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About Your Benefits Handbook

As a Marine Corps regular status Nonappropriated Fund (NAF) employee, you have a comprehensive program of benefit plans that are provided to enhance the quality of your life. In order to help you understand how important these benefits are to both you and your family, we have prepared this handbook to explain what plans are available to you, how each plan works, and what benefits you might receive as a plan member.

In this handbook, you will find up-to-date summaries or brief information on:
- Department of Defense Uniform Health Plan
- Health Maintenance Organizations (HMO)
- Long Term Care Insurance (LTC)
- Life Insurance
- Retirement Plan
- 401(k) Plan
- Employee Assistance Program (EAP)
- Flexible Spending Account (FSA)
- Short Term Disability Insurance (STDI)

In addition, also included is a brief summary of other benefits available to you, such as Workers Compensation and Social Security.

The plan summaries in this handbook are intended to give you an easy-to-use reference guide to your benefits. However, a summary of this type cannot cover all the details. Each benefit plan is fully documented in an Official Plan Document. If there is any discrepancy between the official documents and this summary, the plan documents will always govern.

This handbook is yours to keep - read it carefully and let your family read it, too. Keep this handbook in a convenient place and refer to it often. As your benefit plan changes, you will receive updated information.

How long does the plan last?
Headquarters, U.S. Marine Corps (MR) expects to continue the Plan(s) indefinitely, but reserves the right to terminate or amend the Plan(s) at any time. Contributions to the Plan(s) will cease on the date termination occurs. Termination of the Plan(s) will not prejudice any payable claim, which occurs while the Plan(s) are in force.

Receipt of this handbook does not constitute an entitlement to benefit enrollment/eligibility or employment.

usmc-mccs.org/employ/benefits
Chapter 1 - Health Insurance

Employee Eligibility Requirement
You are eligible for the Plan if you are a nonappropriated fund civilian employee who:
* Is scheduled to work at least 20 hours per week and classified as regular full-time or part-time; or
* Is a category of employee who, as determined by your employer, is expected to work or has worked an average of 30 or more hours per week during an applicable 12 month measurement period; or
* Is employed on the U.S. payroll;
* Has a Social Security number or individual tax identification number; and
* Is subject to U.S. income tax, and not subject to a Status of Forces Agreement (SOFA) provision that precludes eligibility.

Department of Defense Uniform Health Plan, Dental and HMO coverage
As a NAF instrumentality of the Federal Government, the Marine Corps Community Service (MCCS) Activities and Miscellaneous NAF Activities offer health insurance through the Department of Defense Health Benefits Plan (HBP). This plan resulted from the Defense Authorization Act of 1995. Aetna is currently the third party administrator for the DoD UHP. DoD UHP includes both medical and dental coverage. There are Health Maintenance Organizations (HMOs) available in some geographic locations, in addition to the DoD UHP.

Affordable Care Act (ACA)
The Affordable Care Act (ACA) requires everyone to have minimum essential health insurance or pay a tax penalty. If you’re eligible and enroll in one of Marine Corps NAF Health Benefit Plans (HBP), the coverage in any of these medical plans meets the requirement to have minimum essential health insurance coverage. The Marine Corps NAF employers pay 70% of the cost of the premiums for all the NAF HBP offered.

Employees that are not eligible to participate in the Marine Corps NAF HBP will need to have health insurance from another employer, be covered (up to age 26) on parent’s plan or purchase insurance from the private exchanges or health insurance “marketplace”. Information on the Health Insurance Marketplace can be found at www.healthcare.gov. The tax penalty for not having health insurance coverage will vary from year to year. For children under 18, the penalty is half the adult amount. Fees and penalties are subject to change. Exemptions and limitations may apply. Beginning in 2017 penalties will increase by the rate of inflation. Visit www.healthcare.gov for more information.

DoD Uniform Health Plan
Under the DoD UHP, there are two different benefit options available; a Managed Care Plan and a Traditional Indemnity Plan. Employees electing to enroll in the DoD UHP are mandated into the plan that is available in their geographic area. For additional information, of specific plan coverage, please contact either your local NAF Human Resources office, or visit the MCCS website at www.usmc-mccs.org/employ/benefits. The employee benefits site has summary plan descriptions available for download or printing.

The various DoD UHP plans available to you as a Marine Corps NAF employee are listed below.

Benefit Options
Choice POS II (CPII)
This plan is known as a “Managed Care Plan”. As a member of this plan, each participant is required to seek medical care from a list of participating providers, known as “network providers”. If care is obtained outside of this network, benefits will be paid at a lesser level (meaning there is a higher out of pocket cost to you). Some services may have no coverage payable if you go out of the
network. There is NO requirement for a Primary Care Physician with the CPT II plan, nor do you need to obtain referrals for specialty care.

**Traditional Choice**
This plan is known as a “traditional indemnity plan”. There are no networks to follow, and no need to select a primary care physician. Under this plan, each member has an annual deductible and specific co-insurance requirement. This plan is only available where there is no managed care network and/or for retirees age 65 or older.

*To determine which plan is available in your geographic area, please contact your local HR office, or visit www.NAFhealthplans.com*

**UHP Passive PPO Dental Plan**
With the UHP Dental Plan, there is no dental network to follow, and you do not need to select a participating provider. However, if you do choose a dentist that is a Preferred Provider (PPO) with Aetna, you will benefit from greater discounts and no balance billing. This is called a “passive” PPO dental plan, and is strictly voluntary.

If the HMO you are enrolled in for health insurance offers a dental plan you are not authorized to participate in the DoD UHP dental plan. If you are enrolled in an HMO that does not offer dental, you are eligible to enroll in the DoD UHP dental plan.

**Stand Alone Dental (SAD)**
This dental plan is available to eligible employees not enrolled in a Marine Corps NAF employer sponsored medical or dental plan.

Employees may not be enrolled in the SAD plan if they are enrolled in an employer offered medical and/or dental plan. Enrollment in the Stand Alone Dental Plan is limited to eligibility periods or open enrollment periods. Contact your local HR office for more information. Stand Alone Dental cannot be continued into retirement.

**Aetna International**
Aetna International is the overseas health benefit for Aetna participants that live outside the U.S., which makes sure you are taken care of in the event of routine or emergency medical/dental situations during your employment overseas. It provides portable and comprehensive worldwide medical and dental coverage that offers you the flexibility to access care from the provider of your choice anywhere in the world. Aetna has established relationships with leading hospitals and other medical facilities throughout the world to make it as easy as possible for you to get proper medical attention, when you need it, where you need it.

When you access care at an Aetna International contracted direct-pay medical facility or provider, your out-of-pocket expenses may be reduced because you’ll generally be responsible for a smaller portion of the bill and Aetna will pay the facility directly for any remaining covered expenses according to your specific benefits coverage.

To contact an Aetna International Customer Service Representative, please call 888-506-2278, or collect at 813-775-0189. For more information about Aetna International, please log onto: www.aetnainternational.com. You can also contact an Aetna International representative by email at aiservice@aetna.com.
Aetna’s multilingual member service professionals are available 24 hours a day, via telephone, fax, or email to respond to members’ international benefits needs. They can also assist you with locating a health care professional in your area, questions regarding claims, benefit levels and coverage. They also provide Global Claim Processing, in virtually any language with three reimbursement options, to include a check, wire, or Electronic Funds Transfer (EFT).

**Health Maintenance Organization (HMO)**

In addition to the DoD UHP, there may be an employer sponsored HMO available in your area. The HMOs currently available to eligible civilian Marine Corps NAF employees are:

- Northern Virginia - Kaiser Mid Atlantic
- Southern California - California Care, Kaiser California
- Hawaii - Kaiser Hawaii

For specific information on HMO coverage available in your area, contact your local NAF Human Resources office.

**Health Enrollment**

**IMPORTANT!** You MUST sign, date and return the completed medical and dental enrollment forms to your Human Resources or enroll online through PeopleSoft Self-Service office **WITHIN 31 DAYS** of your eligibility date for you and your dependents to be covered.

If you don’t sign and return your form or enroll online within 31 days of your eligibility date, you may not elect Health Coverage until the next open enrollment period established by your employer, or an authorized qualifying event period.

Approved documentation will be required for any eligible family members you enroll. There are no late enrollment provisions for medical or dental coverage. After your eligibility period has expired, you will have to wait until a designated open enrollment period to enroll. There may be opportunities to enroll if you have a life “qualifying event”. Contact your local HR Office for more information.

**HIPPA Special Enrollment Rights**

The Health Insurance Portability and Accountability Act of 1996 (HIPPA) allows you to make changes to your coverage when:

- You lose creditable coverage* under another group plan, or
- You have a qualifying life event such as marriage, birth, or adoption.

