

Full-Time
Employees

BENEFITS GUIDE

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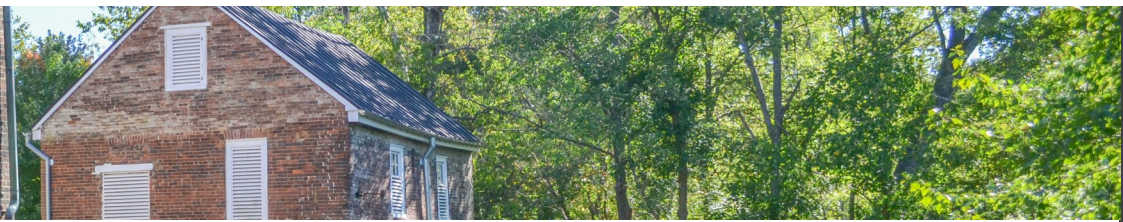
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Dear NOVA Parks Colleague:

NOVA Parks cares about the health and well-being of you and your family, and we are dedicated to providing you with a comprehensive benefits package. We encourage you and your dependents to become familiar with the resources and providers listed in this benefits guide.

As an active, full-time employee, you are eligible for a variety of valuable benefits such as health insurance, dental and vision benefits, flexible spending plans, and an employee assistance program. NOVA Parks is also pleased to provide employer-paid life, AD&D, short term disability, and long term disability insurance, as well as access to optional employee-paid voluntary benefits including additional life and AD&D insurance. Premiums for all health, dental, and vision benefits are deducted on a bi-weekly, pre-tax basis over 24 pay periods. In months where there are three paychecks, health, dental, vision, and, if applicable, life insurance premiums will not be deducted from the third paycheck.

Consider your benefit options carefully before you make your benefit elections. The benefits you choose will be in place from your eligibility date through the end of the calendar year, unless you have an IRS qualifying event during the year such as marriage, birth, death, etc. It is the employee's responsibility to notify Human Resources of any mid-year qualifying events that affect their coverage within 30 days of the event.



HELP STARTS HERE

BenefitsVIP is a powerful, one-stop contact center staffed by seasoned professionals. Your dedicated team of employee benefits advocates is ready to help you and your family members resolve your **Kaiser, MetLife, Avēsis, Renaissance, BRI, and INOVA EAP** benefits issues.

For service that's confidential and responsive, contact:

866.293.9736

Monday—Friday

8:30am—8:00pm (ET)

Fax: 856.996.2755

solutions@benefitsvip.com

QUESTIONS ANSWERED HERE

COMPLETELY CONFIDENTIAL! Your dedicated BenefitsVIP advocates understand your benefit plans and are able to answer benefit questions and quickly resolve claims and eligibility issues. A majority of inquiries are resolved the same day and all calls adhere to privacy best practices.

Please note, BenefitsVIP is limited in their ability to service questions and concerns that apply to the Cigna medical and Davis Vision plans.

BenefitsVIP.com

QUESTIONS? Call BenefitsVIP at 866.293.9736

ADVOCACY



WEBSITE

Stay informed with the latest health news, biometric tools, calculators and information at **[benefitsvip.com!](http://benefitsvip.com)**



BLOG

HealthDiscovery.org is a lifestyle blog with wellness articles, tips, quizzes, recipes, and more!

MEDICAL



CIGNA PLANS

NOVA Parks offers three medical plans, managed by Cigna. These plans offer out-of-network coverage and include vision benefits (pg.9). To find a doctor, log on to www.mycigna.com.

CO-INSURANCE

Cigna's share of the cost of a covered health service, calculated as a percent of the allowed amount for the service. You pay the remaining co-insurance, copays, and any deductibles you owe.



OAP 80% CO-INSURANCE

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Primary Care Physician (PCP)	80% *	60% *
Specialty Care	80% *	60% *
Annual Deductible	\$500 Individual \$1,000 Family	\$1,000 Individual \$2,000 Family
Out-of-Pocket Maximum	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family
Preventive Care—All Ages Routine Preventive Care Immunizations Mammogram, PAP, PSA Tests	100%	Through age 17: 60% Ages 18 and older: 60% *
Inpatient Hospital Facility	80% *	60% *
Outpatient Hospital Facility	80% *	60% *
Outpatient Professional Service	80% *	60% *
Chiropractic Care	80% *	60% * ¹
Hearing Aids	80% * ²	80% * ²
Emergency Room	80% *	80% *
Urgent Care Facility	80% *	80% *
Mental Health & Substance Abuse Treatment (In-Patient)	80% *	60% *
Annual Prescription Drug Deductible	\$75 Individual \$150 Family	
Annual Prescription Drug Out-of-Pocket Maximum	\$2,000 Individual \$4,000 Family	
Prescription Drug Retail 30 day supply	Generic: \$7 copay* Preferred Brand: 80% * (max. \$50) Non-Preferred: 70% * (max. \$100)	70% *
Prescription Drug Home Delivery 90 day supply	Generic Maintenance: \$0 copay* Generic Non-Maintenance: \$14 copay* Preferred Brand: 80% * (max. \$100) Non-Preferred: 70% * (max. \$200)	Not Covered
BI-WEEKLY CONTRIBUTIONS	EMPLOYEE	NOVA PARKS
Employee Only	\$41.92	\$237.54
Employee + Spouse	\$146.47	\$439.42
Employee + Child(ren)	\$132.86	\$398.60
Employee + Family	\$209.60	\$628.82

