
Wrap-Around Summary Plan Description for Welfare Plans

Columbia Neurosurgical Associates Insurance Plan Summary Plan Description

Caution: This document, together with the certificate of insurance booklets issued by BlueChoice HealthPlan, MetLife and The Standard is your Summary Plan Description. If the certificates of insurance booklets are not attached, then this Summary Plan Description is not complete and you should contact Columbia Neurosurgical Associates, P.A.

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BlueChoice HealthPlan Certificate of Insurance Booklet.....attached
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1. Introduction

• Introduction

Columbia Neurosurgical Associates maintains the Columbia Neurosurgical Associates Group Insurance Plan (Plan) to provide insurance benefits to its eligible employees, their eligible spouses, and eligible dependents.

Benefits of the Plan are provided under insurance contracts entered into between Columbia Neurosurgical Associates and BlueChoice HealthPlan, MetLife and The Standard.

You Must Enroll to Receive Benefits! You must affirmatively enroll to receive benefits under this Plan, as explained in Section 2 on Eligibility.

Benefits under the Plan are described in the certificate of insurance booklets issued by the Insurance Companies, copies of which are attached to this document. You must read the booklets to understand your benefits!

• Purpose of the Wrap Around Document

Columbia Neurosurgical Associates is providing this document to give you an overview of the Plan and to address certain information that may not be addressed in the attached certificate of insurance booklets. This wrap around document, together with the certificate of insurance booklets issued by the Insurance Companies, is the Summary Plan Description (SPD) required by ERISA. This wrap around document is not intended to give you any substantive rights to benefits that are not already provided by the attached certificate of insurance booklets.

2. Eligibility and Participation Requirements

• Eligibility

To determine whether you and your spouse and/or dependents are eligible to participate in the Plan, please read the eligibility information contained in the attached certificate of insurance booklets issued by BlueChoice HealthPlan, MetLife, and The Standard.

• Requirements for Employee Eligibility

To be an eligible employee, (a) the minimum-hour requirement is 30 hours per week (averaged on an annualized basis); (b) there is a probationary period for new employees that ends on the first of the month following 30 days of employment.

• Need for Enrollment: Time Limits

Eligible employees must complete an application form (available through the Human Resources Manager of Columbia Neurosurgical Associates) to enroll themselves and/or their eligible spouses and dependents. New employees must enroll within certain time periods after being hired, as described in the attached certificate of insurance booklets issued by BlueChoice HealthPlan, MetLife, and The Standard. Otherwise, enrollment generally is limited to the annual open enrollment period that occurs before September 1 of each year with MetLife and BlueChoice HealthPlan and December 1 for the coverage with The Standard, as allowed in the certificate of insurance.

• Special Enrollment Rights

In certain circumstances, enrollment may occur outside the open enrollment period, as explained in the attached certificate of insurance booklets issued by BlueChoice HealthPlan, MetLife, and The Standard. The Plan's Special Enrollment Notice also contains important information about the special

enrollment rights that you may have, a copy of which was previously furnished to you. Contact the Human Resources Manager of Columbia Neurosurgical Associates if you need another copy.

●Required Premium Payments

For Health Insurance (bi-weekly deductions): PPO Plan– Single \$8.00, E/S \$225.27, E/C \$158.12, Family - \$375.38; HDHP – Single \$8.00, E/S \$194.00, E/C \$136.65, Family \$322.77. Dental Insurance (bi-weekly deductions): Single \$2.00, E/S \$16.56, E/C \$23.07, Family \$37.63. Columbia Neurosurgical Associates pays the remainder of the premium for these coverages as well as premiums for Basic Life and AD&D and Long Term Disability. Voluntary Life Insurance, Dependent Life Insurance and Short Term Disability Rates are based on age and are employee paid policies. Columbia Neurosurgical Associates provides a schedule of the applicable premiums; contact the Human Resources Manager of Columbia Neurosurgical Associates if you need another copy.

●When Participation Begins

For information about when coverage begins, please read the eligibility information contained in the attached certificate of insurance booklets issued by BlueChoice HealthPlan, MetLife, and The Standard.