*Creditable coverage is prior medical coverage as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Such coverage can be group or individual coverage. Examples include Medicare, Medicaid, military-sponsored health care, and the Federal Employees’ Health Benefits Program (FEHBP).

You must request any change within 31 days after the loss of the other coverage or the qualifying life event. The change in coverage you request must be consistent with, and due to, the event. You will be required to provide acceptable evidence of your qualifying event.
Section 125 Premium Conversion Plan
Health insurance premiums are deducted from your paycheck prior to calculation of your taxable gross income - therefore taxes are deferred on the portion of your pay that is used to pay your bi-weekly health insurance premiums. This is known as the “Section 125 Premium Conversion Plan” - as defined by that section of the Internal Revenue Service code.

Participation in the Section 125 Premium Conversion Plan is automatic unless you “opt out”. There is an opportunity to opt out every year during the open enrollment period. The effective date of your election to opt out is January 1, following the selection period. Failure to opt out will result in automatic participation.

Participation in the Section 125 Premium Conversion Plan restricts when you can cancel health insurance during the year (outside of the normal open enrollment period). Cancellation is only authorized when a “qualifying” event (QE) occurs or if switching to a government sponsored medical plan such as Medicaid. More information on Section 125 Premium Conversion Plan and the authorized Internal Revenue Service qualifying events can be found in the Section 125 handbook on the Employee Benefits website at www.usmc-mccs.org/employ/benefits. Changes as a result of a QE are limited to within 31 days of the QE.

If you have opted out of the Section 125 Premium Conversion Plan you will not have to satisfy any qualifying event(s) to cancel coverage, should you elect to. Those that have opted out may cancel their health coverage for any reason.

It is imperative that you remember that once coverage is cancelled, you may not re-enroll until the next open enrollment period. All enrollments occurring during open enrollment are effective 1 January, following the open enrollment period.

Employees participating with a Same Sex Spouse (SSS) will be able to have full pre-tax premiums as of 16 September 2013 as a result of the IRS recognition of the Supreme Court decision regarding the Defense of Marriage Act. (Marriage certificate is required)

Dependent Eligibility
You may cover eligible family members in the employer sponsored health plans. Eligible dependents* include:
- Wife or husband, including a common-law wife or husband in those states that recognize common-law marriages or Same Sex Spouses (SSS)
  - Effective 1-1-17 Same Sex Domestic Partners are no longer eligible dependents
- Your children to 26 years of age
- Any child over the maximum age of 26 who is determined to be incapable of self-support due to a disability /handicap. Proof of handicap must be submitted to Aetna no later than 31 days after the maximum age is reached. Enrollment is contingent on approval of the disability. (Supporting documentation of the relationship is required)
- Evidence providing dependency is required in the form of court documentation of legal guardianship, inclusion of the child on your income taxes, or birth certificate with the parent’s names listed.

Children include:
- You or your SSDP’s or SSS’s biological children or adopted children
- Your step children
• Any other child who is not your biological, adopted, or step child, but who lives with you and is dependent upon you. Evidence proving dependency is required in the form of court documentation of legal guardianship, inclusion of the child on your income taxes, or birth certificate with the parent’s names listed.

No person may be covered both as an employee and dependent and no person may be covered as a dependent of more than one employee.

If you have a new dependent child either by birth or adoption, you must notify your local HR office to enroll that new dependent within 31 days of the adoption or birth. Failure to enroll your dependent within 31 days of eligibility will result in no future opportunity until next designated open enrollment period. The same rules apply for marriage or divorce. It is imperative that you notify your HR office immediately when/if you acquire a new dependent and plan to add to your benefits. Supporting documentation is required.

**Coverage Requirements**

Your coverage election (i.e. single, self +1, family) must be the same for both medical and/or dental coverage. This applies to both UHP and all HMOs:

• You cannot have self only medical and family dental
• You cannot have family medical and self only dental

**When Medical and Dental Coverage End**

Your coverage will automatically cease at midnight on your last day of employment.

If you go into leave without pay status, provided you make premium payments, medical and dental insurance may be continued as long as you are in an eligible class. If the eligibility criteria are met, you may continue medical and dental coverage into retirement. Failure to make premium payments will result in cancellation of your coverage after thirty days. Coverage will be cancelled retroactive to your last date of payment. Please see “Medical and Dental Coverage at the time of Retirement” for more information.

**Temporary Continuation of Coverage (TCC):**

At the time of your termination, status change or dependent loss of coverage, you and/or your eligible dependents may be eligible to continue your medical coverage for 18 months, provided you have been enrolled in an employer sponsored medical plan for a minimum of 90 days, and are enrolled at the time of termination and were not terminated “for cause”. TCC applies to any employee, retiree, or dependent that is no longer eligible to participate in NAF Health Benefit Plan for any reason other than termination for cause. An employee has 60 days after medical coverage terminates to enroll in the Program. There can be no break in service. If elected, your TCC coverage will begin immediately at your date of termination.

You must enroll in the plan that is determined by your place of residence. The continuation provision will start from the date of the Qualifying Event. The cost of continuing medical coverage for 18 months is the full monthly rate plus an administrative fee. You will be billed each month for the premium due. Failure to make premium payments on a timely basis will result in immediate, irrevocable cancellation of medical coverage. There are no provisions for continuation of dental coverage. TCC is not available to those age 65 and older due to Medicare entitlement.
**TCC for Employees who are Totally Disabled:**
Employees who have been approved for total disability when their NAF Health Benefit Plan medical coverage ends may be eligible for continuation of medical coverage for up to 36 months from the date medical coverage ends. The cost of this medical coverage depends on the length of time covered under the Plan. Employees in the Plan for less than 5 years pay 102% for 36 months of coverage, including dependents. Employees in the Plan for 5 or more years will be covered for 12 months with no payment of premiums, and then will pay 102% for the next 24 months, including dependents. Terminated disabled employees entitled to Medicare benefits are not eligible for TCC.

Employees age 65 or older, or others eligible for Medicare are not eligible to elect TCC.

**TCC for Survivors:**
Enrolled eligible dependents of covered employees (with less than 15 years in medical plan) may continue plan coverage if the employee dies while covered by Marine Corps Group medical plan and are eligible for 4 months of continuous coverage at no cost. At the end of the 4 months the surviving spouse and eligible dependents may be eligible to continue medical coverage through the TCC program at the full group rate for 32 months (36 months total).

**Medical and Dental Coverage at the time of Retirement**

**Medical**
Employees retiring who have participated in the medical insurance plans for 15 cumulative years prior to retirement may be eligible for continuation of medical coverage at the special group rate. The cost is shared between the employee and the employer.

Participation in other NAF Service plans applies to your participation requirement (i.e. if you previously worked for Navy MWR, AAFES, Army MWR, Airforce MWR, or NEXCOM and participated in their health plans). Enrollment evidence will be required.

For voluntary APF to NAF transfers, FEHBP may count towards the 15 year requirement for continuation of Medical insurance, provided the FEHBP participation was continuous (and the break in service is no more than 3 days) and was with a DoD employer. Please note, there are some underlying requirements, so please contact your local Human Resource office to confirm your eligibility.

Eligible employees involuntarily converted from Civil Service (APF) to NAF will be allowed to continue health insurance after retirement if they have five years of continuous participation in FEHBP and/or NAF health plan, provided the break in service was not greater than 3 days.

Whenever possible, premiums will be deducted from the annuity payment; otherwise retirees will be billed each month for the premium due. Failure to make premium payments on a timely basis will result in immediate cancellation of coverage. Cancellation of coverage is irrevocable. CSRS/ FERS retirees will be billed each month for the premium due.

**Medicare eligible retirees**
If you are a retired employee who is in an Eligible Class and you are eligible for Medicare and have a dependent(s) that is not eligible for Medicare, you may change your current coverage during Open Enrollment Periods under either the Managed Care Plan or the Traditional Choice Plan.
If you are a retired employee who is in an eligible class and you and all of your dependents are eligible for Medicare, you will only be eligible to select the Traditional Choice Plan.

If you are a retired employee who is in an eligible class and are currently enrolled in the Managed Care Plan and all of your dependents become eligible for Medicare, you and your dependents will be required to switch to the Traditional Choice Plan without any further option to elect coverage in the Managed Care Plan.

HMO enrollment is not authorized for retirees age 65 and over. If you are in an HMO you will be given the opportunity to transfer to the Indemnity Plan. This transfer is not automatic and if you fail to make an election, your coverage will be cancelled.

**Enrollment in Medicare Parts A & B is mandatory for retirees age 65 and over.**
Retirees age 65 and over will be transferred to the Traditional Choice plan if they are in the managed care plan or in an HMO before the age of 65. This transfer is not automatic, and requires that retirees request the coverage change. Failure to request this change will result in the cancellation of coverage. Enrollment in Medicare Part D is optional for retirees age 65 and over.