* After applicable deductible

¹ Maximum 12 visits per year

² Maximum benefit is \$2,800 every 36 months



MEDICAL



CIGNA PRESCRIPTION

Diabetic medications and supplies are free for participants in all Cigna managed plans when the prescription is filled via home delivery pharmacy or at a retail pharmacy.

Please note that currently only the Cigna OAP 80% and 90% co-insurance plans are accepting new enrollees.

OAP 90% CO-INSURANCE

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Primary Care Physician (PCP)	90%*	70%*
Specialty Care	90%*	70%*
Annual Deductible	\$350 Individual \$700 Family	\$700 Individual \$1,400 Family
Out-of-Pocket Maximum	\$2,500 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family
Preventive Care—All Ages Routine Preventive Care Immunizations Mammogram, PAP, PSA Tests	100%	Through age 17: 70% Ages 18 and older: 70%*
Inpatient Hospital Facility	90%*	70%*
Outpatient Hospital Facility	90%*	70%*
Outpatient Professional Service	90%*	70%*
Chiropractic Care	90%*	70%* ¹
Hearing Aids	90%* ²	90%* ²
Emergency Room	90%*	90%*
Urgent Care Facility	90%*	90%*
Mental Health & Substance Abuse Treatment (In-Patient)	90%*	70%*
Annual Prescription Drug Deductible	\$75 Individual \$150 Family	
Annual Prescription Drug Out-of-Pocket Maximum	\$2,000 Individual \$4,000 Family	
Prescription Drug Retail 30 day supply	Generic: \$7 copay* Preferred Brand: 80%* (max. \$50) Non-Preferred: 70%* (max. \$100)	70%*
Prescription Drug Home Delivery 90 day supply	Generic Maintenance: \$0 copay* Generic Non-Maintenance: \$14 copay* Preferred Brand: 80%* (max. \$100) Non-Preferred: 70%* (max. \$200)	Not Covered
BI-WEEKLY CONTRIBUTIONS	EMPLOYEE	NOVA PARKS
Employee Only	\$58.75	\$332.93
Employee + Spouse	\$205.38	\$616.16
Employee + Child(ren)	\$186.17	\$558.52
Employee + Family	\$293.77	\$881.31

* After applicable deductible

¹ Maximum 12 visits per year

² Maximum benefit is \$2,800 every 36 months

MEDICAL



CIGNA PLANS

NOVA Parks offers three medical plans, managed by Cigna. These plans offer out-of-network coverage and include vision benefits (pg.9). To find a doctor, log on to www.mycigna.com.

Please note, the Cigna OAP Co-Pay plan is **closed** to new entrants. Employees that are currently enrolled are able to continue their coverage in this plan until the plan is **discontinued on December 31, 2020**.

OAP CO-PAY

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Primary Care Physician (PCP)	\$35 copay	70%*
Specialty Care	\$70 copay	70%*
Annual Deductible	None	\$400 Individual \$800 Family
Out-of-Pocket Maximum	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family
Preventive Care—All Ages Routine Preventive Care Immunizations Mammogram, PAP, PSA Tests	100%	Through age 17: 70% Ages 18 and older: 70%*
Inpatient Hospital Facility	\$300 per admission	70%*
Outpatient Hospital Facility	\$75 per visit	70%*
Outpatient Professional Service	100%	70%*
Chiropractic Care	\$35 copay	70%* ¹
Hearing Aids	100% ²	100% ²
Emergency Room	\$150 per visit ³	\$150 per visit ³
Urgent Care Facility	\$50 per visit ³	\$50 per visit ³
TMJ, Surgical and Non-Surgical Physician's Office	PCP \$35 copay / Specialist \$70 copay	70%*
Mental Health & Substance Abuse Treatment (In-Patient)	\$200 copay per admission	70%*
Annual Prescription Drug Deductible	\$75 Individual \$150 Family	
Annual Prescription Drug Out-of-Pocket Maximum	\$2,000 Individual \$4,000 Family	
Prescription Drug Retail 30 day supply	Generic: \$7 copay* Preferred Brand: 80%* (max. \$50) Non-Preferred: 70%* (max. \$100)	70%*
Prescription Drug Home Delivery 90 day supply	Generic Maintenance: \$0 copay* Generic Non-Maintenance: \$14 copay* Preferred Brand: 80%* (max. \$100) Non-Preferred: 70%* (max. \$200)	Not Covered
BI-WEEKLY CONTRIBUTIONS	EMPLOYEE	NOVA PARKS
Employee Only	\$68.80	\$389.87
Employee + Spouse	\$241.82	\$725.47
Employee + Child(ren)	\$219.13	\$657.42
Employee + Family	\$345.82	\$1,037.45

