



International Benefits Options



Spectrum

RTI Benefit Options to Meet Your Changing Needs

2011

Important Terms

403(b) tax-deferred account	403(b) refers to the section of the Internal Revenue Service (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 noncovered 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 Account (FSA)	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 descriptions 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: 2011 Spectrum Benefits Program

At RTI International, a comprehensive benefits package is available through our **Spectrum Benefits** program. In this booklet, you will find details about a variety of benefits that are available to RTI expatriates, third-country nationals, and eligible dependents.

Choosing your benefits depends on your own personal and specific needs. To help you consider your benefit options for 2011 and to ensure that you choose the benefits that work best for you and your family, we encourage you to do the following:

- Read the information in this booklet.
- Visit StaffNet at staffnet.rti.org/services/benefits/international.cfm for detailed plan information and other resources.

Eligibility

- RTI employees assigned outside the United States who are categorized as an expatriate or third-country national (TCN) are eligible to participate in the RTI **Spectrum Benefits** program.
- To be eligible for medical/vision, dental, Group Term Life, and Long-Term Disability 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.

Paying for Your Spectrum Benefits Plans

Generally, you and RTI share the cost for your **Spectrum Benefits** plans. You pay for some of your benefits with pre-tax dollars and others with post-tax dollars.

At Hire

Listed below are the **Spectrum Benefits** plans available upon your date of hire and a summary of how you pay for the plans.

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**.

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

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

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 Supplemental 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 \$500,000, you must complete a Statement of Health form, also known as evidence of insurability (EOI).

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 (Applies to Expatriates Only)

- 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 (Applies to U.S. Expatriates Only)

- 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 CIGNA International's Service Center at 800.441.2668 (if dialing international, use your country's AT&T USADirect access number; direct telephone number is 001.302.797.3100).
- 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/vision and dental plans as either the primary or secondary payor will pay only 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.

What If I Don't Enroll?

If you do not enroll within 31 days of your hire date, you will not be automatically enrolled in any coverage except for Group Term Life. Group Term Life is automatically provided at 2 times your base annual salary. You cannot enroll in medical/vision coverage, dental coverage, or FSAs during the year unless you or your family member has a "life status change." Examples of life status changes include birth, marriage, divorce, and other qualifying events that affect your and your family member's eligibility for group insurance benefits. Otherwise, if you do not have a life status change during the year, you will have to wait until the next annual open enrollment period to enroll in medical/vision coverage, dental coverage, and FSAs for the following year.

You may elect Supplemental Life coverage any time during the year. However, you must submit a Statement of Health if you do not enroll within your first 31 days of hire. In addition, your Statement of Health must be approved by MetLife before any changes to your coverage can be made.

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 Help is:

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



Important Enrollment Tips

Enrolling in Benefits

- The benefit elections you make will remain in effect until the end of the 2011 plan year (January 1 to December 31, 2011).
- You don't have to elect the same family members for each plan (e.g., you may enroll your entire family in medical/vision coverage and enroll yourself only in dental coverage). How you enroll in your benefits is entirely up to you.
- If you are a full- or part-time employee and (1) waive medical/vision coverage for yourself and (2) are not covered as a dependent under any RTI medical/vision plans, then you will be eligible to receive a monthly credit in your paycheck.
 - Full-time employees will receive a \$60 monthly credit for waiving coverage.
 - Part-time employees will receive a \$30 monthly credit for waiving coverage.
 - The monthly credit you receive is a taxable benefit.
- If you and your spouse/domestic partner both work for RTI, you cannot have "double coverage." This means you cannot be covered under Dependent Life insurance of another RTI employee if you are both working for RTI. You also cannot cover the same dependent children under each of your Dependent Life coverage if you and your spouse/domestic partner are both RTI employees.

Medical

- If you are enrolling your spouse or domestic partner in medical/vision coverage, you must access GEMS Employee Self Service and certify whether your spouse or domestic partner is eligible for a group medical plan offered by their employer. If they are eligible for another employer's group medical plan, you may enroll them; however, a spousal surcharge will apply.
- When you enroll in coverage for 2011, you'll need to provide Social Security numbers for all dependents enrolled in coverage. The Centers for Medicare and Medicaid Services now requires all insurance carriers to report a Social Security number for everyone enrolled in medical plans (including dependents).