**Medicare Part D** - There is no coordination of benefits with DoD UHP Medical for prescription coverage. Enrollment in Part D is not necessary because the employer sponsored prescription plan has been deemed to meet requirements as by the Federal Government.

If coverage is cancelled, there is no opportunity to re-enroll.

If you die while you are a retired participant of the group health plan, your eligible family member(s) that are enrolled at the time of your death may be entitled to continue medical and dental insurance. Medical insurance will be provided for the first four months after your death at no cost. After four months your family member(s) will be charged the appropriate premium rate. Dental, if applicable, will be continued at the appropriate rate.

Retirees not eligible for continuation of medical coverage may be eligible for a temporary continuation of coverage, as described on page 4.

**Tricare-for-Life:**
A retiree (annuitant) or eligible surviving spouse of a retiree (surviving annuitant) may suspend enrollment in the Nonappropriated Fund Health Benefit Plan for the purpose of enrolling in TRICARE-for-Life. If TRICARE-for-Life coverage is lost involuntarily, retirees may return to the NAF Health Benefit Plan immediately, otherwise they may do so during the biennial open enrollment period. Retirees may not retain dental coverage in the NAF Health Benefit Plan if they have suspended their medical coverage while participating in TRICARE-for-Life. The above only applies to TRICARE eligible retirees.

**Dental**
Employees retiring who have participated in the dental insurance plan for 15 cumulative years prior to retirement and are eligible for medical continuation may be eligible for continuation of dental coverage at the special group rate (this does not include Stand Alone Dental). Please note, eligible retirees can only continue Aetna Dental. There is no continuation of HMO Dental.
For voluntary APF to NAF conversions/transfers, FEHBP may count toward the 15 year participation requirement for continuation of dental insurance provided the FEHBP participation was continuous, provided the break in service is not greater than 3 days, and the retiree is eligible to continue medical coverage.

Eligible employees involuntarily converted from Appropriated Funds (APF) to NAF may be authorized to continue dental insurance into retirement if they have five years of continuous participation in FEHBP and/or NAF dental and provided they are eligible to continue medical coverage and the break in service was not greater than 3 days.

Premiums will be shared between the employee and the employer. When possible, premiums will be deducted from the annuity. Otherwise, retirees will be billed each month for the premium due. CSRS/FERS retirees will be billed each month for the premium due. Failure to make premium payments on a timely basis will result in immediate cancellation of coverage. This cancellation is irrevocable.

Chapter 2 - Life Insurance

Eligibility
If you are a regular full-time or regular part-time civilian employee, you are eligible for the Life and Accidental Death & Dismemberment (AD&D) Plan. You must enroll within 31 days of your eligibility. Enrollments occurring after the 31 day eligibility period are subject to an approval process.

Active duty military are not eligible for this benefit.

A U.S. citizen or permanent resident alien employed in the United States:
- Effective July 21, 2009, for overseas employees: the employee must be employed on the U.S. payroll, have a Social Security Number or Individual Tax Identification Number (TIN), AND are subject to US Income Tax and not subject to a Status of Forces Agreement provision that precludes eligibility.

Cost
Active: the cost for Standard Life and AD&D insurance is shared by the employer. Please refer to the current rate sheet for the bi-weekly premium. Rates are subject to change, and every effort will be made to publish premium changes in advance. The full cost of Optional and Optional Dependent Life is borne by the participant, both for active and eligible retired employees.

Retired: the cost for Life coverage may be shared by the employer (50/50) if you meet the following criteria:
- Employees retiring with an unreduced early annuity (i.e. 60 with 20; 55 with 30) and meet the 15-year enrollment will have coverage premium shared by the employer (50/50).
- Age 62 (minimum) and have 15 cumulative years of enrollment.

Retirees not yet aged 62, but at least age 52, and who have been enrolled in the plan for 15 cumulative years, may continue Life coverage, but are responsible for the full premium.

AD&D coverage does not apply to retirees.
Accidental Death and Dismemberment Benefits (AD&D)
If you incur the loss of an eye, hand or foot, you may be eligible to receive ½ your AD&D benefit, as shown on the preceding table. No more than your full AD&D benefit will be paid for two or more losses. A “loss” of a hand or foot means the hand or foot was cut off at or above the wrist or ankle. Loss of sight means that sight will never be regained. Specifics on benefits will be provided at the time of application and are subject to change. Retirees are not eligible for AD&D coverage.

What the AD&D Plan Does Not Cover
- Bodily or mental infirmity
- Disease, ptomaine or bacterial infections of any kind
- Medical or surgical treatment
- Suicide, attempted suicide, or intentionally self-inflicted injury (whether sane or insane)
- War or act of war (whether declared or not)

Your Benefit Amount
Your “benefit amount” (the amount paid in the event of your death) is based on your annual salary, rounded up to the next highest $1,000, plus $2,000. The life insurance offered is “term life”. It does not accrue a cash value. Please note that the Accidental Death & Dismemberment portion of the program may pay an additional benefit if your death results from a documented accident. Appropriate documentation to support the accident will be required. AD&D does not apply to retirees.

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*For $39,000 or more, the amounts of Standard Life and AD&D coverage are determined in the same manner as the table above.
Change in coverage amounts
As your annual salary increases or decreases, the amount of your life insurance will change accordingly.

If you qualify for continued life insurance upon retirement, your life insurance volume will decrease at the rate of 25% of initial volume at age 66, 67, and 68. No Accidental Death and Dismemberment insurance is continued for retirees.

Accelerated Life Insurance Benefit
The Accelerated Life Insurance Benefit is a provision of the group life plan. This benefit is designed for employees who have been diagnosed with a terminal illness. You may be able to withdraw up to 50% of your life insurance, and use it to pay medical bills, etc. You must provide a doctor’s certificate to apply for this benefit. Completion of appropriate applications is required. Payment is made upon approval by the Life Insurance carrier. Group life insurance will be reduced by any accelerated life benefit you receive.

If you are a retiree that has received a living life benefit and your life extends beyond the expected 12 months, your remaining life insurance balance will cease if the volume of your coverage reduces, due to age, to an amount that is less than the living life benefit you previously received. However, your insurance premium will continue, as required, to fund the living life benefit you received.

When Your Life Insurance Coverage Ends
Life insurance coverage ends when you terminate employment. However, if the insured’s death should occur within 31 days thereafter, the life insurance death benefit will be payable.

At the time of your retirement, you may be eligible for continued insurance if you meet the continuation criteria. See the “Continuation of Coverage After Retirement” section in this booklet for more details.

Converting to Individual Coverage
If you resign or retire, and are not eligible for life insurance continuation, you may convert to an individual policy. Premiums for individual life insurance are paid for completely by the insured.

For conversion information, contact your local personnel office. You are responsible to pursue this conversion option with the Life insurance carrier directly.

Your Optional Life Insurance Plan
Participation Information
Eligibility requirements: If you are a regular full-time or regular part-time civilian employee, AND you are enrolled in the Standard Life and AD&D plan, you may sign up for the Optional Life insurance plan during your eligibility period.

- Any individual employed outside the 50 states of the United States or the District of Columbia is eligible ONLY if the individual is a U.S. citizen.
- If Marine Corps Community Services (MCCS) or other miscellaneous Marine Corps NAF activity employs both husband and wife (or SSDP), they may not insure each other through Optional Dependent life plans.
- Enrollment in the Standard Life plan is a mandatory prerequisite.
- If you are enrolled in Standard Life and would like to enroll in Optional Life after your eligibility period, you must complete a personal health statement and enrollment is only authorized after approval by the Life Insurance carrier.
Benefit Amount: Optional Layer #1 and #2
The volume of the Optional Life insurance plan is equal to the volume of Standard Life. For example, if your Standard Life benefit is $25,000, then Optional Layer #1 is also $25,000, giving you a total benefit of $50,000.

The volume of the second layer of Optional Life (Optional #2) insurance plan is equal to twice the volume of Standard Life. Standard Life + Optional #2 = Total Benefit. Using the example above: $25,000+$50,000= $75,000 (These numbers are for illustrative purposes only, and should not be construed as a promise of a benefit).

You can only be enrolled in one Optional Life insurance plan. You cannot enroll in Optional Life #1 and Optional Life #2; it must be one or the other.

The amount of Optional Life insurance is determined by the annual salary and your age as reported through the payroll system and is calculated as follows: annual salary rounded to the next highest $1,000 plus $2,000. The amount of insurance available to the employee will increase or decrease as the salary increases or decreases, and as you get older. Premium payments for Optional Life insurance are based on your age, and are determined per $1,000 of coverage.