* After applicable deductible

¹ Maximum 12 visits per year

² Maximum benefit is \$2,800 every 36 months

³ Copay waived if admitted



MEDICAL



KAISER PERMANENTE INSURANCE PLANS

NOVA Parks offers two Kaiser Permanente insurance plans; the HMO Signature and HMO Select. These plans only provide in-network coverage — **no out-of-network benefits are available.**

The HMO Select plan has the same benefits as the HMO Signature plan, but offers a larger network of doctors to choose from. In other words, the HMO Select plan does not require you or your dependents to visit a Kaiser Permanente medical facility for care, while the HMO Signature plan is a local HMO medical center based design.

Visit www.kp.org or call 1.855.249.5018 for a list of network providers.

HMO SIGNATURE

HMO SELECT

BENEFIT	IN-NETWORK ONLY		IN-NETWORK ONLY	
Primary Care Physician (PCP)	\$10 copay ¹		\$10 copay ¹	
Specialty Care	\$20 copay		\$20 copay	
Annual Deductible	None		None	
Out-of-Pocket Maximum	\$3,500 Individual \$9,400 Family		\$3,500 Individual \$9,400 Family	
Preventive Care—All Ages Routine Preventive Care Immunizations Mammogram, PAP, PSA Tests	No charge		No charge	
Inpatient Hospital Facility	\$100 per admission		\$100 per admission	
Outpatient Hospital Facility	\$50 per visit		\$50 per visit	
Outpatient Professional Service	\$50 copay		\$50 copay	
Chiropractic Care	Not covered		Not covered	
Hearing Aids	Not covered		Not covered	
Emergency Room	\$50 copay ²		\$50 copay ²	
Urgent Care Facility	\$20 copay		\$20 copay	
TMJ, Surgical and Non-Surgical Physician's Office	Copay costs vary based on location of service		Copay costs vary based on location of service	
In-Patient Mental Health & Substance Abuse Treatment	\$100 per admission ³		\$100 per admission ³	
Annual Prescription Drug Deductible	None		None	
Annual Prescription Drug Out-of-Pocket Maximum	Combined with medical		Combined with medical	
Prescription Drug Kaiser Pharmacy 30 day supply	Generic: \$10 copay Preferred Brand: \$20 copay Non-Preferred: \$35 copay Mail Order ⁴ : \$20/\$40/\$70		Generic: \$10 copay Preferred Brand: \$20 copay Non-Preferred: \$35 copay Mail Order ⁴ : \$20/\$40/\$70	
Prescription Drug Community Pharmacy 30 day supply	Generic: \$20 copay Preferred Brand: \$40 copay Non-Preferred: \$55 copay		Generic: \$20 copay Preferred Brand: \$40 copay Non-Preferred: \$55 copay	
BI-WEEKLY CONTRIBUTIONS	EMPLOYEE	NOVA PARKS	EMPLOYEE	NOVA PARKS
Employee Only	\$42.32	\$239.82	\$44.19	\$250.44
Employee + 1 Dependent	\$141.07	\$423.22	\$147.31	\$441.94
Employee + Family	\$204.55	\$613.67	\$213.60	\$640.81

¹ No charge for children under 5 years old

² Copay waived if admitted

³ Outpatient: \$10 per individual visit / \$5 per group visit

⁴ 90 day supply

DENTAL



METLIFE DENTAL

NOVA Parks offers two MetLife dental plans; the low plan and high plan. To locate a dentist, visit www.metlife.com/dental or call 1.800.275.4638.