Medical/Vision Plan

Medical/vision coverage is one of the most important benefits available through the **Spectrum Benefits** program. The CIGNA International medical/vision plan provides you with appropriate coverage depending on where care is received. In the United States, CIGNA International offers a preferred provider organization (PPO) plan for you and your family. If you are on an international assignment outside of the United States, you are offered indemnity medical coverage that allows you to use any accredited provider of your choice anywhere in the world.

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.
- Eligible dependent children up to age 26 including the following:
 - Your son, daughter, stepson, or stepdaughter
 - Your legally adopted child or a child who has been legally placed for adoption and legally placed foster children
 - A child who is placed with you by an authorized placement agency or by a judgment decree or court order
- Children who are mentally or physically handicapped and incapable of self-support, regardless of age.

Also note:

- Eligible dependent children up to age 26 do not need to be your tax dependents (no residency or support requirements apply).
- Eligible dependent children up to age 26 can be married. However, you may not cover their spouses, partners, or children.
- Eligibility for dependent children will end on the last day of the month in which they turn 26.

Four Options for Coverage

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 the dental plan.

Schedule of Benefits

Table 1 shows the CIGNA International schedule of medical benefits, the list of covered medical expenses, and the percentage that CIGNA will pay for each. See the Important Terms section at the front of this booklet or your summary plan descriptions for an explanation of terms.

Table 1. Summary of CIGNA International Medical Plan			
Plan Features	Outside the U.S.	In the United States (U.S.)	
		In Network	Out of Network
Deductible (per calendar year)			
Individual	\$100	\$100	\$250
Family	\$200	\$200	\$500
Out-of-Pocket Maximum (per calendar year)			
Individual	\$1,000	\$1,000	\$2,000
Family	\$2,000	\$2,000	\$4,000
Plan Payment Percentages			
Coinsurance	80%/20%*	80%/20%*	60%/40%*
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Physician Office Visit— General/ Specialist	80%/20%* after deductible	80%/20%* after deductible	60%/40%* after deductible
Outpatient Laboratory and X-ray Services (including preadmission testing)	80%/20%* after deductible	80%/20%* after deductible	60%/40%* after deductible
Inpatient Hospital Room and Board	Hospital's average semi-private room charge per day of confinement	Hospital's average semi-private room charge per day of confinement	Hospital's average semi-private room charge per day of confinement
Inpatient Hospital Services	80%/20%* after deductible	80%/20%* after deductible	60%/40%* after deductible
Outpatient/Hospital/Surgical Services	80%/20%* after deductible	80%/20%* after deductible	60%/40%* after deductible
Hospital Emergency Room	80%/20%* after deductible	80%/20%* after deductible	60%/40%* after deductible
Prescription Drugs	80%/20%* after deductible	Generic: \$15 copay Preferred Brand: \$35 copay Nonpreferred Brand: \$50 copay	60%/40%* after deductible
Preventive Care Services (Adult and Children)	100%	100%	100%
Travel Immunizations	100%	100%	100%
Papanicolaou Screening Test	100%	100%	100%
Prostate Cancer Screening	100%	100%	100%
Mammograms	100%	100%	100%
Lead Poisoning Screening	100%	100%	100%
Immunizations	100%	100%	100%
Colorectal Cancer Screening	100%	100%	100%
Child Immunizations	100%	100%	100%
Adult Immunizations	100%	100%	100%
Maternity and Family Planning Services	80%/20%* after deductible	80%/20%* after deductible	60%/40%* after deductible
Obesity/Bariatric Surgery (lifetime maximum of \$10,000 for surgical procedure)	80%/20%* after deductible	80%/20%* after deductible	60%/40%* after deductible
Vision Care (exams once every 24 months and eyewear up to \$100 every 24 months not subject to the deductible)	100%	100%	100%
Hearing Exams (once every 24 months)	80%/20%* after deductible	80%/20%* after deductible	60%/40%* after deductible

