



CONEXIS
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IMPORTANT GENERAL NOTICE OF COBRA CONTINUATION OF GROUP HEALTH COVERAGE RIGHTS

To: [REDACTED]

INTRODUCTION

This is for informational purposes only. You are receiving this notice because you have recently gained coverage under one or more group health plans sponsored by UNIVERSITY OF AKRON (THE) ("the Plan"). The following information about your rights and obligations under a federal law known as the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended (COBRA) is very important. Both you and your spouse (if covered) should read this summary of rights very carefully, retain it with other Plan documents, and refer to it in the event that any action is required on your part.

COBRA requires that most employers providing group health plans offer participants and/or their covered family members the opportunity for a temporary extension of group health plan coverage ("COBRA coverage") at group rates under certain circumstances when coverage under the Plan would otherwise end. COBRA (and the description of COBRA coverage contained in this notice) generally applies only to the group health plan benefits offered under the Plan and not to any other benefits (e.g., life insurance).

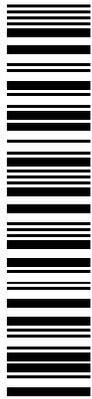
This notice generally explains COBRA coverage, when it may become available to you and your family, and what you need to do to protect your right to receive it. This notice does not fully describe COBRA coverage or other rights under the Plan. You will find a more detailed summary of your rights and obligations under COBRA in the applicable group health plan summary plan description (SPD). For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's SPD, contact the Plan Administrator identified in that SPD, or you can contact CONEXIS, who assists the Plan Administrator with COBRA administration.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace ("the Marketplace"). By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. You can learn more about many of these options at www.HealthCare.gov. In addition, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally does not accept late enrollees.

COBRA COVERAGE

COBRA coverage is continuation of Plan coverage by *qualified beneficiaries* who lose coverage as a result of certain *qualifying events* (described below). After a qualifying event occurs and any required notice of that event is properly provided to the Plan Administrator, COBRA coverage must be offered to individuals who lose Plan coverage and are *qualified beneficiaries*.

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A *qualified beneficiary* is any of the following who are covered under the Plan on the day before a qualifying event: (1) a covered employee, (2) a covered spouse of a covered employee (including a retired employee), and/or (3) a covered dependent child. In addition, a child born to, adopted by, or placed for adoption with a covered employee during a period of COBRA coverage is considered to be a qualified beneficiary if enrolled in accordance with the terms of the Plan.

You do not have to show that you are insurable to elect COBRA coverage. Under the Plan, however, qualified beneficiaries who elect COBRA coverage must pay for COBRA coverage. Generally, you will have to pay the "applicable premium" (as defined in COBRA) plus a 2 percent administrative fee for your COBRA coverage (and possibly a 50 percent administrative fee during the 11-month disability extension [see "Disability Extension of COBRA Coverage," below]). The "applicable premium" is the total cost of coverage without regard to any employer contributions, as determined in accordance with COBRA. The first COBRA premium is due 45 days after the date that you make your COBRA coverage election. All subsequent premiums are due the first day of each month with a 30-day grace period by which a complete premium must be made.

The law also requires that, at the end of the 18-, 29-, or 36-month COBRA coverage period, you must be allowed to enroll in an individual conversion health plan provided under the current group health plan, if the plan provides a conversion privilege.

QUALIFYING EVENTS

If you are a covered employee, you may elect COBRA coverage if you lose coverage under the Plan because of either one of the following qualifying events: (1) your hours of employment are reduced; or (2) your employment ends for any reason (other than gross misconduct on your part).

If you are the covered spouse of a covered employee (including a retired employee), you may elect COBRA coverage if you lose coverage under the Plan because of any of the following qualifying events: (1) the covered employee's hours of employment are reduced; (2) the covered employee's employment ends for any reason (other than his or her gross misconduct); (3) the covered employee dies; (4) the covered employee becomes entitled to Medicare benefits under Part A, Part B, or both; or (5) you and the covered employee divorce or legally separate.

For a covered dependent child of the covered employee, he or she may elect COBRA coverage if he or she loses coverage under the Plan because of any of the following qualifying events: (1) the covered employee's hours of employment are reduced; (2) the covered employee's employment ends for any reason (other than his or her gross misconduct); (3) the covered employee dies; (4) the covered employee becomes entitled to Medicare benefits under Part A, Part B, or both (typically, this will not be a qualifying event for covered dependent children of covered employees due to the Medicare Secondary Payer rules); (5) the covered employee and his or her spouse divorce or legally separate; or (6) the covered dependent child ceases to be eligible for coverage under the Plan as a "dependent child."

Note: if coverage for a spouse or dependent child is dropped in anticipation of a qualifying event (as determined at the sole discretion of the Plan Administrator), the spouse or dependent child whose coverage was dropped (e.g. during annual enrollment) may still qualify for COBRA coverage beginning with the qualifying event provided that the notice requirements described below are satisfied.

