features		
<ul style="list-style-type: none"> • 40% off additional eyewear purchases. • 20% off non-prescription sunglasses. • 20% off remaining balance beyond plan coverage. • Laser vision correction—15% off the retail price or 5% off the promotional price for Lasik or PRK procedures. 		
	Want to learn more?	
	For a complete list of providers near you, use EyeMed's Provider Locator on www.eyemedvisioncare.com or call 1-866-804-0982. For Lasik providers, call 1-877-5LASER6.	

Dental

You are offered a choice between two dental plans. Each plan allows you to seek care from any licensed dental provider. However, you may be responsible for additional costs if the provider's charges exceed the plan's usual & customary levels.

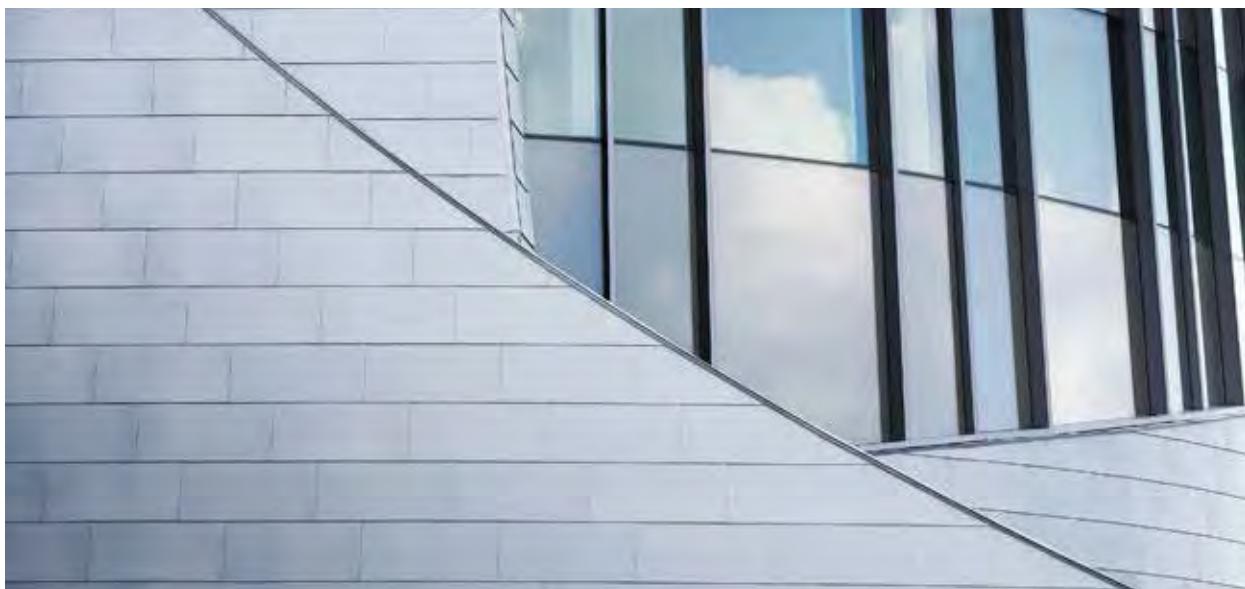
Usual & Customary: The set fee structure for a given service, determined by the insurance carrier based upon the amount providers generally charge within the geographic area where the service was performed.

Pre-Treatment Estimate: Before beginning extensive dental work, it is STRONGLY recommended that you have your dentist obtain a pre-treatment estimate from the insurance company. A pre-treatment estimate ensures that you are aware of expected out-of-pocket costs before beginning treatment.

This plan includes an annual open enrollment. If you or your dependents do not enroll when you are first eligible, then you can only enroll during annual open enrollment or during a family status change.

