

RTI Benefits 2019

Options to Meet Your Needs

U.S. Benefits Options



Important Terms

Coinsurance	The percentage share of eligible medical expenses that the plan pays for a covered service.
Consumer-Driven Health Plan	A health insurance plan that includes higher deductibles (as determined by the Internal Revenue Service [IRS]) and lower premium costs; an individual must have a Consumer-Driven Health Plan to open a Health Savings Account (HSA).
Copayments/ Deductibles	Copayments (copays) and deductibles are expenses to be paid by you or your dependent for covered services. Deductible amounts are separate from copays, and copays do not reduce the deductible amounts. You are responsible for paying the copay and deductible amounts, in addition to any coinsurance percentage. Once the deductible maximum in the schedule has been reached, you and your family do not need to satisfy any further deductibles for the rest of that year.
Elimination period	Under the disability plans, a period of continuous disability before benefits can begin.
Flexible Spending Account (FSA)	Tax-free money deducted from your pay and placed in accounts to be used for certain health and dependent care expenses.
Health Savings Account (HSA)	A special tax-advantaged account that allows individuals to pay for current health expenses and save for future qualified medical and retiree health expenses on a tax-free basis. An individual must be covered by a Consumer-Driven Health Plan to be able to take advantage of HSAs.
Insured plan	A plan in which RTI pays a fixed, per-employee premium to the insurance carrier, and the insurance carrier assumes the cost of health care claims.
Maximum reimbursable charge	The allowable charge for out-of-network services, providers, and supplies. This method is indexed off Medicare's fee schedule rather than using the usual, customary, and reasonable (UCR) payment method.
Out-of-pocket cost	The amount paid by the employee for medical expenses not covered by the plan.
Out-of-pocket maximum	The maximum employee liability for the cost of services within the plan.
Preferred provider organization (PPO)	A traditional insurance plan with deductibles and coinsurance features. You may choose any licensed providers for your medical care, and benefits are not restricted to any service area.
Premium	The portion of the fixed cost that the employee pays, usually monthly, through payroll deduction.
Self-insured plan	A plan in which RTI finances health care costs by paying claims from its own employer funds.
Usual, customary, and reasonable (UCR)	The fee charged by most providers in a given geographical area for a particular service.

Please see your summary plan descriptions for more detailed definitions.

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Introduction: 2019 Benefits Program

RTI International offers a comprehensive benefits package through our benefits program. In this booklet, you will find details about the benefits that are available to our U.S.-based staff and their eligible dependents. We encourage you to use this booklet to help you consider your benefit options for 2019 and choose those that work best for you and your family. For detailed plan information and other resources, please see [Employee Benefits](#) on RTI Insider.

Eligibility for Benefits Coverage

To be eligible for benefits coverage, you must be a regular full-time or part-time employee. Your employment status affects your eligibility for some of these benefits. See **Table 1** to determine your general eligibility for benefits coverage.

Table 1. **Benefits Eligibility**

For the following benefits...	You must be scheduled to work at least...
Medical insurance	25% time
Dental insurance	25% time
Flexible Spending Accounts (FSAs)	25% time
Group term life/accidental death and dismemberment (AD&D) insurance	50% time
Short-term disability (STD) insurance	37.5% time
Long-term disability (LTD) insurance	37.5% time

Paying for Your Benefits Plans

Generally, you and RTI share the cost for your benefits plans. You pay for some of your benefits with pre-tax dollars and others with after-tax dollars.

At Hire

Following are the benefits plans available on your date of hire and a summary of how you pay for them:

Medical Insurance

- You and RTI share the cost for coverage.
- Your share of the cost of insurance (the premium) is paid with *pre-tax dollars*.

Dental Insurance

- You and RTI share the cost for coverage.
- Your share of the premium is paid with *pre-tax dollars*.

Flexible Spending Accounts

- You can choose to contribute to a health care flexible spending account (FSA), a dependent care FSA, or both.
- Your contributions are made with *pre-tax dollars*.

Group Term Life and AD&D Insurance

- RTI provides basic term life and accidental death and dismemberment (AD&D) insurance (1 times your annual base salary at no premium cost to you).

- In addition to the basic term life/AD&D insurance coverage that RTI provides, you can purchase supplemental term life/AD&D insurance with *after-tax dollars*. You pay the full cost of coverage.
- You can purchase an additional
 - 1 times annual salary (total 2 times)
 - 2 times annual salary (total 3 times)
 - 3 times annual salary (total 4 times)
 - 4 times annual salary (total 5 times)
 - 5 times annual salary (total 6 times).

Dependent Life Insurance

- You can purchase life insurance for your eligible dependents.¹
- Your premium is paid with *after-tax dollars*.

Short-Term Disability Insurance

- RTI provides coverage at no cost to you.

Long-Term Disability Insurance

- You and RTI share the cost for coverage.
- Your share of the premium is paid with *after-tax dollars*.

401(k) Retirement Plan

- You can elect to contribute to your 401(k) in three ways: (1) pre-tax, (2) Roth 401(k) after-tax, or (3) traditional after-tax earnings, beginning on your date of hire.
- When you **complete 1 year of service and are at least 19 years old**, RTI will contribute an amount equal to 8% of your base salary into your 401(k) plan every pay period. (See the *Retirement* section of this booklet for details.)

¹ If you enroll yourself and your dependents within 30 days of hire or date first eligible for coverage, no medical evidence of insurability—known as a Statement of Health—is required for coverage amounts up to \$500,000 for you, \$30,000 for your spouse/domestic partner, or \$10,000 for your dependent children. Larger coverage amounts will require a Statement of Health, regardless of when you enroll.

What If I Don't Enroll When First Hired?

If you do not enroll within 30 days of your hire date or date first eligible for coverage, you will have no coverage *except* for group term life/AD&D insurance and STD insurance. Your next opportunity to enroll in benefits will occur at the next scheduled open enrollment period. If you are scheduled to work 50% time or more, RTI automatically provides group term life/AD&D coverage at 1 times your base annual salary at no cost to you.

If you do not enroll when first eligible, you will have to wait until the next open enrollment period to enroll in medical/vision coverage, dental coverage, and FSAs for the following year. You cannot enroll in medical/vision coverage, dental coverage, or FSAs during the year unless you or your family member has a *life status change*. Examples of life status changes include birth, marriage, divorce, and other qualifying events that affect your and your family members' eligibility for group insurance benefits.

You may elect life/AD&D and disability coverage any time during the year. However, you must submit a Statement of Health form if you do not enroll within the first 30 days of your hire date or date first eligible for coverage. Any request to enroll for the first time or to increase coverage made 30 days after your first eligibility will require completion of a Statement of Health form and approval by the carrier before changes to your coverage will be made.

Enrollment Tips

Enrolling in Benefits

Each year, you have an opportunity to make new benefit elections during the open enrollment period. Once you make your elections, they will remain in effect until the end of the calendar year (January 1 through December 31).

You do not have to enroll the same family members for each plan (e.g., you may enroll your entire family in medical/vision coverage and enroll only yourself in dental coverage). How you enroll in your benefits is entirely up to you.

If you are a full- or part-time employee and waive medical/vision coverage for yourself, you will be eligible to receive a monthly credit in your paycheck.

- Full-time employees will receive a \$60 monthly credit for waiving coverage.
- Part-time employees will receive a \$30 monthly credit for waiving coverage.
- The monthly credit you receive is a taxable benefit.

If you and your spouse/domestic partner both work for RTI, you cannot have “double coverage” under our life insurance policy. In other words, you cannot be covered under the dependent life insurance of another RTI employee if you both work for RTI. You also cannot cover the same dependent children under each of your dependent life plans if you and your spouse/domestic partner are both RTI employees.

Coverage for Children Up to Age 26

For medical/vision, dental, and life insurance coverage, eligible children are defined as follows:

- Eligible children up to age 26 include
 - Your biological son, biological daughter, stepson, or stepdaughter
 - Your legally adopted child or a child who has been legally placed for adoption and legally placed foster children
 - A child who is placed with you by an authorized placement agency or by a judgment decree or court order
 - A child of your domestic partner
 - A child for whom you are the legal guardian.
- Eligible children up to age 26 do not need to be your tax dependents (no residency or support requirements apply).
- Eligible children up to age 26 can be married. However, you may not cover their spouses, partners, or children.
- Eligibility for children will end on the date they turn 26.

Spousal Verification

A spouse is defined as an individual who is legally recognized as the spouse of a participant under the laws of the state or foreign jurisdiction in which the marriage took place and under the Internal Revenue Service (IRS) Code. The term “spouse” includes a domestic partner if the domestic partner is legally recognized as the spouse of the participant as described in the previous sentence.

If you are enrolling a spouse, the pre-tax treatment to your benefit elections will automatically apply.

If you choose to cover a domestic partner who does not meet the prior definition of a spouse or a child of your domestic partner who does not meet the prior definition of a spouse, then you

will be taxed on the value of the domestic partner and/or child of domestic partner coverage less the premium you pay toward the cost of their coverage. The portion of the premium you pay for coverage for a domestic partner and/or a child of a domestic partner is paid on an after-tax basis. Special tax and legal considerations apply when covering a domestic partner. If you have any questions, please consult a tax or legal advisor before enrollment.

Dental Lock-In

A 2-year lock-in applies for the dental Premier Plan. If you elect the Premier Plan, you must remain enrolled in this plan for 2 years. For example, if you enroll in this coverage for 2019, you must remain enrolled *through the end of 2020*.

Spouse/Domestic Partner Surcharge

If you enroll a spouse/domestic partner as a dependent under one of RTI’s medical plans, you must select the appropriate working spouse surcharge option during your benefit enrollment process in [Connect](#). If your spouse/domestic partner is eligible for another employer’s medical plan, you may enroll him or her in RTI’s plan; however, a surcharge of \$100 per month will apply. If there is a change in the other employer’s coverage status, you may update your working spouse/domestic partner surcharge option at any time throughout the year. If you enroll a domestic partner for the first time, you will be required to complete an affidavit of domestic partnership within 30 days of that enrollment.

