



Sub-Board I, Inc.

Benefits Summary

Sub-Board I, Inc. Benefits Summary

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General Information about the Plan

Sub-Board I, Inc. (the "Employer") is pleased to sponsor an employee benefit program (the "Plan") for you and your fellow employees. It is so-called because it lets you choose from several different benefit programs (which we refer to herein as "Benefit Plan options") according to your individual needs, and allows you to use Pre-tax Contributions to Pay for the benefits by entering into a salary reduction arrangement with your Employer. This Plan helps you because the benefits you elect are nontaxable (i.e., you save Social Security and income taxes on the amount of your salary reduction). Alternatively, you may choose to pay for any of the available benefits with after-tax contributions on a salary deduction basis to the extent described in your enrollment materials.

The Cafeteria Plan is summarized in this document. Information relating to the Plan that is specific to your Employer is described in the Plan Information Summary. For example, you can find the identity of the Third Party Administrator, the Employer, and the Plan Administrator in the Plan Information Summary as well as the Plan Number and any applicable contact information. This Benefits Summary describes the basic features of the Plan, how it operates and how you can get the maximum advantage from it. The Plan is also established using plan documents. However, if there is a conflict between the official plan documents and the Benefits Summary, the plan document will govern.

Participation in the Plan does not give any Participant the right to be retained in the employment of their Employer or any other right not specified in the Plan. If you have any questions regarding your rights and responsibilities under the Plan, you may also contact the Plan Administrator (who is identified in the Plan Information Summary).

Cafeteria Plan Component Summary

Q-1. What is the purpose of the Cafeteria Plan?

The purpose is to allow eligible employees to pay for certain benefit plans ("Benefit Plan Options") with pretax dollars ("Pre-tax Contributions"). The Benefit Plan Options to which you may contribute with Pre-tax Contributions are described in the Plan Information Summary.

Q-2. Who can participate in the Cafeteria Plan?

Each employee of the Employer (or an Affiliated Employer identified in the Plan Information Summary) who (i) satisfies the Cafeteria Plan Eligibility Requirements and (ii) is also eligible to participate in any of the Benefit Plan Options will be eligible to participate in this Cafeteria Plan no earlier than the Cafeteria Plan Eligibility Date. No Pre-tax Salary Reduction may be made unless a proper election is made in accordance with the terms of this summary. The Cafeteria Plan Eligibility Requirements and Eligibility Date are described in the Plan Information Summary. If you are eligible to participate in this Plan, it does not necessarily mean you are eligible to participate in the Benefit Plan Options. For details on eligibility, benefits and premiums please refer to the plan summary for each Benefit Plan Option.

Q-3. When does my participation in the Cafeteria Plan end?

Your coverage under the Cafeteria Plan ends on the earliest of the following:

- i. The date that you make an election not to participate in accordance with this Cafeteria Plan Summary.
- ii. The date that you no longer satisfy the Eligibility Requirements of this Cafeteria Plan or all of the Benefit Plan Options.
- iii. The date that you terminate employment with the Employer.
- iv. The date that the Cafeteria Plan is either terminated or amended to exclude you or the class of employees of which you are a member.

If your employment with the Employer is terminated during the Plan Year or you otherwise cease to be eligible, your active participation in the Cafeteria Plan will automatically cease. If you are rehired within the same Plan Year and are eligible for the Cafeteria Plan (or you become eligible again), you may make new elections if you are rehired or become eligible again more than 30 days after you terminated employment or lost eligibility (subject to any limitations imposed by the Benefit Plan Options). If you are rehired or again become eligible within 30 days of your termination date; your Cafeteria Plan elections that were in effect when you terminated employment or stopped being eligible will be reinstated and remain in effect for the remainder of the Plan Year (unless you are allowed to change your election in accordance with the terms of the Plan).

Q-4. How do I become a Participant?