	2016 Securian Low Indemnity All Eligible Employees	2016 Securian High Indemnity All Eligible Employees
	Schedule of Benefits	Schedule of Benefits
Annual Deductible	\$50/Individual \$150/Family	\$50/Individual \$150/Family
Annual Dental Benefits Maximum	\$500	\$1,500
Waiting Period	None	None
Diagnostic & Preventive Services Cleanings Cleanings During Pregnancy	Plan pays 100%, no deductible Two times in any 12-month interval Three times	Plan pays 100%, no deductible Two times in any 12-month interval Three times
Basic Services Fillings Endodontic Treatment Periodontic Treatment	Plan pays 80% after deductible	Plan pays 80% after deductible
Major Services Implants, Dentures, Bridges, etc.	Not covered	Plan pays 50% after deductible
Orthodontia Dependent Children Lifetime Orthodontia Plan Maximum	Not covered	Children only to age 19 Plan pays 50% after deductible \$1,500/Lifetime

*Covered charges are limited usual and customary limitations.



Life Insurance

Basic Life Insurance

- Basic Life Insurance pays your beneficiary a benefit should you die.
- Enrollment is automatic and The Laboratory pays the full cost for all basic coverage. You do need to designate a beneficiary.
- Employees are covered for 1.5 times their annual earnings to a maximum of \$500,000 (minimum is \$50,000).

If you are an employee who elected to have your benefit frozen at \$50,000 you may no longer elect the 1.5 times benefit.

Voluntary Life Insurance

If you need additional Life Insurance to meet your financial needs, you can purchase Voluntary Life Insurance through payroll deductions for yourself and your dependents. Should you leave the company, you can elect to continue this coverage.

Employee Benefit Amount	Increments of \$10,000 to the lesser of 5x annual earnings or \$500,000
Spouse	Increments of \$5,000 to 100% of the Employee Life amount
Child(ren)	Increments of \$2,000 to the lesser of 100% of the Employee Life amount or \$10,000

Evidence of Insurability: Employees must submit proof of good health for coverage amounts above \$150,000. Spouses must submit proof of good health for coverage amounts above \$25,000. If you and/or your dependents do not enroll when initially eligible, all amounts of coverage will require evidence of insurability.

Voluntary Accidental Death & Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment Insurance (AD&D) pays your beneficiary should your death result from an accident OR if you are severely injured in an accident. If you need additional AD&D Insurance to meet your financial needs, you can purchase Voluntary AD&D Insurance through deductions for yourself and your dependents.

During annual open enrollment, you may elect to increase your AD&D coverage, without providing evidence of insurability.

Employee Benefit Amount	Increments of \$10,000 to the lesser of 10x annual earnings or \$300,000
Spouse	Increments of \$5,000 to the lesser of 100% of employee amount or \$180,000
Child(ren)	Increments of \$2,000 to the lesser of 100% of employee amount or \$60,000

Long Term Disability Insurance

The Long Term Disability plan pays you a benefit for each month you are unable to work due to a disabling condition.

Enrollment is automatic and The Laboratory pays the full cost of coverage. This means that the premium for the plan year is paid with pre-tax dollars and your benefits will be taxed.

Benefits begin after 26 weeks of disability. You will continue to receive benefits if after 24 months, you are unable to perform any gainful occupation for which you are reasonably fitted by education, training or experience and continue to have a 20% or more loss in indexed monthly earnings due to your sickness or injury.

Note: The age at which you become disabled may affect the duration of your benefits.

Benefit Amount	Plan pays 66.67% of covered monthly earnings up to \$10,000 (Benefits are considered taxable income)
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Flexible Spending Account (FSA) IRS Section 125 Plan

This plan allows you to place money in a tax-sheltered short-term account for use in paying for approved out-of-pocket health care and dependent care expenses.

Enrollment occurs before the beginning of each plan year, or for new employees, during your initial enrollment period. You **must enroll** each year in order to participate in the Health Care and Dependent Care Reimbursement Accounts. The amount you designate will be taken from your paycheck in equal amounts throughout the plan year. Once you incur expenses, you can request reimbursement from your account.

Claims must be incurred: January 2016 to March 15, 2017. These claims must be submitted no later than March 31, 2016.

IMPORTANT: Elections cannot be changed during the plan year, unless you have a qualified change in family status. In addition unused amounts will be forfeited, so it is very important that you plan carefully before making your elections.

