



International Booklet



Spectrum

RTI Benefit Options to Meet Your Changing Needs

2010

Important Terms

403(b) tax-deferred account	403(b) refers to the section of the IRS code that established this type of account. You can save for retirement by making payroll contributions into tax-deferred accounts under this type of arrangement.
COBRA	Under the Consolidated Omnibus Budget Reconciliation Act of 1985, if an employee terminates employment with the company, the terminated employee is entitled to continue participating with the company's group health plan for a prescribed period of time, usually 18 months. (In certain circumstances, such as an employee's divorce or death, the length of coverage period may be longer for qualified dependents such as a spouse or dependent child.)
Coinsurance	The percentage share of eligible medical expenses that the plan pays for a covered service.
Coinsurance limit	A specific dollar amount of the coinsurance you have paid for covered services in a benefit period. This amount does not include deductibles, charges in excess of allowable amounts, or amounts paid for non-covered services.
Deductible	The amount that you must pay for covered services each year before the plan provides any benefit for the service.
Elimination period	Under the disability plans, a period of continuous disability before benefits can begin.
Flexible spending accounts (FSAs)	Tax-free money deducted from your pay and placed in accounts to be used for certain health and dependent care expenses.
Imputed income	The IRS considers employer-provided life insurance coverage in excess of \$50,000 to be a taxable benefit. The value of the benefit, called the imputed (or calculated) income is added to your taxable income.
Insured plan	A plan where RTI pays a fixed per-employee premium to the insurance carrier, and the insurance carrier assumes the cost of health care claims.
Out-of-pocket maximum	The maximum employee liability for the cost of services within the plan.
Preferred provider organization (PPO)	A PPO is a traditional insurance plan with deductibles and coinsurance features. You may choose any licensed providers for your medical care, and benefits are not restricted to any service area.
Premium	The portion of the fixed cost that the employee pays, usually monthly, through payroll deduction.

Please see your Summary Plan Description for more detailed definitions.

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The information in this booklet has been prepared as a descriptive summary of benefits provided by RTI. In the event of any discrepancy or disagreement regarding benefits, the provisions in the summary plan descriptions or plan documents will prevail. RTI reserves the right to modify or terminate these plans at any time.

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Introduction: Spectrum Benefits Program

RTI International is pleased to provide a comprehensive benefits package through our **Spectrum Benefits** program for expatriates, third-country nationals, and their eligible dependents. RTI's **Spectrum Benefits** program provides a flexible approach to certain RTI benefits, allowing you to select coverage levels that best meet your needs and those of your family.

Eligibility

- All RTI employees assigned outside the United States who are categorized as an expatriate or third-country national (TCN).
- To be eligible for insurance, you must be a regular employee (this includes part-time employees scheduled to work 50 percent of a full-time work week or more and full-time employees). Your employment status affects your eligibility for some of these benefits.
- Locally hired employees (such as cooperating country nationals [CCNs]) are **not** eligible for these benefits.
- If it is not clear whether this applies to you, please contact your local Human Resources representative.

In this booklet, you'll find valuable information about your benefits to help you choose the coverage that best meets your and your family's changing needs. In addition to this booklet, you can also call the Aetna Global Benefits enrollment line at 1.800.231.7729 or collect at 813.775.0190 to learn more about your new plan options.

International Benefits

At Hire and During Open Enrollment

Following is an overview of your benefits options upon your date of hire:

Medical Insurance

- You and RTI share the cost for coverage.
- Your share of the premiums is paid with **pre-tax dollars**.

Dental Insurance

- You and RTI share the cost for coverage.
- Your share of the premiums is paid with **pre-tax dollars**.

Long-Term Disability Insurance

- You and RTI share the cost for coverage.
- Your share of the premiums is paid with **post-tax dollars**.

(VP approval is required in writing to decline coverage.)

Flexible Spending Accounts (Applies to U.S. Taxpayers with a U.S. Address)

- You can choose to contribute to a Health Care Spending Account or a Dependent Care Spending Account, or both.
- Your contributions are made with **pre-tax dollars**.

At Hire and At Any Time During the Year

The following benefit elections can be made at your date of hire or any time during the year:

Group Term Life Insurance

- RTI provides group term life insurance up to 2 times your annual salary at no premium cost to you.
- In addition to the life insurance coverage provided by RTI, you can purchase additional term life insurance with **post-tax dollars**. You pay the full cost of coverage.
 - You can purchase an additional 1 times annual salary (total 3 times your annual salary)
 - If you choose insurance coverage of more than \$500,00, you must complete a **Statement of Health form**, also known as Evidence of Insurability.

Dependent Life Insurance

- You can purchase life insurance for your eligible dependents.
- Your premiums are made with **post-tax dollars**.

Retirement Savings Plans—

403(b) Tax-Deferred Accounts

- You can choose from among three providers and put **pre-tax dollars** into 403(b) accounts for your retirement savings.

After 1 Year of Service and Age 19

RTI Retirement Plan

- If you are at least 19 years old and have completed a year of service, RTI establishes a retirement account for you.
- RTI makes monthly contributions to your account based on a percentage of your salary.
- You can also elect to put **post-tax dollars** into your account on a voluntary basis.
- Upon retirement, the RTI Retirement Plan provides annuity or cash benefits to you.

Important Facts to Remember

- For any claims issues, contact Aetna Global Benefits Customer Service at 1.800.231.7729 or 1.813.775.0190 (will accept collect calls).
- To receive claims payment more quickly, you may submit a direct deposit form to Aetna Global Benefits. Please contact Aetna Global Benefits Customer Service at 1.800.231.7729 or 1.813.775.0190 (will accept collect calls).
- For those dependents covered by both your and your spouse's insurance, the insurance industry will consider the policy belonging to the parent whose birthday occurs earlier in the calendar year to be the primary policy. If you and your spouse have other coverage, the RTI Medical and Dental plans as either the primary or secondary payor will only pay up to the RTI plan maximum percentage. This means benefits will not be coordinated between the insurance companies to pay 100 percent of medical costs.

Questions?

- Contact hrhelp@rti.org if you have questions about your benefit coverage. You can also call 919.541.1200 or 1.800.334.8571, ext. 21200. The address for HR is:

RTI International
HR Help
300 Park, 1st Floor
PO Box 12194
Research Triangle Park, NC 27709-2194

Medical Plan

Medical coverage is one of the most important benefits available through the **Spectrum Benefits Program**.

RTI offers medical coverage to international staff through Aetna Global Benefits. Under the medical plan, two types of plan designs are available, based on where you and your family are located. In the United States, Aetna offers a preferred provider organization program, *Open Choice*, for you and your family. If you are on international assignment outside of the U.S., you are offered traditional medical coverage that allows you to see any provider of your choice.

After enrolling in your medical plan, you will receive an identification card and member information kit from the insurance carrier explaining how to use your benefits.

Coverage in the United States

Aetna's Open Choice PPO lets you visit any provider you choose—but you'll typically pay less when you visit doctors or hospitals that are part of the Aetna U.S. network.

If you use a network provider for care within the U.S., you cannot be billed for any amount in excess of the Reasonable and Customary charges

based on where you live. Network providers in the U.S. will file claims for you and handle any pre-certification requirements for in-patient services.

