

General Information

Open Enrollment for 2012

Open Enrollment begins Monday, Sept. 12 and continues through Friday, Sept. 30, at 5 p.m. This year, the company is having an "active enrollment," which means employees must make an election to ensure that they are enrolled in coverage of their choice for 2012. Elections made during this Open Enrollment will be effective Jan. 1, 2012, through Dec. 31, 2012. There is no second opportunity to enroll for coverage in 2012 if you miss the Sept. 30 deadline.

Mandatory Open Enrollment

For everyone who wants to:

- Continue medical coverage for 2012
- Continue dental coverage for 2012
- Change medical or dental options
- Change coverage tiers
- Add or disenroll dependents
- Enroll in the Health Care Reimbursement Account
- Enroll in the Dependent Care Reimbursement Account

What happens if I don't re-enroll during Open Enrollment?

If you do not re-enroll during the Open Enrollment period, your 2012 coverage will be defaulted from your current coverage level to:

- PPO Standard option if enrolled in medical for 2011
- Basic dental option if enrolled in dental for 2011
- Waive if you waived coverage in 2011
- Waive employee contributions to the health care reimbursement account
- Waive employee contributions to the dependent care reimbursement account

Online enrollment only

All employees will be required to submit their enrollment elections **entirely online**. No paper forms will be used.

You have two online ways to submit your enrollment elections:

1. MyHR from the **intranet home page**
2. MyHR from the corporate website on the **Internet**

The site to enter your elections will be live on Sept. 12 and will stay open until Sept. 30.

Job aids are available for the very simple online enrollment process. At the click of a mouse, your elections are submitted to the Benefits Department, and you will receive an e-mail reply to your work e-mail address that confirms your elections were successfully submitted online.

For more information

During the Open Enrollment period, closely examine your health care coverage to make sure that your medical and dental plans have the services you and your dependents need, and that the health care providers you want are available. To support our corporate "green" initiative, Open Enrollment information is published on the Open Enrollment website instead of being printed and mailed. The Benefits website is available to you 24 hours a day, seven days a week. For questions about specific plan benefits, contact the plan administrator. For open enrollment questions, please send an email to open.enrollment@lge-ku.com.

Open Enrollment

12

Sept. 12 - 30, 2011

Online only — 100% paperless enrollment 

Everyone required to make an election

Special Open Enrollment notes

- **If you are adding dependents** to any of your benefit plans during Open Enrollment, you will need to provide documentation to the Benefits Dept., such as a birth certificate or marriage certificate.
- **If you are a COBRA participant**, you can change your medical or dental elections during the annual Open Enrollment if you currently participate, but you and your dependents cannot enroll for medical or dental if you are not currently participating. You are not eligible to participate in the flexible spending accounts.
- **If you are a disabled (LTD) participant**, and you are eligible for Medicare, you must enroll in Medicare Part A and B to have medical coverage with the company. You can change your medical or dental elections during the annual Open Enrollment if you currently participate or if you waived coverage. You are not eligible to participate in the flexible spending accounts.
- **When both spouses work for the company**, you and your spouse may each elect a medical and dental plan. Only one employee may elect to cover the children on the plan.

Changing coverage during the year

Outside of Open Enrollment, you can change your coverage levels (e.g., single to family) during the year only when you experience a Change in Family status. Examples include:

- marriage or divorce;
- birth or adoption;
- loss of coverage (e.g., if your spouse loses his or her job);
- dependent child no longer meets the definition of dependent; or
- death of a covered dependent.

Any changes you make to your coverage must be made within 30 days of the event, must be consistent with the qualifying event and must be documented. For example, if you have a baby on June 14, you have until July 14 to add the new baby to your plan, and you'll need to provide a birth certificate which includes the names of the parents and the date of birth.

It is your responsibility to submit a new application form and required documentation to the Benefits Dept. indicating the changes within 30 days. If you fail to return the application form within 30 days after the qualifying event and the required documentation within 60 days, the company will conclude you elected not to change your coverage due to the event.