If you have otherwise satisfied the Cafeteria Plan's eligibility requirements, you become a Participant by signing an individual Salary Reduction Agreement (sometimes referred to as an "Election Form") on which you agree to pay your share of the Benefit Plan Options that you choose with Pre-tax Contributions. You will be provided with a Salary Reduction Agreement on or before your cafeteria Plan Eligibility Date. You must complete the form and submit it to the Plan Administrator or the Third Party Administrator (per the instructions provided on or with your Salary Reduction Agreement) during one of the election periods described in Q-6., below. You may also enroll during the year if you previously elected not to participate and you experience a change described below that allows you to become a Participant during the year. If that occurs, you must complete an election change form during the Election Change Period described in Q-8., below. The election that you make under this Plan (whether to make Pre-tax Salary Reduction or not) is generally irrevocable during the Plan Year except as set forth in Q-6 below.

In some cases, the Employer may require you to pay your share of the Benefit Plan Option coverage that you elect with Pre-tax Contributions. If that is the case, your election to participate in the Benefit Plan Option(s) will constitute an election under this Cafeteria Plan.

You may be required to complete a Salary Reduction Agreement via telephone or voice response technology, electronic communication or any other method prescribed by the Plan Administrator. In order to utilize a telephone system or other electronic means, you may be required to sign an authorization from authorizing issuance of a personal identification number ("PIN") and allowing such PIN to serve as your electronic signature when utilizing the telephone system or electronic means. The Plan Administrator and all parties involved with Plan administration will be entitled to rely on your directions through use of the PIN as if such directions were issued in writing and signed by you.

Q-5. What are tax advantages and disadvantages of participating in the Cafeteria Plan?

You save both federal income tax and FICA (Social Security) taxes by participating in the Cafeteria Plan. Cafeteria Plan participation will reduce your taxable compensation and could mean a decrease in your Social Security benefits and/or other benefits (e.g., pension, disability and life insurance) that are based on taxable compensation.

Q-6. What are the election periods for entering the Cafeteria Plan?

The Cafeteria Plan basically has three election periods: (i) the "Initial Election Period," (ii) the "Annual Election Period," and (iii) the "Election Change Period," which is the period following the date you have a Change in Status Event (described below). The following is a summary of the Initial Election Period and the Annual Election Period

6a. What is the Initial Election Period?

If you want to participate in the Cafeteria Plan when you are first hired, you must enroll during the "Initial Election Period" described in the enrollment materials you will receive. If you make an election during the Initial Election Period, your participation in this Cafeteria Plan will begin on the later of your Eligibility Date or the first pay period coinciding with or next following the date that your election is received. If you are newly hired and make your election no later than thirty (30) days after your hire date, the effective date of coverage is retroactive to the hire date, if permitted by the governing documents of the Benefit Plan Options. This retroactive hire date Rule does not apply to any employee who terminates employment and is rehired within 30 days after termination or returns to employment following an unpaid leave of absence of less than 30 days. Otherwise, the effective date of coverage under the Benefit Plan Options will be the date established in the governing documents of the Benefit Plan Options.

The election that you make during the Initial Election Period is effective for the remainder of the Plan Year and generally cannot be changed during the Plan Year unless you have a Change in Status Event described in Q-8., below. If you do not make an election during the Initial Election Period, you will be deemed to have elected not to participate in this Cafeteria Plan for the remainder of the Plan Year. Failure to make an election under this Cafeteria Plan generally results in no coverage under the Benefit Plan Options; however, the Employer may provide coverage under certain Benefit Plan Options automatically. These automatic benefits are called "Default Benefits." Any Default Benefit provided by your Employer will be identified in the enrollment material. In addition, your share of the contributions for such Default Benefits may be automatically withdrawn from your pay on a pre-tax basis. You will be notified in the enrollment material whether there will be a corresponding Pre-tax Contribution for such default benefits.

6b. What is the Annual Election Period?