The Optional Life insurance premium is totally funded by the employee. All premiums are made through payroll deduction, and are subject to change. For up to date premium rates, contact your local personnel office or visit the website at www.usmc-mccs.org/employ/benefits.

Optional Dependent Life Insurance

Employees covered under the Standard Group Life Insurance Plan may elect optional coverage for their lawful spouse and dependent children. If Marine Corps Community Services (MCCS) or other miscellaneous Marine Corps NAF activity employs both husband and wife, they may not insure each other through Optional Dependent Life plans. Dependent children include, in addition to your own natural or lawfully adopted child, a stepchild, foster child, or child less than 19 years of age that qualifies as your IRS dependent. If both parents are employed, only one employee can cover the child under Dependent Life.

Eligible dependent children that are unmarried students, under age 23, and who regularly attend an accredited school on a full-time basis, will also be considered your dependent if they depend fully on you for support and are not employed full-time. A certification of full-time school enrollment will be required annually. Failure to provide applicable certification will result in cancellation of coverage. Age 26 adult children provision does not extend to group life insurance.

Coverage may be available to eligible handicapped/disabled dependent children upon reaching the age limit upon approval of the disability. Contact your HR Office for more information.
There are four Dependent Life plan options. The employee is the only eligible beneficiary for Optional Dependent Life.

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The Optional Dependent Life plans are billed as a unit, so you pay a flat rate for all dependents whether you have one or many. Premiums are paid wholly by the employee through payroll deductions and are subject to change. Consult your local personnel office or the MCCS website for current premium information.

When Dependent Life Insurance Ends
Coverage for dependents may be continued as long as the covered individual qualifies as a dependent under the Plan, provided premium payments are made as required. Premium payments are funded solely by the employee. Dependents may be continued at the time of your retirement if qualification criteria are met. If the employee or retiree dies, the dependent life coverage will cease.

Filing Life Insurance Claims
Upon your death, your beneficiary will be required to file a claim for benefits through your local NAF Personnel office. A certified copy of the certificate of death is required to file any claim for benefits. Your beneficiary should contact your personnel office for further details. Should you name a minor child as your beneficiary, the surviving parent or guardian will be required to submit legal guardianship papers in order for life insurance proceeds to be paid.

Failure to provide the appropriate legal documentation for minor beneficiaries will result in a delay in benefit payments until the dependent reaches age of majority.

Beneficiaries will receive a 1099-INT (not 1099-R) for any amount of interest paid (typically 28%-30%) in excess of $600 on a life insurance claim if the beneficiary(ies):
- Lives in the U.S. and do not have an SS
- Lives outside of the U.S.
- Or, is subject to backup withholding

Taxes are not withheld on the interest if the beneficiary has a Social Security Number.

Beneficiaries of retirees should contact Headquarters, U.S. Marine Corps (MRG) for claims information.

Life Insurance during Retirement
Employees retiring on or after age 52 may be eligible for continuation of their group life insurance at a special group rate. Such employees must be eligible for an immediate annuity and must have participated in the group life insurance plan for the 15 cumulative years prior to retirement. The amount of insurance in force at age 65 will decrease at the rate of 25% on each of the 66th, 67th, and 68th birthdays of the retiree. The volume in force at age 68 will remain until the death of the retiree.
For voluntary or involuntary APF to NAF conversions/transfers, FEGLI participation may count toward the 15 year life insurance continuation requirement.

Whenever possible, premiums will be deducted directly from the retiree’s annuity payment. Otherwise, the retiree will be billed each month for the premium due. Failure to make premium payments on a timely basis will result in the immediate cancellation of insurance. Such cancellation is irrevocable. CSRS/FERS retirees will be billed each month for the premium due.

**Life Insurance Premium Rates**
Eligible civilian employees electing continuation of Standard Life Insurance at the time of retirement will be subject to premiums as follows:
- Retirees aged 62 and higher with 15 years of cumulative coverage will be charged 50% of the group rate.
- Employees retired with an unreduced early annuity (i.e. 60 with 20; 55 with 30) and have 15 years of cumulative coverage will have coverage premium shared by the employer. (50%)
- Effective 1 July 2013 - Employees retired under the authorized discontinued service benefit option as a result of a Business Based Action (BBA) and have 15 years of cumulative coverage will have coverage premiums shared by the employer. (50%)
- Retirees aged 52 - 61, but not yet 62, and who have 15 years of cumulative coverage in the group life insurance plan will be charged the full group rate.

**Chapter 3 - Long Term Care Insurance**
Long-term care insurance is designed to assist people with a chronic condition, whether it is a permanent condition or a temporary one. Long-term care itself is skilled intermediate or custodial care to assist individuals of any age who are unable to take care of themselves. This benefit helps after a prolonged illness, or a severe accident. This type of care can take place in a variety of settings:
- **Institutional based care** - Nursing home facility, Alternate care facility, Hospice facility
- **Community based care** - Home health care, Adult day care/foster care, Assisted living facility, Home hospice care

Long-Term care coverage prior to 2-16-2016 are underwritten by CNA. CNA participants will maintain their coverage provided premiums are paid. 2-16-2016, new Long Term Care enrollment will be made through the Federal LTC plan (FLTCIP).

Long-term care services are provided on a temporary or a permanent basis, depending on the type of care needed. Services range from simple meal preparation to complete 24 hour monitored care. Nearly 80 percent of all long-term care is provided in a setting other than a nursing home.

Long-term care is not only for the elderly. Current statistics indicate that 40% of long term care recipients are between the ages of 18 and 65. One in three of currently employed individuals will face caretaker responsibilities at some point in their lives, whether for an ill or injured child, spouse, SSDP, or for an elderly relative.

Private health insurance typically only pays for medically necessary expenses, and that coverage is limited. Medicare only covers skilled care, and you must be hospitalized for three consecutive days before the benefit is paid. Medicaid is available only to individuals who have become impoverished, and disability insurance only covers lost wages - it does NOT pay for long term care expenses.
Long-term care insurance is designed to fill the gap that the above benefit plans don’t cover. If you do not have LTC coverage, you will need to pay for this type of care out of pocket, and run the risk of depleting your retirement and other savings.

Long Term Care enrollment kits for the FLTCIP are available at your local personnel office, or you can request one directly from the plan vendor at www.ltcfeds.com or 800-582-3337. LTC participants prior to 2-16-16 are enrolled in CNA LTC. (CNA is at the toll-free number 877-777-9072). Information is also available on the MCCS website at www.usmc-mccs.org/employ/benefits. Check the plan provisions for benefits and exclusions.

Who is eligible for Long Term Care coverage?
The long term care benefit is available to all regular full-time and regular part-time employees, who are regularly scheduled to work at least 20 or more hours each week. You must enroll within 31 days of your eligibility. Enrollments occurring after the 31 day eligibility period are subject to an approval process.

Your spouse is eligible for this coverage, and you can pay for their premiums through payroll deductions. Your parents and in-laws are also eligible for this coverage, based on your employment with MCCS. Simply have them call the toll-free number and request an enrollment kit. There is an approval process for this coverage, and they will be billed on a monthly basis.

An excellent feature of this benefit is the fact that as long as you continue to pay your premiums on time, you are “locked in” to the premium rate for your age at the time of enrollment. So, you will continue to pay the premium rate for that age group even as you grow older. If you leave MCCS, CNA will bill you directly, enabling you to retain this valuable benefit at a great price.

Chapter 4 - Your Retirement Plan
Whether you are nearing retirement, or plan to work for many more years, planning ahead for your retirement is important. It is NEVER too early to think of the future.

Your employer sponsored program provides two plans to help you build your retirement income: the NAF Group Retirement (defined benefit) plan and your 401(k) savings plan (defined contribution). The benefits described in this handbook are especially valuable to you, your family, and your financial future!

Participation Information
You are eligible to join the Plan provided you are:
- At least 18 years of age.
- In a regular employment status (Regular Full or Regular Part time)
- For overseas employees: the employee must be employed on the U.S. payroll, have a Social Security Number or individual Tax Identification Number(TIN), AND be subject to US Income Tax.
- Not subject to a Status of Forces Agreement provision that precludes eligibility.

There is no waiting period to join the Plan. Once you achieve an eligible status, you will be automatically enrolled into the Plan unless you opt out. You may join later if you wish; however, all benefits, including the vesting period, are based on your enrollment date, not your employment date. Failure to waive enrollment in the defined benefit plan will result in an automatic enrollment into the Plan. Employee contributions will not be refunded until employment is terminated. If you elect to waive
participation you will never be able to buy that time back should you change your mind and enroll at a later date. All time previously waived is forfeited.

