

IBEW LOCAL UNION 400

**WELFARE, PENSION, ANNUITY AND SUPPLEMENTAL
BENEFIT FUNDS**

TIER II

Quick Reference Guide

Effective January 1, 2014

Important Notice: This is an outline of the principal plan provisions of the IBEW Local Union 400 Welfare, Pension, Annuity and Supplemental Benefit Plans and is not intended to completely describe the Plan provisions. In the event of any discrepancy between this outline and the Plans, the Plan Documents shall govern. For further information, please review your Summary Plan Description or contact the office of the Administrator, I. E. Shaffer & Co., at P. O. Box 1028, Trenton, NJ 08628. Telephone 1-800-792-3666.

IBEW LOCAL UNION 400 WELFARE FUND

Effective January 1, 2014

Initial Eligibility

You will become eligible for Tier I benefits on the first day of the month that follows an employment period of not more than 3 consecutive months during which you have been credited with 440 hours of service provided your employment has been in a category contributing at the “A” rate for journeymen electricians. If your employment has been in a category contributing at less than the “A” rate for journeymen electricians, you will be eligible for Tier II benefits. Upon satisfying this requirement, you will remain eligible for at least three months.

You Will Become Eligible On

January 1
February 1
March 1
April 1
May 1
June 1
July 1
August 1
September 1
October 1
November 1
December 1

If You Have 440 Hours During the Prior

October through December
November through January
December through February
January through March
February through April
March through May
April through June
May through July
June through August
July through September
August through October
September through November

Continued Eligibility and Termination:

To continue your eligibility after satisfying the initial requirement, you must have at least 320 hours of service each calendar quarter. Your eligibility will terminate on the last day of the second month following the calendar quarter during which you fail to receive credit for at least 320 hours.

Your Eligibility Will Terminate On

February 28
May 31
August 31
November 30

If You Do Not Have 320 Hours During the Preceding

October through December
January through March
April through June
July through September

Reinstatement:

Should your eligibility terminate, it will be reinstated provided you are credited with at least 320 hours of service during a calendar quarter which ends within 10 months after your eligibility terminated. Hours of service worked during the calendar quarter immediately preceding your termination date, plus any accumulated reserve hours, will be applied towards this 320 hour requirement. Your eligibility will reinstate on the first day of the second month following that calendar quarter during which you meet this 320 hour requirement. If you do not satisfy this reinstatement provision, you will be treated as a new employee and will be subject to the 440 hour requirement for initial eligibility outlined above.

Reserve Hours:

Hours of service in excess of 400 during a calendar quarter will be placed in a reserve and will accumulate up to a maximum of 1,000 hours. This reserve will be drawn upon to maintain your eligibility if you should fail to receive credit for at least 320 hours of service during a subsequent calendar quarter provided you are available for work under a Local 400 Collective Bargaining Agreement requiring contributions to this Fund.

Disability Credit:

After having satisfied the eligibility requirements, if you are totally disabled and unable to work as an electrician because of illness or injury, your eligibility will be continued for as long as you remain totally disabled but not more than 24 months. To be considered totally disabled, you must be under the care of a legally qualified physician and supply proof that you continue to be totally disabled with such proof required at reasonable intervals by the Plan.

Upgrade to Tier I Benefits:

As of January 1st of each year, if you are eligible for Tier II benefits but not for Tier I benefits, you may elect to make additional contributions on your own behalf so as to qualify for Tier I benefits for the remainder of that calendar year. The required additional contribution to qualify for Tier I benefits is equal to \$19,479 less the employer contributions actually made on your behalf for the immediately preceding calendar year. Each year the Fund Office will provide a general notice to each employee covered under Tier II advising them of their right to upgrade to Tier I. If Tier I coverage is desired, you may request an exact calculation of the amount due and the required additional contribution must be paid within 30 days of your being notified by the Fund Office.

Downgrade to Tier II Benefits:

If you are covered under Tier I and accept employment in a category contributing less than the “A” rate for journeymen electricians, your coverage will be reduced to Tier II on the first day of the month following three consecutive months of such employment. Coverage will be restored to Tier I on the first day of the month following three consecutive months of employment in a category contributing at the “A” rate for journeymen electricians.

Non-Bargaining Employees:

If you are a non-bargaining employee of an eligible participating employer, you will become eligible on the first day of the fourth month following your employment. Your eligibility will terminate on the last day of the month, which follows the month for which your employer last makes required contributions.