Table 1. Summary of CIGNA International Medical Plan			
	Outside the U.S.	In the United States (U.S.)	
		In Network	Out of Network
Plan Payment Percentages			
Hearing Aids (limited to a maximum of \$1,000 per hearing aid unit per ear every 3 years and limited to dependent children under age 24)	80%/20%* after deductible	80%/20%* after deductible	60%/40%* after deductible
Mental Illness and Substance Abuse	80%/20%* after deductible	80%/20%* after deductible	60%/40%* after deductible
Skilled Nursing Facility (up to a maximum of 120 days per calendar year)	80%/20%* after deductible	80%/20%* after deductible	60%/40%* after deductible
Home Health Care (up to a maximum of 120 days per calendar year)	80%/20%* after deductible	80%/20%* after deductible	60%/40%* after deductible
Hospice	80%/20%* after deductible	80%/20%* after deductible	60%/40%* after deductible
Outpatient Short-Term Rehabilitative Therapy (Cardiac, Physical, Physio, Pulmonary, Cognitive, Occupational, and Speech up to a combined maximum of 60 days per calendar year)	80%/20%* after deductible	80%/20%* after deductible	60%/40%* after deductible
Infusion Therapy	80%/20%* after deductible	80%/20%* after deductible	60%/40%* after deductible
Dialysis Treatment	80%/20%* after deductible	80%/20%* after deductible	60%/40%* after deductible
Chiropractic Treatment (up to a maximum of 20 days per calendar year)	80%/20%* after deductible	80%/20%* after deductible	60%/40%* after deductible
Allergy Testing/Treatment	80%/20%* after deductible	80%/20%* after deductible	60%/40%* after deductible
Contraceptives (for FDA approved prescription contraceptive drugs/devices and for outpatient contraceptive services)	80%/20%* after deductible	80%/20%* after deductible	60%/40%* after deductible
Diabetes Equipment and Supplies	80%/20%* after deductible	80%/20%* after deductible	60%/40%* after deductible
Temporomandibular Joint Disorder (TMJ) (up to a lifetime maximum of \$1,000)	80%/20%* after deductible	80%/20%* after deductible	60%/40%* after deductible

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

Coverage in the United States

In the United States, through the PPO Plan, in-network and out-of-network coverage is available to you and your family. For in-network services, the plan allows you to designate a primary care provider. You may designate any primary care provider who participates in the network and who is available to accept you and your family members. For children, you may designate a pediatrician as the primary care provider. Network providers in the United States will file claims for you and handle any precertification requirements for inpatient services.

The in-network deductible is \$100 per person or \$200 per family. Once you meet the deductible, the plan pays 80 percent and you pay the remaining 20 percent for services. It is important for you to get annual checkups, and the plan pays 100 percent for routine exams with network providers. 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 in-network services. After you meet the out-of-pocket maximum, covered services are paid at 100 percent for the remainder of the year.

For network providers, you can easily access the CIGNADirect network and CIGNA International's directory of health care facilities through the CIGNA Envoy Web portal (www.cignaenvoy.com) once you are enrolled in coverage. Visit CIGNA Envoy for a list of network health care facilities, or call the CIGNA International Service Center at 1.800.441.2668 or 001.302.797.3100 to receive a referral to the most appropriate preferred doctor or hospital.

Keep in mind that if you use an out-of-network provider in the United States, you will pay more for your medical coverage. You will be subject to higher deductibles, out-of-pocket maximums, and coinsurance amounts. Out-of-network providers can also charge amounts higher than the reasonable and customary (R&C) allowance for a procedure, and you are responsible for the difference in the cost.

Retail Pharmacies in the United States

Your prescription drugs are offered directly through the CIGNA Pharmacy Management network, with over 52,000 pharmacies. The network includes major nationwide chains such as Walmart, CVS, and Walgreens, as well as independent pharmacies in the United States and its territories. To determine whether your preferred pharmacy is in the network, visit CIGNA Envoy and search the Pharmacy Directory. You may also call the CIGNA International Service Center at 1.800.441.2668.

Your pharmacy benefit includes coverage for prescription medication *wherever* you are in the world. You may ask your doctor to write a prescription for up to a 12-month supply of a maintenance medication. To save money, you might consider getting your prescriptions filled at a U.S. network pharmacy before leaving on assignment and also while you are home on assignment.

CIGNA Tel-Drug Home Delivery Pharmacy Services

CIGNA Tel-Drug Home Delivery Pharmacy Services combine the convenience of ordering prescriptions online, by mail, or by telephone with savings for ongoing maintenance medications.

In the United States

CIGNA Tel-Drug ships to any location in the United States and its territories. CIGNA International directly settles your covered expenses through Tel-Drug, which eliminates the need for you to file a claim. At the time the order is filled, you are responsible for your portion of the expense based on your specific medical plan benefits.

Outside the United States

Your account will be billed directly if you have a credit card account number on file with Tel-Drug. CIGNA Tel-Drug can ship medications outside the United States only to APO addresses (the prescription must be written by a U.S. licensed physician).