You and your employer make contributions toward the cost of the Retirement Plan. Currently, your contributions are equal to 1% of your gross earnings (refer to definition of covered earnings). For example, if your salary is $20,000 per year, your earnings would be approximately $769.00 per pay period. Your 1% contribution would be of $7.69 per pay period! This is provided as an example only, and should not be construed as a promise of a benefit. Employee contributions are subject to change.

You are fully vested in the Group Retirement Plan after 5 cumulative years of contributory participation. Your retirement participation may be CREDITABLE when you transfer from one Department of Defense (DoD) NAF employer to another. You may be eligible to carry forward all prior credited service for retirement annuity purposes, provided:

- Your break in service does not exceed 90 days, and
- You have not commenced receiving, or are not about to receive a retirement annuity from the losing NAF plan.

**Retirement Portability**

Your retirement participation may also be PORTABLE when you transfer to a retirement-covered Civil Service position with any federal agency. This means that you may continue participation in the MCCS NAF Retirement Plan as a Civil Service employee, provided:

- Your break in service is not greater than 1 year.
- You have not commenced receiving or are about to receive a NAF retirement annuity.

Contact your Human Resources Office (HRO) immediately to ensure you are given the appropriate information on possible portability entitlement.

- Portability elections are for your lifetime and are irrevocable.

If you are transferring from an APF position to a NAF position you may be eligible for portability of your retirement benefits. Advise your HRO immediately. Only retirement and 401(k) benefits are portable.

**Credited Service**

When reading or talking about your retirement, you will frequently hear reference to “credited service”. Your annuity under the Retirement Plan is determined by a defined benefit calculation. This calculation is based on credited service (years you spend contributing to the Plan) and your average highest 3 consecutive annual earnings.

**Terms you need to know:**

**Credited Contributory Service:** This is counted for all periods for which you were paid by your Employer and made the required contributions to the Plan, based on eligible earnings.

**Credited Service:** If you enrolled into the Plan prior to January 1, 1976:

- If you enrolled when you were first eligible, all continuous employment between January 1, 1956 and January 1, 1976 is counted. Any break in service will nullify this credited service provision.
- If you enrolled later than when you were first eligible, you may count participation from the date you joined the Plan until January 1, 1976.

*Please note: if you were not eligible for the Plan before January 1, 1976, you may receive credit for at least a part of your continuous past service. If you were eligible, but did not enroll, no past service credit is given.*
If you enrolled in the Plan on or after January 1, 1976, credited service is the same as Credited Contributory Service.

For the purpose of calculating your retirement income, credited service will also include:
- Up to 5 years of unused sick leave (173 hours of sick leave equals 1 month of credited service), provided you are eligible for an immediate annuity (not deferred, except if deferred because position has been eliminated due to Business Based Action on or after 1 January 2010). Unused sick leave shall not, however, be considered credited service for determining vesting or eligibility to retire.
- Purchased honorable military service for service prior to NAF employment, provided the service was not or will not be used under another employer’s retirement plan, and you are not receiving a military annuity (military service credit does not count toward vesting requirement).
  - Note for Purchase of Honorable Military Service Credit: Statement of Intent to Purchase Military Service Credit (active duty and honorable conditions only) must be submitted to your local Human Resources Office within 90 days from the day you enroll in the group retirement plan to qualify. Eligibility and cost will be determined by Headquarters. Payment must commence within 30 days from date of notification.
  - Other eligibility criteria may apply.
- Unpaid military leave of absence from covered employment (provided you are actively enrolled in the Retirement Plan at the time you enter service, and return to your job and again become an active member within the prescribed time limit).
- Purchased military service credit shall not be considered credited service for determining vesting eligibility to retire.
  - Note for Purchase of Military Leave of Absence under P.L.103-353 Uniformed Service Employment and Reemployment Rights Act of 1994 (USERRA): Honorable active duty service application must be made immediately upon re-enrollment in the Group Retirement Plan. Eligibility and cost will be determined by Headquarters. Payment must commence within 30 days from the date of notification. This is separate and apart from purchased honorable military service credit which is incurred prior to NAF employment.

**Retirement Options**

**Normal Retirement:** Your “normal retirement” date is the first of the month coinciding or next following the date of your 62nd birthday, if you have completed at least 5 years of credited contributory service.

**Early Retirement (Unreduced Benefits):** You may retire early, with unreduced benefits on the first of any month on or after:
- You reach age 55 and have at least 30 years of Credited Service, or
- You reach age 60 and have at least 20 years of Credited Service

**Early Retirement (Reduced Benefits):** You may also retire as early as age 52, provided you have at least 5 years of Credited Service. However, your benefits will be reduced. The amount of this reduction is 1/3 of 1% for each month between the date your benefits begin and your 62nd birthday.

**Late Retirement:** You may postpone retiring past age 62. You can continue to make contributions to the defined benefit plan until you actually retire.
**Discontinued Service Benefit:** If your position is eliminated due to a Business Based Action (BBA) - not a performance related action, you may be eligible for a special retirement option if you meet one of the following criteria:

- You are at least age 50, and have 20 years participatory service,
- You are any age, with at least 25 years of participatory service.

The amount of reduction is 1/6 of 1% for each month between the date your benefits begin and your 55th birthday.

**Disability Benefits Under the Retirement Plan:** If you are a Plan member and become totally and permanently disabled (as determined by your attending physician on the appropriate Attending Physician statement) and have completed at least 5 years of Credited Service, you may be eligible for a disability retirement benefit under this plan. Approval of disability applications must be reviewed and approved by HQ (MRG). This benefit is equal to the greater of (a) or (b) minus (c). Under no circumstances will the benefit be larger than the maximum disability benefit as explained below:

a. The Basic Retirement Annuity described under your Retirement Income, unreduced because of age, OR
b. The smaller of (1) or (2):
   1. 40% of your High Three average earnings before the date of your disability,
   2. The benefit described under your Retirement Income after increasing your service by adding the period from your date of disability to age 60,

c. MINUS 100% of any Social Security benefits or Workers' Compensation benefits to which you may be entitled.

If you are eligible for Workers' Compensation, your Maximum Disability Benefit, including Workers' Compensation, may not exceed 90% of your High Three Average annual earnings, minus any Social Security Benefit (and/or Workers' Compensation benefit) payable to you.

**NOTE:**
Please contact your local NAF Personnel office for a retirement estimate calculation. An estimate can be calculated for several different retirement options. Bear in mind, however, that the results are an ESTIMATE ONLY, and are not to be construed as a promise of a benefit. The estimate is a guideline for you to use. **If you are receiving Workers’ Compensation benefits, your retirement annuity will be offset by the full Workers’ Compensation benefit.**

A retirement calculator is available for MCCS employees via www.usmc-mccs.org/employ/benefits, or through PeopleSoft (Main Menu>Self Service>Benefits>Benefits Information>MCCS NAF Pension Estimates).

**Your Retirement Income**
The group retirement plan was originally implemented in 1966. It was modified in January 1976 and January 2001. The retirement benefit you are entitled is based on your enrollment date.

Those that enrolled prior to January 1, 2001, will be required to provide a copy of applicable SS entitlement letter if retirement commences at age 62 or older. The maximum SS entitlement letter will be your age 65 entitlement (i.e. if your are age 66+).

1. If you were a plan participant prior to January 1, 1976, your annuity is determined in the following way:
• 2/3% of 1% of the first $4,800 of the average final 5 year earnings* PLUS
• 1 2/3% of the excess of $4,800 of the average final 5-year earnings*, times applicable credited service from January 1956 to January 1976.

2. If you were a plan participant on or after January 1, 1976 and prior to January 1, 2001, your annuity is determined the following way:
• 1 ½% high 3 average annual earnings* for the first 5 years, PLUS
• 1 ¾% high 3 average earnings* for the second 5 years.
• 2% of every year over 10 years of high 3 annual earnings*, MINUS
• The Social Security offset, 2-1/2% of annual age 62 Social Security entitlement times credited service. If you retire prior to age 62, the Social Security offset is deferred until you reach age 62.

3. If you became a plan participant on or after January 1, 2001, your annuity is determined in the following way:
• 1% of high 3 average annual earnings* times credited service (1.1% after age 62), PLUS
• If you retire prior to age 62, 2½% of annual age 62 Social Security entitlement times credited service.

*Refer to definition of covered earnings

If you were a plan participant prior to January 1, 2001, your annuity will be computed using #2 and #3 above. You will receive the greater benefit to ensure the value of your annuity is protected.

The maximum Retirement Annuity for Credited Employment both before and on or after January 1, 1976, and before the Social Security offset and the reduction for early retirement will be 80% of your High Three average annual earnings. If you retire at or after age 62, you will be required to furnish official evidence of your applicable Social Security entitlement. Estimated Social Security benefits will not be used in retirement estimates or actual calculations.