Retiree Eligibility:

Following your retirement, you will be eligible for retiree benefits provided all the following requirements are satisfied:

- ◆ You are eligible as an active employee at the time of your retirement.
- ◆ You have attained age 55 or are totally and permanently disabled.
- ◆ You have earned at least 25 years of Credited Service under the IBEW Local Union 400 Pension Plan (15 years if you are receiving a disability retirement pension benefit), with at least 5 years of Credited Service earned during the 10 plan years immediately preceding your retirement (not applicable to non-bargaining employees).
- ◆ You will be eligible for Tier I benefits provided you have been eligible for Tier I benefits as an active employee for at least 20 of the 40 quarters immediately preceding your retirement. Otherwise, you will be eligible for Tier II benefits.
- ◆ You make the required contributions in the amount established by the Trustees. If you qualify for Tier I benefits and have not attained age 62, the required contribution is \$600 per month. Between the age of 62 and 64, the required contribution for Tier I benefits is 10% of your monthly pension, up to a maximum of \$200 per month. After attaining age 65, the required contribution for Tier I benefits is equal to 5% of your monthly pension benefit up to a maximum of \$100 per month. If you qualify for Tier II benefits and have not attained age 62, the required contribution is \$400 per month. Between the age of 62 and 64, the required contribution for Tier II benefits is 10% of your monthly pension, up to a maximum of \$200 per month. After attaining age 65, the required contribution for Tier II benefits is equal to 5% of your monthly pension benefit up to a maximum of \$100 per month. If you fail to make the required contributions at any time, you will not be able to reinstate your eligibility for benefits on a later date.

Eligibility – Dependents of Deceased Employees:

Following your death, your dependents will remain eligible for benefits until the earliest of the following dates:

1. The last day of a period of 6 months following your death or to the extent that your reserve hours are sufficient to maintain your eligibility, whichever is longer.
2. The date your spouse remarries.
3. The date your dependent becomes eligible for similar benefits under other group coverage.
4. The date your dependent ceases to be included in the definition of "dependent" as contained in the plan of benefits.

Continuation Under COBRA:

If you fail to satisfy the above requirements and lose eligibility, you and your dependents may continue coverage under COBRA for up to 18 months (29 months if you are totally disabled). If your dependent loses eligibility due to your death, divorce or legal separation, or your child ceasing to satisfy the definition of an eligible dependent, they may continue coverage under COBRA for up to 36 months. The current monthly rates for the Tier II plans under COBRA are:

Family	\$1,012.50
Parent/Child(ren)	\$ 759.38
Single	\$ 506.25

If your spouse loses eligibility due to your death, self-pay continuation of coverage is available for an indefinite period of time at the following rates:

Parent/Child(ren)	\$508.00
Single	\$339.00

Overview of HORIZON BLUE CROSS BLUE SHIELD of NJ Network Benefits – Tier II:

	<u>In-Network</u>	<u>Out-of-Network</u>
In-patient Hospital	100%	No coverage
Out-patient Hospital	80%	No coverage
Emergency treatment (in or out-of-network) - 80% coverage, no deductible after \$100 co-payment (co-pay waived if admitted)		
Physician Services		
In-hospital services	80%	No coverage
Office or home services	80%	No coverage
Diagnostic X-ray and Lab	100%*	No coverage

*20% co-insurance if test performed in doctor's office. NJ-based participants must use LabCorp. Out-of-Network tests are not covered except for services rendered by hospital-based pathologists and radiologists at in-network hospitals.

How to Find a Horizon Blue Cross Blue Shield Provider

- ◆ HORIZON Provider Directory
- ◆ Call HORIZON at 1-800-810-2583
- ◆ HORIZON's website at www.horizonblue.com
- ◆ Call I. E. Shaffer & Co. at 1-800-792-3666
- ◆ Ask your physician, hospital, lab or other provider

IBEW LOCAL UNION 400 WELFARE FUND

Tier II - Schedule of Benefits

Effective January 1, 2014

HORIZON BLUE CROSS BLUE SHIELD OF NJ PPO NETWORK

Life Insurance - \$10,000 (active employees)
\$ 2,000 (disabled and retired employees)