Medical Plans

As an employee, one of the most important decisions you must make is choosing the medical plan option that is best for you and your family. RTI offers three Cigna medical plans to all U.S.-based employees, except those living in Hawaii. Employees living in Hawaii are eligible for the medical plan offered through Hawaii Medical Service Association (HMSA) only. Employees living in California are eligible for a traditional Kaiser Permanente health maintenance organization plan in addition to the three Cigna medical plans. Employees living in Massachusetts are eligible for two Tufts medical plans in addition to the three Cigna medical plans. Check the Health Insurance section of the [Benefits page](#) on RTI Insider for Kaiser and Tufts medical plan information.

RTI's medical plans offer a variety of coverage options to meet your needs. This coverage can protect you and your family from high and often unexpected medical expenses.

Eligibility

All regular employees scheduled to work 25% time or more are eligible for medical coverage beginning on the first day of employment. You may also enroll eligible dependents, who include your

- Spouse
- Domestic partner (opposite or same sex; in accordance with applicable state laws, registration may be required)
- Children up to age 26.

See the *Coverage for Children Up to Age 26* section for the definition of eligible dependents and enrollment requirements.

To enroll in medical insurance, you must be scheduled to work 25% time or more



Four Options for Coverage

As shown in Table 2, there are four ways to cover yourself and your eligible dependents.

Table 2. **Medical Plan Coverage Options**

Options	Who Is Covered
Individual	Covers employee only
Employee/spouse	Covers employee and spouse/domestic partner
Employee/children	Covers employee and all dependent children
Family	Covers employee, spouse/domestic partner, and all dependent children

Medical Benefits Summary

Through Cigna, RTI offers the following three medical plan options:

- Premier Plan—with a \$600 individual/\$1,200 family annual deductible for in-network coverage
- Standard Plan—with an \$800 individual/\$1,600 family annual deductible for in-network coverage
- Consumer-Driven Health Plan/Health Savings Account (HSA)—with a \$1,450 individual/\$2,900 family annual deductible for in-network coverage paired with an HSA. (For this plan, deductibles are determined by IRS and are subject to change each year.)

The three medical plan options are centered on the Open Access Plus network—a group of doctors, hospitals, and other health care providers. When you need medical care, you

can decide to use the providers in the network or seek services from a provider outside the network. You always have a choice.

You minimize your costs when you use hospitals and doctors in the Open Access Plus network. You can select a primary care physician (although this is not required) to coordinate your care. No referrals are required to access services from network specialists.

You can seek care outside the network, but keep in mind that you will pay higher out-of-pocket costs when you use out-of-network providers.

Best Doctors Medical Treatment Support

If you and your dependents are enrolled in any of the three Cigna medical plans, you will have access to Best Doctors, a separate professional services entity not affiliated with Cigna. Best Doctors provides expert medical second opinion

1.800.244.6224

Toll-Free Cigna Customer Service



and treatment support services. RTI pays the full cost of this program, so Best Doctors is available at no cost to employees and dependents enrolled in one of our Cigna medical plans. If you are considering a second opinion about a medical procedure or want some advice about a treatment recommended by your doctor, Best Doctors can help. When you engage Best Doctors, they will collect your medical records, tests, and samples and have them reviewed by the world's top medical experts who specialize in your condition, medical procedure, or treatment.

Here is how the process works:

1. You will contact Best Doctors to speak with a clinician. The clinician will conduct an in-depth discussion to gather medical information.
2. Best Doctors will, with your permission, collect your relevant medical records and create your clinical summary.

3. Best Doctors will select an expert physician who specializes in your condition to review your case.
4. Your case will be sent to and reviewed by the assigned expert.
5. You will receive a report with the expert's opinion and medical recommendation.

More details about the new Best Doctors program are provided on RTI Insider [here](#). You can also visit the Best Doctors [website](#) for more information.

Table 3 compares the benefits among the three Cigna medical plans. The table is intended only to highlight your benefits and should not be relied on to fully determine coverage.

NOTE: The benefit summary information provided here does not cover all of your health care expenses. For more details about the medical plans and their terms, see the plan descriptions on RTI Insider [here](#).

Table 3. Cigna Medical Plans Comparison

	Cigna Open Access Premier		Cigna Open Access Standard		Consumer-Driven Health Plan/HSA	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible						
Individual	\$600	\$1,800	\$800	\$2,400	\$1,450	\$2,400
Family	\$1,200	\$3,600	\$1,600	\$4,800	\$2,900	\$7,200
Out-of-Pocket Maximum						
Individual	\$3,600	\$9,000	\$4,600	\$12,000	\$5,000	\$12,000
Family	\$7,200	\$18,000	\$9,200	\$24,000	\$10,000	\$24,000
Office Visit Copays						
Preventive care	100% (no copay)	70% after deductible	100% (no copay)	60% after deductible	100% (no copay)	100%
Primary care physician	\$25	70%/30%*	\$30	60%/40%*	80%/20%*	60%/40%*
Specialist	\$40	70%/30%*	\$55	60%/40%*	80%/20%*	60%/40%*

Table 3. **Cigna Medical Plans Comparison** (continued)

	Cigna Open Access Premier		Cigna Open Access Standard		Consumer-Driven Health Plan/HSA	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network

Lifetime Maximum Benefit: Unlimited

MRI, CT/PET scans	\$75 copay, then 90%/10%*	\$75 copay, then 70%/30%*	\$100 copay, then 80%/20%*	\$100 copay, then 60%/40%*	80%/20%*	60%/40%*
Hospital—inpatient	90%/10%*	70%/30%*	80%/20%*	60%/40%*	80%/20%*	60%/40%*
Hospital—outpatient	90%/10%*	70%/30%*	80%/20%*	60%/40%*	80%/20%*	60%/40%*
Emergency room	\$155 copay	\$155 copay	\$175 copay	\$175 copay	80%/20%*	80%/20%* (for true emergency only; otherwise, 60%/40%*)

Mental Health and Substance Abuse (MH/SA) Combined

MH/SA—inpatient	90%/10%*	70%/30%*	80%/20%*	60%/40%*	80%/20%*	60%/40%*
MH/SA—outpatient	\$25 copay	70%/30%*	\$30 copay	60%/40%*	80%/20%*	60%/40%*

Retail Pharmacy (30-day supply)

Generic	\$10	No coverage	\$10	No coverage	80%/20%*	50%/50%*
Preferred brand	\$35	No coverage	\$50	No coverage	70%/30%*	50%/50%*
Non-preferred brand	\$70	No coverage	\$100	No coverage	60%/40%*	50%/50%*
Deductible	\$25 (individual); \$50 (family)**	No coverage	\$50 (individual); \$100 (family)**	No coverage	Plan deductible	Plan deductible

Mail-Order Pharmacy (90-day supply)

Generic	\$20	No coverage	\$20	No coverage	80%/20%*	No coverage
Preferred brand	\$70	No coverage	\$80	No coverage	70%/30%*	No coverage
Non-preferred brand	\$140	No coverage	\$160	No coverage	60%/40%*	No coverage
Deductible	\$25 (individual); \$50 (family)**	No coverage	\$50 (individual); \$100 (family)**	No coverage	Plan deductible	Plan deductible

*After the plan deductible is met, you and the plan share the cost of services. The first number is the percentage of coinsurance paid by the plan, and the second number is the percentage you pay.

**Deductible is waived for purchase of generic drugs.

Special Rules for the Consumer-Driven Health Plan/HSA

HSAs are available only to employees who enroll in the Cigna Consumer-Driven Health Plan. If you enroll in this plan, Cigna will automatically initiate the setup of your HSA with HSA Bank, Cigna's HSA administrator. Once your HSA eligibility is confirmed, you will receive an HSA debit card and a welcome kit from HSA Bank.

The maximum annual HSA contribution amount for 2019 is \$3,500 for employee-only coverage and \$7,000 for family coverage, which includes RTI employer contributions. Individuals who are 55 or older may make a special catch-up contribution of \$1,000. If you contribute to an HSA, then drop out of the Consumer-Driven Health Plan mid-year, make sure you understand how the IRS HSA prorated contribution rules work to avoid paying income tax and a 10% penalty on a portion of your HSA account balance.

Table 4 shows the amounts that RTI will contribute to the Consumer-Driven Health Plan/HSA.

Table 4. **RTI Contributions to the Consumer-Driven Health Plan/HSA**

For coverage for...	RTI contributions are...
Employee only	\$650 per year (\$54.17 per month)
Employee plus spouse/ domestic partner	\$950 per year (\$79.17 per month)
Employee plus children	\$950 per year (\$79.17 per month)
Family	\$1,300 per year (\$108.33 per month)

Those enrolled in the Consumer-Driven Health Plan/HSA can save out-of-pocket costs for certain prescriptions. Preventive medications used to treat chronic diseases will be covered at 100% and will not be subject to your annual deductible. Preventive medications are found on the Preventive Drug List located on CVS/caremark's [website](#). Any drugs you purchase that are not on the list will be subject to the annual deductible before the plan pays.

Mental Health and Substance Abuse Coverage

Mental health and substance abuse benefits for members of any of our three Cigna plans are provided through [Cigna Behavioral Health](#), which provides inpatient and outpatient services. Prior authorization for inpatient mental health

and substance abuse benefits is required; call 1.800.926.2273 to obtain prior authorization. Prior authorization for routine outpatient care, such as individual and group counseling, is not required.

CVS/caremark Pharmacy Benefits

Pharmacy benefits for members of any of our three Cigna plans are provided through CVS/caremark. The ID number for your CVS/caremark prescription drug coverage will be listed on the back of your new Cigna medical ID card, so be sure to present your CVS/caremark ID number to your pharmacist when filling any prescriptions.

Medical ID Cards

If you enroll in one of the RTI Cigna medical plans for the first time, Cigna will mail medical ID cards for you and each of your newly enrolled family members. Each enrolled family member needs to use his or her own card.

You can receive up to four ID cards per package from Cigna. If you enroll more than four family members, you will receive an additional package from Cigna with extra ID cards.

