Name of Group

Name of Group Health Plan

Additional Information Wrap Document

Instructions: This is a sample Wrap Document for use with the ConnectiCare Insurance Company, Inc. Fixed Funding Solutions plan; it is not legal advice. The Employer should customize this Wrap Document by adding required Plan specific information in the bracketed sections of the Wrap Document. The Employer should consult with its legal counsel for advice and approval of the Wrap Document before use or distribution.

This document will also include:

1. The effective date of your Health Plan Description,
2. Whether your plan offers coverage to part-time employees,
3. Whether your plan offers domestic partner benefits, or
4. Whether your plan offers other continuation for employers not subject to COBRA.

INTRODUCTION

Name of Group (Employer) maintains the Name of Group Health Plan (Plan) for the benefit of its eligible employees and their eligible dependents. Benefits under the Plan are provided under a self-funded health benefit plan.

Plan benefits are summarized in the ConnectiCare Insurance Company, Inc. (CICI) Health Benefit Plan Description document (Plan Description). This document is available through your Employer Plan Administrator. You must read the Plan Description to understand your benefits.

This Document provides you with an overview of the Plan and addresses certain information that may not be included in the Plan Description. This document together with the Health Benefit Plan Description, and other Employer documents comprise the Summary Plan Description required by the Employee Retirement Income Security Act of 1974 (ERISA). If the terms of this document conflict with the terms of the Plan Description, the terms of the Plan Description will control, unless superseded by applicable law.

GENERAL PLAN INFORMATION

Plan Name:

Name of Group Health Plan

Employer:
The name, address, ZIP code and business telephone of the Employer of this Plan is:

Employer Name, Address, Phone Number

Plan Number:
The Plan Number assigned by the Employer is usually a 500 series number – i.e., 501

Plan Type:
The Plan is a group health plan (a type of welfare benefits plan subject to the provisions of ERISA)

Plan Funding:
The Plan is self-funded by the Employer. Benefits under this Plan are paid out of the Employer's general assets. The Employer contributes a minimum of 50% of the single employee rate for the designated base plan toward all plans and all coverage tiers (i.e., family coverage).

Employer Identification Number:
The Employer Identification Number (EIN) assigned by the IRS to the Employer is ##-#######

Plan Year:
The Plan year begins on and ends on

Health Plan description Effective Date:
The effective date begins and ends on the same dates as the Plan Year

Plan Administrator:
The name, address, ZIP code and business telephone of the Plan Administrator is:

Plan Administrator (usually the Employer) name, address, phone number

Named Fiduciary:
The name, address, ZIP code, and business telephone of the Named Fiduciary is:

Named Fiduciary (usually the Employer) name, address, phone number

Agent for Service of Legal Process:
The name, address, ZIP code, and business telephone of the person designated by Employer/Plan Sponsor to receive legal documents is:

Name, address, phone number

Claims Administrator:
ConnectiCare Insurance Company, Inc.
PO Box 546
Farmington, CT 06032
1-800- 846-8578

Named Claims Fiduciary:
ConnectiCare Insurance Company, Inc.
PO Box 546
Farmington, CT 06032
1-800-846-8578

Plan Trustee (If applicable. Delete the entire contents of this field if not applicable.)
Name, address, ZIP code, and business phone number

Collective Bargaining Agreement (If applicable. Delete the entire contents of this field if not applicable.)
A copy of the collective bargaining agreement can be obtained upon request to the Employer

Eligibility and Participation Requirements

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 Health Plan Description.

Full-time employees are defined as working 30 or more hours per week.

Part-time employees are defined as working 20-29 hours per week. The Plan does/does not provide coverage for part-time employees.

The Plan does provide coverage for domestic partners.

Check with your Employer for additional criteria not in the Health Plan Description.

STATEMENT OF ERISA RIGHTS

Your Rights

As a participant in the Plan, you are entitled to certain rights and protections under ERISA. ERISA specifies that all plan participant shall be entitled to:

Receive Information About Your Plan and Benefits

Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and collective bargaining and agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Pension and Welfare Benefit Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Plan Administrator 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 the Employer as Plan Administrator, is required by law to furnish each participant with a copy of this summary annual report.

Continue Group Health Plan Coverage

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

If your Employer is not subject to COBRA, this Plan does/does not provide other continuation of coverage.

If the Plan is not subject to COBRA, but does elect to provide other continuation of coverage, that continuation will be limited to up to 18 months for you or your covered dependents after the initial loss of coverage due to an initial Qualifying Event. In no event will continuation extend beyond 18 months.

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, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare 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 you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report 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 the Plan Administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court. If 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 Plan Administrator. 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 Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits 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 Pension and Welfare Benefits Administration.