Accidental Death and Dismemberment - \$10,000 (active employees under age 65)
\$ 2,000 (active employees age 65 and over and retired employees)

Basic Medicare Supplement Benefits (retired employees only)

Medicare Part A and B deductibles

Medicare Part B Coinsurance

Medical Benefits

Medical Deductible - \$0

Medical Out-of-Pocket Limit-\$5,000/family

(Co-pays, deductibles and co-insurance count towards this out-of-pocket limit)

Medicare eligible plan participants- Fund pays as a supplement to Medicare at 100% with no deductible/no out-of-pocket maximum

Inpatient Hospital Services – semi-private rate

In-Network - 100% coverage

Out-of-Network – no coverage provided

Outpatient Hospital Services:

In-Network - 80% coverage

Out-of-Network – no coverage provided

Emergency Treatment – 80% coverage after \$100 co-payment for both in-network and out-of-network hospitals (\$100 co-payment waived if admitted)

Physician Surgical and In-hospital Services:

In-Network - 80% coverage

Out-of-Network – no coverage provided (except for services rendered by hospital based ER physicians and anesthesiologists at in-network hospitals)

Medical Benefits (continued)

Physician Office or Home Visits:

In-Network - 80% coverage

Out-of-Network – no coverage provided

Laboratory and Radiology Services:

In-Network - 100% coverage, or 80% coverage if test performed in doctor's office. NJ-based participants must use Lab Corp.

Out-of-Network – no coverage provided (except for services rendered by hospital based pathologists and radiologists at in-network hospitals)

Preventative Care Services (as defined by the Patient Protection and Affordable Care Act):

In-Network - 100% coverage

Out-of-Network - no coverage

Home Health Care Services:

In-network – 80% coverage

(maximum 120 visits/year, 4 hours = 1 visit, no custodial care covered)

Out-of-Network – no coverage provided

Chiropractic Care:

In-Network – no coverage provided

Out-of-Network – no coverage provided

Ambulance/Emergency Medical Transportation:

In-Network – 80% coverage (covers transport from point where stricken to nearest hospital that can provide treatment)

Out-of-Network – no coverage provided

Home Health Care Services:

In-Network – 80% coverage, maximum 200 visits/year, 4 hours=1 visit, no custodial care covered

Out-of-Network – no coverage provided

Hospice Services (excludes respite care, pastoral care and counseling):

In-Network - 100% coverage for in-patient, 80% coverage for out-patient (maximum 200 visits/year, 4 hours = 1 visit, no custodial care covered)

Out-of-Network – no coverage provided

Skilled Nursing Care:

In-Network-100% coverage for in-patient and 80% coverage for out-patient care

Out-of- Network-no coverage provided

All Other Covered Medical Services:

In-Network - 80% coverage

Out-of-Network – no coverage provided

Prescription Card Program (Actives and Non-Medicare Eligible Retirees)

(mandatory generic substitution) – up to 30 day supply

- Generic Drugs - \$3 co-payment
- Preferred Brand Name Drugs – 20% co-payment, max. \$150
- Non-Preferred Brand Name Drugs – 50% co-payment
- Specialty Drugs – 20% co-payment, maximum \$250, annual co-pay limit \$2,500

There is a separate out-of-pocket maximum for prescriptions of \$6,350 per person or \$12,700 per family, after which no co-payment is required for the remainder of the year.

Mail Order Prescriptions (Actives and Non-Medicare Eligible Retirees)

(mandatory generic substitution) – up to 90 day supply

- Generic Drugs - \$6 co-payment
- Preferred Brand Name Drugs – 20% co-payment, max. \$300
- Non-Preferred Brand Name Drugs – 50% co-payment

There is a separate out-of-pocket maximum for prescriptions of \$6,350 per person or \$12,700 per family, after which no co-payment is required for the remainder of the year.