If you choose to use an out-of-network provider in the U.S., you will receive the same reimbursement percentage. However, providers can charge amounts higher than the Reasonable and Customary allowance for a procedure, and you are responsible for the difference in the cost.

The deductible is \$100 per person or \$200 per family for in- and out-of-network services.

Once you meet the deductible, the plan pays 80 percent and you pay the remaining 20 percent for services. However, because it's important for you to get your annual checkups, the Plan pays 100 percent for routine exams at any provider. Travel immunizations are also paid at 100 percent.

You have a \$1,000 per person or \$2,000 per family out-of-pocket maximum for both in- or out-of-network services. After you meet the out-of-pocket maximum, your services are paid at 100 percent for the remainder of the year.

Your prescription drugs are offered directly through Aetna, with over 59,000 pharmacies in the Aetna network. When you use an in-network pharmacy, you can receive a generic drug for a \$10 copay or a brand-name drug for a \$35 copay. These copays apply for both retail and mail-order drugs. You can even receive up to a 365-day supply to take with you on international assignments.

Keep in mind that if you use an out-of-network pharmacy, the plan pays 80 percent for a generic or brand-name drug after you meet the annual deductible. To save money, you might consider getting your prescriptions filled at a U.S. in-network pharmacy before leaving on assignment.

Coverage Outside of the United States

When you or your covered family member is ill, go to the doctor of your choice, pay the bill, and submit a claim form to Aetna Global Benefits.

The in-network deductible is \$100 per person or \$200 per family for inpatient and outpatient services. After you meet the deductible, the plan pays 80 percent and you pay the remaining 20 percent for services. If you are outside of the U.S. and need to see a doctor or fill a prescription, the plan pays 80 percent of the cost after you meet your annual deductible.

You have a \$1,000 per person or \$2,000 per family out-of-pocket maximum. After you meet the out-of-pocket maximum, your services are paid at 100 percent for the remainder of the year.

To enroll in medical insurance, you must be scheduled to work 50 percent of a full-time work week or more.

Eligibility

All regular employees scheduled to work 50 percent time or more are eligible for medical insurance. You may also enroll eligible dependents, who include your:

- Spouse.
- Domestic partner (opposite or same sex). (In accordance with applicable state laws, registration may be required.)

NOTE: Dependents of domestic partners are not eligible for medical insurance coverage.

- Unmarried children from birth to the end of the month during which they turn 19, including legally adopted, foster, and step-children, children placed for adoption, and children for whom legal guardianship has been awarded to you.
- Unmarried children from their 19th to their 26th birthday if they attend a licensed vocational or technical school or accredited school, college, or university as full-time students.
- Unmarried children who are mentally or physically handicapped and incapable of self-support, regardless of age.

NOTE: The same eligibility requirements also apply to the Dental Plan.

Who You May Cover

For many employees, the most important benefit selection is medical insurance. The medical plan offers various levels of coverage to cover you or your dependent(s) to meet your specific needs.

If you elect medical insurance, there are four ways to cover yourself and your dependents:

Option	Who Is Covered
Individual	Covers employee only
Employee/spouse	Covers employee and spouse/domestic partner
Employee/children	Covers employee and all dependent children
Family	Covers employee, spouse/domestic partner, and employee's dependent children

NOTE: The same levels of coverage also apply to dental insurance.

If You Don't Enroll

- If you choose not to enroll in RTI's medical insurance, you may not join/rejoin until the following calendar year unless you experience a qualified Life Status Change, as described in the **Making Changes During the Year** section of this guide.
- If you don't enroll your dependents when they are first eligible to be enrolled, you can't enroll them until the next open enrollment unless you experience a qualified Life Status Change, as described in the **Making Changes During the Year** section.

Schedule of Benefits

Table 1 shows the Aetna Global Benefits schedule of medical benefits, the list of covered medical expenses, and the percentage that Aetna will pay for each. See the **Important Terms** at the front of this book or your summary plan description for an explanation of terms.

Table 1. Schedule of International Spectrum Benefits

Plan Features	Outside the U.S.	In the U.S. (Open Choice PPO)	
		Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Deductible			
Individual	\$100 per calendar year	\$100 per calendar year	\$100 per calendar year
Family	\$200 per calendar year	\$200 per calendar year	\$200 per calendar year
Individual Payment Limit Includes deductible. Does not include benefit penalties, 50% items, and outpatient prescription drugs. Includes outpatient prescription drugs when outside the U.S.	\$1,000 per calendar year	\$1,000 per calendar year	\$1,000 per calendar year
Family Payment Limit Includes deductible. Does not include benefit penalties, 50% items, and outpatient prescription drugs. Includes outpatient prescription drugs when outside the U.S.	\$2,000 per calendar year	\$2,000 per calendar year	\$2,000 per calendar year
Lifetime Maximum	\$5,000,000	\$5,000,000	\$5,000,000
Plan Payment Percentages			
Medical Benefits			
Hospital Services			
Inpatient	80%/20%*	80%/20%*	80%/20%*
Outpatient	80%/20%*	80%/20%*	80%/20%*
Private Room Limit	The institution's semiprivate rate	The institution's semiprivate rate	The institution's semiprivate rate
Precertification penalty	No penalty	No penalty	\$400
Non-Emergency Use of the Emergency Room	No penalty	50%/50%*	50%/50%*
Physician Services	80%/20%*	Non-surgical office visits 80%/20%*	80%/20%*
Other Physician Services	80%/20%*	80%/20%*	80%/20%*
Alcoholism, Drug Abuse, & Mental Disorders Expenses do not count toward out-of-pocket maximum.			
Mental Health Inpatient Coverage 30 days per calendar year combined with Alcoholism and Drug Abuse	80%/20%*	80%/20%*	80%/20%*
Alcoholism, Drug Abuse Inpatient Coverage 30 days per calendar year combined with Mental Health	80%/20%*	80%/20%*	80%/20%*
Mental Health Outpatient Coverage 30 visits per calendar year combined with Alcoholism and Drug Abuse	50%/50%*	50%/50%*	50%/50%*
Alcoholism, Drug Abuse Outpatient Coverage 30 visits per calendar year combined with Mental Health	50%/50%*	50%/50%*	50%/50%*
Convalescent Facility 120 days per calendar year	80%/20%*	80%/20%*	80%/20%*