Health Care FSA (\$2,500 maximum)

This plan allows you to pay for eligible out-of-pocket health expenses with pre-tax dollars. Eligible expenses include plan deductibles, copays, coinsurance and other non-covered medical, dental and vision health care expenses for you and your dependents. You may access your entire annual election from the first day of the plan year.

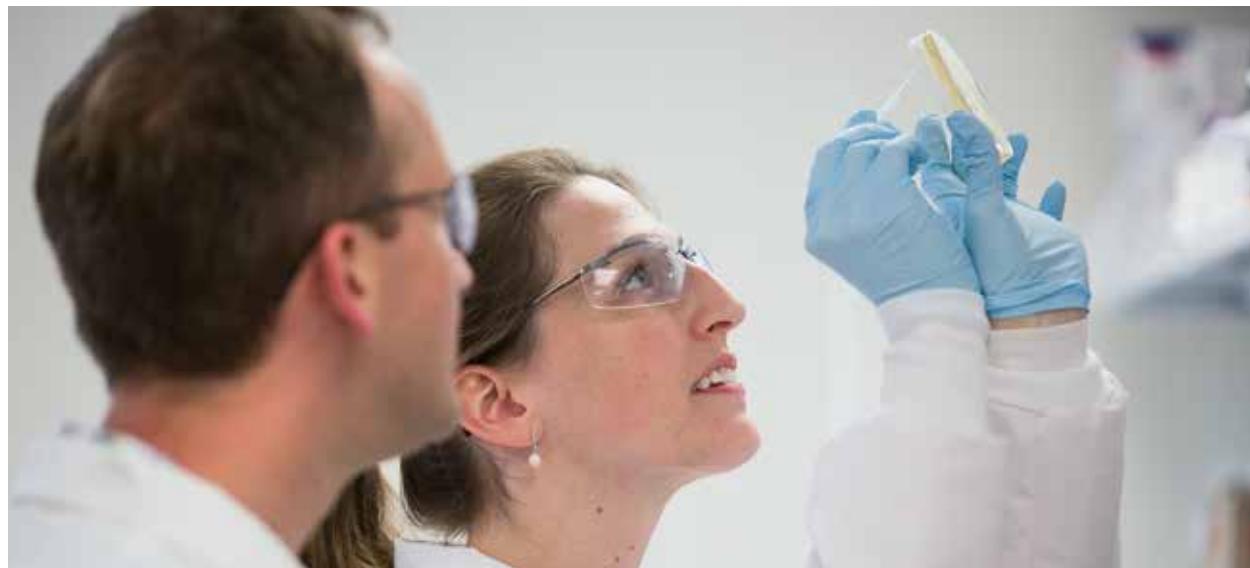
You can also pay at the time of service, using your Flexible Spending Account debit card (health care expenses only). Keep your receipts and Explanation of Benefits (EOBs) in the event that your vendor or the IRS requests additional information on your transaction.

Over-the-counter drugs are not covered effective 1/1/2011 without a prescription from your doctor.

Dependent Care FSA (\$5,000 maximum)

This plan allows you to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible expenses may include daycare centers, in-home child care and before or after school care for your dependent children under age 13 (other individuals may qualify if they are incapable of self-care and are considered your taxable dependent).

Note: All caregivers must have a tax ID or Social Security Number. This information must be included on your federal tax return. If you use the Dependent Care Reimbursement Account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult your professional tax advisor to determine whether you should enroll in this plan.



Retirement Plan 403(b)

- Eligibility starts from the first day of regular full-time employment or regular part-time employment.
- Laboratory contributions begin on the first day of the month following six months of regular full-time or part-time employment or at age 21, whichever is later.
- The Laboratory will automatically contribute 5% of pay each pay period following the six month waiting period.
- The Laboratory will also match employee contributions to the plan up to 5% of base pay.
- You may contribute up to \$18,000 each year on a pre-tax basis and an additional \$6,000 per year if 50 years or older.
- Choice of funds management by TIAA-CREF.
- You may be able to roll over your Qualified Defined Contribution retirement plans with previous employers into the Laboratory plan.

