Summary Plan Description

Of The

Group Health Care Plan

At

William H. Miner Agricultural Research Institute

Northern Insuring Agency, Inc.
171 Margaret Street
Plattsburgh, New York 12901
518.561.7000 • 800.807.6542
www.northerninsuring.com

FOREWORD

This document is called a "Summary Plan Description." (SPD) Its purpose is to highlight the most important provisions of your employer's group insurance plan ("Plan"). This document will provide you with a better understanding of the Plan by presenting its provisions simply and concisely. All aspects of this document work in conjunction with the more specific language of the related policy and plan booklet. The Plan itself is a separate legal document. In the event of a conflict between this SPD and the plan document, the plan document controls.

TABLE OF CONTENTS

GROUP INSURANCE PLAN

Your employer provides a group health benefit plan. This Plan is provided through a policy with the insurance carrier. The insurance carrier has provided you with a booklet or certificate describing the insurance benefits provided by this group health plan.

The booklet provided by the insurance carrier contains the following information:

- The policy number
- A summary of the benefits
- A description of any deductibles, coinsurance or copayment amounts.
- Any circumstances and grounds for disqualification, ineligibility, denial, loss, forfeiture, suspension, offset, reduction or recovery (subrogation) of any benefits that could be reasonably expected under the Plan.
- A description of any annual or lifetime caps or other limits on benefits
- A summary of the claims and appeals procedures
- Whether and under what circumstances preventive services are covered
- Whether and under what circumstances prescription drugs are covered
- Whether and under what circumstances coverage is provided for medical tests, devices and procedures
- Provisions governing the use of network providers. The booklet will contain a general description of the provider network and you are entitled to obtain a list of network providers form the insurer
- Whether and under what circumstances coverage is provided for any out-of-network services
- Any conditions or limits on the selection of primary care physicians or providers of specialty medical care
- Any conditions or limits to obtaining emergency care
- Any provisions requiring preauthorization as a condition to obtaining a benefit
- Benefits provided pursuant to the Women's Health & Cancer Rights Act
- COBRA and USERRA rights
- Statement that a copy of the QMSCO procedures is available upon request

- A statement that a complete list of employers, employee organizations and unions (if applicable) sponsoring the plan is available
- Where a plan is established pursuant to a collective-bargaining agreement, a statement that a copy of that agreement is available upon request.
- Coverage for adopted children
- Continued coverage of pediatric vaccines
- Genetic Information Nondiscrimination Act rights and obligations
- Mental health parity disclosures
- Affordable Care Act disclosures, including notice of grandfathered status and notice of patient protections (as applicable to the plan)
- HIPAA special enrollment disclosures

The plan sponsor has the authority to terminate, amend or eliminate benefits under this plan. A summary of plan provisions, including a description of participants' and beneficiaries' benefits, rights and obligations upon plan termination and a description of any plan provisions governing the allocation and disposition of plan assets upon termination must be made available.

BASIC INFORMATION ABOUT THE PLAN

1. Name of Plan:	William H. Miner Agricultural Research Institute Group Health Care Plan
2. Name, Address, Telephone Number & Taxpayer Identification Number of Plan Sponsor:	William H. Miner Agricultural Research Institute 1034 Miner Farm Rd.; PO Box 90 Chazy, NY 12921 518-846-7121 14-1414736
3. Plan Number:	503
4. Type of Plan:	Group Health Plan
5. Type of Administration:	Insurer Administration
6. Name, Address & Telephone Number of the Plan Administrator:	William H. Miner Agricultural Research Institute c/o Kirk E. Beattie 1034 Miner Farm Rd.; PO Box 90 Chazy, NY 12921 518-846-7121
7. Agent for Service of Legal Process:	Stafford, Owens, Piller, Murnane, Kelleher & Trombley, PLLC One Cumberland Ave. Plattsburgh, NY 12901 518-561-4400
8. Plan Fiscal Year:	December 31 – December 31
9. Eligibility and Participation:	Generally each regular employee of employer who is classified as Full Time is eligible for the insurance on the first of the month following 60 days after date of hire.
10. Termination of Coverage:	Coverage generally ends effective the last day of the month following termination of employment. However, coverage can be continued for an employee in certain situations explained in the plan booklet.
11. Name and Address of Health Insurance Issuer	Excellus BlueCross BlueShield 14 Durkee Street, Suite 250 Plattsburgh, NY 12901