Prescription Card Program (Medicare Eligible Retirees) - up to a 34 day supply

- Generic Drugs - \$3 co-payment
- Preferred Brand Name Drugs – 20% co-payment, max. \$150
- Non-Preferred Brand Name Drugs – 50% co-payment
- Specialty Drugs – 20% co-payment, maximum \$200

Mail Order Prescriptions (Medicare Eligible Retirees) - up to 90 day supply

- Generic Drugs - \$6 co-payment
- Preferred Brand Name Drugs – 20% co-payment, max. \$300
- Non-Preferred Brand Name Drugs – 50% co-payment

Note that once a Medicare eligible participant's total out of pocket expense for prescription drugs exceeds \$4,550 in a calendar year; co-pays at both retail or mail will be as follows:

- Generic: \$2.55 or 5% (whichever is greater)
- Preferred Brand Name: \$6.35 or 5% (whichever is greater)
- Non-Preferred Brand Name: \$6.35 or 5% (whichever is greater)
- Preferred Specialty Medications: \$6.35 or 5% (whichever is greater)
- Non-Preferred Specialty Medications: \$6.35 or 5% (whichever is greater)

Dental Benefits

Dental Services Organization (DSO) dental plan under which all treatment is be provided at Eastern Dental offices located in New Jersey. Features of the DSO dental plan include:

- ◆ No annual benefit maximum
- ◆ No patient paid expenses with the exception of a 24 month maximum for orthodontics of:
 - \$500 for children
 - \$1,250 for adults
- ◆ No need to submit claim forms

In lieu of the DSO dental plan, participants may elect on an annual basis the standard dental plan with benefits payable at 100% up to an annual maximum of \$600/family.

Vision Benefits – no coverage provided

Benefit Maximums

Annual In-Network Out-of-Pocket Maximum for Medical Benefits- \$5,000 per family

Annual Out-of -Pocket Maximum for Prescription Benefits- \$6,350 per individual and \$12,700 per family (Prescription co-pays count towards this limit)

Applies to active employees and non-Medicare eligible retired employees only

Home Health Care - 200 visits per calendar year, 4 hours = 1 visit, no custodial care

Supplemental Speech Therapy – 50 visits per year

Chiropractic Care – no coverage provided.

Lifetime Maximum Benefit – Unlimited

Motor Vehicle Exclusion – no coverage for medical expenses arising due to an automobile or other motor or recreational vehicle related accident (e.g. automobiles, motorcycles, jet skis, all-terrain vehicles, etc.).

Pre-Certification Requirements

All inpatient hospital stays must be pre-certified by **Horizon Blue Cross Blue Shield of NJ at 1-800-664-BLUE (2583)**. There is a \$100 penalty for failure to pre-certify. Emergency admissions must be certified within 72 hours after hospital admission.

All treatment relative to mental/nervous and substance abuse conditions must be pre-certified by the **Employee Assistance Program at 1-800-527-0035** rather than Horizon. No benefits will be paid for treatment that is not pre-certified.

In-Network Only

The medical coverage provided under the Plan is **in-network only**. The Plan does not provide out-of-network coverage for providers who do not participate in the HORIZON PPO network. The only exception is “*emergency*” treatment rendered by an out-of-network provider with “*emergency*” defined as the sudden onset of an illness or injury where the symptoms are of such severity that the absence of immediate medical attention could reasonably result in:

- Placing the covered person's life in jeopardy, or
- Causing other serious medical consequences, or
- Causing serious impairment to bodily functions, or
- Causing serious dysfunction of any bodily organ or part.

IBEW LOCAL UNION 400 PENSION FUND

Effective April 1, 2013

Important Terms

- ◆ Plan Year - April 1st to March 31st
- ◆ Credited Service
 - ◇ For service after 4/1/69, 1/10th year of credit for each 100 hours of service up to a maximum of 1 year of credit for 1,000 hours.
 - ◇ For service from 4/1/61 to 3/31/69, 1 year of credit for each plan year that you were credited with at least 500 hours.
 - ◇ For service from 2/1/62 to 3/31/69 under Local 516, 1/10th year of credit for each 100 hours of service up to a maximum of 1 year of credit for 1,000 hours.
 - ◇ For service prior to 4/1/61 (or 2/1/62 in the case of Local 516), 1 year of credit for each plan year that you were employed under the Union.
- ◆ Vested Service - same as Credited Service.
- ◆ Vesting - 100% after 5 years vested service.
- ◆ Forfeiture - occurs if prior to becoming vested you incur a period of at least 5 consecutive 1 year breaks in service which in total equal or exceed your vested service.
- ◆ Break in Service - any plan year during which you do not earn at least ½ year of credited service.

Types of Pension Benefits

- ◆ Normal Retirement – payable at age 65 and 5 years of participation
- ◆ Early Retirement – payable at age 55 and 10 years of credited service.
- ◆ Disability Retirement – payable at any age with Social Security Disability, and 5 years of credited service including 5 years in the last 10.