Extended Medical Leave

The Extended Medical Leave Plan provides 66 - 2/3% of your pay, after you have depleted your sick days, for each day you are unable to work because of injury or illness. You may elect to use your vacation days after the completion of your sick days before you begin EML.

Benefits begin after 5 consecutive work days of disability and continue through your 26th week of disability. You may use your sick and vacation days during the 5 day waiting period and until they are depleted.

If you work in a state that has a state mandated disability plan, your total combined benefit amount will be the greater of your state's plan or this plan. Please refer to your plan benefit booklet for details.

For benefits to become effective you must call FMLASource at 1-877-786-3652 and have your leave certified and approved. You must also contact your supervisor and complete a request for leave.

Weekly Benefit Maximum	Plan pays 66% of covered weekly earnings for up to 25 weeks
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Paid Time Off

Vacation Time

Non-Exempt (Hourly, Full-time employee)

Days/Years of Service	< 2 years	< 3 years	< 10 years	< 20 years	< 25 years	> 25 years
Days per year	11 days	13 days	16 days	21 days	26 days	31 days
Hours per pay period	3.38 hr	4.00 hr	4.92 hr	6.46 hr	8.00 hr	9.54 hr
Unused maximum accrual hours	176 hr	208 hr	256 hr	336 hr	416 hr	496 hr
Unused maximum accrual days	22 days	26 days	32 days	42 days	52 days	62 days

Exempt (Salaried)

Days/Years of Service	< 2 years	< 3 years	< 10 years	< 20 years	< 25 years	> 25 years
Days per year			15 days	20 days	25 days	30 days
Directors/ Professors/Research/ Scientists				20 days	25 days	30 days
Hours per pay period			4.62 hr	6.15 hr	7.69 hr	9.23 hr
Unused maximum accrual hours			240 hr	320 hr	400 hr	480 hr
Unused maximum accrual days			30 days	40 days	50 days	60 days

Sick Leave

The Laboratory provides 10 paid sick days per year.

Holidays

The Laboratory provides ten paid holidays:

2016 Holidays	To Be Observed
New Year's Day	Friday, January 1
Martin Luther King, Jr. Day *	Monday, January 18
President's Day *	Monday, February 15
Patriot's Day *	Monday, April 18
Memorial Day	Monday, May 30
Independence Day	Monday, July 4
Labor Day	Monday, September 5
Columbus Day *	Monday, October 10
Veterans Day*	Friday, November 11
Thanksgiving Day	Thursday, November 24
Christmas Day	Monday, December 26

* Floating Holidays - Employees are eligible to take the first two floating holidays (out of the three available in Maine and Massachusetts) between January 1 and June 30 and the second two floating holidays between July 1 and December 31. Substitute days off may be taken whenever the employee chooses, with the approval of his or her supervisor.

Passport to Better Health

Families can avoid all or a part of their Health Plan deductible expenses by earning Health Incentive Credits through the Passport to Better Health Program. Both you and your spouse or domestic partner can each earn Health Incentive Credits. Here is a brief summary of how you may earn Health Incentive Credits.

Health Incentive Credits - You choose what works for you:

Examples	Maximum (EE/Spouse/DP)
Completion of Health Risk Assessment (Univ. of Michigan)	\$150/year
Annual Physical	\$100/year
Dental Cleaning	\$50/year
Employee Health Solutions Lifestyle Coaching	\$200/year
Personal Health Record Training	\$50 (1 per lifetime)
Preventative Services	\$100/each for any and all services each year (limit 1 per year)
Cancer Screening	\$50/each for any and all services each year (limit 1 per year)
Nurse Engaged Disease Management	\$300 (1 per lifetime)
High Risk Maternity ID & Management (Take a pregnancy and risk survey and complete the program)	\$100/each (limit 1 per year)

Maximum credits available	More than \$1,500 per year
Maximum that can be applied to deductible	\$500/individual or \$800/family

Other key points:

- Unused Credits will be rolled over each year, up to \$500/person or \$800/family.
- Credits are not taxed.
- Credits must be earned before being applied towards deductible expenses.
- You will be able to track your Credits through the Aetna.com website.
- Watch for biometric health screening opportunities and earn 250 points for healthy scores!