Your CVS/caremark prescription drug coverage ID number is listed on the back of your Cigna medical ID card.

**Cigna will send an ID card
for each family member
enrolled**

Important Facts to Remember

If you are enrolled in any of the Cigna or Kaiser medical plans, your basic vision coverage is offered through VSP and not through Cigna. See the next section of this booklet for more information about our vision plan.

If you are enrolled in any of the Cigna medical plans, your mental health and substance abuse coverage is offered through Cigna Behavioral Health. You must obtain prior authorization for inpatient mental health and substance abuse benefits by calling 1.800.926.2273. You can identify Cigna providers [here](#).

Employees in Massachusetts and Rhode Island may choose from the Cigna preferred provider organization (PPO) medical plans, which are offered through the CareLink-Tufts network, in addition to the PPO plans offered directly by Tufts.

If you choose not to be covered by RTI's medical insurance because you have coverage elsewhere, you may not join or rejoin until the following calendar year unless you experience a qualified life status change, as described in the *Making Changes During the Year* section.

If you don't enroll your dependents when they are first eligible, you can't enroll them until the next open enrollment period unless you experience a qualified life status change, as described in the *Making Changes During the Year* section.

For those dependents covered by your *and* your spouse's/domestic partner's insurance, most insurance carriers will consider the policy belonging to the parent whose birthday occurs earlier in the calendar year to be the primary policy.

If you and your spouse/domestic partner have other coverage, the RTI medical plan—as the primary or secondary payer—will pay only up to the RTI plan maximum percentage. Benefits will not be coordinated between the insurance companies to pay 100% of medical costs.

Contact Human Resources on RTI Insider at My Service Portal if you have questions about your benefits coverage. You can also call 919.541.1200 or 1.800.334.8571, ext. 21200. The address for Human Resources is below:

RTI International

Human Resources Employee Services

3040 East Cornwallis Road, Building O9

Research Triangle Park, NC 27709

Vision Plan

(applies to employees enrolled in the Cigna or Kaiser medical plans)

If you choose any of the Cigna or Kaiser medical plans, you and any covered dependents are also automatically provided vision coverage through VSP. There is no separate vision plan enrollment. VSP is our vision carrier, and Ameritas is our vision plan administrator. Contact VSP Member Services at 1.800.877.7195 if you have any questions about your vision coverage.

Vision Benefits Summary

To use your vision benefits, simply make an appointment with a VSP provider and tell the provider you are a VSP member. You will not have to show an ID card, fill out claim forms, or wait for reimbursement. You can search for a list of providers [here](#).

Table 5 summarizes the VSP benefits for in-network and out-of-network providers.

Table 5. **VSP Benefits Summary**

Benefits	In Network	Out of Network
Annual exams	\$10	Up to \$45
Materials deductible for lenses and/or frames	\$25	\$25

VSP pays:

Frame	\$120 allowance toward any frame of your choice, plus 20% off any amount over the allowance	Up to \$70
Single lenses	100%	Up to \$30 per pair
Bifocal lenses	100%	Up to \$50 per pair
Trifocal lenses	100%	Up to \$75 per pair
Lenticular lenses	100%	Up to \$100 per pair
Contact lenses—necessary	100%	Up to \$210
Contact lenses—elective	\$105 allowance toward the contact lens exam and contact lenses, plus a 15% discount off the contact lens exam before the allowance	Up to \$105

You receive:

Frequency	Exam every 12 months; lenses every 12 months; frames every 24 months—based on the date of receipt for services or materials
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NOTE: Lenses or contacts may be covered at the highest level in this table, but not both. Additional charges apply for special features added to lenses (e.g., compounded, progressive).

Vision Plan Highlights

- Approximately 30,000 providers
- One-stop shopping: exams, frames, and lenses—plus discounts for additional services
- Personalized self-service on the web
- Laser VisionCare Program
 - Educational information on the web
 - Personalized evaluation from your doctor
 - Surgical care from credentialed laser centers
 - Up to 20% discount on LASIK and PRK laser vision correction procedures.

Special Rules

The vision plan does not cover the following expenses:

- More than one eye exam in any 12-month period
- More than one pair of lenses in any 12-month period
- More than one set of frames in any 24-month period
- More than \$210 for contact lenses in any 12-month period.

When chosen, the contact lenses benefit will be in lieu of any other lenses benefit during the 12-month period and in lieu of any other frame benefit during the 24-month period. The contact lens benefit allows for one claim for each 12-month period. So if you decide to use the contact lens benefit in lieu of lenses, consider purchasing the full 12-month supply at once to use the full contact lens benefit. When lenses for glasses are chosen, expenses for contact lenses are not covered expenses during the 12-month period.

ID Cards

ID cards are not required to use your VSP benefits. However, Ameritas will send you two VSP ID cards if you are a new enrollee or make changes to your plan. To order new or additional vision cards, contact Ameritas at 1.800.487.5553.

Dental Plan

RTI's benefits program offers a range of dental benefits for you and your dependents. We have two dental plan options that provide comprehensive benefits: the Premier Plan and the Standard Plan.

The Premier Plan provides a higher level of coverage with a higher premium cost than the Standard Plan. Both plans are preferred provider organizations (PPOs) and offer a network of dentists through Ameritas. With both plans, you may visit any licensed dentist, whether the dentist is considered in network or out of network. However, you may want to use participating network dentists for lower out-of-pocket costs.

Eligibility

All regular employees scheduled to work 25% time or more are eligible for dental coverage beginning on the first day of employment. You may also enroll your eligible dependents, who include your

- Spouse
- Domestic partner (opposite or same sex; in accordance with applicable state laws, registration may be required)
- Children up to age 26.

See the *Coverage for Children Up to Age 26* section for the definition of eligible dependents and enrollment requirements.

Four Options for Coverage

Table 6 shows the four dental plan coverage options for you and your eligible dependents.

Table 6. **Dental Plan Coverage Options**

Options	Who Is Covered
Individual	Covers employee only
Employee/spouse	Covers employee and spouse/ domestic partner
Employee/children	Covers employee and all dependent children
Family	Covers employee, spouse/domestic partner, and all dependent children

To enroll in dental insurance, you must be scheduled to work 25% time or more



Dental Benefits Summary

Premier Plan

The Premier Plan pays

- 100% of the usual, customary, and reasonable (UCR) charges for diagnostic/preventive services (not subject to the deductible)
- 90% of the UCR charges for maintenance, oral surgery, and periodontic services
- 60% of the UCR charges for prosthetic/complex restorative services and implants
- Up to \$2,000 after a \$50 per-member deductible is met each calendar year (no more than 3 times the individual deductible must be satisfied in each benefit period per family)
- Up to \$2,000 lifetime maximum orthodontia benefit per covered child up to age 19.

NOTE: If you elect the Premier Plan, you must remain enrolled in this plan for 2 years. For example, if you enroll in this coverage for 2019, you must remain enrolled through the end of 2020.

Standard Plan

The Standard Plan pays

- 100% of the UCR charges for diagnostic/preventive services (not subject to the deductible)
- 80% of the UCR charges for maintenance, oral surgery, and periodontic services
- 50% of the UCR charges for prosthetic/complex restorative services
- Up to \$1,500 after a \$50 per-member deductible is met each calendar year (no more than 3 times the individual deductible must be satisfied in each benefit period per family)
- Up to \$1,000 lifetime maximum orthodontia benefit per covered child up to age 19.

Dental Rewards

Ameritas offers a Dental Rewards program for the Premier and Standard plans. This program encourages good dental habits through regular dental checkups. If you file at least one claim during the year and benefits paid are less than \$750 for the year, you will qualify for a reward of a \$250 increase in your annual maximum the following calendar year. This increase continues until you reach a total reward of \$1,000. The Dental Rewards amount earned is reduced by any amount used in any year. Dental Rewards applies to each person who is enrolled in coverage, including any of your covered family members.

The program has a cap of \$1,000 on the total rewards you can earn. If you use the entire \$1,000 in rewards, you can earn rewards during the next year. Ameritas will use your annual dental maximum benefit first, then use any available funds from your Dental Rewards balance. All deductibles and coinsurance limitations still apply. See Table 7 for a summary of the Dental Rewards benefits.

Table 7. **Dental Rewards Program**

Benefit amount	\$750	The annual maximum amount for your dental benefits
Annual carryover amount	\$250	The amount you can carry over to the following year's annual maximum
Annual PPO bonus	\$150	The additional bonus you earn during the year if you see a network dentist
Maximum carryover	\$1,000	The maximum you can accumulate and carry over

Important Facts to Remember

- If you choose not to be covered by RTI's dental insurance because you have coverage elsewhere, you may not join or rejoin until the following calendar year unless you experience a qualified life status change, as described in the *Making Changes During the Year* section of this booklet.
- If you don't enroll your dependents when they are first eligible to be enrolled, you can't enroll them until the next open enrollment period unless you experience a qualified life status change, as described in the *Making Changes During the Year* section.
- When making your decision about coverage for your dependent children, keep in mind the insurance industry's birthday rule. If your dependents are covered by your insurance and your spouse's/domestic partner's insurance, most carriers will consider the policy belonging to the parent whose birthday occurs earlier in the calendar year to be the primary policy.
- If you and your spouse/domestic partner have other coverage, the RTI dental plan—as the primary or secondary payer—will pay only up to the RTI plan maximum percentage. Benefits will not be coordinated between the insurance companies to pay 100% of dental costs.

Covered Services

The following benefits are based on UCR charges for your geographic area. We strongly encourage you to contact Ameritas for preauthorization of dental services totaling more than \$300.

Diagnostic and Preventive Services (paid at 100% of UCR under the Premier and Standard plans)

Because many dental expenses result from problems that could have been prevented by regular checkups, all diagnostic and preventive services are paid without a deductible. This part of the program helps you avoid such expenses by paying for preventive treatment. Diagnostic and preventive services include the following:

- Routine examinations, teeth cleaning, and scaling (two per calendar year)
- X-rays (full series of X-rays every 3 years; bitewing twice per calendar year)
- Prophylaxis/fluoride application to prevent decay (twice per calendar year, with fluoride application limited to dependents younger than age 19)

- Sealants for first and second molars for members age 5 through 15
- Space maintainers (limited to dependents younger than age 19).