Plan Payment Percentages (continued)			
Plan Features	Outside the U.S.	In the U.S. (Open Choice PPO)	
		Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Medical Benefits			
Hospice Care Facility			
Inpatient 30 days lifetime maximum	80%/20%*	80%/20%*	80%/20%*
Outpatient \$10,000 lifetime maximum and maximum 3 bereavement sessions	80%/20%*	80%/20%*	80%/20%*
Home Health Care 120 visits per calendar year	80%/20%*	80%/20%*	80%/20%*
Private Duty Nursing 70 shifts per calendar year	80%/20%*	80%/20%*	80%/20%*
Spinal Disorder Treatment \$750 maximum per calendar year	80%/20%*	80%/20%*	80%/20%*
Global Emergency Assistance Program (MedAire) \$500,000 maximum per calendar year	100%—not subject to deductible	100%—not subject to deductible	100%—not subject to deductible
Wellness Benefits			
Routine Physical Exams Includes travel immunizations, health history, physical exam, development assessments, anticipatory guidance, appropriate immunizations, and lab tests. Children age 0–18: 7 exams first year of life; 2 exams second year of life; and 1 exam per year thereafter Adults age 19–64: 1 exam every 12 months Adults age 65+: 1 exam every 12 months	100%	100%	100%
Routine Gynecological Exams Includes 1 exam and pap smear every 12 months. In-network—deductible and coinsurance may apply to pap smears if billed by an independent laboratory provider.	80%/20%*	100%	80%/20%*
Mammograms Includes one baseline mammogram between ages 35 and 39 and 1 exam every 12 months at age 40+.	80%/20%*	100%	80%/20%*
Prostate Cancer Exam Includes 1 PSA and DRE every 12 months for males age 40+. In-network—deductible and coinsurance may apply to PSA test if billed by an independent laboratory provider.	80%/20%*	100%	80%/20%*
Additional Wellness Services Includes 1 flex sigmoid and double barium contrast every 5 years; and at age 50+, 1 colonoscopy every 10 years.	80%/20%*	100%	80%/20%*
Prescription Drugs			
Generic Drugs 365-day maximum supply	80%/20%*	\$10 copay	80%/20%*
Brand Name Drugs 365-day maximum supply	80%/20%*	\$35 copay	80%/20%*

* After the plan deductible is met, Aetna and you share the cost of services. The first number is the percentage of coinsurance that Aetna pays, and the second number is the percentage you pay.

Other Aetna Services

Aetna Global Benefits provides many valuable services for you and your family. To speak directly with someone about the programs shown below, call Member Services at 1.800.231.7729 or collect at 1.813.775.0190.

Informed Health Line

As part of your Aetna Global Benefits, you have access to the Informed Health Line, which can provide you with information on more than 5,000 health topics. You have 24-hour access to valuable health information provided by qualified, U.S.-based registered nurses, as well as a variety of useful health reference materials. These tools enable you to take a more active role in seeking health care, helping you to identify the most appropriate care for your individual needs. Log onto Aetna Navigator at www.aetna.com and click on “My Health Programs, Informed Health Line,” or call 1.800.231.7729 or collect at 1.813.775.0190 and ask to speak to an Informed Health Line nurse.

International Employee Assistance Program

Aetna provides an Employee Assistance Program for you and your family. You can access the Employee Assistance Program at any time by phone (1.800.231.7729 or collect at 1.813.775.0190) or online at www.AetnaEAP.com. The Employee Assistance Program provides resources and self-help tools for your personal, family, and work-related concerns on an array of topics such as the following:

- Parenting
- Child development
- Family issues
- Education

- Work/life issues
- Legal and financial services
- Child care
- Elder care

International Disease Management Program

Aetna offers a Disease Management Program to help with certain chronic conditions such as diabetes, asthma, and heart disease while you are on an international assignment. This program can help you understand your condition and find the right tools and resources to avoid complications now and in the future. You can look up tests and treatments for your condition, as well as information from experts at the Harvard Medical School and other reliable resources. You can even speak directly with registered nurses about your condition.

To register, log on to www.aetn navigator.com and select “Take Action on Your Health” and then “Treating Illness” from the menu at the top of the page. Follow the registration prompts. Once you are registered, you can begin using the program.

International Maternity Education Program

If you’re expecting a new baby, you can contact the Maternity Education Program Member Services at 1.800.231.7729, collect at 813.775.0190, or via e-mail through www.aetnaglobalbenefits.com. You will be transferred to a nurse case manager who will assist you in enrolling in the program and provide you with the resources available through this program. To enroll in the program, register online at www.aetnaglobalbenefits.com or contact Member Services.

Global Health and Travel Information (Through HTH Worldwide)

As you prepare to leave the U.S., you can contact the International Health Advisory Team to learn more about your assigned country's health care systems, procedures, foreign currency, and other information. Contact Member Services at 1.800.231.7729, collect at 1.813.775.0190, or via e-mail through www.aetnaglobalbenefits.com. Visit the Aetna Global Benefits website at www.aetnaglobalbenefits.com for additional information.

Emergency Assistance (MedAire)

Through Aetna, you'll have access to emergency assistance for virtually any medical emergency that you encounter while outside of your home country. Aetna's emergency assistance coverage includes the following:

Emergency Medical Evacuation and Repatriation

- Medically necessary emergency evacuation
- Transportation to join a hospitalized member
- Return of dependent children
- Transportation after stabilization
- Emergency medications, vaccines, and blood transfers.

Medical Assistance

- 24/7 access to board-certified emergency physicians
- Preferred access to western medicine clinics with telemedicine capabilities

- Medical provider referrals
- Case monitoring
- Facilitation of hospital payment
- Transfer of insurance information to medical providers
- Medical record transfer
- Hotel arrangements for convalescence.

Simple Steps (Online Wellness Program)

Aetna provides an online wellness program to you and your covered family members. To participate in the program, first complete an online health assessment. All answers are kept secure and confidential. Then you'll receive a health report and a one-page health summary, which you can share with your doctor. You'll also get an Action Plan designed just for you, which may suggest any of the following programs:

- Weight loss
- Stress relief
- Healthier diet and meals
- Healthy aging
- Healthy heart
- Cancer fighting
- Diabetes fighting
- Alcohol and smoking awareness.

To register for the program, follow these steps:

1. Visit www.aetnavigtor.com.
2. Click on "Go" under "First-time User."
3. Follow registration prompts.

Vision Care

Vision coverage is automatically provided to you through Aetna Global Benefits when you enroll in the Medical Plan. The plan will reimburse up to \$200 every 24 months for hardware, including frames, lenses, and contact lenses.

You can receive a discount from any Vision One provider in the United States, or you can see any provider. You will receive the same benefit regardless of the provider you choose; however, your costs may be lower if you use a Vision One provider.

Vision benefits are provided in Table 2.

Table 2. Vision Benefits Available Through Aetna Global Benefits

Vision Benefit	Plan Pays
Routine Eye Exam Covered under medical up to maximum of \$30 per exam. Includes one routine exam every 12 months	80%
Vision Care Supplies Schedule maximums apply every 24 months.	100% up to \$200 maximum—not subject to deductible

Dental Plan

Good dental care is important to your health, and RTI's International Benefits Program through Aetna Global Benefits offers a range of dental benefits for employees and their dependents.

Schedule of Benefits

Table 3 shows the dental benefits covered and the percentage that Aetna will pay for each. Deductibles and maximum benefits are as follows:

- Deductible
 - Individual: \$50 per calendar year
 - Family: \$150 per calendar year
- Maximums
 - Calendar year: \$1,500
 - Orthodontic lifetime: \$1,500

Table 3. Dental Benefits Available Through Aetna Global Benefits

Benefits	Plan Pays
Type A Expense Diagnostic & Preventative: Prophylaxis; bitewing and full mouth series X-rays; space maintainers; oral exams; fluoride applications; sealants	100% not subject to deductible
Type B Expense Basic Restorative: Periapical X-rays; fillings; simple extractions; oral surgery ^{1,2} ; endodontics ² ; periodontics ²	80%
Type C Expense Major Restorative: Inlays/onlays; crowns; bridgework; osseous surgery; soft tissue grafts; partial and full bony impactions; general anesthesia and intravenous sedation; dentures (benefit includes all relines, rebases, and adjustments within 6 months of installation); molar root canal therapy; prosthetic repairs; occlusal guards (for bruxism only); crown build-ups; crown lengthening	50%/50%*
Orthodontic Treatment Dependent children only up to age 19	50% not subject to deductible

¹ Oral surgery and surgical periodontics are covered under dental when not covered in whole or in part under any employer-sponsored medical plan.