Normal Retirement Benefits

A lifetime monthly benefit payable for life starting at normal retirement age equal to \$85.00 per month for each year of credited service (\$30 per month for teledata, sign employees, BA maintenance and fixture maintenance employees).

Early Retirement Benefits

Same as Normal Retirement amount reduced by 1/6% for each month that you retire prior to age 65. For example, at age 60 your benefit would be reduced by 10%. At age 58 your benefit would be reduced by 14%. At age 55 your benefit would be reduced by 20%.

Plus, a monthly supplement of \$1,600, payable between the ages of 55 and 62, provided you have been credited with at least 25 years of credited service (including 5 years in the last 10) as an inside or outside wireman; or \$747 per month if you have 20 to 24 years of credited service (including 5 years in the last 10); or \$533 per month if you have 10 to 19 years of credited service (including 5 years in the last 10).

Disability Retirement Benefits

Same as Normal Retirement amount with a minimum monthly benefit of \$800 (\$257.50 for sign employees and \$140.00 for maintenance employees) with no reduction for early retirement and no supplemental benefit between the ages 55 and 62.

Forms of Payment Note: All forms are not available for disability retirement

- ◆ Life Annuity with 60 payments guaranteed
- ◆ Full Annuity with 120 payments guaranteed
- ◆ Full Annuity with 180 payments guaranteed
- ◆ Full Annuity with 240 payments guaranteed
- ◆ Spouse's Joint and 50% to Survivor
- ◆ Spouse's Joint and 75% to Survivor
- ◆ Spouses' Joint and 100% to Survivor

Pre-Retirement Death Benefits

Non Vested Employee With 5 Years of Credited Service With at Least 3 Earned in Last 5 Years

- ◇ \$2,500 times your years of credited service, max. \$87,500, payable in a lump sum.

Vested Employee Under Age 55

- ◇ Lifetime benefit payable to your spouse, beginning when you would have reached age 55, equal to 50% of the amount you would have received had you retired at age 55 and elected the spouse's joint and 50% to survivor option, or
- ◇ \$2,500 times your years of credited service, max. \$87,500, payable in a lump sum.

Vested Employee Over Age 55

- ◇ Lifetime benefit payable to your spouse, equal to 50% of the amount you would have received had you retired and elected the spouse's joint and 50% to survivor option, or
- ◇ 60 monthly payments equal to the pension benefit you would have received had you retired.

Post Retirement Death Benefits

- ◆ Continuation of monthly benefit based upon form of payment elected at retirement.

IBEW LOCAL UNION 400 ANNUITY FUND

Effective December 1, 2012

Your Account Balance is Equal to:

- ◆ Employer Contributions, plus
- ◆ Investment Earnings, less
- ◆ Withdrawals, less
- ◆ Expenses

Types of Annuity Benefits

- ◆ Retirement – payable if age 55 and retired from the Industry.
- ◆ Disability Retirement– payable if totally and permanently disabled for at least 6 months.
- ◆ Partial Termination – 50% of your account balance payable if no covered employment over 15 consecutive days, but not more than two times in a calendar year.
- ◆ Full Termination –100% of your account balance payable if no covered employment over 24 consecutive months.
- ◆ Death - payable upon death.
- ◆ Participant Loans - available provided you have had an account balance for at least 3 years and is limited to 50% of your account balance or \$50,000, whichever is less. Loans are available for the following purposes:
 - ◇ Medical expenses of at least \$500 incurred by you, your spouse, or dependent child that have not been reimbursed by insurance.
 - ◇ Tuition and/or room and board expenses for you, your spouse or dependent child to attend an educational institution above the high school level or a school for handicapped children.
 - ◇ Purchase of a home, cooperative or condominium apartment for your principal residence for which you have incurred down payment, contract or title expenses.
 - ◇ Funeral expenses incurred due to the death of your spouse, child or parent or spouse's parent.
 - ◇ Unpaid mortgage payments for a primary residence due to financial hardship.
 - ◇ Expenses due to being disabled for at least 14 consecutive days (not to exceed the New Jersey State disability benefit amount).
 - ◇ Home improvement to your primary residence of at least \$5,000.
 - ◇ Wedding expenses of at least \$5,000.