Maintenance, Oral Surgery, and Periodontic Services (paid at 90% of UCR under the Premier Plan and 80% of UCR under the Standard Plan)

Your dental benefits cover many maintenance procedures, including the following:

- Palliative emergency treatment and emergency oral examination, not including permanent restorations or services
- Biopsies of oral tissue
- Routine fillings to restore diseased teeth
- Repair of removable dentures
- Recementing of inlays, crowns, and bridges
- Stainless steel crowns.

Surgical procedures covered by your dental benefits include the following:

- Simple extractions
- Hemisection and apicoectomy
- Oral surgery, including surgical removal of teeth and maxillary or mandibular intrabony cysts and procedures performed to prepare the mouth for dentures
- General anesthesia administered in connection with a covered dental service, only if administered by an individual licensed to administer general anesthesia.

You can receive benefits for treatment of disease of the gum and tissues around the teeth, including the following:

- Gingival curettage
- Gingivectomy and gingivoplasty
- Osseous surgery
- Periodontal scaling and root planing.

You can choose to set up a health care FSA, a dependent care FSA, or both

Prosthetic and Complex Restorative Services (paid at 60% of UCR under the Premier Plan and 50% of UCR under the Standard Plan)

Your dentist may use an artificial device to restore your natural teeth. In this case, your dental program covers the following:

- Inlays and onlays (not part of bridge)
- Crowns (not part of bridge)—one per tooth every 5 years (must be older than age 16)
- Denture adjustments and relining within 6 months of initial denture placement
- Full and partial dentures and fixed bridges (once every 5 years)
- Fixed bridge repairs
- Dental implants (covered under the Premier Plan only).

Orthodontia Services (paid at 50% of UCR under the Premier and Standard plans)

Orthodontia services are payable at 50% of UCR for covered expenses. The plan has a lifetime maximum of \$2,000 for orthodontia services under the Premier Plan and \$1,000 under the Standard Plan for members up to age 19.

ID Cards

Ameritas will send you two dental ID cards if you are a new enrollee or make changes to your dental plan. To order new or additional cards, contact Ameritas at 1.800.487.5553.



Flexible Spending Accounts

Flexible Spending Accounts (FSAs) are an important feature of the benefits program. An FSA allows you to set aside a certain amount of your paycheck into an account before it is taxed. You can then pay yourself back, on a tax-free basis, for eligible expenses.

When you begin employment or during the open enrollment period, you can choose to set up a health care FSA, a dependent care FSA, or both. Flores & Associates is the administrator of the FSA plan.

Flexible Spending Accounts Benefits Summary

There are two types of FSAs:

- Health care FSA: for reimbursement of out-of-pocket health care expenses such as copays, deductibles, coinsurance, dental expenses, and vision expenses for yourself and qualified dependents
- Dependent care FSA: for reimbursement of dependent (day)care expenses such as nursery care, after-school programs, and elder care.

You may contribute up to \$2,650 (or a maximum of \$220.83 per month) in a health care FSA in calendar year 2019. You may contribute up to \$5,000 (or a maximum of \$416.66 per month) in a dependent care FSA.

A per-pay-period contribution is automatically calculated and deducted from your paychecks throughout the year. The contributions are credited to your account after each paycheck. You can then get reimbursed with pre-tax dollars in your spending account.

Tax Advantages

You do not pay federal or state income taxes on your FSA contributions. If your earnings are below the maximum amount taxed for Social Security purposes each year, then having money for the FSA deducted from your paychecks pre-tax will also reduce your Social Security (Federal Insurance Contributions Act [FICA]) taxes. Because your benefits from Social Security are based on the FICA taxes that you and RTI pay, your ultimate Social Security benefit could

be slightly smaller than if you choose not to participate in the FSA.

Reducing your salary for health care or dependent care expenses does not affect the value of your salary-based RTI benefits. Life insurance coverage, disability benefits, and retirement plan contributions will continue to be based on your gross salary.

Special Rules

“Separate Accounts” Rule

You must make separate contribution elections for health care and dependent care FSAs. If you elect both, separate accounts will be created—one for health care expenses and one for dependent care expenses—and the contributions may not be commingled. In other words, you may not move excess (unused) dollars from one account to another. Each account has its own “use it or lose it” rule (described in the next paragraph). The plans operate on a calendar-year basis, so each year you must decide whether you want to participate in one or both accounts.

“Use It or Lose It” Rule

Any amounts that remain unused in your health care and/or dependent care FSAs at the end of the year are forfeited. (See *\$500 Health Care FSA Carryover Provision* section below for an exception to this rule.) As stated under the “separate accounts” rule, you may not transfer unused funds from one account to another.

To reduce the risk of forfeiture, carefully calculate your expenses before you make your elections.

\$500 Health Care FSA Carryover Provision

For health care FSAs, IRS permits a limited carryover of up to \$500 of unspent funds from one plan year to the next. RTI has adopted this provision. If you have a balance of up to \$500 in your health care FSA at the end of the year, the funds will be carried over automatically. If you have more than \$500 in your account at the end of the year, we will carry over up to \$500 and you will lose the rest.

Deadline for Claims

Expenses for the health care and dependent care FSAs must be incurred by December 31 of each year. To receive reimbursement, you must submit claims for both accounts by March 31 of the following year. (See the *\$500 Health Care FSA Carryover Provision* section for an exception.)

If you leave RTI, you may continue to submit health care or dependent care FSA claims until March 31 of the following year for eligible expenses incurred during your employment period. All expenses must have been incurred during the period of coverage to be eligible for reimbursement. The period of coverage for the health care FSA (only) may be extended through the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). (See the *COBRA* section of this booklet for more details.)

Health Care Flexible Spending Account

The health care FSA allows you to receive reimbursement for eligible medical expenses, some of which are detailed in this booklet. IRS limits health care FSA contributions to \$2,650 per employee. The limit is a flat dollar amount and applies on a per-employee basis, regardless of how many other individuals' medical expenses are reimbursable under the employee's health care FSA. However, spouses who are each eligible for their own employment-based health care FSAs have separate limits and can each make contributions up to the limit, even if they work for the same employer. So, if both spouses work for RTI, each spouse may elect up to the \$2,650 per-employee maximum under RTI's health care FSA.

You are the best judge of what amount needs to be designated for the health care FSA. *Estimate carefully because you will lose any money that you do not use.* Because of federal regulations, the money cannot be returned to you. (See the *\$500 Health Care FSA Carryover Provision* section for an exception.)

To enroll in FSAs, you must be scheduled to work 25% time or more

Eligible Expenses

Through the health care FSA, you can get reimbursed for certain out-of-pocket expenses, such as the following:

Medical

- Copays
- Deductible
- Coinsurance
- Noncovered expenses
- Prescription drug copays.

NOTE: Over-the-counter medications are not reimbursable under the health care FSA (with the exception of insulin) unless prescribed by a physician.

Dental

- Deductible
- Coinsurance
- Noncovered expenses.

Vision Care

- Examinations
- Glasses and contacts
- Laser surgery
- Other allowable expenses.

Any health care expense (*except* insurance premiums) considered deductible by IRS can be reimbursed with money from your health care FSA.

If you reimburse your eligible health care expenses through your health care FSA, you cannot claim those same expenses as deductions on your income tax return. Currently, only health care expenses that exceed 7.5% of your adjusted gross income are deductible for income tax purposes. This 7.5% threshold is scheduled to increase to 10% for tax years 2020 and after.

Using the Cigna Health Savings Account and Flexible Spending Account

If you enroll in the Cigna Consumer-Driven Health Plan/HSA, you can use the health care FSA—defined as a “limited purpose” FSA—only for dental and vision expenses, until you satisfy your medical plan deductible. Once you meet the deductible under the Consumer-Driven Health Plan, you can use the health care FSA for medical expenses, as well as for prescriptions and other eligible expenses.

Flores Debit Card

The health care FSA includes a debit card for your convenience. Keep in mind that if you use the debit card, you must keep your receipts to substantiate your expenses. Flores & Associates may ask you to send receipts for expenses you claim for reimbursement (e.g., any copays that do not match RTT's health care plan) in accordance with IRS guidelines. If you are asked to substantiate any expenses and do not submit your receipts during the current plan year, you will be subject to taxation in the following plan year on those amounts. For example, suppose you use your debit card in 2019 and are asked to send your receipts to Flores for substantiation during the year. If you do not send your receipts by March 31, 2020, you will be subject to taxation in 2020 on any unsubstantiated expenses that were reimbursed on your debit card.

Dependent Care Flexible Spending Account

The dependent care FSA allows you to receive pre-tax reimbursement for eligible day care expenses for your children *younger than age 13* and other qualifying dependents. Because expenses for dependent care are usually fairly predictable, they offer one of the best opportunities to use an FSA. If you and your spouse both contribute to a dependent care FSA, your combined contributions for day care expenses cannot exceed \$5,000, according to IRS regulations.

Eligibility

A “dependent” is someone you may claim as a dependent on your federal income tax return. Eligible dependents for the dependent care FSA generally include

- Your dependent children younger than age 13
- An adult living with you whom you claim as a legal dependent and who is physically or mentally incapable of self-care.

If you have a baby or adopt a child during the year, you may increase your dependent care FSA or open a new one, but you must do so within 30 days of the child’s birth (or arrival, if adopted).

Please note that children of domestic partners do not qualify as dependents under IRS rules, unless they satisfy the definition of “dependent.” Please refer to [IRS Publication 502, Medical and Dental Expenses](#), and consult with your financial advisor before you make your contribution election decision.

Eligible Expenses

Eligible dependent care services include

- Service for the full- or part-time care of a qualifying individual
- Household services (such as maid or cook services), if they are related to the care of a qualifying individual.