² Specific endodontic, periodontic, and oral surgery procedures are covered as a Type C expense.

MEDEX

RTI provides medical evacuation coverage through MEDEX to its expatriates, third-country nationals, and employees on international travel assignments.

MEDEX provides a number of helpful services in the event of a medical emergency.

Medical Assistance Services

- Worldwide medical and dental referrals
- Close monitoring of treatment
- Facilitation of hospital payment guarantees and admission/discharge planning
- Dissemination of insurance information to medical providers
- Emergency vaccine and blood transfers
- Replacement of prescription medications
- Replacement of corrective lenses and medical devices
- Dispatch of doctors and specialists
- Coordination of medical records transfer
- Continuous updates to family, employer, and/or home physician as requested
- Coordination of hotel arrangements for convalescence

Medical Transportation Services

- Emergency medical evacuations
- Medically supervised repatriations
- Repatriation of mortal remains

Travel Assistance Services

- Pre-travel information
- Coordination of emergency travel arrangements
- Coordination of return of dependant children/traveling companions
- Coordination of transportation to join a hospitalized member

Personal Assistance Services

- Emergency transfer of funds
- Assistance with the replacement of lost or stolen travel documents
- Emergency translation services
- Referrals to interpreters
- Referrals to attorneys/bond assistance
- Emergency medical transmittals
- Coordination of vehicle return
- Coordination of emergency pet housing and/or pet return

Individual and Family Enrollment Information

Family MEDEX enrollment is provided for the family of RTI employees who are stationed with the employee overseas on RTI business.

RTI employees who are not stationed overseas are provided with individual MEDEX enrollment for the time they are traveling for RTI. Terms of enrollment are usually for the duration of the employee's trip.

Premiums

The cost is paid by RTI from the employee's project number or the employee's department overhead number.

Exclusions

RTI does not pay for MEDEX coverage for employees who interrupt their business travel to take a vacation. (RTI pays for their business travel enrollment but not for coverage while the business traveler is taking vacation.)

RTI employees who are hired overseas and work in their home country are not provided with MEDEX enrollment except when they travel to other countries for RTI—for example, travel to the United States.

How to Access Your Coverage

Always carry your MEDEX identification card with you. Listed on the back of the card are the telephone numbers for the worldwide MEDEX network. MEDEX will accept collect calls to 410.453.6339 from anywhere in the world. This number will allow you to get in touch with a MEDEX assistance coordinator for help with emergency services. When you call MEDEX, be prepared to provide your group number, organization's name, your name, and a description of the situation. You may also find useful information on their Web site www.medexassist.com. You can contact them by e-mail at info@medexassist.com.

Additional Information

Since 1977, MEDEX has been assisting travelers worldwide by using highly trained, multilingual coordinators in conjunction with an extensive information and communication system to provide medical and travel-related assistance.

Coordinators are available 24 hours a day, every day of the year. Many times people are under the impression that the services are to be used only in serious cases, but MEDEX is there to help with any type of problem regardless of the severity.

If, through its medical management, MEDEX determines that local medical providers are inappropriate for treatment, MEDEX will arrange for a medically safe evacuation to a facility capable of providing the necessary care.

It is important to notify MEDEX as soon as possible. MEDEX will immediately contact your treating physician to assess your condition and treatment plans to ensure your safe recovery. MEDEX will then update your family, employer/organization, and personal physician as appropriate. MEDEX will assist you until you have returned home or have received your final treatment.

Flexible Spending Accounts

(Applies to U.S. taxpayers with a U.S. address)

Flexible Spending Accounts (FSAs) are an important feature of your benefits program. An FSA allows you to set aside a certain amount of your paycheck into an account before paying income taxes. An FSA lets you pay yourself back, on a tax-free basis, for certain eligible expenses.

When you begin employment, you can choose to set up a Health Care Spending Account, a Dependent Care Spending Account, or both. RTI's FSA plan vendor is Flores & Associates.

To enroll in flexible spending accounts, you must be scheduled to work 25 percent or more.

Special Rules

- Separate accounts must be established for health care and dependent care expenses. The plans operate on a calendar year basis. Each year you should decide whether you want to participate in one or both accounts. You decide how much you want to contribute, up to a maximum limit of \$5,000 for each account.
- The amount(s) you designate will be deducted automatically from paychecks throughout the year and credited to the account(s) you indicate.
 - If you use your debit card for the Health Care Savings Account, please make sure you keep your receipts. You may be asked by Flores & Associates to send your receipts to substantiate any expenses you are claiming for reimbursement (e.g., any copayments that do not match RTI's health care plan, over-the-counter

payments), in accordance with IRS guidelines. If you're asked to substantiate the expenses and do not submit debit card receipts during the year, you will be subject to taxation in the following plan year on the amounts that were reimbursed during the prior plan year. For example, suppose you use your debit card in 2010 and are asked to send your receipt to Flores for substantiation during the year. If you do not send your receipts by March 31, 2011, you will be subject to taxation in 2011 on any unsubstantiated expenses that were reimbursed on your debit card.

- Any amounts that remain unused in your **Health Care or Dependent Care Spending Accounts** at the end of the year are forfeited. This is known as the IRS "use it or lose it" rule. To reduce the risk of forfeiture, think about your benefits and your expenses carefully.
- You may submit claims for any amount to receive reimbursement for eligible expenses from the Health Care and/or Dependent Care Spending Accounts. **Important reminder: Expenses for both accounts must be incurred by December 31, 2010. You must submit claims for both accounts by March 31, 2011, in order to receive reimbursement.**
- If you leave RTI, for the rest of that year you may continue to submit Health Care or Dependent Care Spending Account claims for eligible expenses incurred during your employment period until the account has been exhausted or up to 90 days past the end of the following calendar year. However, all expenses must have been incurred during the period of coverage to be eligible for reimbursement. The period of coverage for health care spending accounts (only) may be extended through COBRA.

Plan Wisely . . .

Review your health care and dependent care expenses from the last year or two to estimate your 2010 expenses for the Flexible Spending Accounts. It may be helpful to have certain records handy such as:

- Explanations of benefits (EOBs) for medical and dental expenses
- Receipts for other health care expenses that may not have been covered by a benefit plan
- Any expense records for dependent care

Tax Advantages

When you set up an FSA, you put aside money from your pay before taxes are withheld. Then, when you submit a claim for eligible, out-of-pocket health care and dependent care expenses, you are reimbursed with tax-free dollars from your accounts.