You may also have a right to elect COBRA coverage if you are covered under the Plan as a retired employee, a covered spouse of a retired employee, or a covered dependent child of a retired employee, and lose retiree coverage as a result of the employer's commencement of proceedings under Title 11 (bankruptcy), United States Code.

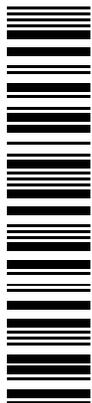
NOTICE OF QUALIFYING EVENTS

UNIVERSITY OF AKRON (THE) is obligated to notify the Plan Administrator of the occurrence of these qualifying events: (1) the reduction in hours of an employee's employment; (2) the termination of the employee's employment (for reasons other than his or her gross misconduct); (3) the death of the employee; (4) the commencement of proceedings under Title 11 (bankruptcy), United States Code with respect to the employer (in the case of retiree coverage only); or (5) the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For the other qualifying events (i.e., divorce or legal separation of the employee and a covered dependent child losing eligibility for coverage under the Plan as a "dependent child"), a COBRA election will be available to you *only if you*

notify the Plan Administrator in accordance with the Plan's notice procedures within 60 days of the later of (1) the date of the qualifying event; and (2) the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the qualifying event. If you fail to provide a timely qualifying event notice in accordance with the Plan's notice procedures, the qualified beneficiaries will lose their right to a COBRA election.

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ELECTING COBRA COVERAGE

When the Plan Administrator (or its designated COBRA administrator) is notified that one of these events has happened, notice of your right to elect COBRA will be provided.

Each qualified beneficiary has an independent right to make a COBRA election. That means that a covered employee may elect COBRA coverage on behalf of his or her covered spouse, and parents or legal guardians may elect COBRA coverage on behalf of their children. However, a covered employee may not waive COBRA coverage for a covered spouse or an adult covered dependent child (if the spouse or adult covered dependent child is a qualified beneficiary).

Under the law, you will have 60 days from the later of the date you would lose coverage under the Plan or the date the COBRA Election Notice is provided. If you do not elect COBRA coverage, your group health coverage will terminate in accordance with the terms of the Plan and you will lose your right to COBRA coverage.

DURATION OF COBRA COVERAGE

Unless specifically stated otherwise in the applicable SPD, COBRA coverage is measured from the date of the qualifying event, even if coverage is not immediately lost.

In the case of a loss of coverage due to the covered employee's termination of employment or reduction in hours of the covered employee's employment, COBRA coverage may generally last for up to 18 months.

In the case of all other qualifying events, COBRA coverage may last for up to 36 months.

If the covered employee becomes entitled to Medicare benefits (under Part A, Part B, or both) less than 18 months before a qualifying event that is a termination or reduction in hours of employment, COBRA coverage for qualified beneficiaries (other than the employee) who lose coverage as a result of the qualifying event can last up to 36 months from the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which her employment terminates, COBRA coverage for her spouse and children who lost coverage as a result of her termination of employment can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months).

COBRA coverage under a Health Flexible Spending Account ("Health FSA") may only last through the end of the plan year in which the qualifying event occurs (unless stated otherwise in the group health plan SPD). In addition, you may not be able to elect COBRA coverage if the reimbursement available at the time of the qualifying event is less than the COBRA premium required to continue coverage through the end of the plan year.

The COBRA periods described above are maximum coverage periods. The law provides that COBRA coverage may be terminated prior to the end of the maximum coverage periods described in this notice for any of the following reasons: (1) the employer/former employer no longer provides any group health coverage to any of its employees; (2) the premium for COBRA coverage is not paid in a timely manner; (3) you first become, after electing COBRA coverage, covered under any other group health plan (as a covered employee or otherwise) which does not contain any applicable exclusion or limitation with respect to any preexisting condition (NOTE: there are limitations on plans' imposing a preexisting condition exclusion and such exclusions are prohibited starting with plan years that begin in 2014); or (4) you first become, after electing COBRA coverage, entitled to Medicare benefits (under Part A, Part B, or both).

There are two ways in which the 18-month COBRA period of coverage resulting from a covered employee's termination of employment or reduction in hours of employment may be extended. (NOTE: The period of COBRA coverage under a Health FSA generally cannot be extended beyond the end of the plan year.)

DISABILITY EXTENSION OF COBRA COVERAGE

If a qualified beneficiary is determined by the Social Security Administration to be disabled under Title II or XVI of the Social Security Act and you notify the Plan Administrator (or its designated COBRA administrator, as set forth in the COBRA Coverage Election Notice) in a timely fashion, all qualified beneficiaries who are receiving COBRA coverage because of a qualifying event that was the covered employee's termination of employment or reduction in hours of the

employee's employment may be eligible to continue coverage for an additional 11 months of COBRA coverage (for a total of 29 months). This disability must have started at some time prior to or within the first 60 days of the COBRA coverage period and must last at least until the end of the period of COBRA coverage that would be available without the disability extension (generally 18 months, as described above).