The Cafeteria Plan also has an "Annual Election Period" during which you may enroll if you did not enroll during the Initial Election Period or change your elections for the next Plan Year. The Annual Election Period will be identified in the enrollment material distributed to you prior to the Annual Election Period. The election that you make during the Annual Election Period is effective the first day of the next Plan Year and cannot be changed during the entire Plan Year unless you have a Change in Status Event described in Q-8 below. If you fail to complete, sign and file a Salary Reduction Agreement during the Annual Election Period, you may be deemed to have elected to continue participation in the Cafeteria Plan with the same Benefit Plan Option elections that you had on the last day of the Plan Year in which the Annual Election period occurred (adjusted to reflect any increase/decrease in applicable premium/contributions). This is called an "Evergreen Election." Alternatively, the Plan Administrator may deem you to have elected not to

participate in the Cafeteria Plan for the next Plan Year if you fail to make an election during the Annual Election Period. The consequences of failing to make an election under this Cafeteria Plan during the Annual Election Period are described in the Plan Information Summary. The Evergreen Election rules do not apply to certain Benefit Options.

The Plan Year is generally a 12-month period (except during the initial or last Plan Year of the Plan). The beginning and ending dates of the Plan Year are described in the Plan Information Summary.

Q-7. How is my Benefit Plan Option coverage paid for under this Plan?

When you elect to participate in both a Benefit Plan Option and this Cafeteria Plan, an amount equal to your share of the annual cost of those Benefit Plan Options that you choose divided by the applicable number of pay periods you have during that Plan Year is deducted from each paycheck after your election date. If you have chosen to use Pre-tax Contributions (or it is a plan requirement), the deduction is made before any applicable federal and/or state taxes are withheld.

An Employer may choose to pay for a share of the cost of the Benefit Plan Options you choose with Nonselective Employer Contributions. The amount of Nonselective Employer Contributions that is applied by the Employer towards the cost of the Benefit Plan Option(s) for each Participant and/or level of coverage is subject to the sole discretion of the Employer and it may be adjusted upward or downward in the Employer's sole discretion. The nonselective Employer Contribution amount will be calculated for each Plan Year in a uniform and nondiscriminatory manner and may be based upon your dependent status, commencement or termination date of your employment during the Plan Year, and such other factors that the Employer deems relevant. In no event will any Non-elective Contribution be disbursed to you in the form of additional, taxable compensation except as otherwise provided in the enrollment material or in the Plan Information Summary.

The Employer may provide you with employer contributions over which you have discretion to choose how to apply to the various Benefit Plan Options available under the Cafeteria Plan. These elective employer contributions are called "Flexible Credits" or "Benefit Credits." The Flexible or Benefit Credit amounts provided by the Employer, if any, and any restrictions on their use, will be set forth in the enrollment material.

Where applicable, Salary Reduction amounts from the last month of one Plan Year may be applied to pay health plan premiums during the first month of the immediately following Plan Year, as long as your Employer does this on a uniform and consistent basis with respect to all Participants.

In addition, if applicable, a terminating employee may elect to have COBRA premiums paid on a pre-tax basis from severance pay for Plan coverage.

Q-8. Under what circumstances can I change my election during the Plan Year?

Generally, you cannot change your election under this Cafeteria Plan during the Plan Year. There are, however, a few exceptions. First, your election will automatically terminate if you terminate employment or lose eligibility under this Cafeteria Plan or under all of the Benefit Plan Options that you have chosen. Second, you may voluntarily change your election during the Plan Year if you satisfy the following conditions (prescribed by federal law):

- i. You experience a "Change in Status Event" or "Cost of Coverage Change" that affects your eligibility under this Cafeteria Plan and/or a Benefit Plan Option; and
- ii. You complete and submit a written Election Change Form within the Election Change period described in the Plan Information Summary.

Change in Status Events and Cost of Coverage Changes recognized by this Cafeteria Plan, and the rules surrounding election changes in the event you experience a Change in Status Event or Cost of Coverage Change are described in the Election Change Chart.

Third, an election under this Cafeteria Plan may be modified downward during the Plan Year if you are a Key Employee or Highly Compensated Individual (as defined by the Internal Revenue Code), if necessary.

to prevent the Cafeteria Plan from becoming discriminatory within the meaning of the applicable federal income tax law.

If coverage under a Benefit Plan Option ends, the corresponding Pre-tax Contributions will automatically end. No election is needed to stop that contribution.

Q-9. What happens to my participation under the Cafeteria Plan if I take a leave of absence?