- You never pay federal or state income taxes on your FSA contributions. If your earnings are below the maximum amount taxed for Social Security purposes each year, then having money for the FSA deducted from your paycheck pre-tax will also reduce your Social Security (FICA) taxes. However, since your benefits from Social Security are based on the FICA taxes that you and RTI pay, your ultimate Social Security benefit could be slightly smaller than if you choose not to participate in the FSA.
- Reducing your salary for health and/or dependent care expenses does not affect the value of your salary-based RTI benefits—life insurance coverage, disability benefits, and retirement plan contributions will continue to be based on your gross salary before any salary reduction.

Health Care Spending Account

The Health Care Spending Account lets you receive reimbursement on a pre-tax basis for eligible health care expenses not reimbursed under your health care plans. You may choose to contribute from a minimum annual amount of \$120 to a maximum of \$5,000 to your Health Care Spending Account.

How the Account Works

If you choose to enroll in a Health Care Spending Account, an amount you designate will be added to your account each month from your paycheck (if you are an hourly employee, one-half of this amount will be taken out each pay period).

You are the best judge of what amount you need to designate for health care reimbursement. **We caution you to estimate carefully because you will lose any money that you do not use.** The money cannot be returned to you due to federal regulations.

Eligible Expenses

Through this account, you can get reimbursed for certain out-of-pocket expenses such as the following:

- Medical
 - Copayments
 - Deductible
 - Coinsurance
 - Noncovered expenses
 - Prescription drug copays and over-the-counter drug costs
- Dental
 - Deductible
 - Coinsurance
 - Noncovered expenses

- Vision care
 - Examinations
 - Glasses, contacts
 - Laser surgery
 - Other allowable expenses

Any health care expense (except for insurance premiums) considered deductible by the IRS can be reimbursed with money from your Health Care Spending Account.

If you reimburse your eligible health care expenses through your Health Care Spending Account, you cannot claim those same expenses as deductions on your income tax return. Currently, only health care expenses that exceed 7.5 percent of your adjusted gross income are deductible for income tax purposes.

Dependent Care Spending Account

The Dependent Care Spending Account lets you receive reimbursement on a pre-tax basis for eligible day care expenses for your children under age 13 and for other qualifying dependents. You may choose to contribute from a minimum annual amount of \$120 to a maximum of \$5,000 to your Dependent Care Spending Account.

Because expenses for dependent care are usually more predictable than many others, this is one of the best opportunities to use a Flexible Spending Account. A “dependent” is someone you may claim as a dependent on your federal income tax return.

Eligible dependents include:

- Your dependent children under age 13.
- An adult living with you whom you claim as a legal dependent and who is physically or mentally incapable of self-care.

Eligible dependent care services include:

- Service for the full- or part-time care of a qualifying individual.
- Household services (such as maid or cook services), provided they are related to the care of a qualifying individual.

How the Account Works

Money set aside in the Dependent Care Spending Account may be used to pay only those dependent care expenses necessary because you (or if you are married, you and your spouse) work. The expenses must have been incurred to enable you and your spouse to remain gainfully employed during a period in which there was at least one qualifying dependent individual residing in your household.

Eligible Expenses

In addition to fees or salaries paid for dependent care, specific expenses eligible for reimbursement include:

- FICA and FUTA (federal unemployment) taxes on wages paid to a caregiver.
- Room and board expenses incurred outside of the home for a caregiver.
- Transportation expenses of a caregiver.

You may not claim dependent care expenses that exceed the lesser of:

- The fixed dollar maximum of your plan (\$5,000; \$2,500 if married and filing separately).
- Your spouse's earned income.
- Your earned income.

Special Rules

If your spouse has no earned income, you cannot use this account unless your spouse is disabled or is a full-time student for at least 5 months during the year. The IRS then considers

his or her income to be \$200 a month if you have one qualified dependent, or \$400 a month if you have more than one.

If you use the services of a "dependent care center," the center must meet all requirements of state and local law. A dependent care center is any facility that provides care for more than six individuals (other than individuals who reside there) and received a payment or grant for providing dependent care services.

You cannot be reimbursed for expenses incurred for transportation of a dependent to a day care center or for expenses paid to one of your dependents for the care of other dependents.

You will have to provide with your tax return the Tax Identification Number or the Social Security Number of the dependent care provider in order to be eligible for the tax credit and/or tax exclusion for dependent care assistance benefits. IRS Form 2441 is used for this purpose.

NOTE: Money must be in your Dependent Care Account in order for you to use it and receive reimbursement for a claim.

Childcare Expenses

In general, you may be reimbursed for any childcare expenses you are currently allowed to report on your IRS tax return as eligible dependent care spending account expenses. The chief IRS limitations for childcare are:

- The child must be a dependent on your IRS 1040 form.
- The child must be under the age of 13 years.
- Childcare must be considered "employment-related expenses," meaning that the childcare is necessary in order for you to work.

If you have a new child arrive during the year, you may add or increase the amount deducted from your pay for your Dependent Care Spending Account if you do so within 30 days of the birth (or arrival, if adopted) of the child.

Spending Account vs. Tax Credit

You can use both a spending account and a tax credit, provided you do not claim the same expenses for both. Under the Family Support Act of 1988 (H.R. 1720), work-related dependent care expenses reimbursed from your Dependent Care Spending Account will directly offset on a dollar-for-dollar basis the \$3,000 or \$6,000 annual limits for qualifying expenses that can be considered when applying the appropriate percentage to determine the dependent care tax credit.

In some cases it is more advantageous to claim your work-related dependent care expenses as a tax credit when you file your tax return. Before making a decision about using the Dependent Care Spending Account or the tax credit, consult with your personal tax advisor. For additional information, see IRS Publication 503, Child and Dependent Care Expenses, at <http://www.irs.gov>.

Group Term Life Insurance

Providing economic security for your family in the event of your death is a major consideration. To help meet this important need, RTI provides group term life insurance for eligible employees. RTI's International Benefits Program allows you to select the level of coverage that best meets your needs (maximum coverage is \$1 million with approved evidence of insurability). Your insurance amount is rounded to the nearest \$1,000. MetLife is RTI's life insurance carrier.

To enroll in life insurance, you must be scheduled to work 50 percent time or more.

Eligibility

All regular employees scheduled to work 50 percent time or more are eligible for group term life insurance. As a regular employee,

you are provided with employer-paid group term life insurance up to 2 times your annual salary, beginning on the first day you report to work. You can purchase an additional 1 times your annual salary, totaling up to 3 times your annual salary, beginning on the first day you report to work. After that, you may increase or decrease that level of coverage only during open enrollment.

Evidence of Insurability

- If your annual salary results in a benefit of over \$500,000, you must complete a **Statement of Health form**, also known as Evidence of Insurability. Underwriting approval must be obtained before the additional coverage is provided.
- A **Statement of Health form** can be found on StaffNet in the Forms library or by contacting HR at hrhelp@rti.org.

Dependent Life Insurance

Although it is not a part of RTI's International Benefits Program, you are eligible to purchase term life insurance to provide coverage for your dependents. You must have group term life insurance to elect dependent life insurance.

To purchase insurance for your dependents, they must belong to one of the following classes:

- Spouse or same or opposite sex domestic partner up to age 70 (In accordance with applicable state laws, registration of domestic partner may be required.)
- Children:
 - live birth at least 15 days old but less than age 19
 - age 19 to age 25 if a full-time student
- To elect or increase Supplemental Life coverage, a **Statement of Health** is required.