In addition to fees or salaries paid for dependent care, specific expenses eligible for reimbursement might include the following:

- FICA and Federal Unemployment Tax Act taxes on wages paid to a caregiver
- Room and board expenses incurred outside of the home for a caregiver.

You may not claim dependent care expenses that exceed the lesser of the following:

- The fixed dollar maximum of your plan (\$5,000; \$2,500 if married and filing separately)
- Your spouse’s earned income
- Your earned income.

How the Account Works

Money set aside in the dependent care FSA may be used to pay only those dependent care expenses necessary because you (or if you are married, you and your spouse) work. The expenses must have been incurred to enable you and your spouse to remain employed during a period in which there was at least one qualifying individual residing in your household.

In general, you may be reimbursed for any childcare expenses you are allowed to report on your IRS tax filing as eligible dependent care FSA expenses. The chief IRS limitations for childcare are as follows:

- The child must be a dependent on your IRS Form 1040.
- The child must be younger than age 13.
- Childcare must be considered “employment-related expenses,” meaning that the childcare is necessary for you to work.

Special Rules

- If your spouse has no earned income, you cannot use this account unless your spouse is disabled or a full-time student for at least 5 months during the year.
- If you use the services of a “dependent care center,” the center must meet all requirements of state and local laws. A dependent care center is any facility that provides care for more than six individuals (other than individuals who reside there) and receives a payment or grant for providing dependent care services.
- You cannot be reimbursed for expenses incurred for transportation of a dependent to a day care center or for expenses paid to one of your dependents for the care of other dependents.

- To be eligible for the tax credit or tax exclusion for dependent care benefits, you will have to provide the tax identification number or Social Security number of the dependent care provider with your tax return. [IRS Form 2441](#) is used for this purpose.
- Money must be in your dependent care FSA in order for you to use it and receive reimbursement for a claim.
- You can have a dependent care FSA and claim a tax credit for dependent care expenses, but you may not claim the same expenses for both. In some cases, it is better to claim your work-related dependent care expenses as a tax credit when you file your tax return. Before making a decision about using the dependent care FSA or the tax credit, consult a professional tax advisor. For more information, see [IRS Publication 503, Child and Dependent Care Expenses](#).

The tax rules governing dependent care reimbursement benefits are complex. If you are not sure whether your dependent or expense is eligible, or how the rules apply to your situation, you should consult your personal tax advisor for further guidance. Information is also available in [IRS Publication 17, Your Federal Income Tax](#). For information about the child and dependent care credit and how the dependent care reimbursement benefits affect your federal income taxes, refer to [IRS Publication 503, Child and Dependent Care Expenses](#).

Plan wisely...

Review your health care and dependent care expenses from the past few years to estimate your 2019 expenses for the FSAs. It may be helpful to have the following records handy:

- Explanations of Benefits for medical and dental expenses
- Receipts for other health care expenses that may not have been covered by a benefit plan
- Any expense records for dependent care costs.

Group Term Life/AD&D Insurance

Providing economic security for your family in the event of your death or serious injury is a major consideration. To help meet this important need, RTI provides group term life/AD&D insurance for eligible employees.

Our benefits program allows you to select the level of coverage that best meets your needs. Your coverage amount is rounded up to the nearest \$1,000.

Basic Term Life/AD&D Insurance

On your first day of work, RTI provides you with basic term life/AD&D insurance in the amount of 1 times your base annual salary *at no premium cost to you*. Basic term life and AD&D coverage are combined. The maximum basic term life coverage amount is \$500,000. IRS rules require RTI to impute income for any basic term life coverage more than \$50,000. If your annual salary is more than \$50,000, RTI will calculate imputed income for the amount of basic life coverage more than \$50,000 and report that imputed income value on your monthly paycheck as taxable earnings. There are no tax implications for AD&D coverage.

Supplemental Term Life/AD&D Insurance and Dependent Life Insurance

You may also purchase supplemental term life/AD&D insurance coverage for yourself and dependent life coverage for your spouse or domestic partner (same- or opposite-sex), and/or dependent children on your first day of work and during open enrollment. The maximum supplemental term life coverage amount is \$1,000,000, which is in addition to your basic term life coverage. See **Table 8** for your coverage options.

To be eligible for group term life/AD&D insurance, you must be scheduled to work 50% time or more; once enrolled in group term life insurance, you are automatically enrolled in AD&D insurance



Table 8. **Supplemental Term Life/AD&D and Dependent Life Insurance Coverage**

Supplemental term life/AD&D coverage

You can purchase

For you	1, 2, 3, 4, or 5 times your base annual salary for supplemental term life/AD&D coverage, to a maximum coverage of \$1,000,000. This coverage is in addition to basic term life/AD&D insurance.
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Dependent life coverage

You can purchase

For your spouse or domestic partner*	Up to \$50,000 of supplemental spousal life coverage in \$10,000 increments.
For your dependent children	Up to \$25,000 of dependent life coverage in \$5,000 increments from the age of 15 days to 26 years.

*In accordance with applicable state laws, registration may be required.

For example, if you purchase 5 times supplemental term life/AD&D, your total coverage for group term life/AD&D is 6 times your base annual salary. Your 6 times coverage includes 1 times basic term life/AD&D and 5 times supplemental term life/AD&D.

Insurability

During Your First 30 Days of Hire

You can purchase an additional 1, 2, or 3 times your base annual salary for supplemental term life/AD&D insurance, up to \$500,000, without completing a Statement of Health form (also known as evidence of insurability). If your supplemental term life coverage results in a benefit of more than \$500,000, you must complete a Statement of Health form to obtain any additional coverage above this amount. Underwriting approval from MetLife must be obtained before any additional coverage is provided.

You can elect coverage for your spouse or domestic partner up to \$30,000 without providing a Statement of Health form. For amounts above \$30,000, your spouse or domestic partner must complete a Statement of Health form and be approved by MetLife before any additional coverage is provided.

You can elect coverage for your dependent children up to \$10,000 without providing a Statement of Health form. Any amounts above \$10,000 require a Statement of Health form, and MetLife must approve before any additional coverage is provided.

After 30 Days of Hire

You can make changes to your supplemental term life/AD&D insurance at any time during the year. However, if you request an increase after 30 days of your hire date, you must complete a Statement of Health form. For example, if you elected basic term life insurance (1 times your base annual salary) and would like to purchase supplemental term life insurance at an additional 1, 2, 3, 4, or 5 times your base annual salary after 30 days of hire, you must complete and submit a Statement of Health form to MetLife. *Your coverage will not be increased until MetLife notifies RTI of your approval.*

If you wish to enroll your spouse or domestic partner or increase his or her coverage in dependent spouse life insurance during the year, your spouse or domestic partner must complete a Statement of Health form for any coverage level (\$10,000; \$20,000; \$30,000; \$40,000; or \$50,000). Underwriting approval from MetLife will be required before any changes can be made.

If you wish to enroll your children or increase their life insurance coverage during the year, a Statement of Health form must be provided for any coverage level (\$5,000; \$10,000; \$15,000; \$20,000; or \$25,000). Underwriting approval from MetLife will be required before any changes can be made.

You may apply for term life insurance for currently eligible dependents at any time with submission of a completed Statement of Health form. MetLife will then inform you of the status of your request for dependent life insurance. To request a Statement of Health form, contact Human Resources on RTI Insider at My Service Portal.

If you and your spouse/domestic partner are both employed by RTI, only one of you may cover the children for life insurance. If you are an RTI employee, you cannot be covered under the dependent life insurance of another RTI employee (spouse/domestic partner or dependent child).

Naming a Beneficiary

When you enroll in the group term life/AD&D insurance plan, you should consider naming a beneficiary. You may change your beneficiary at any time. Contact MetLife directly at 1.866.492.6983 to name or change your beneficiary designation. You are automatically the beneficiary for the dependent life insurance plan. See [Employee Benefits](#) on RTI Insider for information on the beneficiary designation process.



Short-Term Disability Insurance

RTI provides short-term disability (STD) coverage to eligible employees through Prudential at no cost to the employee. This plan provides weekly benefits to replace a portion of your earnings if you are unable to work because of an accident, illness, pregnancy, or childbirth. Benefits are not provided for work-related illnesses or injuries, which would be covered under workers' compensation.

Eligibility

To be eligible for the STD plan, you must

- Be a regular employee
- Be a resident of the United States or a U.S. citizen working outside the United States
- Be actively working
- Be scheduled to work a minimum of 37.5% time (employees scheduled to work less than 37.5% time are not eligible for STD coverage)
- Be covered for STD insurance before the disability.

Eligible new employees are **automatically** enrolled in STD coverage, effective on their date of hire.

Coverage

An elimination period is an amount of time you must be disabled before benefits begin. The elimination period for the STD plan is 7 calendar days.

After the elimination period, the STD plan pays a weekly benefit of 70% of your weekly base salary for up to 25 weeks for approved disabilities.

Under this plan, the maximum weekly benefit is \$4,000.

To receive STD payments, you must file a claim with the insurance carrier, be under the care of a physician, and receive approval from Prudential. Contact Human Resources on RTI Insider at My Service Portal to request an STD claim form, or contact Prudential directly at 1.800.842.1718 to initiate your STD claim. Upon approval of your claim, Prudential will mail benefit checks directly to you. Disability benefits will not be paid if you are on paid RTI leave.

To be eligible for STD insurance, you must be scheduled to work **37.5% time or more**

Long-Term Disability Insurance

If you are unable to work for an extended period because of a disability resulting from an accident or illness, you may be provided with continued income through RTI's long-term disability (LTD) insurance plan. Insurance industry statistics have shown that one out of seven employees between the ages of 35 and 65 will experience a period of disability.

Eligibility

If you are a regular employee and are scheduled to work 37.5% time or more, you may enroll in RTI's LTD plan beginning on your first day of employment. If you wish to enroll, you must do so yourself. Unlike STD benefits, RTI does not automatically enroll new hires in LTD coverage. If you enroll within 30 days of hire, coverage will be effective on the date of your hire.