Your Employer may elect to continue coverage under one or more of the Benefit Plan Options that you chose while you are absent on a paid leave. If so, you will pay your share of the cost of such coverage that you are required to pay during such a leave by the method normally used during any paid leave (for example; with Pre-tax Salary Reductions).

In the event of unpaid leave (or paid leave where coverage is not required to be continued), you will be permitted to pay your share of the cost of any such Benefit Plan Options that you are permitted to continue during the leave in accordance with policies adopted by your Employer. The payment options offered by the Employer in accordance with such policies will be established in accordance with Code Section 125, FMLA (to the extent applicable), any other applicable federal or state law(s) and any applicable regulations issued thereunder.

Q-10. How long will the Cafeteria Plan remain in effect?

Although the Employer expects to maintain the Cafeteria Plan indefinitely, it has the right to modify or terminate the Cafeteria Plan at any time and for any reason. Plan amendments and terminations will be conducted in accordance with the terms of the Plan Document.

Q-11. What happens if my request for a benefit under this Cafeteria Plan (e.g. an election change or other issue germane to Pre-tax Contributions) is denied?

You will have the right to a full and fair review process. You should refer to Appendix I for a detailed summary of the Claims Procedures under this Plan.

Plan Information Summary

This Appendix provides information specific to Sub-Board I, Inc. The Effective Date of this Plan Information Summary is 5/1/2016. This Plan Information Summary replaces and supersedes any other Plan Information Summary with an earlier effective date.

I Employer/Plan Sponsor/Third Party Administrator Information

1. Name, address, and telephone number of the Employer/Plan Sponsor:	Sub-Board I, Inc. 341 Student Union, SUNY at Buffalo, Buffalo NY, 14260 (716) 645-2954
2. Name, address and telephone number of the Plan Administrator: The Plan Administrator shall have the exclusive right to interpret the Plan and to decide all matters arising under the Plan including the right to make determinations of fact, and construe and interpret possible ambiguities, inconsistencies or omissions in the Plan and the SPD issued in connection with the Plan.	Sub-Board I, Inc. 341 Student Union, SUNY at Buffalo, Buffalo NY, 14260 (716) 645-2954
3. Employer's federal tax identification number:	16-0981909
4. Plan Number:	001
5. Effective Date of the Plan:	May 1, 2017
6. Effective Date of this SPD:	May 1, 2017
7. Plan year:	May 1 through April 30
8. Short plan year:	Not applicable
9. Adopting Employers participating in the plan	1. Undergraduate Student Association 2. Graduate Student Association 3. Schussmeisters Ski Club, Inc. 4. Spectrum Student Periodical, Inc.
10 Third Party Administrator	Not applicable

II Cafeteria Plan Information

- a. Eligibility Requirements and Eligibility Date.** Each employee who is working 25 hours or more per week, excluding students and coaches. Those who are eligible for coverage or participation under any of the Benefit Plan Options ("Cafeteria Plan Eligibility Requirements") will be eligible to participate in this Plan on the first day of the month following one day of employment. ("Cafeteria Plan Eligibility Date").

The Employee's commencement of participation in the Plan is conditioned on the Employee properly completing and submitting a Salary Reduction Agreement as summarized in this SPD. Eligibility for coverage under any given Benefit Plan Option shall be determined not by this Plan but by the terms of that Benefit Plan Option.

- b. Annual Election Rules.** With respect to Benefit Plan Option elections, failure to make an election during the Annual Election Period will result in the following deemed election:

The employee will be deemed to have elected to continue his Benefit Plan Options elections in effect as of the end of the Plan Year in which the Annual Election Period took place. This is called an "Evergreen Election".

- c. Change of Election Period.** If you experience a Change in Status Event or Cost or Coverage Change as described in the Cafeteria Plan Summary and in the Election Change Chart, you may make the permitted election changes described in the Election Change Chart if you complete and submit an election change form within 30 days after the date of the event. If you are participating in an insured arrangement that provides a longer election change period, the election change period described in the insurance policy will apply.
- d. Benefit Plan Options.** The employer elects to offer to eligible Employees the following Benefit Plan Options subject to the terms and conditions of the Plan and the terms and conditions of the Benefit Plan Options. These Benefit Plan Options are specifically incorporated herein by reference. The maximum Pre-tax Contribution a Participant can contribute via the Salary Reduction Agreement is the aggregate cost of the applicable Benefit Plan Options selected, reduced by any Non-elective Contributions made by the Employer. It is intended that such Pre-tax Contribution amounts will, for tax purposes, constitute an Employer contribution, but may constitute Employee contributions for state insurance law purposes.