How Benefits Are Paid
Your retirement income is paid monthly. The amount you receive each month is based on the information provided in the section titled “Your Retirement Income”. The monthly amount you receive will also increase if the “Cost of Living” increases. The amount of your annuity may increase on January 1 each year to reflect cost of living adjustments (a maximum of 3 percent each year) if applicable. Increases will be based on changes in the Consumer Price Index (CPI) published by the Bureau of Labor Statistics, or other index deemed more suitable to accomplish cost of living adjustments, and are not guaranteed. The COLA will be applicable only to Retirement Benefits which became payable after January 1, 1976, for employees having credited contributory service on and after January 1, 1976.

Adjustment of Retirement Benefit amounts being paid will be made on January 1 of each year, reflecting the change in the CPI over the 12 month period ending on the preceding September 30th. If the CPI is a negative number, the COLA will be zero for the following year.

Pre-Retirement Surviving Spouse Retirement and Disability Retirements are not eligible for COLA adjustments.

Normal Payment Form
The Plan’s Normal Payment Form is called a Lifetime Retirement Annuity, and is based on the Plan’s Basic Retirement Annuity formula. You may receive payments as long as you live.
If you die before receiving benefit payments at least equal to your contributions with interest, the balance will be paid to your beneficiary.

If you are married at the time of your retirement you will be required to elect to provide for a surviving spouse benefit, your Basic Retirement Annuity will be reduced by 10%. After your death, 55% of your basic retirement annuity (before the 10% reduction) will be continued to your surviving spouse. If your spouse pre-deceases you, your election will revert back to your pre-reduced amount. There is no provision to change a spouse election. This election is irrevocable (even in a divorce situation). If you are married and do not want to elect a survivor spouse benefit, your spouse will be required to sign acknowledgement that they have waived their entitlement as indicated below.

If you are single at the time of retirement, you will receive a Lifetime Retirement Annuity unless you elect one of the optional forms of payment, described below.

* Effective 16 September 2013, Same Sex Spouses (SSS) are considered for spousal benefits and all IRS requirements apply.

**Optional Payment Forms**

* **Survivor Annuity Option (Unmarried Member Only):** If you are not married at the time of your retirement, you may elect a reduced Retirement Annuity to be paid as long as you live, with the further provision that 55% of this reduced Retirement Annuity will be continued after your death, to your beneficiary. Your named beneficiary is an irrevocable decision and cannot be changed under this provision.

**NOTE:** a “Lump Sum” is payable whenever the combined Retirement Annuity payments to you and your surviving spouse or beneficiary are less than your contributions with interest. The “Lump Sum” is, therefore, the difference between these benefits payments and your contributions with interest.

If you elect an option that does not offer your spouse a benefit upon your death, your spouse is required to sign a “statement of understanding” in Section III of the retirement benefit application form.

**Survivor’s Benefits**

*If You Die Before Retiring:*

- If you are single, or if you are married, and have not completed at least 5 years of Credited Contributory Service, and die before your normal (or early) retirement date, your beneficiary will receive your contributions with interest, if any. You may change your beneficiary at any time.

- If you are married, and actively covered under the Plan, and die before your normal or early retirement date, but AFTER you have completed at least 5 years of Credited Contributory Service, a benefit may be paid to your surviving spouse, if your spouse is your beneficiary. The benefit payable to your surviving spouse will equal 55% of the greater of (a) or (b), minus (c).
  a. Your Basic Retirement Annuity, described under Your Retirement Income, without reduction for age at time of death, OR...
  b. The smaller of (1) or (2):
     1. 40% of your High Three average earnings before the date of your disability,
     2. The benefit described under your Retirement Income after increasing your service by adding the period from your date of disability to age 60,
  c. MINUS 100% of any Social Security benefits to which your surviving spouse may be entitled, whether or not they elect to receive.
You must be married to your spouse at least one year immediately before your death, or if married less than one year, your spouse must be the parent of a child born of the marriage. Payments will begin on the first of the month following your death and will continue until the earlier of the death of your spouse or due to 100% offset because of any Survivor Social Security entitlement. Repayment of any overpayments due to any Survivor Social Security entitlement is mandatory.

If you die after retiring:
- Survivor benefits, if any, will be provided according to the payment form you select. The Plan’s payment forms are described earlier under How Your Benefits Are Paid. Remember, your own benefit is reduced in exchange for providing a benefit over two lifetimes: yours, and your beneficiary’s.
- Your beneficiary will receive any remaining guaranteed return if a Survivor option is not elected.
  - If you do not elect a Survivor option, there will be no further annuity due at the time of your death.
  - If you die prior to receiving your first pension payment, your annuity will be cancelled. The benefit would default to survivor benefits if you die before retirement.

* Effective 16 September 2013, Same Sex Spouses (SSS) are considered for spousal benefits and all IRS requirements apply.

**Beneficiary Designation**
A married member’s spouse shall be his automatic beneficiary unless the member’s spouse consents to the naming of another individual as the member’s beneficiary. An unmarried member or married member with spousal consent may name a beneficiary, or two or more co-beneficiaries or successor beneficiaries, to receive any death benefit due on or after his death, by filing a written designation with the administrator. If a member names two or more beneficiaries, they or their survivors will be considered co-beneficiaries unless he provides otherwise.

**Changing Beneficiary Designation**
A member may change beneficiaries by written instrument filed with the administrator. A member’s beneficiary other than his spouse is not required to consent to any change or to the naming of any other beneficiary. The member’s spouse is required to consent to any change or to the naming of any other beneficiary. A change in beneficiary is effective when the member signs it (and spousal consent is received, if required) whether or not he is living at the time the request is received by the administrator but without prejudice to the administrator for any payments made before receipt of the request.

Beneficiary forms must be signed and dated or they will be considered invalid.

**Qualified Domestic Relations Orders (QDROs)**
The Group Retirement plan accepts approved QDROs, in the case of divorce. Please contact your HR office for additional information.

**If You Leave Your Employment**
If your employment ends before your normal or early retirement date, you may elect one of the following options:
- Retirement Deferred Annuity Option: At the time of termination, if you have completed at least 5 years of Credited Contributory Service, you may leave your contributions and interest with the Plan and retain under this option 100% vested interest in the Retirement Annuity you have earned. Unused Sick Leave is NOT included in calculating this benefit. Sick leave balances are forfeited at the time of termination. If you are vested and elect a deferred annuity, you may elect a retirement benefit at any time after you attain age 52.
You will receive a deferred annuity letter with your future entitlement amount after your termination.

- **Refund Option:** At the time of your termination, you may have your contributions returned to you with any applicable interest. The refund will be returned to you within 90 days after receipt of the notice by the Plan Administrator that you have requested the refund option. Refunds will ordinarily be in one sum. The Plan Sponsor reserves the right to spread the payment over 12 months. If you elect the refund option, all benefits under the Plan will be cancelled. Refunds will be issued as direct deposits (via Electronic Funds Transfer (EFT)) for all refunds, with the exception of participants that have accounts with foreign banks.
- If you return to work, you may request to buy back your previous retirement refund. This request must be made within 31 days of enrollment upon rehire.

*Note: You may NOT withdraw your contributions and interest as long as you remain in the employment of an MCCS activity (or are rehired), in a benefits eligible category.*

At the time of your termination, if you are eligible for an annuity and elect the refund option, you and your spouse, if applicable, will be required to sign a release acknowledging the forfeiture of future benefits.

If you are converted to a flexible status, you will not be entitled to a refund of your contributions until you terminate employment.

Employer contributions to the Group Retirement plan are deposited toward the collective funding level of the plan and are not part of a participant’s account balance.

**If you are rehired by MCCS after receiving a retirement refund**

An active plan participant, who terminates employment, receives a refund, becomes re-employed in an eligible employment status and resumes retirement plan enrollment (contributions), may elect to repay the refund to the Plan, plus interest equal to the interest which the refund would have earned if it had remained in the plan. The retirement buy back election must be dated within 31 days of enrollment. Credited service will be restored when the refund is paid back in full.

**If you are rehired by MCCS after retirement**

**IMPORTANT NOTE:** If you are rehired at any MCCS activity in a regular full-time or part-time employment status, you must notify MRG immediately, and notify your local Human Resources office. Your retirement annuity will be suspended as long as you are actively employed in a regular full-time or part-time status. Any overpayment of your annuity as a result of re-employment in an eligible status must be repaid.

If you are rehired in a flexible status position, there is no impact on your retirement annuity.

**About Interest Rates**

The rate of interest credited on your contributions after January 1, 1986 is 5% (2% prior to January 1, 1976, and 3% from January 1, 1976 to December 31, 1985).