●Termination of Participation

Your eligibility for Plan benefits terminates on the last day of the month in which you terminate employment with Columbia Neurosurgical Associates. Coverage will also terminate if you fail to pay your share of the premium, if your hours drop below the required eligibility threshold, if you submit false claims, and for certain other reasons described in the attached certificate of insurance booklets. Coverage for your spouse and dependents stops when your coverage stops and for other reasons specified in the certificate of insurance booklets (for example, divorce, dependent's attaining age limit, and other reasons). Benefits will also cease for employees, spouses, and dependents upon termination of the Plan.

●Continuation Coverage

If coverage for you, your eligible spouse, or your eligible dependents ceases because of certain "qualifying events" (e.g., termination of employment, reduction in hours, divorce, death, child's ceasing to meet the plan's definition of dependent) specified in a federal law called COBRA, then you, your eligible spouse, or your eligible dependents may have the right to purchase continuing coverage under the Plan for a limited period of time. For more information about COBRA rights, see the "Summary of Rights and Obligations Regarding Continuation of Group Health Plan Coverage," a copy of which has been previously furnished to you and your spouse (if covered under the plan). Please contact the Human Resources Manager of Columbia Neurosurgical Associates if you need another copy.

Continuation and reinstatement rights may also be available if you are absent from employment due to service in the Uniformed Services pursuant to the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA). More information about coverage available pursuant to USERRA is included in the certificate of insurance booklets.

3. Summary of Plan Benefits

• Benefits Provided

The Plan provides medical, dental, disability and Life insurance to eligible employees and their eligible spouses and dependents. These benefits are provided under group insurance contracts entered into between Columbia Neurosurgical Associates and BlueChoice HealthPlan, MetLife, and The Standard. A summary of the benefits provided under the Plan is set forth in the attached certificate of insurance booklets issued by BlueChoice HealthPlan, MetLife, and The Standard.. You must read the booklets to understand your benefits!

• Qualified Medical Child Support Orders

As explained in the attached certificate of insurance booklets issued by BlueChoice HealthPlan the Plan will extend benefits to an employee's non-custodial child, as required by any qualified medical child support order (QMCSO), under ERISA § 609(a). The Plan has procedures for determining whether an order qualifies as a QMCSO. Participants and beneficiaries can obtain, without charge, a copy of such procedures from the Human Resources Manager of Columbia Neurosurgical Associates.

4. Circumstances That May Affect Benefits

Your eligibility for Plan benefits terminates on the last day of the month in which you terminate employment with Columbia Neurosurgical Associates. Coverage will also terminate if you fail to pay your share of the premium, if your hours drop below the required eligibility threshold, if you submit false claims, and for certain other reasons described in the attached certificate of insurance booklets issued by BlueChoice HealthPlan, MetLife, and The Standard. Coverage for your spouse and dependents stops when your coverage stops and for other reasons specified in the certificate of insurance booklets (for example, divorce, dependent's attaining age limit, and other reasons). Benefits will also cease for employees, spouses and dependents upon termination of the Plan.

Depending on the reason that coverage was terminated, you and your covered spouse and dependents might have the right to continue coverage temporarily under COBRA and USERRA.

The Plan may recover overpaid benefits through its rights to subrogation and reimbursement. These Plan rights are described in detail in the attached certificate of insurance booklets.

• Preexisting Conditions and Other Exclusions

Other circumstances that can result in the termination, reduction, loss or denial of benefits (including exclusions due to preexisting conditions and exclusions for certain medical procedures) are described on the pages of the attached certificate of insurance booklets issued by BlueChoice HealthPlan, MetLife, and The Standard. Please read the booklets carefully. The Plan's Initial Preexisting Condition Exclusion (PCE) Notice and the Plan's Special Enrollment Notice contain important information about the exclusions due to preexisting conditions and special enrollment rights that you may have. Copies of these Notices were previously furnished to you. Please contact the Human Resources Manager of Columbia Neurosurgical Associates, if you need another copy.

5. How the Plan is Administered

• Plan Administration

The Plan is administered by Columbia Neurosurgical Associates (Plan Administrator).