The following Benefit Plan Options are made available under the Plan to all those eligible Employees who make an appropriate election.

- i.** Health Insurance
- ii.** Vision Insurance
- iii.** Cancer Insurance
- iv.** Personal Sickness Insurance
- v.** Accident Insurance
- vi.** Dental Insurance
- vii.** Life, Accidental Death and Dismemberment Insurance
- viii.** Group Long Term Disability Insurance

Benefit Plan Options Summary

I Cafeteria Plan Benefits

Primary Health Plans (Major Medical). Eligible employees may choose either option **a.** or **b.** below:

a. Independent Health “**FlexFit Platinum**” For more information: www.independenthealth.com

- i.** Eligibility Date: First of the month following one day of employment
- ii.** Plan Anniversary Date: May 1
- iii.** Plan Premium Contribution:
 - 1.** By the Employer:
 - a.** Employee only – 90%
 - b.** Employee & Child(ren) – 85%
 - c.** Employee & Spouse – 85%
 - d.** Family – 80%
 - 2.** By the Employee:
 - a.** Employee only – 10%
 - b.** Employee & Child(ren) – 15%
 - c.** Employee & Spouse – 15%
 - d.** Family – 20%

b. BlueCross BlueShield “**Platinum Standard**” For more information:

www.independenthealth.com

- i.** Eligibility Date: First of the month following one day of employment
- ii.** Plan Anniversary Date: May 1
- iii.** Plan Premium Contribution:
 - 1.** By the Employer:
 - a.** Employee only – 90%
 - b.** Employee & Child(ren) – 85%
 - c.** Employee & Spouse – 85 %
 - d.** Family – 80%
 - 2.** By the Employee:
 - a.** Employee only – 10%
 - b.** Employee & Child(ren) – 15%
 - c.** Employee & Spouse – 15%
 - d.** Family – 20%

c. Guardian Life Insurance Company “**Vision Insurance**” For more information:

<https://www.guardiananytime.com/>

- i.** Eligibility Date: First of the month following one day of employment
- ii.** Plan Anniversary Date: May 1
- iii.** Plan Premium Contribution:
 - 1.** By the Employee:
 - a.** Employee only – 100%
 - b.** Employee & Child(ren) – 100%
 - c.** Employee & Spouse – 100%
 - d.** Family – 100%

Optional Indemnity Plans. Eligible employees may enroll in either one or all of these three options (Enrollment in a Primary Health Plan is *not* required for enrollment in one of the Optional Health Plans):

d. Aflac New York “**Cancer Care Plan (Specified-Disease Insurance)**”

- i.** Eligibility Date: First of the month following one day of employment
- ii.** Plan Anniversary Date: May 1
- iii.** Plan Contributions:
 - 1.** By the Employee:

- a. Employee only – 100%
- b. Employee & Child(ren) – 100%
- c. Employee & Spouse – 100%
- d. Family – 100%

PLEASE NOTE: Cancer Plan rates and benefits changed as of January 1, 2012. Those changes are reflected in this “*Benefit Plan Options Summary*”. Employees who enrolled in the Cancer Plan prior to January 1, 2012 are guaranteed their original rates and benefits and are not affected by these changes. Those employees should refer to the original Cancer Plan benefit description for a summary of their benefits.