You may choose either an in or out-of-network dentist. However, if you choose an out-of-network dentist, your out-of-pocket costs may be higher. Before receiving service, MetLife recommends that you request a pre-treatment estimate for services in excess of \$300. Your dentist can submit a request online at www.metdental.com or can call 1.877.MET.DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office!

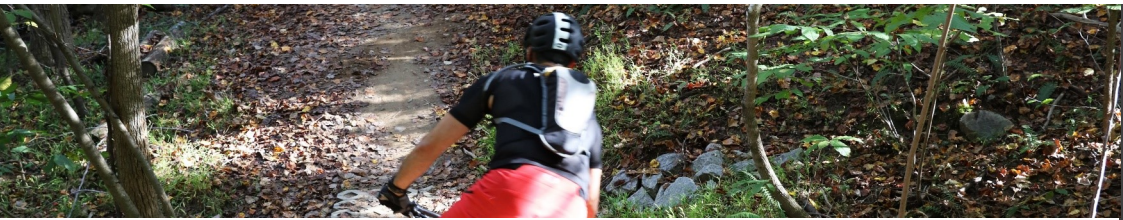


LOW PLAN

HIGH PLAN

BENEFIT	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
Annual Maximum	\$1,000		\$1,750	
Diagnostic & Preventive Services Prophylaxis (Cleanings, up to 4 per plan year); Oral Examinations; Topical Fluoride (up to age 14); Bitewing; X-rays	100%	60%	100%	80%
Basic Services Problem Focused Examinations; Fillings; Extractions; Oral Surgery; Endodontics; Scaling, Root Planning, and Periodontal Surgery; Anesthesia; Repairs; Sealants and Space Maintainers (up to age 14)	80%*	40%*	80%*	80%*
Major Services Bridge and Dentures; Crowns, Inlays, Onlays, Implants; Consultations	50%*	10%*	50%*	50%*
Orthodontia Services	Not Covered		Not Covered	
BI-WEEKLY CONTRIBUTIONS	EMPLOYEE		EMPLOYEE	
Employee Only	\$17.13		\$23.61	
Employee + 1 Dependent	\$35.03		\$48.07	
Employee + Family	\$60.57		\$81.30	

* After deductible



EYEMED

KP*

BENEFIT	IN-NETWORK	OUT-OF-NETWORK	ONLY IN-NETWORK & DEPENDENT COVERAGE
Eye Exam	No charge	Up to \$40 reimbursement	\$10-20 copay ¹
Frequency Exam/Frames & Lenses ² /Contacts ³	12/12/12 months		12/12/12 months
Frames	\$150 allowance ⁴	Up to \$50 reimbursement	No charge ⁵
Lenses Single Vision Lenses Bifocal Vision Lenses Trifocal Vision Lenses	No charge No charge No charge	Up to \$50 reimbursement Up to \$75 reimbursement Up to \$100 reimbursement	No charge ⁵ No charge ⁵ Not covered
Contact Lenses Standard Fitting & Follow-up Premium Fitting & Follow-up Conventional Lenses Disposable Lenses Medically Necessary Lenses ⁷	Up to \$40 copay 10% off retail price \$150 allowance ⁶ \$150 allowance No charge	Not covered Not covered Up to \$140 reimbursement Up to \$140 reimbursement Up to \$225 reimbursement	Not covered Not covered 1 pair covered in full 1 pair covered in full 2 pair covered in full

*No coverage for ages 19 and older, discounts available

¹ Optometrist \$10 copay / Ophthalmologist \$20 copay

² Frames & Lenses in lieu of contact lenses

³ Contact Lenses in lieu of frames & lenses

⁴ 20% off balance over \$150

⁵ Some limitations apply

⁶ 15% off balance over \$150

⁷ Medically Necessary Lenses require prior approval

AVESIS VISION

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Eye Exam	\$10 copay	Up to \$35 reimbursement
Frequency Exam/Lenses or Contacts/Frames	12 / 12 / 24 months	
Frames	\$120 allowance ¹	Up to \$45 reimbursement
Lenses Single Vision Lenses Bifocal Vision Lenses Trifocal Vision Lenses	Covered in full after \$15 copay Covered in full after \$15 copay Covered in full after \$15 copay	Up to \$25 reimbursement Up to \$40 reimbursement Up to \$50 reimbursement
Contact Lenses² Standard Contact Lens Fitting & Follow-up Elective Contact Lenses Medically Necessary Contact Lenses ³	\$50 maximum copay \$110 allowance Covered in full	n/a Up to \$85 reimbursement Up to \$250 reimbursement
BI-WEEKLY CONTRIBUTIONS		EMPLOYEE
Employee Only		\$3.00
Employee + Spouse		\$5.66
Employee + Child(ren)		\$6.17
Employee + Family		\$7.94

¹ Up to 20% discount above frame allowance

² In lieu of frame and spectacle lenses

³ Prior authorization is required for medically necessary contacts

VISION



EYEMED VISION

If you are enrolled in a Cigna insurance plan, vision insurance, provided by EyeMed, is included. You have access to providers such as Target Optical, LensCrafters, MyEyeDr, America's Best, Pearle Vision, JC Penney, or Sears Optical. To find a vision provider or discounts, visit www.eyemed.com.