The disability extension is available only if you notify the Plan Administrator (or its designated COBRA administrator, as set forth in the COBRA Coverage Election Notice) of the Social Security Administration's determination of disability within 60 days after the latest of: (1) the date of the determination of disability by the Social Security Administration; (2) the date of the covered employee's termination or reduction in hours of the covered employee's employment; (3) the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the plan as a result of the covered employee's termination or reduction in hours of the covered employee's employment; or (4) the date that you receive this notice or the SPD. Notwithstanding the 60-day period, you must provide notice of the Social Security Administration's determination of disability prior to the end of the 18-month continuation period (irrespective of when the 60-day period would otherwise end).

The employer can charge up to 150 percent of the applicable premium during the 11-month extension in most circumstances. The disabled individual must notify the employer within 30 days of any final determination that he or she is no longer disabled. If COBRA coverage is extended to a total of 29 months, extended COBRA coverage will cease on the first day of the month that begins more than 30 days after the Social Security Administration's notice that the qualified beneficiary is no longer disabled.

SECOND QUALIFYING EVENT EXTENSION OF COBRA COVERAGE

If a qualified beneficiary who is a covered spouse or covered dependent child experiences another qualifying event during the first 18 months of COBRA coverage (because of the covered employee's termination of employment or reduction in hours of the covered employee's employment) or during an 11-month disability extension period (see "Disability Extension of COBRA Coverage," above), this qualified beneficiary receiving COBRA coverage may receive up to 18 additional months of COBRA coverage (for a total of 36 months from the original qualifying event), if notice of the second qualifying event is provided in accordance with applicable notice procedures (see "Notice Procedures for Qualified Beneficiaries," below).

This extension may be available to the covered spouse and any covered dependent children receiving COBRA coverage if the employee/former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the covered dependent child stops being eligible under the Plan as a "dependent child," *but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.*

SPECIAL RULES FOR LEAVES OF ABSENCE DUE TO SERVICES IN THE UNIFORMED SERVICES

If a covered employee takes a leave of absence to perform services in the Uniformed Services (as addressed in the Uniformed Services Employment and Reemployment Act [USERRA]) that is expected to last 31 days or more, the covered employee may be able to continue health coverage for the employee and any covered dependents until the earlier of 24 months from the date the leave began or the date that the employee fails to return to or apply for work as required under USERRA. The cost to continue this coverage for periods lasting 31 days or more is 102 percent of the applicable premium. The USERRA continuation period will run concurrent with the COBRA period described herein. Notwithstanding anything to the contrary in this notice, the rights described in this notice apply only to the COBRA continuation period. Continuation of coverage following a military leave of absence covered under USERRA will be administered in accordance with the requirements of USERRA.

CHANGE IN ADDRESS

To protect your family's rights, it is important that you keep the Plan Administrator informed if you or your family member's address changes. In such an event, please notify UNIVERSITY OF AKRON (THE), 10 N Main Street AKRON OH 44308. You should also keep a copy, for your records, of any notices you send to the Plan Administrator and/or CONEXIS.

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NOTICE PROCEDURES FOR QUALIFIED BENEFICIARIES

Any required notice the qualified beneficiary is required to furnish (as described above) must follow these notices procedures. Notices must be sent to CONEXIS in writing (by mail or electronic transmittal [e.g., facsimile, e-mail]) to:

CONEXIS

P.O. Box 223684, Dallas, TX 75222-3684

memberservices@conexis.com

If a different address and/or procedures for providing notices to the Plan appear in the Plan's most recent SPD, you must follow those notice procedures or deliver your notice to that address.

Oral notice (including notice by telephone) is not acceptable.

Any notice you provide must contain the name of the Plan (UNIVERSITY OF AKRON (THE) group health plan); the name, CONEXIS Account Number or Social Security number, and address of the employee/former employee who is or was covered under the Plan; the name(s) and address(es) of all qualified beneficiary(ies) who lost coverage as a result of the qualifying event; and the certification, signature, name, address, and telephone number of the person providing the notice.

The employee/former employee who is or was covered under the Plan, a qualified beneficiary who lost coverage due to the qualifying event described in the notice, or a representative acting on behalf of either may provide the notices described herein. A notice provided by any of these individuals will satisfy any responsibility to provide notice on behalf of all qualified beneficiaries who lost coverage due to the qualifying event described in the notice.

IF YOU HAVE QUESTIONS

Questions concerning your Plan should be addressed to UNIVERSITY OF AKRON (THE), 10 N Main Street AKRON OH 44308. For additional information about your COBRA rights and obligations under federal law, please review the Plan's SPD, contact the Plan Administrator identified in the SPD, or you can contact CONEXIS at 888-678-4881 or the above address.

In addition, you may obtain more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), the Patient Protection and Affordable Care Act, and other laws affecting group health plans, by contacting the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. Addresses and phone numbers of Regional and District EBSA offices are available through the EBSA website. For more information about the Marketplace, visit www.HealthCare.gov.