You may apply for term life insurance for currently eligible dependents at any time with submission of a completed **Statement of**

Health form. Complete the form and send it to MetLife. MetLife will inform you of the status of your request for dependent life insurance.

- Spouse/domestic partner coverage ends in the calendar month in which your spouse/domestic partner turns age 70.
- If both spouses/domestic partners are employed by RTI, they may not cover the same dependent children.
- If you are an RTI employee, you cannot be covered under dependent life insurance of another RTI employee (spouse/domestic partner or dependent child).

Naming a Beneficiary

When you enroll in the Group Term Life Insurance Plan, you must name a beneficiary. You may change your beneficiary at any time. You are automatically the beneficiary for the Dependent Life Insurance Plan.

Long-Term Disability Insurance

If you are enrolled in RTI's long-term disability insurance plan offered through Aetna Global Benefits, this plan will provide you with continued income if you are unable to work for an extended period of time due to a disability resulting from an accident or illness. The importance of this benefit is supported by insurance industry statistics that one out of seven employees between the ages of 35 and 65 will experience a period of disability.

Table 4 provides details of the Long-Term Disability coverage provided through Aetna Global Benefits.

To enroll in long-term disability insurance, you must be scheduled to work 50 percent time or more. You must have your vice president's approval to waive long-term disability.

Table 4. Long-Term Disability Insurance Available Through Aetna Global Benefits

Monthly Benefit	66.67% of base monthly salary to a maximum of \$7,000 per month
Elimination Period	90 days
Benefit Period (Age at Disability)	Maximum Benefit Period*
<60	to age 65
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months
Definition of Disability	Not being able to perform your own occupation for 24 months. After 24 months for which benefits are payable, inability to perform any reasonable occupation.*
Partial Disability	Included
Recurrent Disability	6 months
Survivor Benefits	3 times the gross monthly benefit, paid in a lump sum
Offsets	U.S. Social Security, Workers' Compensation, Canadian or Quebec Pension Plans, unemployment compensation, pension disability payments, veteran's benefits, and group disability or retirement benefits
Mental Illness Limitation	24 months
Minimum Monthly Benefit	\$50
Preexisting Exclusion	Conditions identified during the 12 months prior to the effective date will not be covered if disability commences during the first 24 months of coverage and is caused by or contributed to the pre-existing condition
Waiver of Premium	Included

*Benefits are limited to 24 months for war-related illness or injury.

Eligibility

All regular employees scheduled to work 50 percent time or more are eligible for long-term disability insurance beginning on their first day of employment. Payroll deductions for long-term disability are based on scheduled hours recorded in the payroll system. RTI pays one-half of the cost of disability insurance, and employees pay the other half. Because the employee portion is paid with after-tax dollars, 50 percent of the benefit is considered tax-free for U.S. federal income tax purposes.

Defense Base Act (DBA) Coverage

Defense Base Act coverage is a short-term disability and workers' compensation plan that is provided for all staff members who are U.S. citizens or permanent U.S. residents traveling or working overseas on DBA-eligible contracts with the U.S. Agency for International Development (USAID). This policy does not cover third-country nationals (citizens of countries other than the country being visited or the U.S.) or local citizens employed for a USAID project.

If the project is financed by USAID but actually funded through the host country, then a special host country policy must be purchased. Human Resources should be contacted to assist with obtaining this coverage.

Overseas Foreign Workers' Compensation Coverage (Non-Defense Base Act)

A Foreign Workers' Compensation policy covers (1) employees who are U.S. citizens or U.S. residents traveling outside the U.S. and Canada and (2) foreign nationals traveling outside their country of residence on RTI business who are not eligible for Defense Base Act coverage. The insurance carrier must be notified if 5 or more employees travel in the same aircraft. Human Resources, based on information obtained through the travel subcontractor, notifies the insurer of each employee trip outside the U.S. or Canada.

RTI Retirement Plan

RTI sponsors the RTI Retirement Plan. This plan is a defined contribution pension plan that provides retirement benefits to Plan participants upon retirement, disability, or death.

Becoming a Participant

You will automatically become a Plan participant on the first day of the month following completion of 1 year of service and if you are at least 19 years old. If you meet these qualifications on the first working day of a month, then you automatically become a participant as of the first day of that month.

Contributions to the Plan

Once you are a participant, RTI contributes 10 percent of your base salary into your account each month. Your initial hiring date determines the contribution schedule. You may also make voluntary post-tax contributions to your retirement account by monthly payroll deductions. All RTI contributions in the Plan and all earnings are tax-deferred.

Years of Service and Vesting

A year of service is any 12-month period beginning on the date you were hired or any anniversary of the date after which you completed 12 months of service. Vesting is a term that describes the percentage of RTI's contributions to which you have a nonforfeitable right upon leaving RTI. The vesting schedule is as follows:

Length of Service	Percent Vested
Less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	100%

You will always be entitled to 100 percent of your own voluntary contributions regardless of your years of service. For more information about RTI's Retirement Plan, go to <http://staffnet.rti.org/services/retirement/docs/summary.cfm>.

RTI 403(b) Tax-Deferred Accounts (applies to U.S. taxpayers with a U.S. address)

As a nonprofit organization, RTI is eligible to participate in a tax-deferred retirement savings program, under IRS Code 403(b). This program is an option available to you that allows you to use a portion of your eligible earnings to invest in tax-deferred accounts. This contribution reduces your current taxable income by delaying federal and state income taxes on investments or any earnings until the funds are withdrawn from the account.

The 403(b) accounts are separate from the RTI Retirement Plan.

How the Accounts Work

The money you invest in a 403(b) account does not affect your RTI Retirement Plan. The three providers of 403(b) accounts at RTI are Fidelity, Vanguard, and VALIC. All regular staff may participate immediately upon hire. All investments are handled directly by these providers.

If you choose to enroll in the 403(b) accounts, you may contribute up to the following IRS limits as shown in the following table:

Table 5. 2010 IRS Annual Contribution Limits for 403(b) Tax-Deferred Accounts

If you are...	You may contribute up to...
Under age 50	\$16,500
Age 50 and older	\$22,000

It's important to pay close attention to the contribution limits set by the IRS if you enroll in the 403(b) tax-deferred accounts. If you join RTI during the year and participated in another employer's qualified plan such as a 401(k) Plan or 403(b) Plan, your contributions under the RTI 403(b) accounts cannot exceed the annual IRS contribution limits. If you do elect more than the maximum contribution limits, you may be subject to a "corrective distribution" of any excess contributions that you elected. This means that any additional contributions over the annual IRS contribution limits will be returned to you as taxable income and may be subject to other possible tax penalties. If you have any questions about this, please contact a personal or financial advisor.

In order to invest money in a 403(b) account, you must sign a **payroll deduction authorization** authorizing RTI to reduce your eligible earnings by the amount of money you want invested. RTI will then send the money to the company(ies) you have designated.

The payroll deduction authorization, along with the application, must be signed and returned to Human Resources by the 10th of the month in which it is to be effective.