Insurability

Employees who do not enroll in the plan within 30 days of hire—as well as anyone who had coverage and later discontinued it—will be required to complete a Statement of Health form and receive approval from Prudential before enrolling. Prudential may require a medical exam, at the employee's expense, to provide evidence of insurability. Neither your coverage nor your premium deductions will begin until the underwriters have approved you for coverage and notified RTI.

Pre-existing conditions, including pregnancy, may preclude LTD benefits coverage during the first 12 months of enrollment. A “pre-existing condition” means any injury or sickness for which you incurred expenses; received medical treatment, care, or services—including diagnostic measures; or took prescribed drugs or medicines within 3 months before your most recent effective date of insurance.

Coverage

After the 180-day elimination period, the LTD plan pays a monthly benefit of 60% of your monthly base salary, up to a maximum of \$15,000 per month, for up to the maximum benefit period shown in **Table 9**.

If you are unable to perform the essential elements of your job, you have satisfied the 180-day elimination period, and you have been approved by Prudential, you will begin receiving a benefit.

If you are a regular salaried or regular hourly employee working 37.5% time or more, your benefit is based on 60% of your regular monthly earnings. If you reduce your scheduled work hours to less than 37.5% time for any reason (other than an approved disability), you will lose your eligibility for disability coverage.

To receive LTD payments, you must be under the care of a physician and file a claim with Prudential. Contact Human Resources on RTI Insider at My Service Portal to request an LTD claim form. Upon approval of your claim, Prudential will mail benefit checks to you. Benefits will not be paid if you are on paid RTI leave. Partial benefits may be available if you have a disability but are able to work part time.

Maximum Benefit

The maximum time you are eligible for LTD payment is based on your age at the time you start to receive benefits. Benefits are provided according to the schedule in Table 9.

Your benefits may be reduced by income from other sources—such as Social Security benefits, disability or retirement, and workers' compensation. Please contact Prudential at 1.800.842.1718 for more details.

Table 9. **Schedule of Benefits for Long-Term Disability**

Your benefits continue according to the latter of your Social Security normal retirement age or the following schedule, depending on your age at the time you become disabled.

Age on Date of Your Disability	Maximum Benefit Period
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 or older	12 months

Supplemental (Buy-Up) Individual Long-Term Disability Insurance

U.S.-based employees scheduled to work 30 or more hours per week are eligible to purchase supplemental (buy-up) individual LTD insurance through Guardian. This coverage is called supplemental income protection, and it is a voluntary benefit that allows you to purchase LTD protection of up to 75% of your eligible income. Annual enrollment for this benefit begins in the first quarter of the calendar year. Enrollment is restricted to once a year, even for new hires.

To be eligible for LTD insurance, you must be scheduled to work **37.5% time or more**



Retirement

RTI 401(k) Retirement Plan

RTI sponsors the RTI 401(k) retirement plan. This plan is a defined contribution plan that provides retirement benefits to plan participants upon retirement, disability, or death.

Vanguard is the recordkeeper for the 401(k) plan. Once we notify Vanguard of your hire, Vanguard will mail you an information packet with details about the RTI 401(k) plan and instructions on how to enroll online or by phone. When you enroll, you will be directed to make your fund selections and designate your beneficiaries. You can change your pre-tax, Roth 401(k), or traditional after-tax contribution elections at any time. Your election to contribute to the 401(k) plan is entirely voluntary.

Eligibility

Within 2 weeks of your hire date, you will be eligible to enroll in the 401(k) plan and elect voluntary pre-tax, Roth after-tax, and/or traditional after-tax contributions through your paycheck. Pre-tax contributions allow you to reduce your taxable earnings by redirecting those earnings into your 401(k) account. This option allows you to reduce your current federal and state income tax liability and save for your retirement at the same time. Neither Roth after-tax nor traditional after-tax contributions will reduce your current income tax liability. Roth after-tax contributions offer more tax advantages upon distribution during retirement as compared with traditional after-tax contributions. However, Roth after-tax contributions count toward the \$18,500 deferral annual maximum; traditional after-tax contributions do not. Be sure you understand these differences and how they impact you before you make your contribution elections. It is also a good idea to review your 401(k) contribution elections periodically as your earnings and tax bracket change. We recommend that you speak with a representative from Vanguard or your personal financial consultant if you have any questions about which contribution options are best for you.

You will automatically become eligible for RTI contributions on the first day of the month after completion of 1 year of RTI service, if you are at least 19 years old.

RTI Contributions

After 1 year of service, RTI will contribute an amount equal to 8% of your base salary into your 401(k) retirement account each pay period as follows:

- 3% safe harbor company contribution (“safe harbor” contributions are 100% vested)
- 5% company contribution (subject to 5-year vesting schedule).

“Vesting” is a term that describes the percentage of RTI’s contributions to which you have a nonforfeitable right upon leaving RTI. **Table 10** shows the vesting schedule.

Table 10. RTI Vesting Schedule

Length of Service	Percent Vested
Less than 1 year	0%
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years	100%

Your Contributions

If you choose to enroll in the 401(k) accounts, you may contribute up to the IRS limits shown in **Table 11**. You will always be entitled to 100% of your own voluntary contributions regardless of your years of service.

Table 11. 2019 IRS Annual Contribution Limits for 401(k) Tax-Deferred Accounts

If you are...	You may contribute up to...
Younger than age 50	\$18,500
Age 50 or older	\$24,500

NOTE: These contribution limits apply to all employer-sponsored tax-deferred accounts. The limits also apply to pre-tax and Roth contributions.

If you join RTI during the year and participated in another employer's qualified plan, such as a 401(k) plan or 403(b) plan, your combined contributions under the RTI 401(k) and any prior employer plan contributions cannot exceed the annual IRS contribution limits. If you do

contribute more than the maximum contribution limits, you may be subject to a "corrective distribution" of any excess contributions that you elected. Any contributions over the annual IRS contribution limits will be returned to you as taxable income and may be subject to other tax penalties. If you have any questions, please contact a financial or tax advisor.

You are responsible for directing the investment of all contributions to your 401(k) account, including any RTI contributions. It is important that you understand the investment philosophy and strategy of the various investment options and that the investment options may involve some risk of loss. You are encouraged to meet or speak with a representative from Vanguard or your personal financial consultant and discuss the investment options thoroughly before making any investments.

More information about RTI's 401(k) retirement plan is available on RTI Insider [here](#).

Once you reach 1 year of service, RTI contributes 8% of your base salary into your account each month



RTI Retiree Health Care Program

RTI offers a retiree health care program to employees who meet the program's eligibility requirements. This program applies only to U.S.-based employees with medical or dental coverage at the time of retirement. Medical coverage is offered through Cigna or AmWINS, depending on your retirement age, and dental coverage is offered through Ameritas.

Eligibility

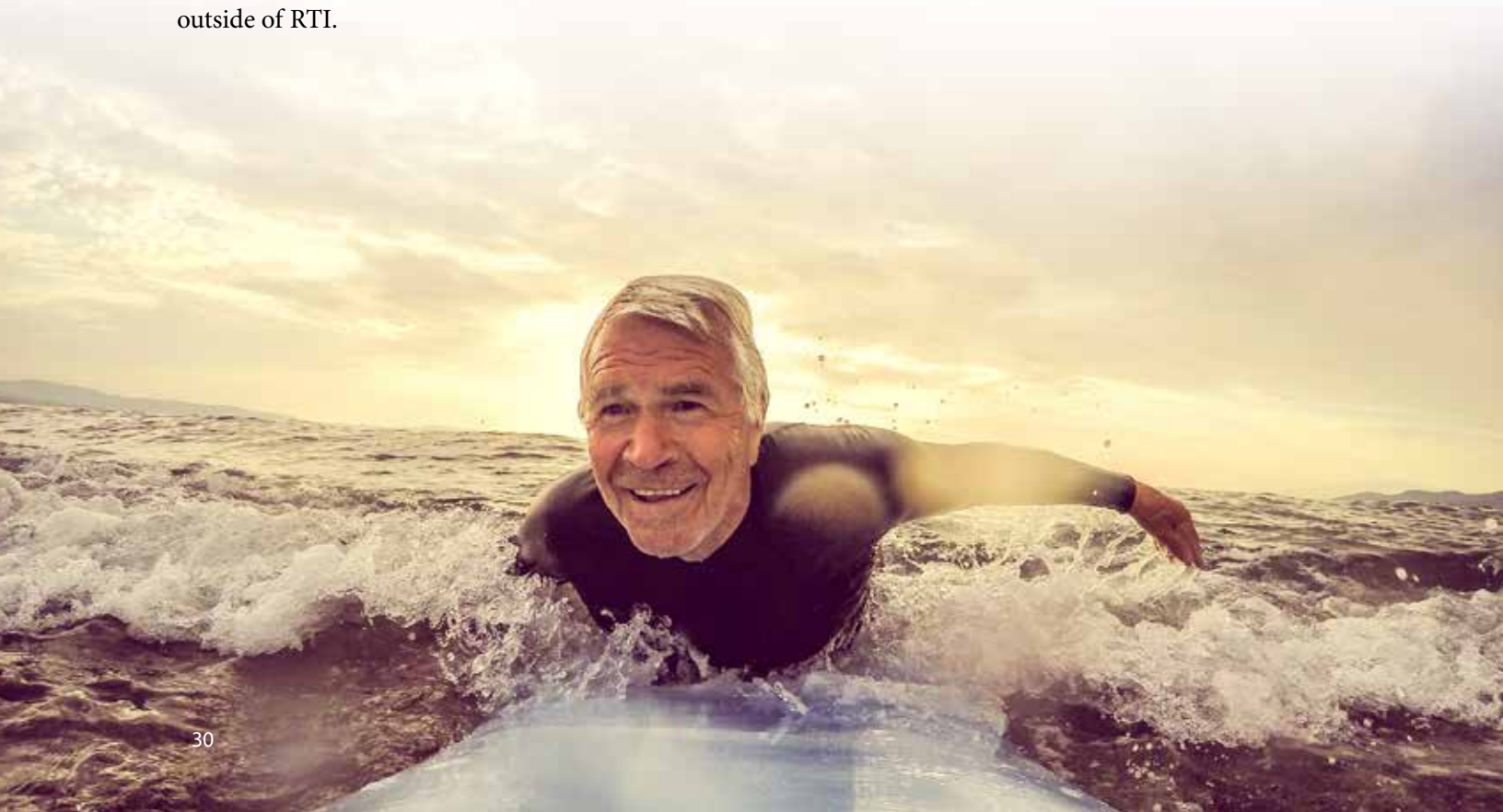
The eligibility requirements for the retiree health care program are shown in Table 12.