Administration

Your employer is the plan administrator. The plan administrator is charged with the administration of the Plan and has certain discretionary authority with respect to the administration of the Plan. Because all benefits under the Plan are fully insured, the insurer has the ultimate discretion and authority to determine all questions of eligibility for participation and eligibility for payments of benefits, to determine the amount and manner of the payment of benefits and to otherwise construe and interpret the terms of the policy.

Qualified Medical Child Support

Notwithstanding any contrary provision under the Plan, an eligible dependent child may include a child for whom an employee is required to provide coverage pursuant to a qualified medical child support order. Participants can obtain, without charge, a copy of the Plan's QMCSO procedures from the plan administrator.

Your Rights Under the Newborn's and Mother's 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 insurance issues for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Sources of Contributions and Costs of Benefits

Your employer makes contributions under the Plan on behalf of the employees who participate in the Plan. Your employer applies its contributions under the Plan to purchase insurance coverage. Employees may be required to contribute to the costs of coverage. If employees are required to contribute to the cost of coverage, your employer will notify employees of the required premiums.

COBRA CONTINUATION COVERAGE

The Consolidated Omnibus Budget Reconciliation Act (COBRA) continuation allows you and your dependents an opportunity to temporarily extend your health insurance coverage under the Plan at group rates, in certain instances where coverage would otherwise end. COBRA continuation coverage information, including information on notice requirements, coverage, cost and termination, is located in the plan booklet.

Qualifying Events for Continuation under Cobra

The events which may entitle you or your dependents (as qualified beneficiaries) to continuation coverage are "qualifying events." The qualifying events, the qualified beneficiaries, and the maximum initial continuation period are described in the following chart:

Qualifying Event	Qualified Beneficiary	Continuation Period
Termination of employment	Subscriber & Dependents	18 Months
Subscriber's death	Dependents	36 Months
Subscriber's divorce or legal separation	Dependents	36 Months
Subscribers dependent child cease to be a dependent child under the Plan	Ineligible Dependent	36 Months
Subscriber's entitlement to Medicare	Dependents not entitled to Medicare	36 Months

In addition, you may want to contact the insurance carrier or the insurance department in the state in which you reside. Some states have enacted laws that require insurance carriers to extend coverage beyond COBRA's maximum coverage period. After 18 months under Federal COBRA, New York State law offers COBRA Participants an additional 18 months of medical coverage. Dental, vision or plans other than medical insurance will end after the 18 month Federal COBRA.

STATEMENT OF ERISA RIGHTS

As a participant in this 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 the following.

Receive Information about Your Plan and Benefits

You can examine, without charge, at the plan administrator's office all documents governing the Plan, including insurance contracts and collective bargaining 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 Employee Benefits Security Administration.

You can 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 administrator may make a reasonable charge for the copies.

The plan administrator is required by law to furnish each participant with a copy of the summary of his/her annual financial report.

Continue Group Health Plan Coverage

You can continue health care coverage for yourself, spouse, or 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 summary plan description and the documents governing the Plan on the rules governing your COBRA continuation coverage rights.

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 it 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 administrator.

If you have a claim for benefits that 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 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 if, for example, it finds your claim is frivolous.

It is also important to note that there is a statute of limitations regarding the timeframe in which you can file a lawsuit under ERISA for plan benefits, which may be inclusive of the timeframes for the appeals and grievances procedures. For specific information regarding these timeframes

please reference the underlying member contract from the carrier that is part of this Summary Plan Description.

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 Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or 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.