If you want forms or printed material on any of the provider companies, see the **HR Web page**, e-mail hrhelp@rti.org, or call 919-541-1200 or 1-800-334-8571, ext. 21200.

NOTE: Other than making this retirement savings opportunity available to you and forwarding a portion of your salary contributions as you direct, RTI is not responsible for the funds you invest. It is important that you understand the investment philosophy and strategy of the various investment options and that the investment options may involve some risk of loss. You are encouraged to meet or speak with the providers' representatives and discuss the investment options thoroughly before making any investments.

Making Changes During the Year

Making Changes to Your Benefits

Employee medical, dental, and flexible spending accounts benefit selections must be made within 30 days of your hire date in order to be enrolled in these coverages. Most of your benefit selections will remain in effect through December 31, 2010. However, you may make certain changes in your coverage during the year if you or a family member experiences a qualified change in status, also known as a “life status change.”

You may terminate your employment with RTI or experience certain changes in your life that may have an impact on your RTI benefits. Some changes must meet the IRS definition of a life status change in order for you to be able to change your benefits during the year; others are strictly your choice. Suggestions of benefit changes you might want to consider upon various life changes are provided in Table 6.

The IRS has strict regulations regarding changes to medical, dental, and flexible spending account plans that allow payroll deductions on a pre-tax basis. Once you have elected the amount to contribute, you cannot start, change, or cancel your contribution amount during the year unless you have a qualifying change in your life status, as described on the following page.

Table 6. Possible Benefit Changes

For the following events:								
Take these actions	Marriage	Divorce	Add a new child	Change in name or address	Move out of medical service area	Spouse's employment terminates	Child no longer eligible for coverage	Your employment terminates
Enroll newly eligible dependents for medical or dental plans	✓		✓			✓		
Change your FSA contributions	✓	✓	✓	✓	✓	✓	✓	
Update medical or dental plan records (remove ex-spouse or other dependents)		✓			✓		✓	
Change medical plans					✓			
Change RTI records	✓			✓				✓
Enroll yourself, ex-spouse, or other dependents in health care coverage under COBRA		✓					✓	✓
Convert your life insurance coverage or continue universal life insurance								✓

Life Status Changes

The following are examples of qualifying life status changes:

- Marriage or divorce
- Death of your spouse or child
- Birth, placement for adoption, or adoption of a child
- Commencement of or returning from an unpaid leave for employee/spouse
- Change in employment status (full-time to part-time or part-time to full-time, but only if medical and dental costs are affected)
- Change in residence or work site
- Termination/commencement of spouse's employment
- Open enrollment for spouse
- Over-age dependent (age 19 if not in school, up to age 26 if in school)
- College graduation of dependent
- Registration or termination of a domestic partnership (in accordance with applicable state laws, registration may be required).

Your new benefit election must be consistent with the life status change. Financial hardship is not a change in life status that qualifies for changing or stopping your Flexible Spending Account contributions.

If you experience a Qualifying Change in Status, please notify the Benefits Department within 30 days of the event. You will also be asked to submit supporting documentation (e.g., marriage, birth, or death certificate or adoption papers). The **Life Status Change Form** can be found on StaffNet. Send to:

RTI International
HR Help
300 Park, 1st Floor
PO Box 12194
Research Triangle Park, NC 27709-2194
hrhelp@rti.org
Fax: 1.919.541.6506

Other Benefits and Programs

In addition to the benefit elections made upon hire or during open enrollment, RTI offers the following additional benefits.

Holidays

RTI observes 10 holidays per year; 2 of these are floating holidays and may be used at the employee's discretion. New salaried employees hired between January 1 and June 30 have access to two floating holidays in that calendar year. Those hired July 1 and after have one floating holiday in that calendar year. Floating holidays must be used within the calendar year, in 8-hour increments, and may not be carried over into the next year.

Note: Your program director will have a list of holidays observed in your assigned location.

Paid Time Off (PTO)

Employees accrue PTO at a rate between 13.33 and 23.33 hours of PTO per month, based on length of service. You can use PTO to cover absences for any reason: vacation, illness, doctors' appointments, and so on. The maximum accrual is limited to twice the annual accrual rate, and limited borrowing privileges are allowed.

Length of Service	Full-Time Accrual Rate
0–9 years	13.33 hours per month
10–19 years	16.66 hours per month
20–24 years	20.00 hours per month
25+ years	23.33 hours per month

Direct Payroll Deposit

RTI's North Carolina-based payroll operations can post funds via direct deposit to only a U.S. bank account. If you do not have a U.S. account, RTI will sponsor an account with Citibank PBOE. RTI will pay the monthly maintenance fee for the account, and you will receive the benefit of one free international transfer each month, along with many other Citibank account holder benefits. On scheduled paydays, you can view your paycheck details (gross income, all deductions for taxes and benefits, and net pay) on StaffNet at the GEMS link (<http://gems.rti.org>). After logging in, click on the "Self Service" link, then "Payroll and Compensation."

Adoption Assistance Reimbursement Program

RTI will reimburse eligible employees for qualifying legal adoption-related expenses up to a maximum of \$10,000 per adoption up to a lifetime maximum of \$30,000.

Educational Assistance Program

RTI encourages employees to pursue further education to enhance their current job skills and knowledge, which may improve future career opportunities at RTI. Active regular full- or part-time employees (50 percent or more per week) who have been employed for a minimum of 6 months and meet required performance expectations are eligible to apply for reimbursement. RTI will reimburse eligible employees up to a maximum established amount per calendar year for educational expenses approved by RTI; this amount will be prorated for part-time staff based on their standard hours. Approval for reimbursement to pursue further education will be based on its relevance to the employee's current or potential future position and other RTI business considerations, including departmental budget constraints.

Employee Assistance Program

McLaughlin Young Employee Services (www.myemployeeservices.com), an independent company, provides professional EAP counseling and consultation services to RTI employees and family members in the United States only. International staff can access EAP services through Aetna Global Health.

The McLaughlin Young EAP offers help for personal and/or professional concerns by providing free, confidential, short-term counseling and personal consultation. The EAP has a network of counselors located near your home and/or worksite. They can help you improve or resolve personal difficulties whether big or small, personal or work-related. To access your free, confidential EAP services, call 800.633.3353. Help is available 24 hours a day, 7 days a week.

Some examples of concerns that the EAP addresses include the following:

- Family conflict
- Relationship issues
- Grief and loss
- Stress
- Balancing work and family

- Depression and anxiety
- Communication breakdowns
- Financial difficulties
- Work related issues
- Alcohol or drug use/abuse

RTI cares about your health and well-being and has paid for your EAP services. All employees and immediate family members in the household can use the EAP at no cost.

Confidentiality is an essential part of the EAP. RTI will not know of your participation in the EAP nor have access to any information without your consent. The only exception is when someone's safety is in question.

In addition, your EAP can help you balance your work and personal life through Web-based work-life services. When a personal problem presents itself, you and your family have free, unlimited access to the appropriate tools and resources for childcare, elder care, and other conveniences.