- e. Aflac New York “**Personal Sickness Indemnity Plan**”
 - i. Eligibility Date: First of the month following one day of employment
 - ii. Plan Anniversary Date: May 1
 - iii. Plan Contributions:
 - 1. By the Employee:
 - a. Employee only – 100%
 - b. Employee & Child(ren) – 100%
 - c. Employee & Spouse – 100%
 - d. Family – 100%

- f. Aflac New York “**Accident Indemnity Advantage**”.
 - i. Eligibility Date: First of the month following one day of employment
 - ii. Plan Anniversary Date: May 1
 - iii. Plan Contributions:
 - 1. By the Employee:
 - a. Employee only – 100%
 - b. Employee & Child(ren) – 100%
 - c. Employee & Spouse – 100%
 - d. Family – 100%

II Default Benefits

- a. Guardian Life Insurance “**Dental-Guard Preferred**” For more information: www.guardiananytime.com
 - i. Eligibility Date: First of the month following one day of employment
 - ii. Plan Anniversary Date: May 1
 - iii. Plan Contributions:
 - 1. By the Employer:
 - a. Employee only – 100%
 - b. Employee & Spouse – 100%
 - c. Employee & Child(ren) – 100%
 - d. Family – 100%

- b. **Group Life, Accidental Death, and Dismemberment Insurance** Standard Life Insurance Company For more information: www.standard.com
 - i. Eligibility Date: First of the month following one day of employment
 - ii. Plan Anniversary Date: May 1
 - iii. Plan Contributions:
 - 1. By the Employer:
 - a. Employee only – 100%

- c. **Group Long Term Disability Insurance** Standard Life Insurance Company For more information: www.standard.com
 - i. Eligibility Date: First of the month following one continuous year of employment
 - ii. Plan Anniversary Date: May 1
 - iii. Plan Contributions:
 - 1. By the Employer:

- a. Employee only – 100%

d. Tuition Assistance

- i. The Employer will reimburse the Employee for the cost of tuition for academic courses, seminars or workshops that are job-related and that will clearly benefit the employee's job skills and performance. Reimbursement will be for a maximum of two courses, seminars or workshops per academic semester, including summer each summer session, and for a maximum amount of \$800 per semester.
- ii. The employee may apply for reimbursement from the employer by submitting a written request no later than 2 weeks after the first day the class, seminar or workshop. Included in the written request must be a complete description of the course(s), seminar(s) or workshop(s), the dates of attendance, the total cost, and a justification of its(their) job-related nature. The employer will notify the employee in writing, either approving or denying the application for reimbursement, and the reasons for such approval or denial. Any approval for reimbursement by the employer will be preliminary, pending the satisfactory completion of study by the employee. The employee must submit proof of satisfactory completion of coursework before being reimbursed. Satisfactory completion means a passing grade of *C* or better, or if letter grades are not applicable, certification from the instructor that the employee has satisfactorily completed the course in all respects. In addition, the employee must be actively employed by the employer at the time study is completed and must also be actively employed by the employer at the time proof of satisfactory completion is submitted by the employee to the employer.
- iii. Specifically excluded from reimbursement are fees and charges other than tuition, such as college fees, student activity fees, room and board charges, charges for books, supplies or equipment, and any other miscellaneous costs that may be assessed.

Claims Review Procedure

Step 1: Notice is received from Third Party Administrator.

If your claim is denied, you will receive written notice from the Third Party Administrator that your claim is denied as soon as reasonably possible, but no later than 30 days after receipt of the claim. For reasons beyond the control of the Third Party Administrator, the Third Party Administrator may take up to an additional 15 days to review your claim. You will be provided written notice of the need for additional time prior to the end of the 30-day period. If the reason for the additional time is that you need to provide additional information, you will have 45 days from the notice of the extension to obtain that information. The time period during which the Third Party Administrator must make a decision will be suspended until the earlier of the date that you provide the information or the end of the 45, day period.

Step 2: Review your notice carefully.

Once you have received your notice from the Third Party Administrator, review it carefully. The notice will contain:

- i. The reason(s) for the denial and the Plan provisions on which the denial is based.
- ii. A description of any additional information necessary for you to perfect your claim, why the information is necessary and your time limit for submitting the information.
- iii. A description of the Plan's appeal procedures and the time limits applicable to such procedures.
- iv. A right to request all documentation relevant to your claim.

Step 3: If you disagree with the decision, file an Appeal.

If you do not agree with the decision of the Third Party Administrator and you wish to appeal, you must file your appeal no later than 180 days after receipt of the notice described in Step I. You should submit all information identified in the notice of denial necessary to perfect your claim and any additional information that you believe would support your claim.