KAISER PERMANENTE (KP) VISION

If your dependents under age 19 are enrolled in the Kaiser Permanente insurance plan offered by NOVA Parks, they have vision benefits included. You and your dependents over the age of 19 do not have vision benefits included in the plan, but may be eligible to receive a discount on your eyeglass lenses and frames. Visit www.kp.org for more information.



AVĒSIS VISION

To locate in-network providers, call 800.828.9341 or visit www.avesis.com. Members who use an out-of-network provider must pay the provider in full at the time of service and submit a claim to Avēsis for reimbursement.

FSA



BUDGET APPROPRIATELY

FSAs are typically “use it or lose it” type programs meaning if you do not use all of the funds you elect to contribute to your FSA during the plan year, you will lose those remaining funds. This is why it is important for you to budget appropriately and use all of the funds within the FSA plan year. With a Health Care FSA, you will be eligible to carryover amounts up to \$500 into the next plan year. The only time you may make a change to your contribution amount is during open enrollment or if you experience an IRS qualified status change.

Internal Revenue Service tax regulations require participants to make a new election each year. In other words, you must complete a new enrollment form each year.

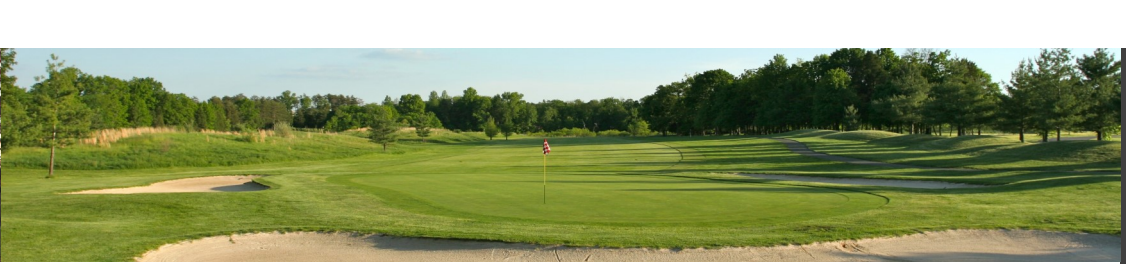
WHAT IS A FLEXIBLE SPENDING ACCOUNT?

A Flexible Spending Account (FSA) allows you to set aside pre-tax dollars from your pay which may be used to cover out-of-pocket health care expenses incurred by you or your dependents, as well as dependent day care expenses throughout the year.

SAVE ALL RECEIPTS

You must save all receipts from purchases made on your FSA debit card, if provided one. Benefit Resources Inc. (BRI) may request that you substantiate your FSA health care purchases.

ACCOUNT TYPE	EXAMPLES OF ELIGIBLE EXPENSES	CONTRIBUTION LIMITS	ACCESS TO FUNDS	PRE TAX BENEFIT
Health Care FSA	<ul style="list-style-type: none"> • Medical Plan Deductibles • Most Insurance Co-payments • Prescription Drugs • Vision Exams • Eyeglasses/Contacts • Laser Eye Surgery • Dental • Orthodontia (Braces) 	2020 maximum contribution is \$2,700 per year	Allows immediate access to the entire contribution amount from the 1st day of the benefit year, before all scheduled contributions have been made	<p>Save 20% - 40% on your health care expenses</p> <p>Save on purchases not covered by insurance</p> <p>Reduce your taxable income</p>
Dependent Care FSA	<ul style="list-style-type: none"> • Daycare • Day Camp • Eldercare • Before and After School Care 	2020 maximum contribution is \$5,000 per year (\$2,500 if married and file separate tax returns)	You will be able to submit claims up to your year-to-date accumulated amount in your account (You will only be reimbursed based on your accumulated contribution amounts)	<p>Save 20% - 40% on your dependent care expenses</p> <p>Reduce your taxable income</p>



LIFE & DISABILITY



TERM LIFE AND AD&D INSURANCE

Life Insurance coverage provides important financial protection for your family in the event of your death. Accidental death and dismemberment (AD&D) insurance coverage provides financial protection in the event of death, loss of hand, feet, and/or vision due to a covered accident. NOVA Parks provides all active full-time employees with Term Life and AD&D coverage through Renaissance. The benefit amount is your annual salary rounded to the nearest thousand not to exceed \$100,000. Benefit reductions begin when the employee reaches the age of 65. NOVA Parks pays the full cost of this benefit.