You may access the Tel-Drug self-service Web site through CIGNA Envoy, or visit www.teldrug.com directly. You may also call Tel-Drug at the phone numbers listed below from 7 am to 10 pm U.S. Central Time, Monday through Friday, and 8 am to 5 pm on Saturdays. If you are calling from outside of the United States, use a long-distance calling card or credit card to complete the call.

Toll-Free Telephone Numbers

1.800.835.3784 (if you dial from outside of the U.S., you must use a long-distance calling card or credit card to complete the call)

Direct Telephone Number

001.605.373.0100 (collect calls are not accepted)

If you choose to order by mail, send your prescription to Tel-Drug along with a completed order form and payment by check, money order, or credit card to:

Tel-Drug
P.O. Box 1019
Horsham, PA 19044 U.S.A.

You must request that Tel-Drug contact your U.S. licensed physician for a copy of your prescription. If you have a prescription written by U.S. military doctors outside of the United States, you can still use Tel-Drug's self-service member Web site, but you will need to mail your prescription to the above address.

Coverage Outside of the United States

If you are on an international assignment outside of the United States, you are offered traditional medical coverage that allows you to see any accredited provider of your choice. When you or your covered family member is ill, you may go to the doctor of your choice, pay the bill, and submit a claim to CIGNA International.

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 United States and need to see a doctor or fill a prescription, the plan pays 80 percent of the cost after you meet your annual deductible and you pay the remaining 20 percent for your prescription.

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

Pre-Authorization for Services

To be reimbursed for travel and lodging, you must first contact the CIGNA International Service Center at 1.800.441.2668 for pre-authorization for any evacuation benefit. For any medical care, you can seek care outside the United States without any authorization, but all inpatient care in the United States will need authorization by calling the CIGNA International Service Center.

Finding a Network Doctor in the United States

To check on whether your providers are in the CIGNA International network in the United States, follow these steps:

- Visit www.cigna.com.
- Look for the section “Find a Doctor” and the city and state (or zip code).
- Click on “Next.”
- Select “PPO, Choice Fund PPO.” (If needed, you can narrow your search by Primary Care Physician Type and Specialty.)
- Click on “Search.”

ID Cards

When you enroll in the CIGNA International medical/vision plan, you will receive new ID cards for you and each of your dependents. If you enroll in both medical/vision and dental coverage, you will receive one card for both plans. When you receive your ID card, please verify that the information is correct and call CIGNA International immediately if a change is required.

Once you receive your ID card and you are registered for CIGNA Envoy, you can print additional ID cards. When traveling and receiving care in the United States, it is crucial to present your card. If you do not present your ID card, you may be required to pay at the time of service. You will not receive the negotiated discount from U.S. doctors or hospitals, and you may have to request reimbursement by filing a claim through CIGNA International and the health care facility that you visited.

CIGNA Envoy

Once you are enrolled in medical/vision coverage and receive your ID card, it is easy to register online for access to CIGNA Envoy.

- Enter the site at www.cignaenvoy.com and select “Members” from the dropdown box.
- Click the “GO” button.
- Select the “Register Now” link to obtain your password.
- Enter your information using your ID card to fill in the Member ID and Policy Number.
- Select the “Register” button to generate a password.

Once you are registered, you can print an ID card, submit claims, find the status of submitted claims, and track claim history. You and your family can search for a doctor or hospital near your assignment location, access your personal coverage details and benefit information, or communicate with the CIGNA International Service Center through secure messaging.

Filing a Claim

In the United States, when you visit a CIGNA network health care facility and show your ID card, no claim form is required. If you visit an out-of-network health care facility and they request payment for services, you must submit a claim form to CIGNA International.

You may get a claim form through any of the following three ways:

- Use the English claim form provided in the CIGNA International enrollment kit,
- Download the claim form in another language at www.cignaenvoy.com, or
- Call the CIGNA International Service Center at 1.800.441.2668 for a claim form in any language to be faxed, mailed, or e-mailed to you.

NOTE: The same claim form is used for medical and pharmacy claims.

To submit a claim, you may:

- Scan and e-mail your claim to the CIGNA International Service Center via CIGNA Envoy secure messaging (this is the most efficient way to submit a claim).
- Fax the claim to the international free fax: AT&T USADirect access number + 1.800.243.6998, or direct fax 001.302.797.3150. (See the Benefits Directory section of this booklet for more details about AT&T USADirect access numbers.)
- Send your claim via international mail or carrier. Keep in mind that reliability of postal service varies by country, which may result in delays or loss of documentation.