Bereavement Leave

RTI grants time to regular salaried, regular hourly, and temporary salaried employees for attendance at funerals for members of the employee's family and coworkers. Bereavement leave applies in the event of the death of your spouse, domestic partner, children, step-children, grandchildren, grandparents, mother, father, brothers, sisters, sons-in-laws, and daughters-in-law. It also applies in the event of the death of your spouse's mother, father, brothers, sisters, and grandparents.

Long-Term Care Insurance

Long-term care insurance is available through payroll deduction upon request. Contact hrhelp@rti.org, 919.541.1200, or 1.800.334.8571, ext. 1200.

Merit Scholarships

The George Watts Hill Scholarship Program was established in 1983 for children of RTI employees. The annual merit scholarship competition is administered by the National Merit Scholarship Corporation, an independent, nonprofit organization whose purposes are to identify and honor academically talented high school students and to aid as many as possible in obtaining a college education. The National Merit Scholarship Corporation handles the selection of winners and the administration of their awards.

Military Leave

RTI recognizes the importance of employees' serving as active or reserve members in the U.S. military or U.S. Public Health Service. The reemployment rights of individuals serving in the reserve units of the military and Public Health Service are protected by the same federal law that guarantees the rights of returning veterans. This law covers periods of active duty for training, whether on an active or inactive basis, such as regularly scheduled weekend drills, summer camps, and special courses of instruction, and active duty performed in response to federal or state orders.

Professional Development Awards

RTI's success largely depends on the ability of its staff to ensure a continuing high level of professional performance. To provide new opportunities for the growth and expansion of these capabilities, RTI established a Professional Development Awards program. The awards, made to individuals on a competitive basis, support continued growth in professional skills through activities that are beyond the scope of existing operations and programs.

Relocation Expenses

At the hiring manager's discretion, RTI may reimburse new employees for reasonable expenses incurred in moving their families and personal effects. Reimbursement will be allowed only for relocation to the area and not for relocation within the area. The allowances and procedures are outlined in RTI's **Policies and Procedures**, available via StaffNet.

Travel and Accident Insurance

RTI provides, at no cost to the staff, a travel accident insurance policy that covers all active employees on travel status. RTI coverage is only in effect when employees have adequately documented their travel, as described in RTI's **Policies and Procedures**, and travel arrangements have been made through RTI's travel agency. You must also name a beneficiary under the Travel and Accident Insurance Plan.

COBRA

(Applies to U.S. taxpayers with a U.S. address)

U.S. law requires that most employers who sponsor group health plans and health care spending accounts offer employees and their families the opportunity for a temporary extension of coverage (called “continuation coverage”), commonly referred to as COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985), on an after-tax basis in certain instances in which coverage under a plan would otherwise end. This section summarizes your rights and obligations under the continuation provisions of the law. Both you and your spouse, if applicable, should take the time to read this section carefully.

Employee

If you are an employee of RTI covered by RTI’s medical or dental plans, or health care spending account (if applicable), you have a right to choose this continuation coverage for yourself and your covered dependents if:

- You lose your coverage under the plan because of a reduction in your hours of employment.

- Your employment is terminated for reasons other than gross misconduct on your part.

Once notified that one of these events has happened, RTI will in turn notify you that you have the right to choose continuation coverage. You have 60 days from the date you receive the necessary election forms from the plan vendor, Flores and Associates, to inform the vendor that you want continuation coverage.

If you do not choose continuation coverage, your coverage under the plan will end. If you choose continuation coverage, you will receive coverage identical to the coverage currently provided under the plan. The law requires that you be given the opportunity to maintain coverage for 18 months due to loss of coverage resulting from a termination of employment or reduction in hours.

If you or a dependent on continuation coverage becomes disabled (for Social Security disability purposes) during the first 60 days of continuation coverage, the affected individual qualifies for 29 months of continuation coverage. RTI must receive notification of the disability determination within 60 days (and before the expiration of the original 18-month period) in order for the affected individual to qualify for this extension. You must also notify RTI within 30 days of any final determination that the individual is no longer disabled.

Dependents

If you are the spouse of an RTI employee, you are entitled to elect COBRA if you lose coverage under the plan for any of the following reasons:

- Your spouse dies.
- You become divorced from your spouse.
- Your spouse's employment is terminated (for reasons other than gross misconduct) or your spouse's work hours are reduced.
- Your spouse becomes eligible for Medicare and chooses Medicare as the primary payor.

If you are the dependent child of an employee, you are entitled to elect COBRA if you have a loss of coverage under the plan for any of the following reasons:

- Your parent employed by RTI dies.
- Your parent employed by RTI becomes divorced.
- Your parent employed by RTI is terminated (for reasons other than gross misconduct) or his/her work hours are reduced.
- Your parent employed by RTI becomes eligible for Medicare and chooses Medicare as the primary payor.
- You stop being eligible under the plan.

Under the continuation coverage law, the employee or a family member is responsible

for informing Human Resources of a divorce, a legal separation, or a child's losing dependent status within 30 days after this event occurs. Once notified that one of these events has happened, RTI will in turn notify you that you have the right to choose continuation coverage. You have 60 days from the date you receive the necessary election forms from the plan vendor, Flores and Associates, to inform the vendor that you want continuation coverage.

If you do not choose continuation coverage, your coverage under the plan will end. If you choose continuation coverage, you will receive coverage identical to the coverage currently provided under the plan. The law requires that you be given the opportunity to maintain coverage for 36 months.

General

The law also provides that your continuation coverage may end for any of the following reasons:

- RTI no longer provides medical, dental, or health care spending accounts to any of its employees.
- The after-tax contribution for your continuation coverage under the plan is not paid by the due date or within the grace period permitted by the plan.
- You become entitled to Medicare (in this event, your covered spouse and children are entitled to continue coverage independently for up to 36 months from the date you become entitled to Medicare).
- You become covered under another group plan (as an employee or otherwise) containing no exclusion or limitation as to any preexisting condition of you or any covered spouse or child.

Benefits Directory

General RTI – Benefits Information

HR Help Desk 919-541-1200
hrhelp@rti.org 800-334-8571, ext. 21200

Medical

Aetna Global Benefits
Customer Services 800.231.7729
www.aetnaglobalbenefits.com (will accept collect calls) 813.775.0190
www.aetn navigator.com

Medical Evacuation Coverage

MedAire (Aetna Global Benefits) 800.231.7729
www.aetnaglobalbenefits.com (will accept collect calls) 813.775.019
MEDEX (will accept collect calls) 410.453.6339
www.medexassist.com

Group Term Life Insurance

MetLife Insurance Company
Customer Service 800.638.6420
Conversion to individual policy 877.275.6387, option 1
www.metlife.com

Flexible Spending Accounts

Flores & Associates..... 800-532-3327
www.flores247.com

Retirement (RTI Retirement Plan and 403(b) Plan)

The Vanguard Group
Customer Service..... 800-523-1188
www.vanguard.com
Fidelity Investments—403(b)
Customer Service..... 800-343-0860
www.fidelity.com
VALIC, American General Financial Group—403(b)
Client Service..... 800-448-2542
www.valic.com

Employee Assistance Program

Aetna Global Benefits Employee Assistance Program 800.231.7729
www.AetnaEAP.com (will accept collect calls) 813.775.0190
McLaughlin Young Employee Services (available in U.S. only)..... 800.633.3353
www.myemployeeservices.com