VOLUNTARY TERM LIFE AND AD&D INSURANCE

Full-time employees are eligible to purchase voluntary life insurance through Renaissance in increments of \$10,000, with an overall benefit up to the lesser of five times their annual salary or \$500,000. Spouse insurance is available in \$5,000 increments, up to \$100,000. Dependent children can have coverage amounts in \$1,000 increments, up to \$10,000. For insurance amounts in excess of \$100,000, the insured will be required to undergo medical underwriting. Any costs associated with record requests or testing for the medical underwriting will be at the employee's expense. Premiums are based on employee age and amount of coverage elected. Employees are responsible for 100% of the cost of this benefit.

SHORT TERM DISABILITY

Short term disability (STD) is designed to provide income replacement if you become disabled due to an accident or illness and are unable to work. NOVA Parks provides all active full-time employees with STD coverage through Renaissance. The STD benefit replaces 60% of your gross salary to a maximum of \$1,000 per week. NOVA Parks pays the full cost of this benefit.

LONG TERM DISABILITY

Long term disability (LTD) is designed to provide income replacement if you become disabled due to an accident or extended illness and are unable to work. NOVA Parks provides all active full-time employees with LTD coverage through Renaissance. The LTD benefit replaces 60% of your gross salary to a maximum of \$5,000 per month. NOVA Parks pays the full cost of this benefit.



EAP ON THE GO

iConnectYou is your EAP app that instantly connects you with professionals for instant support and help finding resources for you and your family. App features:

- Calls
- Instant messaging
- Video
- Make appointments
- Your app history
- Self-help resources and articles
- Account information

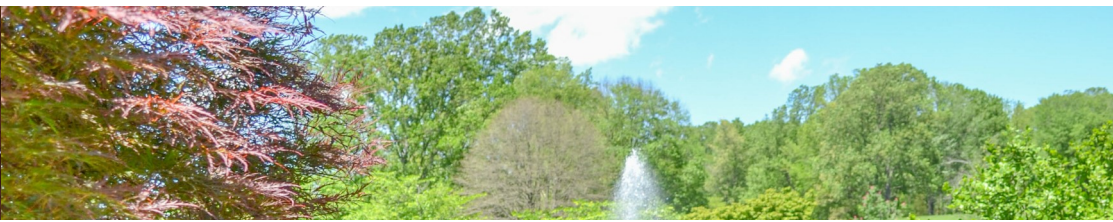
To access iConnectYou, download the app from the App Store (iPhone) or Google Play (Android) and register using the iCY passcode: 28185.

EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP) is a free, confidential employee assistance service that offers practical, real-world solutions to help you manage problems before they adversely affect your personal life, health, and job performance. Full time employees and their household members are eligible for EAP services. The EAP includes:

- Confidential counseling
Short-term counseling services can help you find solutions to problems ranging from family or workplace frustrations to alcohol or drug abuse. Professional counselors define the problem, provide support, and offer guidance and referrals.
- Legal services
One free 30-minute consultation with an in-network attorney and a 25% discount off the attorney's hourly rate if you choose to retain that attorney. Access wills, advance directives and other legal documents online.
- Financial services
Speak with a financial professional at no charge regarding such issues as retirement planning, debt consolidation, funding a child's college education, mortgage loan options and a variety of other financial concerns. Callers receive up to 60 minutes of telephonic consultation per issue. Financial information, tools and calculators are available online.
- Work Life referral services
Work Life consultants will assess your needs, pinpoint appropriate resources, and suggest guidelines for evaluating those resources. Consultants can locate resources in a variety of areas, including child care, elder care, identity theft, education information, health and wellness, pet services, and more.
- On-line resources
An interactive web service that provides 24-hour access to an extensive library of nationwide Work Life resources and interactive tools.

Call 1.800.346.0110 or log in to www.inova.org/eap for support, referrals, and resources. Username: NVRPA Password: NVRPA



RETIREMENT

DEFERRED COMPENSATION

The NOVA Parks Deferred Compensation Plan is administered by ICMA-RC. This plan provides employees with an opportunity to save a portion of their wages for retirement on a pre-tax basis. The program is governed by Section 457 of the Internal Revenue Code and is designed to complement NOVA Parks' defined benefit retirement plan.