Table 12. Retiree Health Care Program Eligibility Requirements and Premium Credits

If you meet the following age, retirement date, and service requirements	Then your medical premium credits are
If you are at least age 60 and have 5 years of service or age 55 with 10 years of service (and retire after January 1, 2004)	\$1,000 per year of credited regular service up to \$20,000. Your premiums will be deducted from your credits; once you exhaust your credits, you pay the full premium to RTI by check.
If you are severed from RTI service at age 50–65 on or after January 1, 2005, and have 10 years of creditable service (effective January 1, 2012, 15 years of creditable service are required)	\$1,000 per year of credited regular service (before severance) up to \$20,000. Your premiums will be deducted from your credits; once you exhaust your credits, you pay the full premium to RTI by check.

Premium Credits

The premium credits shown in Table 12 apply only to retiree medical and pharmacy premiums, not dental premiums and not spouse or dependent medical or pharmacy premiums. The premium credits cannot be used for dental premiums, even if you do not continue medical coverage. You may continue dental coverage by paying the full premium cost. Any unused credits *will not* be paid out in cash, and they cannot be used to pay insurance premiums for dental or other medical coverage purchased outside of RTI.



Making Changes During the Year

Making Changes to Your Benefits

You must make your pre-tax medical/vision, dental, and FSA benefit elections before the start of each calendar year during open enrollment or within 30 days of your hire date. The pre-tax benefit elections you make are irrevocable and will remain in effect for the calendar year, *unless* you or a family member experiences an IRS-qualified change in status, also known as a “life status change” (described in the next section).

Keep in mind that any changes to your benefit elections are “prospective” and become effective no earlier than the day after the date the election is properly filed. You cannot retroactively enroll dependents or cover them for services or claims incurred (e.g., medical/vision, dental, health care FSA) before the effective date of the change *except* in the case of enrolling a new baby or adding a newly adopted child to your coverage.

Life Status Changes

IRS has strict regulations for changes to medical/vision, dental, and FSA plans that allow payroll deductions on a pre-tax basis. Once you have elected your benefits and pre-tax contribution amounts, you cannot change your enrollment or cancel your contribution amount during the year unless you have a qualifying change in your life status.

Following are examples of qualifying life status changes:

- Marriage or divorce
- Death of your spouse/domestic partner or child
- Birth, placement for adoption, or adoption of a child
- Commencement of or returning from an unpaid leave for employee or spouse/domestic partner
- Change in employment status (e.g., full-time to part-time status, part-time to full-time status, or salaried to hourly paid or vice versa, but only if medical and dental premium costs are affected) (NOTE: Change in employment status from part-time status to a different part-time status does not qualify as a life status change.)
- Termination or commencement of employment for spouse/domestic partner or dependent
- Open enrollment for spouse/domestic partner
- Child reaches age 26
- Registration or termination of a domestic partnership (in accordance with applicable state laws, registration may be required)
- Entitlement to Medicare or Medicaid for employee, spouse/domestic partner, or dependent (may cancel coverage for the person affected and make a change to your salary reduction election)
- Loss of entitlement to Medicare or Medicaid for employee, spouse/domestic partner, or dependent (may begin or increase health coverage for the person affected).

Table 13 presents suggestions of benefit changes you might want to consider after you experience various life changes.

Table 13. **IRS-Approved Benefit Changes**

You may take these actions	Marriage	Divorce	Add a new child	Change in name or address	Move out of medical service area	Spouse's employment terminates	Child no longer eligible for coverage	Your employment terminates
Enroll newly eligible dependents in medical or dental plans	●		●			●		
Change your FSA contributions	●	●	●			●	●	
Drop dependent (ex-spouse or other dependent) from coverage		●					●	
Change medical plans					●			
Change RTI records	●			●				●
Enroll yourself, ex-spouse, or other dependents in health care coverage under COBRA		●					●	●

Your new benefit election must be consistent with the life status change. Financial hardship is not a change in life status that qualifies for changing your elections or stopping your FSA contributions.

You may make permitted election changes if you complete and submit an RTI Life Status Change form to Human Resources within 30 days of a qualifying event. *You have 30 days before the event and 30 days after the event to submit the required form and documentation.* Except for special enrollment rights in the event of birth, adoption, or placement for adoption, all changes in your benefit coverage elections are prospective and are effective the day after Human Resources receives a complete election form to change your coverage. If you would like your requested changes to be effective on the date of your qualified event, the RTI Life Status Change form must be submitted before the qualifying event. For example, if you wish to add your soon-to-be spouse on the wedding date, you must complete

and submit your RTI Life Status Change form before your wedding date. Then after you get married, contact HR Employee Services and let them know you are officially married and submit a copy of your marriage certificate.

If you fail to submit your request to change your election within 30 days of your life status change event, you will not be allowed to change your elections until the next open enrollment period.

The Life Status Change form can be found on RTI Insider. Send the completed form to:

RTI International
Human Resources Employee Services
3040 East Cornwallis Road, Building O9
Research Triangle Park, NC 27709

You can also fax the Life Status Change form to HR Employee Services at 919.541.6506 or create a My Service Portal ticket and attach a scanned copy of your completed form to your ticket. If you have questions, contact Human Resources on RTI Insider at My Service Portal.

Other Benefits Information

In addition to the benefit options available to you upon hire or during open enrollment, RTI offers the following benefits.

Holidays

RTI observes 10 holidays per year. Two of these are floating holidays and may be used at the employee's discretion. New employees hired between January 1 and June 30 receive two floating holidays in that calendar year. Those hired on or after July 1 have one floating holiday in that calendar year. Floating holidays must be used within the calendar year, in 8-hour increments (for full-time employees), and may not be carried over into the next year.

Paid Time Off

Salaried employees accrue paid time off (PTO) at a rate between 13.33 and 20.00 hours per month, based on length of service. Hourly employees accrue PTO at a rate between 0.08 and 0.12 hour for each hour worked. The rate is based on your length of service, as shown in **Table 14**. You can use PTO to cover absences for any reason: vacation, illness, doctor appointments, and so forth. The maximum accrual is limited to twice the annual accrual rate, and limited borrowing privileges are allowed. **NOTE:** Effective January 1, 2020, the PTO carryover limit will be reduced to 1 times your annual accrual.

Table 14. PTO Accrual Rates

Length of Service	Full-Time Salaried Accrual Rate	Hourly Accrual Rate
0–9 years	13.33 hours per month	0.08 hour per hour worked
10–19 years	16.66 hours per month	0.10 hour per hour worked
20+ years	20.00 hours per month	0.12 hour per hour worked



Paid Parental Leave

RTI provides 6 weeks of paid parental leave for employees who have a child through birth or placement of a child through adoption or foster care. Parental leave is available for the mother or father of the child and is available to both parents if they are both employees of RTI. To be eligible, the leave must be taken concurrently with Family and Medical Leave or supplemental leave and within the first 12 months of the date of birth, adoption, or placement.

Direct Payroll Deposit

All employees are required to have their pay direct-deposited in a bank of their choice by an electronic funds transfer. On scheduled paydays, you may access your pay statement showing gross income, all deductions (taxes and benefits), and net pay on RTI Insider in [Connect](#). (Log in to Connect, click on Personal Information, and then click on the Payroll tab on the far left.)

Adoption Assistance Reimbursement Program

RTI will reimburse eligible employees for qualifying legal adoption-related expenses up to a maximum of \$10,000 per adoption and up to a lifetime maximum of \$30,000.

Educational Assistance Program

RTI encourages employees to pursue further education to enhance their current job skills and knowledge, which may improve future career opportunities at RTI. Active regular full- or part-time employees (50% time or more per week) who have been employed for a minimum of 6 months and meet required performance expectations are eligible to apply for reimbursement. RTI will reimburse eligible employees up to a maximum established amount per calendar year for educational expenses approved by RTI; this amount will be prorated for part-time staff based on their standard hours. Approval for reimbursement to pursue further education will be based on its relevance to the employee's current or potential future position and other RTI business considerations, including departmental budget constraints.



RTI Wellness

RTI offers a variety of wellness programs and activities. For further program details, search “RTI Wellness” on RTI Insider or visit the [RTI Wellness site](#).

Integrated Well-Being Services

Integrated work-life, wellness, and Employee Assistance Program (EAP) services are available from ComPsych GuidanceResources®. For more information, visit the [RTI Wellness site](#).

- **Work-Life Solutions:** Find qualified referrals and resources, such as child and elder care, movers or home repair contractors, event planners, or pet care.
- **Legal Guidance:** Speak with an attorney about divorce, adoption, family law, wills, trusts, and more.
- **Financial Resources:** Talk to a financial expert about retirement planning, taxes, mortgages, budgeting, debt, and more.
- **Wellness Tools:** Access the online health assessment or get free coaching for back care, resiliency, sleep, and more.

More information on GuidanceResources can be found [here](#) and through the following methods:

- Call: 1.877.595.5282 or TDD: 1.800.697.0353
- Online: guidanceresources.com
- App: GuidanceResources Now
- Web ID: RTIEAP

Employee Assistance Program Services

RTI offers EAP confidential counseling services to all regular RTI employees and their families. Master’s- and doctorate-level clinicians can provide short-term counseling for a variety of issues, including stress, anxiety, depression, marriage and family, grief and loss, and legal and financial concerns. Counseling includes five sessions per issue, per year. RTI will not know of your participation in EAP services or have access to your information without your consent (except when someone’s safety is in question).