Interest is compounded annually on your contributions from January 1 of each year to the earliest of the following:

- The normal or early retirement date,
- The first of the month in which death occurs,
- The first of the month in which you elect to have your contributions returned under the refund option, provided you have completed at least three years of credited contributory service.
Employees who elect to leave their contributions with the plan, who have NOT completed at least 3 years credited contributory service at the time of termination, will not accrue any interest on their contribution regardless of how long the funds remain in the Plan.

Participants electing a cash refund will only receive a refund of interest earned if they have at least 36 contributory months (3 years).

**Definition of Covered Earnings**
A participant’s actual gross earnings, including bonuses, but excluding tips, cost of living differentials.

Effective September 1, 2007 annual leave payout at the time of termination is also excluded from the definition of earnings for those enrolling in the retirement plan after September 1, 2007. Effective January 1, 2008, severance pay was eliminated from the definition of earnings for retirement purposes.

**Chapter 5 - Additional Benefits**

**401(k) Plan Information**
It is never too early to start saving for retirement. In addition to the Defined Benefit Retirement Plan, the NAF Defined Contribution Plan (401(k)) provides an additional way for you to provide for you and your family's future.

The 401(k) Plan gives eligible civilian employees an opportunity to increase their security at time of retirement through their own savings during their periods of active employment. This plan was introduced July 1, 1993 and was designed to be part of your three-tiered retirement plan consisting of the Group Retirement, 401(k) Plan, and Social Security.

Your 401(k) plan also provides the opportunity to defer taxes by reducing your gross taxable income. Income tax is not paid on your payroll deferrals until a distribution is made.

**Participation Information**
- For overseas employees: the employee must be employed on the U.S. payroll, have a Social Security Number or individual Tax Identification Number (TIN), and be subject to US Income Tax.
- Not subject to a Status of Forces Agreement provision that precludes eligibility.
- At least 18 years of age.

You may join the 401(k) plan any time while employed with MCCS. All benefits will be based on your participation date, not your employment date. Retroactive enrollments are prohibited.

You may defer from 1% to 100% of your salary into the 401(k) Plan on a pre-tax basis. If you are enrolled in other benefits, you should not defer 100% to avoid arrears of your other deduction requirements. Please remember, you are responsible for all deductions; therefore a deferral of 100% may not be an option. If you elect a 100% deferral, your payroll office may require you reduce your election to ensure mandatory deductions are not impacted.

The 401(k) Plan for Civilian Marine Corps non-appropriated fund employees is administered by Fidelity Retirement Services.

A well-rounded selection of investment choices is offered to ensure you are provided the opportunity to diversify your investments as determined by your specific financial needs.
For additional plan information, please refer to the 401(k) Summary Plan Description available at your local personnel office, or on the MCCS website: www.usmc-mccs.org/employ/benefits. To learn more about investing, to find out how 401(k) can play a vital role in your retirement, and to learn what style of investor you are, you may visit the plan administrator website. There are a variety of interactive tools you can use to learn about your 401(k) Plan at www.401k.com.

**Qualified Domestic Relations Orders (QDROs)**
The Group Retirement plan accepts approved QDROs, in the case of divorce. Please contact your HR office for additional information.

**Flexible Spending Account (FSA)**
Flexible Spending Accounts (FSA) for Health Care (HCFSA) and Dependent Care (DCFSA) are administered by PayFlex (subsidiary of Aetna). For questions regarding the FSA program, please contact your local NAF HR office, or contact PayFlex directly at 800-416-7053. For additional information on the FSA plans refer to the FSA Handbook.

**What is a Flexible Spending Account?**
An FSA allows you to defer part of your pay, on a pre-tax basis, into a special account that can be used throughout the year to reimburse yourself for eligible out-of-pocket health care or dependent care expenses. FSAs are voluntary and you decide how much to set aside from your paycheck and put into your account.

Money in an FSA is exempt from federal, most state, and payroll taxes. Because you’re using pre-tax dollars, your out-of-pocket costs can be reduced by 20-50%, depending on your tax bracket. The amount you elect will be automatically deducted from your pay on a bi-weekly basis throughout the year and credited to your health care and/or dependent care FSA. As you incur eligible expenses during the year and pay them out of your own pocket, you can reimburse yourself with tax-free money from your FSA account.

A very easy “calculator” is available at www.payflexdirect.com to assist you in determining how much you may want to contribute to the health and/or dependent care FSA.

**Please keep in mind that you will need to enroll in the FSA plan every year.** Participation in the FSA plans cease at the time of termination with MCCS. All unused DCFSA and HCFSA funds over $500 are forfeited if unused before 31 Dec and not submitted for reimbursement by 15 February. If you terminate employment with MCCS, and are rehired as regular full time, or regular part time, within the same calendar year you will automatically be re-enrolled into the FSA plan that you were enrolled in prior to termination. The bi-weekly contribution will be based on the initial annual election amount.

October 1 is the cutoff date for enrollment into the FSA plan. If you are a new employee hired after October 1, you can enroll in the FSA plan during open enrollment, and the effective date will be January 1 of the following year.

Both the HCFSA and the DCFSA plans are subject to non-discrimination testing to ensure participants identified as “highly compensated employees” (HCE) are not provided a benefit greater than participants that are not considered HCE. Should either or both plan(s) fail the non-discrimination test, HCE’s will have the applicable FSA deferral reduced accordingly.
Health Care Flexible Spending Account (HCFSA):
Although your health care benefit plan offers you and your family considerable protection against high cost of health care, you still have out-of-pocket expenses such as co-pays for doctor visits, co-pays for prescriptions and over the counter medications.

Eligible Expenses - Health care FSA expenses must be considered tax-eligible by the Internal Revenue Service (IRS). According to the IRS rules, eligible out-of-pocket medical/dental expenses include but are not limited to:
• Deductibles, copayments and coinsurance
• Eye care, such as eye exams, eye glasses and contact lenses for vision correction, saline solution and LASIK surgery
• Hearing exams and hearing aids
• Doctors’ fees and routine physicals
• Laboratory fees
• Chiropractic treatment
• Dental work and orthodontia
• Prescription Drugs and some over-the-counter (OTC) drugs with a prescription. Please note the list of eligible over-the-counter items change periodically. Please make sure to check the Payflex website for the most current list at www.payflex.com

Tax Deduction vs. FSA: You cannot claim the same expenses for reimbursement from a health care FSA and as an itemized deduction on your federal tax return. Therefore, you need to consider your individual circumstances to decide whether taking a tax deduction is more beneficial than using a health care FSA.

Unused Funds: If, at the end of the plan year or at the time of termination of NAF employment, you do not use all of the money deposited into your FSA, the IRS allows “up to $500” to be rolled over to the next plan year. Many out-of-pocket health care expenses can be estimated ahead of time, which will help you in determining how much you should contribute to your FSA. Please use the Aetna Calculator at www.payflex.com if you need assistance in calculating how much money you should set aside for health expenses. Unused funds up to $500 will be rolled over after 15 February each year.

Effects on other benefits: Because you don’t pay Social Security taxes on your spending account contributions, your Social Security benefit may be slightly less if you retire or become disabled. The impact on your benefit level will depend on a number of factors, including the length of time between now and when you retire or become disabled, and whether your taxable income exceeds the Social Security maximum wage level.

Contribution Limits: For 2017, the maximum annual contribution limit for the Health Care Flexible Spending Account is $2,600. Limits are subject to change. The minimum you can contribute to the Health Care Flexible Spending Account is $200.

Enhancements: Effective January 2014, the FSA plans transitioned to PayFlex, an Aetna affiliated company. With the transition to PayFlex come numerous enhancements, to include the addition of an FSA debit card (to be used for all eligible healthcare expenses), a participant on-line portal to manage your FSA account, and a mobile app to administer your FSA account.
**Substantiation**

Some charges, such as coinsurance payments, vision and dental charges, will require complete itemized invoices to substantiate the charges. Failure to provide these invoices to Payflex will result in a debit card suspension. Failure to substantiate charges by the claim filing deadline will result in the amount of applicable charges being considered by the IRS as a taxable distribution and will be included on your W2 or amended W2 form as income.

The IRS requirement for substantiation can be found in Revenue Ruling 2003-43 and Notice 2006-9.

**Impact of other Employer Plans on your Healthcare FSA**

If you are enrolled in another employer’s sponsored healthplan that includes a Health Savings Account (HSA), you may not be eligible to participate in the Marine Corps FSA plan, due to IRS restrictions.

**Dependent Care Flexible Spending Account (DCFSA)**

You can defer part of your pay, on a pre-tax basis, into a special account to reimburse yourself for certain dependent care expenses incurred during the year so that you and your spouse or SSDP* can work outside the home. Dependent Care can be defined as care for your children while you work, or care for an elderly parent, whom you claim as a dependent and who is physically or mentally incapable of self-care. Dependent Care expenses that are not work-related, such as the cost of a Saturday night babysitter, cannot be reimbursed.