The annual deferral limit is set each year, with some employees eligible to make catch-up contributions. If you have questions about your account or catch-up contributions, please contact Human Resources or reach out to ICMA-RC directly at www.icmarc.org or 1.800.669.7400.

DEFINED BENEFIT RETIREMENT PLAN

The NOVA Parks Defined Benefit Retirement Plan is an annual annuity (payable monthly) equal to the employee's average final compensation, multiplied by the number of years of creditable service and 1.9% or 2.1%.* Various annuity forms are available, including survivor benefits for married retirees. There are options for both early and normal retirement. Detailed information is in the Retirement Plan document.

* 1.9% for employees hired after July 1, 2002 and 2.1% for employees hired prior to July 1, 2002.

RETIREE HEALTH INSURANCE

Qualified retirees may participate in the health insurance program. Retirees are subject to the same procedures and rules as active employees. The Retirement Plan will pay a portion of the premium, not to exceed the cap, based on years of service.

DEFERRED COMPENSATION ELIGIBILITY

Employees are eligible to enroll at any time. Changes to the amounts that you contribute can be made on a bi-weekly basis.

Important to note is that you are not allowed to borrow or withdraw any funds from this account while employed with NOVA Parks.

RETIREMENT PLAN ELIGIBILITY

Full-time employees are automatically enrolled and covered.

RETIREMENT PLAN MANDATORY WITHHOLDINGS

Employees contribute 5% of their salary through 26 bi-weekly pre-tax payroll deductions per calendar year.

DISCLOSURES

SPECIAL ENROLLMENT RIGHTS (HIPAA)

If you have previously declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

NO GUARANTEE ON TAX CONSEQUENCES

Neither the Administrator nor the Company makes any commitment or guarantee that any amounts paid to or for the benefit of an Employee under any Plan will be excludable from the Employee's gross income for federal or state income tax purposes, or that any other federal or state tax treatment will apply to or be available to any Employee. An Employee shall indemnify and reimburse the Company for any liability it may incur for failure to withhold federal or state income tax or social security tax from such payments or reimbursements.

NEWBORNS & MOTHERS HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following a cesarean section.

However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

MICHELLE'S LAW

Michelle's Law permits seriously ill or injured college students to continue coverage under a

group health plan when they must leave school on a full-time basis due to their injury or illness and would otherwise lose coverage.

The continuation of coverage applies to a dependent child's leave of absence from (or other change in enrollment) a postsecondary educational institution (college or university) because of a serious illness or injury, while covered under a health plan. This would otherwise cause the child to lose dependent status under the terms of the plan.

Coverage will be continued until:

1. One year from the start of the medically necessary leave of absence, or
2. The date on which the coverage would otherwise terminate under the terms of the health plan; whichever is earlier.

MEDICARE PART D NOTICE OF CREDITABLE COVERAGE

Written notice stating whether or not the expected amount of paid claims under a group health plan's prescription drug coverage is at least as much as the expected amount of paid claims under the standard drug benefit under Medicare Part D. Must be sent to participants and beneficiaries eligible for Medicare Part D.

The notice must be provided by (1) October 15th each year; (2) prior to an individual's individual enrollment period for Part D; (3) prior to the effective date of coverage for any Part D eligible individual who enrolls in the employer's prescription drug coverage; (4) when the plan no longer provides drug coverage or when the coverage is no longer creditable; and (5) upon request.

JANET'S LAW WOMEN'S HEALTH AND CANCER RIGHT'S ACT OF 1998

On October 21, 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. As required by this law, annual notice of the mandated post-mastectomy benefits must be provided to all covered persons. Please review this information carefully. If your spouse is covered under a health plan sponsored by your employer, please make certain that she or he also has the opportunity to review this information.

The Women's Health and Cancer Rights Act of 1998 requires that all group health plans that

provide medical and surgical benefits for a mastectomy also must provide coverage for:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and coverage for any complications in all stages of mastectomy, including lymphedemas.

The Act requires that coverage be provided in a manner that is consistent with other benefits provided under the plan. The coverage may be subject to annual deductibles and coinsurance provisions.

The Act prohibits any group health plan from:

- Denying a participant or a beneficiary eligibility to enroll or renew coverage under the plan in order to avoid the requirements of the Act;
- Penalizing, reducing, or limiting reimbursement to the attending provider (e.g., physician, clinic or hospital) or to induce (monetary or otherwise) the provider to provide care inconsistent with the Act.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT (CHIPRA)

Effective April 1, 2009 employees and dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances:

- The employee's or dependent's state Medicaid or CHIP (Children's Health Insurance Program) coverage terminates because the individual cease to be eligible.
- The employee or dependent becomes eligible for a CHIP premium assistance subsidy under state Medicaid or CHIP (Children's Health Insurance Program).