Wellness Programs

All health and wellness services provided by CIGNA International are accessible to you and your covered family members who have registered at www.CIGNAenvoy.com. Through CIGNA Envoy, you can access www.myCareAllies.com, which features a variety of services including the following:

- Healthy Rewards discounts
- Smart Talk newsletter
- Smart Health tools
- Healthy Rewards

Depending on where you are assigned, you may be able to take advantage of Healthy Rewards and save money on services when showing your Healthy Rewards ID card. You can download the ID card at www.myCareAllies.com. Discounts may be available depending on location for the following services:

- QuitNet smoking cessation programs
- Weight Watchers
- Jenny Craig
- Tobacco Solutions
- Lasik vision correction surgery

These programs do not apply to your health plan, so there are no claim forms to file. To access discounts:

- Click on the direct link to www.myCareAllies.com from the CIGNA Envoy home page.
- Click “Healthy Rewards Member Discounts” and print your Healthy Rewards ID card.
- Show your ID card when you pay for services and enjoy the savings.

Smart Health Tools and Smart Talk Newsletter

You may complete a range of interactive questionnaires to discover health issues for which you may need to take action, access additional resources to help you learn more about potential health concerns, and put your mind at ease about health issues.

The Smart Talk newsletter is published once a quarter and is an easy way to find informative articles, simple tips for living healthier, and general health information.

MEDEX

RTI provides medical evacuation coverage through MEDEX to its expatriates, TCNs, and employees on international travel assignments.

Services

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 dependent 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 at 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.

Dental Plan

Good dental care is important to your health. CIGNA International offers one dental plan for you and your dependents.

Eligibility

All regular employees scheduled to work 50 percent time or more are eligible for dental 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 dental insurance coverage.

- Unmarried children from birth to the end of the month during which they turn age 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 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.

Table 2 shows the dental benefits covered and the percentage that CIGNA will pay for each. The deductibles and calendar year maximum are as follows:

- Individual deductible: \$25
- Family deductible: \$75
- Calendar year maximum: \$1,500

Flexible Spending Accounts

(Applies to U.S. Taxpayers with a U.S. Address)

Flexible Spending Accounts (FSAs) are an important feature of the **Spectrum Benefits** program. An FSA allows you to set aside a certain amount of your paycheck into an account before it is taxed. An FSA lets you pay yourself back, on a tax-free basis, for certain eligible expenses.

To enroll in Flexible Spending Accounts, you must be scheduled to work 50 percent or more.

When you begin employment you can choose to set up a Health Care FSA, a Dependent Care FSA, or both. Flores & Associates is the administrator of the FSA plan.

Table 2. Summary of CIGNA International Dental Plan

Types of Services	Covered Services	Plan Pays
Diagnostic/Preventive Services	<ul style="list-style-type: none"> • Oral examinations • Diagnostic X-rays • Periodontal maintenance 	100% of reasonable and customary (not subject to the annual deductible)
Basic Restorative	<ul style="list-style-type: none"> • Basic restorations • Endodontics • Periodontics • Prosthodontic maintenance • Oral surgery • Fillings • Root canal • Periodontal scaling and root planing • Repair to bridges and dentures 	80% of reasonable and customary subject to deductible
Major Restorative	<ul style="list-style-type: none"> • Major restorations • Dentures • Bridgework including crowns 	50% of reasonable and customary subject to deductible
Orthodontia (limited to children under age 19)	<ul style="list-style-type: none"> • Orthodontia services 	50% of reasonable and customary after a \$50 lifetime deductible subject to \$1,500 lifetime maximum orthodontia benefit per covered child

How the Account Works

There are two types of FSAs:

- Health Care FSA: for reimbursement of out-of-pocket health care expenses such as copays, deductibles, coinsurance, dental expenses, and vision expenses
- Dependent Care FSA: for reimbursement of dependent care expenses such as nursery care, after-school programs, and elder care

For each account (Health Care and Dependent Care FSA), you can elect an annual contribution amount between \$120 and \$5,000.

A per-pay-period contribution is automatically calculated and deducted from your paycheck throughout the year. The contributions are credited to your account after each paycheck. You can then get reimbursed with pre-tax dollars in your spending account.

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.
- The amount(s) you designate will be deducted automatically from paychecks throughout the year and credited to the account(s) you indicate.