Forms of Payment

- ◆ Lump Sum (available for retirement, disability, partial termination, or full termination if no covered employment over period of 24 consecutive months or if account balance is less than \$10,000)
- ◆ Fixed or variable life annuity
- ◆ Combination lump sum and fixed or variable life annuity
- ◆ Joint and survivor life annuity (50% or 100%) with or without 120 payments guaranteed

Federal and State Income Taxes

- ◆ Annuity benefits are subject to federal and state income taxes.
- ◆ Mandatory 20% withholding applies to all payments made over less than 10 years.
- ◆ 10% IRS penalty applies if you are not 59½ or 55 and retired.
- ◆ May qualify for rollover treatment.

Investment Choices:

- ◆ Current Interest Rate Account
- ◆ Franklin US Government Securities Fund A
- ◆ Prudential Asset Allocation Fund Z
- ◆ JPMorgan SmartRetirement: Income, 2015, 2020, 2025, 2030, 2035, 2040, 2045, 2050 (default choice if you make no election)
- ◆ Federated Strategic Value Dividend Fund
- ◆ Vanguard Value Index Signal
- ◆ Prudential Jennison Equity Opportunity Fund Z
- ◆ Prudential Stock Index Fund
- ◆ Franklin Flex Cap Growth Fund A
- ◆ Prudential Jennison Blend Fund Z
- ◆ Prudential Jennison Growth Fund Z
- ◆ Franklin Balance Sheet Investment Fund
- ◆ Goldman Sachs Mid-Cap Value Fund A
- ◆ BlackRock Mid-Cap Growth Fund
- ◆ Prudential International Value Fund
- ◆ Thornburg International Growth
- ◆ MFS Utilities Fund A

Investment earnings credited daily. Investment elections may be changed daily.

Access to your account with your PIN 24 hours a day, 7 days a week – (800) 562-8838 (toll-free) for information or (800) 826-5064 to make fund transfers.

IBEW LOCAL UNION 400 SUPPLEMENTAL BENEFIT FUND

Effective January 1, 2008

Your Account Balance is Equal to:

- ◆ Employer Contributions, plus
- ◆ Investment Earnings (credited as of March 31st), less
- ◆ Withdrawals, less
- ◆ Expenses (applied as of March 31st)

Types of Supplemental Benefits:

- ◆ Medical Reimbursement Benefit – payable if you, or one of your dependents, has incurred medical or dental expenses on or after January 1, 2008 not otherwise paid for by the IBEW Local 400 Welfare Fund or any other form of insurance. Typically, this would include co-pays, deductibles, and coinsurance under the Welfare Plan or other insurance plan as well as items not covered by the Welfare Plan or other insurance. Your application must be for a benefit of at least \$100. The list of eligible medical and dental expenses for which you may seek reimbursement are detailed in IRS Publication 502 “Medical and Dental Expenses” which can be found at www.irs.gov/publications/p502/index.html.
- ◆ Retiree Medical Reimbursement Benefit – payable if you qualify for coverage under the IBEW Local Union 400 Welfare Plan as a retired employee and you have made required contributions to maintain coverage.
- ◆ Supplemental Health Benefits – payable if you have qualified under COBRA for continued coverage under the IBEW Local Union 400 Welfare Plan and you have made required contributions to maintain coverage. Also payable if you have made required payments to upgrade your coverage from Tier II to Tier I under the IBEW Local Union 400 Welfare Plan.

Amount of Supplemental Benefits:

- ◆ Medical Reimbursement Benefit – the amount of eligible “out-of-pocket” medical and dental expenses that you have incurred, up to the balance in your account.
- ◆ Retiree Medical Reimbursement Benefit – the required retiree monthly contribution under the IBEW Local Union 400 Welfare Plan, up to the balance in your account.
- ◆ Supplemental Health Benefits – the required monthly contribution for COBRA under the IBEW Local Union 400 Welfare Plan, or the required payment to upgrade your coverage from Tier II to Tier I under the IBEW Local Union 400 Welfare Plan, up to the balance in your account.

Federal and State Income Taxes and Other Payroll Taxes:

- ◆ Medical Reimbursement Benefit – benefits are not subject to tax.
- ◆ Retiree Medical Reimbursement Benefit – benefits are not subject to tax.
- ◆ Supplemental Health Benefits – benefits are not subject to tax.