Employees must request this special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy.

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008

This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new



DISCLOSURES

mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that: the financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires employers who provide medical coverage to their employees to offer such coverage to employees and covered family members on a temporary basis when there has been a change in circumstances that would otherwise result in a loss of such coverage [26 USC §4980B]. This benefit, known as “continuation coverage,” applies if, for example, dependent children become independent, spouses get divorced, or employees leave the employer.

HIPAA INFORMATION NOTICE OF PRIVACY PRACTICES

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), your employer recognizes your right to privacy in matters related to the disclosure of health related information. The Notice of privacy Practices (provided to you upon your enrollment in the health plan) details the steps your employer has taken to assure your privacy is protected. The Notice also explains your rights under HIPAA. A copy of this Notice is available to you at any time, free of charge, by request through your local Human Resources Department.

QUALIFIED MEDICAL CHILD SUPPORT ORDER (QMCSO)

is a medical child support order issued under State law that creates or recognizes the existence of an “alternate recipient’s” right to receive benefits for

which a participant or beneficiary is eligible under a group health plan. An “alternate recipient” is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

COVERAGE EXTENSION RIGHTS UNDER THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer’s health plan when you are reemployed, generally without any waiting periods or exclusions for preexisting conditions except for service-connected injuries or illnesses.

GENETIC INFORMATION NON-DISCRIMINATION ACT (GINA)

GINA broadly prohibits covered employers from discriminating against an employee, individual, or member because of the employee’s “genetic information,” which is broadly defined in GINA to mean (1) genetic tests of the individual, (2) genetic tests of family members of the individual, and (3) the manifestation of a disease or disorder in family members of such individual.

GINA also prohibits employers from requesting, requiring, or purchasing an employee’s genetic information. This prohibition does not extend to information that is requested or required to comply with the certification requirements of family and

medical leave laws, or to information inadvertently obtained through lawful inquiries under, for example, the Americans with Disabilities Act, provided the employer does not use the information in any discriminatory manner. In the event a covered employer lawfully (or inadvertently) acquires genetic information, the information must be kept in a separate file and treated as a confidential medical record, and may be disclosed to third parties only in very limited circumstances.

CAN CHILDREN STAY ON A PARENT’S PLAN UNTIL AGE 26?

If a plan covers children, they can be added or kept on the health insurance policy until they turn 26 years old.

Children can join or remain on a plan even if they are:

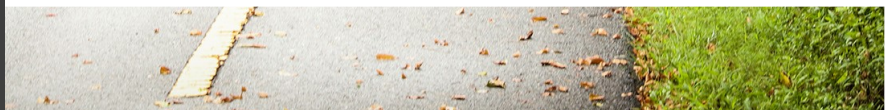
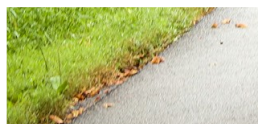
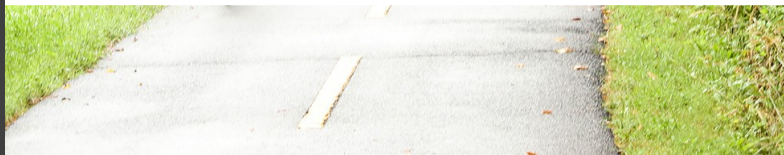
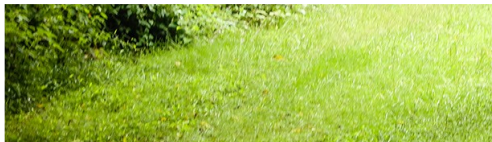
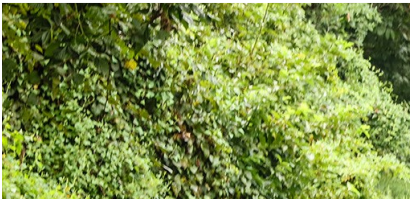
- married
- not living with their parents
- attending school
- not financially dependent on their parents
- eligible to enroll in their employer’s plan

HOW TO GET COVERAGE FOR ADULT CHILDREN

Adult child may be enrolled during a plan’s open enrollment period or during other special enrollment opportunities. The employer or insurance company can provide details.

Under-26-year-olds can be signed up directly in new Marketplace plans. Be sure to include him or her on the list of people to be covered.

Questions? Call 1-800-318-2596, 24 hours a day, 7 days a week. (TTY: 1-855-889-4325)



This benefit summary provides selected highlights of the employee benefits program available. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Our company reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.

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