●Power and Authority of Insurance Company

This plan is fully insured. Benefits are provided under a group insurance contract entered into between Columbia Neurosurgical Associates and BlueChoice HealthPlan, MetLife, and The Standard. Claims for benefits are sent to the Insurance Companies. The Insurance Companies, not Columbia Neurosurgical Associates is responsible for paying claims. The Insurance Companies are the Named Fiduciaries for benefit claims and are responsible for:

- determining eligibility for and the amount of any benefits payable under the Plan; and
- providing the claims procedures to be followed and the claims forms to be used by eligible individuals pursuant to the Plan.

The Insurance Companies also have the authority to require eligible individuals to furnish it with such information as it determines is necessary for the proper administration of the Plan.

●Your Questions

If you have any general questions regarding the Plan, please contact Columbia Neurosurgical Associates or our broker.

However, if you have questions regarding eligibility for and/or the amount of any benefits payable under the Plan, please contact BlueChoice HealthPlan, MetLife, and The Standard.

6. Amendment or Termination of the Plan

Columbia Neurosurgical Associates, as Plan Sponsor, has the right to amend or terminate the Plan at any time.

●Amendment or Termination

The Plan may be amended or terminated by a written instrument signed by the Columbia Neurosurgical Associates or the Human Resources Manager, who is authorized to amend or terminate the Plan and to sign insurance contracts with the Insurance Companies or other carriers, including amendments to those contracts. In addition, termination of the group insurance contracts entered into between Columbia Neurosurgical Associates and BlueChoice HealthPlan, MetLife, and The Standard will constitute termination of the Plan, unless Columbia Neurosurgical Associates exercises its sole discretion to obtain a substitute contract of insurance.

7. No Contract of Employment

The Plan is not intended to be, and may not be construed as constituting, a contract or other arrangement between you and Columbia Neurosurgical Associates to the effect that you will be employed for any specific period of time.

8. Claims Procedure

●Benefit Claim

The Insurance Companies are responsible for evaluating all benefit claims under the Plan. The Insurance Companies will decide your claim in accordance with its reasonable claims procedures, as required by ERISA. See the attached certificate of insurance booklets issued by BlueChoice HealthPlan, MetLife, and The Standard for information about how to file a claim and for details regarding the Insurance Company's claims procedures.

● **Appealing Denied Claim**

If your claim is denied, you may appeal to the Insurance Company for a review of the denied claim. The Insurance Company will decide your appeal in accordance with its reasonable claims procedures, as required by ERISA 4.

● **Important Appeal Deadlines**

If you don't appeal on time, you will lose your right to file suit in a state or federal court, as you will not have exhausted your internal administrative appeal rights (which generally is a condition for bringing suit in court).

See the attached certificate of insurance booklets issued by BlueChoice HealthPlan, MetLife, and The Standard for information about how to appeal a denied claim and for details regarding the Insurance Company's claims procedures.

9. General Information About the Plan

● **Plan Name**

The name of the Plan is Columbia Neurosurgical Associates Group Insurance Plan.

● **Type of Plan**

The Plan is a group health plan (a type of welfare benefit plan that is subject to the provisions of ERISA).

● **Plan Year**

The BlueChoice HealthPlan (medical) plan year is September 1 – August 31.

The MetLife (dental) plan year is September 1 – August 31.

The Standard (life insurance and disability) plan year is December 1 – November 30.

● **Plan Numbers**

The plan numbers are as follows: BlueChoice HealthPlan BA784-00-01 and BA784 75-76
Metropolitan Life Insurance (MetLife) 05579781
The Standard 649434

● **Effective Date**

The effective date of the BlueChoice HealthPlan is September 1 2011.

The effective date of the MetLife plan is September 1 2011.

The effective date of the Standard plan is December 1 2011.