One significant advantage of participating in a Dependent Care Flexible account is that this money goes into your dependent care account before federal income or FICA (Social Security and Medicare) taxes are withheld, which in turn decreases your taxable income, thus giving you more disposable income.

**Eligible Expenses:** Money set aside in a Dependent Care FSA can be used to reimburse only those dependent care expenses necessary because you (or if married, you and your spouse or SSDP*) work. Eligible expenses must be incurred for the custodial care of a Qualifying Person. The work-related expenses you can pay through this account include:

- Wages paid to a baby-sitter or a companion in or outside of your home, as long as the person providing care is not someone you declare as a dependent, your spouse, SSDP*, or your Qualifying Person’s parents.
- Services of a day care center and/or nursery school, if the center complies with all State and local laws.
- The cost of nursery school or pre-school (i.e. pre-k) is reimbursable.
- Cost for care at facilities away from home, such as family day care or adult day care centers, as long as your Qualifying Person usually spends at least 8 hours a day in your home.
- Wages paid to a housekeeper who provides care for your Qualifying Person.
- Services provided for both before and after school care (when listed separately); fees or tuition for kindergarten and higher education are not eligible.

**If you have your child in a government Child Development Center (CDC)**

If you are a civilian employee (and are not married to an active duty military member) utilizing a Department of Defense (DoD) child development center (CDC) for your dependent care, you may want to consult your tax advisor to ensure the CDC subsidy and your contributions to the DCFSA don’t exceed the
annual IRS exemption allowance. Because the IRS code considers the CDC subsidy as “cash income” the subsidy is included in the tax exempt total annual allowance, along with the DCFSA contributions.

Who is a Qualified Person?
- Your dependent children up to their 13th Birthday.
- Any dependent living with you for more than half the year and who is physically or mentally incapable of self-care.
- Your spouse living with you for more than half the year and who is physically or mentally incapable of self-care.
- Someone for whom you cannot claim a dependency exemption on your income tax return.

Please refer to Publication 503 on the IRS website at www.irs.gov for the definition of a Qualifying Person.

Tax credit vs. FSA: The IRS allows you to claim a Child and Dependent Care Credit (CDCC) for work-related dependent care expenses when you file your income tax return. The CDCC amount is calculated by applying a percentage to your total work-related dependent care expenses. Check with your tax advisor for maximum dependent care expenses.

You can use both a dependent care FSA and claim the CDCC - you just can’t claim the same expenses for both. If you plan to use both, the IRS requires that you subtract whatever amount you have directed into a spending account from the expenses you use to calculate the CDCC.

Unused Funds: If you haven’t used all of the money deposited into your dependent care FSA, the IRS allows up to $500 of these remaining funds to rollover to the next plan year. Rolled over funds do not count toward the annual FSA max deferral, they are in addition to it.

Contribution Limits: For married couples, the Internal Revenue Service (IRS) limits the annual maximum amount for reimbursement to $5,000. If you file a separate tax return from your spouse, the maximum reimbursement is $2,500 for each of you. Limits are subject to change.

Keep in mind that if either you or your spouse earns less than these amounts, your maximum annual contribution would be limited to the amount of your earned income or that of your spouse (or SSDP), whichever is less.

You cannot use this account if your spouse or has no earned income for a plan year (unless he or she is disabled or a full-time student for five months during the year).

Effects on other benefits: Because you don’t pay Social Security taxes on your spending account contributions, your Social Security benefit may be slightly less if you retire or become disabled. The impact on your benefit level will depend on a number of factors, including the length of time between now and when you retire or become disabled, and whether your taxable income exceeds the Social Security maximum wage level.

Please contact your local HR office if you have further questions, and to enroll during your eligibility period.

*Effective 16 September 2013, Same Sex Spouses (SSS) became eligible for spousal benefits and all IRS requirements apply.
Short Term Disability Income Plan - Effective Jan 2016

The Short Term Disability Income Plan offered to eligible Marine Corps NAF employees offered through AFLAC became effective 1 January 2016. OPEN ENROLLMENT FOR ELIGIBLE EMPLOYEES WILL BE HELD annually. Enrollment may require underwriter approval. Your eligible benefit amount will be determined by your salary.

This plan will pay participants up to 60% of covered salary for approved non-occupational disabilities/injury/surgery, for up to 3 months after the 14 day elimination (waiting) period. Limited benefits may be payable for pre-existing conditions.

Enrollments will be offered with guaranteed issue during the initial eligibility period for monthly benefits up to $3,000. Employees eligible for monthly benefits greater than $3,000 (up to the maximum benefit of $6,000) will have to complete a short health questionnaire for underwriter approval prior to enrollment. Employees electing enrollment after their initial eligibility period (during open enrollment periods) will have to complete a short health questionnaire for underwriter approval prior to enrollment.

Premiums are paid via payroll deduction. Benefits are portable should you terminate your employment with Marine Corps NAF (AFLAC stipulations apply).

Employee Assistance Program (EAP)
The Employee Assistance Program (EAP) is for all Marine Corps NAF employees and their families, to include flexible category employees.

An EAP is a service that provides confidential assistance to employees on a variety of personal issues, including emotional, substance abuse, financial, legal, marital/family, and dependent care etc.

EAP services are confidential and available 24 hours a day, 7 days a week. Services are provided by trained professionals*.

*Referrals to the EAP by a Supervisor or other employer representative as a result of drug or alcohol related issues/problems that impact job performance or negatively impact the work environment might require the employee to sign a release of information.

There is no cost to participate in the EAP for employees. Your employer will pay the entire premium for the program. Costs may be incurred for visits to providers that exceed those offered directly through the EAP (Typically 3 visits). Please visit www.magellanhealth.com/member for full program details.

Workers’ Compensation
If you are disabled from work as a result of an on-the-job injury or illness, you may be eligible for compensation under the Longshore and Harbor Workers’ Compensation Act.

• ALL civilian NAF employees are eligible.
• If you incur a work related injury, you must notify your supervisor immediately.
• Your retirement benefit will be offset by 100% of any worker’s compensation to which you may be entitled.

Social Security
Eligibility: As a NAF employee, you are automatically covered for Social Security (Provided you meet citizenship and other qualified status). You and your employer share equally in the cost of Social Security benefits, and Congress determines the contribution rates.
Benefit Provider Contact Information

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<th>Plan</th>
<th>Web</th>
<th>Telephone</th>
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<tr>
<td>Aetna (Medical &amp; Dental)</td>
<td><a href="http://www.aetna.com">www.aetna.com</a></td>
<td>800-367-6276</td>
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<td>PayFlex FSA</td>
<td><a href="http://www.payflexdirect.com">www.payflexdirect.com</a></td>
<td>800-416-7053</td>
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<td>Aetna International</td>
<td><a href="http://www.aetnainternational.com">www.aetnainternational.com</a></td>
<td>888-506-2278 or 813-775-0189</td>
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<td>Kaiser Mid-Atlantic</td>
<td><a href="http://www.kp.org">www.kp.org</a></td>
<td>800 777-7902</td>
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<td>Kaiser- Hawaii</td>
<td><a href="http://www.kp.org">www.kp.org</a></td>
<td>800-966-5955</td>
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<td>Kaiser California</td>
<td><a href="http://www.kp.org">www.kp.org</a></td>
<td>800-464-4000</td>
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<td>Anthem Blue Cross of CA</td>
<td><a href="http://www.anthem.com/ca">www.anthem.com/ca</a></td>
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<td>Medical: 800-227-3613</td>
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<td>Dental: 800-627-0004</td>
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<td>CNA (Long Term Care)</td>
<td><a href="http://www.ltcbenefits.com">www.ltcbenefits.com</a></td>
<td>877-777-9072</td>
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<td>Fidelity Investments</td>
<td><a href="http://www.401k.com">www.401k.com</a></td>
<td>800-890-4015</td>
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<tr>
<td>EAP (Employee Assistance Program)</td>
<td><a href="http://www.magellanhealth.com/member">www.magellanhealth.com/member</a></td>
<td>800-424-5988</td>
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<tr>
<td>* Federal Long Term Care Insurance</td>
<td><a href="http://www.LTCFEDS.com">www.LTCFEDS.com</a></td>
<td>800-582-3337</td>
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Stay familiar with your benefits by regularly visiting the MCCS Benefits webpage at www.usmc-mccs.org/employ/benefits

This site has valuable information about your benefits and upcoming changes or additions. You can print Aetna forms (medical and dental claim forms, mail in pharmacy forms). There are also electronic copies of various Summary Plan Descriptions.

*Members after 2-16-2016