Cigna Wellness Programs

The following services are available at no cost to RTI employees and family members enrolled in one of the Cigna medical plans:

- **Health Coaching for Chronic Conditions:** A telephone call with a health coach (call 1.800.244.6224 to schedule an appointment).
- **My Health Assistant Health Coaching:** An online, interactive coaching program to help you make successful health improvements.
- **Cigna Telehealth Connection:** 24/7/365 access to U.S. board-certified doctors. AmwellforCigna.com and 1.855.667.9722, or MDLIVEforCigna.com and 1.888.726.3171.
- **Cigna Health Information Line:** A confidential 24/7 nurseline that you can call at any time to speak directly with a medical professional, instead of worrying and waiting. For more information, log on to [Cigna](#) or call 1.800.244.6224.

For more information about Cigna wellness programs, see the Cigna [website](#) or call 1.800.244.6224.

More Information About RTI Wellness

For more information, e-mail wellness@rti.org to be added to the e-newsletter distribution list and visit [RTI Wellness](#) on RTI Insider.

Tobacco and Electronic Cigarette–Free Workplace

In support of a healthy work environment, RTI is a tobacco- and e-cigarette–free workplace.

Main Campus Wellness and Recreation

RTI's main campus in Research Triangle Park (RTP), North Carolina, offers the following benefits:

- **RTI Onsite Fitness Center (RTP):** The RTI Onsite Fitness Center offers cardio and strength training equipment, as well as group exercise classes. Use of the fitness center and classes is free to all RTI employees (completion of an [online user agreement](#) is required).
- **Recreational Opportunities:** The RTP campus has intramural sports teams and recreational activities, including a 1.67-mile walking path, softball field, outdoor basketball court, and disc golf course.

Bereavement Leave

RTI grants time to regular salaried and regular hourly employees for attendance at funerals for members of the employee's family. Bereavement leave applies in the event of the death of your spouse, domestic partner, children, stepchildren, grandchildren, father, mother, brothers, sisters, sons-in-law, daughters-in-law, and grandparents. It also applies in the event of the death of your spouse's mother, father, brothers, sisters, and grandparents.

Long-Term Care Insurance

RTI does not offer a group long-term care plan to employees. However, individual long-term care insurance may be available through payroll deduction upon request. For information, contact Human Resources on RTI Insider at My Service Portal.

Merit Scholarships

The George Watts Hill Scholarship program was established in 1983 for children of RTI employees. This annual merit scholarship competition is administered by the National Merit Scholarship Corporation, an independent, nonprofit organization whose purposes are to identify and honor academically talented high school students and to aid as many as possible in obtaining a college education. The National Merit Scholarship Corporation handles the selection of winners and the administration of their awards.

Military Leave

RTI recognizes the importance of employees serving as active or reserve members in the U.S. military or U.S. Public Health Service. The reemployment rights of individuals serving in the reserve units of the military and Public Health Service are protected by the same federal law that guarantees the rights of returning veterans. This law covers periods of active duty for training—such as regularly scheduled weekend drills, summer camps, and special courses of instruction—and active duty performed in response to federal or state orders.

Professional Development Awards

RTI's success largely depends on the ability of our staff to ensure a continuing high level of professional performance. To provide new opportunities for the expansion of these capabilities, RTI established a Professional Development Awards program. The awards, made to individuals on a competitive basis, support continued growth in professional skills through activities that are beyond the scope of existing operations and programs.

Relocation Expenses

At the hiring manager's discretion, RTI may reimburse new or existing employees who are eligible for reasonable expenses incurred in the moving of their families and personal effects. Reimbursement will be allowed only for relocation to the area and not for relocation within the area once the initial move is completed.

Travel and Accident Insurance

RTI provides, at no cost to staff, a travel and accident insurance policy that covers all active employees on business travel status. RTI coverage is in effect only when employees have adequately documented their travel.

Childcare Tuition Subsidy

RTI offers a Childcare Tuition Subsidy Program for full-time staff with day care-eligible children. The purpose of the subsidy is to provide a day care tuition discount for RTI employees who satisfy the family household income criterion and other requirements described in this section. Family household income is determined by the household's income as reported in a jointly filed

or separately filed federal IRS tax return for the year preceding the assistance request year. See **Table 15** for subsidy amounts per income level.

For staff in RTP, the subsidy may be used by eligible families who enroll their children at Bright Horizons at the Enrichment Center on T.W. Alexander Drive (click [here](#) for an overview).

For regional staff, the subsidy may be used by eligible families who enroll their children at a day care facility that holds national accreditation from either the National Association for the Education of Young Children or the National Early Childhood Program Accreditation (click [here](#) for an overview).

Table 15. Childcare Tuition Subsidy Rates

Annual Family Household Income	Subsidy as a Percentage of Tuition Rates
Less than \$60,000	60%
At least \$60,000 but less than \$110,000	40%

For additional information, contact Human Resources on RTI Insider at My Service Portal.



COBRA

Federal law requires that most employers who sponsor group health plans and health care FSAs offer employees and their families the opportunity for a temporary extension of coverage (called “continuation coverage”), commonly referred to as COBRA, on an after-tax basis in certain instances in which coverage under a plan would otherwise end. This section summarizes your rights and obligations under the continuation provisions of the law. Both you and your spouse, if applicable, should take the time to read this section carefully.

Employee

If you are an RTI employee covered by RTI’s medical or dental plans, or health care FSA (if applicable), you have a right to choose this continuation coverage for yourself and your covered dependents if one of the following conditions applies:

- You lose your coverage under the plan because of a reduction in your hours of employment.
- Your employment is terminated for reasons other than gross misconduct on your part.

Once notified of one of these events, RTI will in turn notify you that you have the right to choose continuation coverage. You have 60 days from the date you receive the necessary election forms from the vendor, Flores & Associates, to elect continuation coverage.

If you do not choose continuation coverage, your coverage under the plan will end. If you choose continuation coverage and make the required premium payment, you will receive coverage identical to the coverage currently provided under the plan. The law requires that you be given the opportunity to maintain coverage for 18 months if you lose coverage because of a termination of employment or reduction in hours.

If you or a dependent on continuation coverage becomes disabled for purposes of Social Security during the first 60 days of continuation coverage, the affected individual qualifies for 29 months of continuation coverage. RTI must receive notification of the disability determination within 60 days (and before the expiration of the original 18-month period) in order for the affected individual to qualify for this extension. You must also notify RTI within 30 days of any final determination that the individual is no longer disabled.

Dependent of an RTI Employee

If you are the *spouse* of an RTI employee, you are entitled to elect COBRA if you lose coverage under the plan for any of the following reasons:

- Your spouse dies.
- You become divorced from your spouse.
- Your spouse’s employment is terminated (for reasons other than gross misconduct) or your spouse’s work hours are reduced.
- Your spouse becomes eligible for Medicare and chooses Medicare as the primary payer.

If you are the *dependent child* of an RTI employee, you are entitled to elect COBRA if you lose coverage under the plan for any of the following reasons:

- Your parent employed by RTI dies.
- Your parent employed by RTI becomes divorced.
- Your parent employed by RTI is terminated (for reasons other than gross misconduct) or his or her work hours are reduced.
- Your parent employed by RTI becomes eligible for Medicare and chooses Medicare as the primary payer.
- You stop being eligible under the plan.

Under the continuation coverage law, the employee or a family member is responsible for informing Human Resources of a divorce or a child's losing dependent status within 30 days of the event. Once notified of one of these events, RTI will in turn notify you that you have the right to choose continuation coverage. You have up to 60 days after the later of your coverage end date or the date of the COBRA election forms you receive from the vendor, Flores & Associates, to elect continuation coverage.

If you do not choose continuation coverage, your coverage under the plan will end. If you choose continuation coverage and make the required premium payment when due, you will receive coverage identical to the coverage currently provided under the plan. As a dependent of an RTI employee who is losing coverage for one of the aforementioned reasons, the law requires that you be given the opportunity to maintain coverage for 36 months.

Other Reasons for End of Continuation Coverage

The law also provides that your continuation coverage may end for any of the following reasons

- RTI no longer provides health care FSAs to any of its employees.
- The after-tax contribution for your continuation coverage under the plan is not paid by the due date or within the grace period permitted by the plan.
- You become entitled to Medicare (in this event, your covered spouse and children are entitled to continue coverage independently for up to 36 months from the date you become entitled to Medicare).
- You become covered under another group plan (as an employee or otherwise) containing no exclusion or limitation as to any pre-existing condition of you or any covered spouse or child.

Benefits Directory

General RTI Benefits Information

HR Employee Services 919.541.1200
[My Service Portal](#) 1.800.334.8571, ext. 21200

Medical

Cigna Customer Service..... 1.800.244.6224
www.cigna.com

Behavioral Health (Mental Health/Substance Abuse)

Cigna Behavioral Health 1.800.926.2273
www.cignabehavioral.com

Best Doctors

Health Decision Support Service 1.866.904.0910
www.members.bestdoctors.com

CVS/caremark..... 1.866.305.8979
www.caremark.com

Vision

VSP Member Services..... 1.800.877.7195
www.vsp.com

Dental

Ameritas Member Services 1.800.487.5553
www.ameritas.com

Group Term Life Insurance

MetLife Insurance Company Customer Service 1.800.638.6420
www.metlife.com

Disability Insurance (STD and LTD)

Prudential Insurance Claims/Customer Service..... 1.800.842.1718
www.mybenefits.prudential.com (use Company Control #51905 to register)

Flexible Spending Accounts

Flores & Associates 1.800.532.3327
www.flores247.com

Retirement (RTI Retirement Plan and 403(b) Plan)

The Vanguard Group Customer Service 1.800.523.1188
www.vanguard.com

Fidelity Investments—403(b)

Customer Service 1.800.343.0860
www.fidelity.com

VALIC, American General Financial Group—403(b)

Client Service 1.800.448.2542
www.valic.com

Employee Assistance Program

ComPsych 1.800.851.1714
www.compsych.com

Supplemental Income Protection (SIP)

The Guardian Life Insurance Company of America 1.800.258.8429