● **Funding Medium and Type of Plan Administration**

The Plan is fully insured. Benefits are provided under a group insurance contract entered into between Columbia Neurosurgical Associates and BlueChoice HealthPlan, MetLife and The Standard. Claims for benefits are sent to BlueChoice HealthPlan, MetLife and The Standard. BlueChoice HealthPlan, MetLife and The Standard (not Columbia Neurosurgical Associates) is responsible for paying benefits. Note that BlueChoice HealthPlan, MetLife, The Standard, and Columbia Neurosurgical Associates share responsibility for administering the plan, as discussed in Section 5. Insurance premiums for employees are paid in part by the Plan Sponsor out of its general assets, and in part by employee pre-tax payroll deductions shall be used in their entirety prior to using Plan Sponsor contributions to pay for premiums under this plan. Any refund, rebate, dividend, experience adjustment, or other similar payment under the group insurance contract entered into between Columbia Neurosurgical Associates,

MetLife and The Standard shall be allocated, consistent with the fiduciary obligations imposed by ERISA, to reimburse Columbia Neurosurgical Associates for premiums that it has paid.

● **Plan Sponsor**

Columbia Neurosurgical Associates
Bill Wannamaker
742 Rabon Road
Columbia, SC 29203
(803) 462-0423

● **Plan Sponsor's Employer Identification Number**

Columbia Neurosurgical Associates employer identification number 57-0620753

● **Insurance Companies Contact Information**

BlueChoice HealthPlan
4101 Percival Rd
Columbia, SC 29229
(803) 786-8466

Metropolitan Life Insurance Company (MetLife)
14120 Ballantyne Corp Place, Suite 150
Charlotte, NC 28277
(800) 291-8824

The Standard
521 E. Morehead Street, Suite 425
Charlotte, NC 28202
(800) 231-0065

● **Agent for Service of Legal Process**

Columbia Neurosurgical Associates
Bill Wannamaker
742 Rabon Road
Columbia, SC 29203

Service of legal process may also be made on the Plan Administrator.

● **Important Disclaimer**

Benefits hereunder are provided solely pursuant to an insurance contract between the Plan Sponsor and the Insurance Companies. If the terms of this summary document conflict with the terms of the insurance contract, then the terms of the insurance contract will control, unless superseded by applicable law.

10. Statement of ERISA Rights

● **Your Rights**

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

●Receive Information About Your Plan and Benefits

Examine, without charge, at Columbia Neurosurgical Associates principal office and at other specified locations, such as worksites, all documents governing the Plan, including insurance contracts, and a copy of the latest annual report (Form 5500 Series), if any, filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Human Resources Manager of Columbia Neurosurgical Associates, copies of documents governing the operation of the Plan, including insurance contracts and copies of the latest annual report (Form 5500 Series) and updated summary plan description (SPD). Columbia Neurosurgical Associates may make a reasonable charge for the copies.

Receive a summary of the Plan's annual Form 5500, if any is required by ERISA to be prepared, in which case Columbia Neurosurgical Associates, as Plan Administrator, is required by law to furnish each participant with a copy of this summary annual report.

●COBRA and HIPPA Rights

Continue health care coverage for yourself, your spouse, or your dependents if there is a loss of coverage under the Plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this SPD and the documents governing the Plan on the rules governing your COBRA continuation coverage rights.

Reduction or elimination of exclusionary periods of coverage for pre-existing conditions under your group health plan, if you have creditable coverage from another plan. You should be provided with a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under the Plan, when you become entitled to elect COBRA continuation coverage, when your COBRA continuation coverage ceases, if you request it before losing coverage, or if you request it up to 24 months after losing coverage. Without evidence of creditable coverage, you may be subject to a pre-existing condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in your coverage.

●Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a Plan benefit or exercising your rights under ERISA.

●Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules. Under ERISA, there are steps that you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report (Form 5500), if any, from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require Columbia Neurosurgical Associates, as Plan Administrator, to provide the materials and pay you up to \$110 per day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored in whole or in part, and if you have exhausted the claims procedures available to you under the Plan (discussed in Section 8), you may file suit in a state or federal court.

If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

●Assistance With Your Questions

If you have any questions about your Plan, you should contact the Human Resources Manager of Columbia Neurosurgical Associates. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor (listed in your telephone directory) or contact the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Attachments	Certificate of insurance booklet issued by BlueChoice HealthPlan
	Certificate of insurance booklet issued by MetLife
	Certificate of insurance booklet issued by The Standard