Not only can you earn Health Incentive Credits, you can also earn chances to win great prizes (such as the grand prize of \$5,000).

For more information, search for "JAX Passport" on Facebook or YouTube.

Watch for your Health Passport in the mail. If you do not receive one or you are a new employee, please ask Ben Billings in Human Resources to provide one to you.



Other Benefits

Tuition Reimbursement

For college tuition and college admission tests (Program), limited to no more than three courses per twelve-month period starting on January 1 and running through December 31 AND up to \$2,500 (undergraduate) or \$3,500 (graduate) as the total amount reimbursed during this period.

Employee Assistance Program (EAP)

All employees and their families are eligible 24/7 to use the EAP program to help address and resolve a number of issues, including relationship difficulties, emotional problems, addictions, financial problems, eldercare and nearly anything else that may bother you, hurt you and make you less effective. 1-800-932-0034 or eapinfo@acispecialtybenefits.com

Group Auto & Homeowners Insurance

The Laboratory offers you the opportunity to take advantage of the group discounts available from MetLife for auto and homeowners insurance. Call 1-800-GET-Met-8 for a free quote.

Group Long Term Care

The Laboratory offers Long Term care for you and your family members at discounted rates. Contact Kelly Peabody at 1-207-523-2253 or KerryPeabody@clarkinsurance.com for more information.

Group Pet Insurance

The Laboratory offers group discounted rates for pet insurance. Contact VPI at 1-877-738-7874 or www.PetsVPI.com for additional information.

Bus Service (Maine Location Only)

The Jackson Laboratory and Downeast Transportation, Inc. provide year-round daily commuter bus services for employees at a reasonable cost through payroll deduction. Currently, commuter buses are provided from Bangor, Franklin/Ellsworth, and Cherryfield.

Fitness Center (All Locations)

Open 24/7/365 State of the art fitness center, meeting all of your exercise needs.



For Confidential Assistance

While you are always welcome to contact your Human Resources representatives should you have a benefit or claims question, another option is to contact the Benefit Advocate Team at Hays Companies. Hays Companies is the benefits consulting firm that assists us with our benefits program.

Benefit Advocates are available to provide quick and confidential assistance to you and your covered family members. Since they are a dedicated customer service resource they many times may be able to resolve situations quicker than we can here. They will:

- Assist you in understanding your benefits
- Contact the insurance carriers on your behalf to obtain information
- Assist in resolving claims problems
- Assist with claims appeals, if necessary

Benefit Advocates are available to assist you, Monday through Friday, 8:30 AM to 5:00 PM, EST. Please have your insurance identification card available when you call.

Due to HIPAA Privacy regulations, we may need to obtain your written authorization in order to assist with certain issues. Your Benefit Advocate will provide you with an authorization form, if needed.

Annual Notice

The Women's Health and Cancer Act of 1998

Did you know that your medical plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services? These services include:

- Reconstruction and surgery to achieve symmetry between the breasts
- Prostheses
- Complications resulting from a mastectomy (including lymphedema)

Please refer to your medical plan Summary Plan Description for details or contact your Plan Administrator for more information.

Newborn Act

Did you know that your medical plan, as required by the Newborns' and Mothers' Health Protection Act, generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child? Length of stay may be up to 48 hours following a vaginal delivery or up to 96 hours following a delivery by cesarean section (subject to attending providers' discharge).

Please refer to your medical plan Summary Plan Description (SPD) for details, or contact your Plan Administrator for more information. Please be aware that in order to add a newborn dependent to the plan, you need to submit your enrollment change application to Human Resources within 31 days of the event.