Step 4: Notice of Denial is received from Third Party Administrator.

If the claim is again denied, you will be notified in writing as soon as possible but no later than 30 days after receipt of the appeal by the Third Party Administrator.

Step 5: Review your notice carefully.

You should take the same action that you took in Step 2 described above. The notice will contain the same type of information that is provided in the first notice of denial provided by the Third Party Administrator.

Step 6: If you still disagree with the Third Party Administrator's decision, file a Second Level Appeal with the Plan Administrator.

If you still do not agree with the Third Party Administrator's decision and you wish to appeal, you must file a written appeal with the Plan Administrator within the time period set forth in the first level appeal denial notice from the Third Party Administrator. You should gather any additional information that is identified in the notice as necessary to perfect your claim and any other information that you believe would support your claim.

If the Plan Administrator denies your Second Level Appeal, you will receive notice within 30 days after the Plan Administrator receives your claim. The notice will contain the same type of information that was referenced in Step I above.

Important Information

Other important information regarding your appeals:

- i. On each level of appeal, the claims reviewer will review relevant information that you submit Even if it is new information.
- ii. You cannot file suit in federal court until you have exhausted these appeals procedures.

Domestic Partner Health Insurance Coverage

Q-1. What defines a “domestic partner”?

A domestic partner is an individual who is the opposite or same gender as the employee. The domestic partner must be at least 18 years of age, and cannot be related to the employee by marriage or by blood in a way that would bar marriage. Nor can the domestic partner be married to anyone else, or have had another domestic partner for a period of not less than one year.

Q-2. What kind of coverage am I entitled to if I have an eligible domestic partner?

If you wish to cover your eligible domestic partner under one of our group health plans, you and your partner would be eligible for the same coverage as a married employee and spouse (i.e., Double Coverage).

Q-3. If my domestic partner has children, am I eligible for Family Coverage?

Yes. You may elect Family Coverage if your eligible domestic partner has children, whether the domestic partner is of the opposite gender or the same gender.

Q-4. Do I have to provide proof that my domestic partner is eligible?

Yes. In addition to the conditions stated above in Question #1, you must provide proof of cohabitation and proof of eligibility. Proof of cohabitation can be documented in several ways. Refer to the Independent Health and BlueCross BlueShield plan documents for examples of documentation required. Independent Health and BlueCross and BlueShield reserves the right to perform random audits and to require a group to provide documented proof of domestic partner eligibility status when requested.

Q-5. Do COBRA rules apply to my domestic partner?

Yes, COBRA rules apply to your domestic partner for continuation of coverage.



University at Buffalo
341 Student Union
Buffalo, NY 14260

Tel: (716) 645-2954
Fax: (716) 645-2674
Web: sbi.buffalo.edu

As a participant in the Sub-Board I, Inc. Cafeteria Plan, you are entitled to receive important information related to the plan from Sub-Board I, Inc., including the following:

- **Summary Plan Description (SPD)** - the SPD provides information about how your Welfare Benefit Plan works and other key plan information.
- **Summary of Material Modifications (SMM)** – the SMM describes material modifications to the plan and changes to information required to be included in the SPD.

Consent to receive electronically delivered documents can be withdrawn at any time by you, without charge. To withdraw consent or to update your address for receiving electronically delivered documents, you must send an email or written communication to the contact listed below stating that: you no longer wish to receive the above participant disclosure materials electronically and providing an updated physical address where you can receive the documents; or, your updated address for receipt of electronically delivered documents. In addition, you have the right to request and obtain a paper version of an electronically delivered document, which will be provided by Sub-Board I, Inc. free of charge.

I consent to receive electronic delivery of the above participant disclosure materials (SPD and any SMMs) to the following address:

Electronic Address (email): _____

Print Name: _____

Signature: _____

Date: _____

Return signed consent form, or request to withdraw consent or update email address, to:

Michael R. Grela
Director of Accounting

341 Student Union
University at Buffalo
Buffalo, New York 14260

mrgrela@buffalo.edu

(716) 645-2954