Special Enrollment Rights

Did you know that if your family experiences a qualified change in family status, that you and/or your dependents can enroll in the group insurance plans? Qualified changes include:

- Marriage, birth or adoption of a child
- A loss of coverage under another group plan (i.e. your spouse's employer medical plan)

You may also enroll yourself and your dependents in a group health plan if your or one of your eligible dependent's coverage under Medicaid or the state Children's Health Insurance Program (SCHIP) is terminated as a result of loss of eligibility, or if you or one of your eligible dependents become eligible for premium assistance under a Medicaid or SCHIP plan. Under these two circumstances, the special enrollment period must be requested within 60 days of the loss of Medicaid/SCHIP coverage or of the determination of eligibility for premium assistance under Medicaid/SCHIP.

Please refer to your medical plan Summary Plan Description for details, or contact your Plan Administrator for more information. Please be aware that in the event of a qualified change in family status, you need to submit your enrollment change application to Human Resources in a timely manner (usually within 31 days of the event).

Korinne Reinhard

benefitsadvocate@hayscompanies.com

Online and Phone Directory for Health and Wellness Resources

Aetna Member Services..... 1-800-962-6842

- Change Primary Care Physician
- Questions about Health Plan coverage
- Check Status of Claims
- Access Aetna Resources

Aetna.com..... www.aetnanavigator.com

- Look up Benefit Plan information
- Check on your claims
- Use self service features
 - Request replacement ID Card
 - Print a claim form
 - Make changes to personal information
 - E-Mail member services
- Find a network doctor, facility or other provider
- Get health care cost information
- Access your personal health record
- Link to reliable health information

ACI Specialty Benefits..... 800-932-0034
eapinfo@acispecialtybenefits.com

- Relationship difficulties
- Emotional problems
- Grief and loss issues
- Family concerns
- Alcohol & drug addictions
- Eldercare
- Financial problems
- Stress
- Harassment or threats of violence

Single Point of Contact Nurse Assistance..... Rita: 1-866-251-2377 ext 687-0259

- Help prepare you for hospital stays
- Help you manage chronic conditions
- Help manage and coordinate complex care
- When you need special care
- Help choosing treatment options
- Direct resource for self care assistance

Aetna Behavioral Health Care Management..... 1-800-873-1988/www.aetnabehavioralhelp.com

- When life becomes difficult
- Behavioral Health care management
- Anxiety and Depression Disorders

Aetna Informed Health Line..... 1-800-556-1555

- Trained registered nurses
- Answer health related questions
- Help to decide on care
- Simple steps to resolve health issues

EyeMed Vision Discounts..... 1-866-723-0513

Aetna Hearing Discounts..... 1-888-432-7464

Securian Dental Plan..... 1-800-291-5723

- Questions about Dental Plan coverage
- Check Status of Claims

- Access Securian Resources

EBPA Flexible Benefit Planwww.EBPAbenefits.com or 1-800-258-7298

- Claim Status
- Account balance and transaction information
- Coverage information

Benefit Advocate - Korinne Reinhard 1-800-417-6226 or benefitsadvocate@hayscompanies.com

- Independent support to assist you with benefit and claim issues
- fax 1-617-723-5155

The JAXcares Disease Management Program207-561-4819

- Available to assist employees and eligible family members manage their illness, and their health benefits with expert and caring attention.
- Onsite face to face at JAX or in your local medical office
- Collaborative program offered through hospitals in Maine (MDI, Maine Coast Memorial, Blue Hill and St. Joseph's) and by Aetna over the phone for California, Connecticut, and elsewhere.
- Free
- This program is confidential

Lifestyle Coaching207-745-1863 or <https://booknow.appointment-plus.com/15e1zkdg>

- Sign up and receive a Fitbit Flex and \$200 of your 2016 Health Plan Deductible
- Face to face (telephonic in CA and CT) lifestyle coaching through Maine based Employee Health Solutions

JAXfit Wellness Program Ben Billings, x6499 or ben.billings@jax.org

<http://myjax.jax.org/jaxfit>

- JAXfit programs and Events
- Fitness Center information

St. Joseph's Family Medicine at The Jackson Laboratory - (Maine)207-288-1600

- Staffed weekdays from 7:00 a.m. to 3:30 p.m.
- Appointments scheduled daily.
- Urgent care services will always be provided during working hours.
- Non urgent walk-in client will be accommodated as staffing/appointments allow.

Retirement Plans

TIAA-CREF1-877-518-9161, www.tiaa-cref.org

- TIAA-CREF account number: 403602
- Access retirement account information
- Contact account services
- View balances, investments, statements
- Change investment elections
- Access investment tools and resources
- Access Retirement planning tools and resources

To change payroll deduction contribution levels you must contact Human Resources

MetLife Group Auto & Homeowner's Insurance1-800-GET-Met-8, www.metlife.com

Long Term Care1-207-523-2253, kerry.peabody@darkinsurance.com

VPI Pet Insurance1-877-738-7874, www.PetsVPI.com

Transportation (Maine) David Landry

207-288-6156

Transportation to and from work alternatives:

- Bus Service
- Emergency ride home
- Van pool or Car pool
- Bicycle & Walk
- Island Explorer buses

Your Employee Benefit Staff

• Tammy Dow207-288-6101, tammy.dow@jax.org

• Ben Billings207-288-6499, ben.billings@jax.org

• Jennifer Carroll (CT location).....860-856-2499, jennifer.carroll@jax.org

• Vanessa Wrobel (CT location).....860-837-2313, vanessa.wrobel@jax.org

• Rebecca McClure Becknell (Jackson Laboratory-West).....916-469-2571 Rebecca.McClure@jax.org

Important Notice from The Jackson Laboratory About Your Prescription Drug Coverage and Medicare (For Medicare participants only)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The Jackson Laboratory and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

- 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.
- The Jackson Laboratory has determined that the prescription drug coverage offered by The Jackson Laboratory Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you do decide to join a Medicare prescription drug plan and drop your current The Jackson Laboratory coverage, be aware that you and your dependents will not be able to get this coverage back. Please contact your Plan Administrator for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

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

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

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

For More Information about Your Current Prescription Drug Coverage...

Contact your Benefits Administrator at (207) 288-6840. For a further explanation of the prescription drug coverage plan provisions/options under The Jackson Laboratory Health Plan please consult the relevant plan document provisions.

For More Information about This Notice...

The Jackson Laboratory has engaged the services of Part D Advisors, Inc. to provide you with further information about this notice. Part D Advisors, Inc. can be reached, toll free, at (888) 447-2783. NOTE: You will receive this notice each year. You will also get it before the next period you can enroll in a Medicare prescription drug coverage, and if this coverage through The Jackson Laboratory changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: September 1, 2015
Name of Entity/Sender: The Jackson Laboratory
Contact--Position/Office: Customer Service, Part D Advisors, Inc
Address: 17199 N. Laurel Park Drive, Suite 400, Livonia, MI 48152
Phone Number: [888] 447-2783

THE JACKSON LABORATORY HEALTH PLANS

Privacy Statement

610 Main Street
Bar Harbor, ME 04609
Attn.: Wayne Gregersen, Privacy Officer
Telephone: (207) 288-6840
FAX: (207) 288-6506
Email: Wayne.Gregersen@jax.org

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

For purposes of this Notice, the term “The Jackson Laboratory Health Plans” means:

- The Jackson Laboratory Group Health Plan
- The Jackson Laboratory Retiree Medical Plan
- The Jackson Laboratory Group Dental Plan
- The Jackson Laboratory Flexible Spending Account Plan
- The Jackson Laboratory Employee Assistance Plan

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law

- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you:

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways:

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways -- usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

The Effective Date of this Notice is September 23, 2013.

Contact Information

Wayne Gregersen is the Privacy Officer for The Jackson Laboratory Health Plans. The Privacy Officer is the contact person for all issues regarding your privacy rights. You may contact the Privacy Officer if you have a question about the privacy of your Protected Health Information, your privacy rights, or this Notice by telephone at (207) 288-6840, by email at wayne.gregersen@jax.org, by FAX at (207) 288-6106, or in writing at 610 Main Street, Bar Harbor, ME 04609.