- Any amounts that remain unused in your Health Care or Dependent Care FSAs 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 FSAs.

Important Reminder: Expenses for both accounts must be incurred by December 31 of each year. You must submit claims for both accounts by March 31 of the following year 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 FSA 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 the Health Care FSA (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 2011 expenses for the FSAs. It may be helpful to have certain records handy, such as the following:

- 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 costs

Tax Advantages

When you set up an FSA, you put aside money from your pay before taxes are applied and 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. 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 Flexible Spending Account

The Health Care FSA covers certain expenses as shown below.

You are the best judge of what amount needs to be designated for the Health Care FSA. ***Estimate carefully because you will lose any money that you do not use.*** Because of federal regulations, the money cannot be returned to you.

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

NOTE: Over-the-counter medications are not reimbursable under the Health Care FSA (with the exception of insulin) unless prescribed by a physician.

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 FSA.

If you reimburse your eligible health care expenses through your Health Care FSA, 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.

Debit Card

The Health Care FSA includes a debit card for your convenience. Keep in mind that if you use the debit card, you must keep your receipts to substantiate your expenses. 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 RTT's health care plan) 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 2011 and are asked to send your receipts to Flores for substantiation during the year. If you do not send your receipts by March 31, 2012, you will be subject to taxation in 2012 on any unsubstantiated expenses that were reimbursed on your debit card.

Dependent Care Flexible Spending Account

The Dependent Care FSA allows you to receive pre-tax reimbursement for eligible day care expenses for your children under age 13 and other qualifying dependents. If you and your spouse both contribute to a Dependent Care FSA, your combined contributions for day care expenses cannot exceed \$5,000, according to IRS regulations.

Because expenses for dependent care are usually fairly predictable, this is one of the best opportunities to use an FSA. 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, and
- 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, and
- 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 FSA 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 individual residing in your household.

Eligible Expenses

In addition to fees or salaries paid for dependent care, specific expenses eligible for reimbursement might 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, or
- 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, or
- Your earned income.

Special Rules

- If your spouse has no earned income, you cannot use this account unless your spouse is disabled or 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.
- Money must be in your Dependent Care FSA 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 filing as eligible Dependent Care FSA expenses. The chief IRS limitations for childcare are as follows:

- 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 your Dependent Care FSA 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 an FSA 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 FSA 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 FSA or the tax credit, consult a professional tax advisor. For additional information, see IRS Publication 503, Child and Dependent Care Expenses, at 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. Under the Group Term Life insurance plan, you may 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.

Basic Term Life Insurance

On your first day of work, RTI provides you with Basic Term Life insurance in the amount of \$50,000 or 2 times your base annual salary **at no cost to you**. If 2 or more times your annual salary is more than \$50,000, there are tax implications for Basic Term Life insurance. If you want to avoid imputed income for Basic Term Life insurance, you may elect only \$50,000 of coverage.

Supplemental Term Life Insurance

You may also purchase additional Supplemental Term Life insurance coverage for yourself. You may 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.

Dependent Life Insurance

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 26 if a full-time student

Important Information

- 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).

Evidence of Insurability

During Your First 31 Days of Hire:

Supplemental Life

- You can purchase an additional 1 times your base annual salary for Supplemental Term Life insurance, up to \$500,000, without completing a Statement of Health, also known as evidence of insurability.

- If your annual salary results in a benefit of over \$500,000 (Basic or Supplemental Life), you must complete a Statement of Health to obtain any additional coverage above this amount. Underwriting approval from MetLife must be obtained before any additional coverage is provided.

Dependent Life

- You may purchase Dependent Life coverage for your dependents (spouse or domestic partner, or children) without completing a Statement of Health.

After 31 Days of Hire:

Supplemental Life

- You can make changes to your Supplemental Term Life insurance at any time during the year. However, if you request to purchase Supplemental Life insurance after 31 days of your hire date, you must complete a Statement of Health. For example, if you elected Basic Life insurance (2 times your base annual salary) and would like to purchase Supplemental Life at 3 times your base annual salary after 31 days of hire, you must complete a Statement of Health. **Your coverage will not be increased until RTI receives an approved Statement of Health from MetLife.**

Dependent Life

- If you wish to enroll your spouse or domestic partner or dependent children in Dependent Life coverage during the year, a Statement of Health must be provided. Underwriting approval from MetLife must be obtained before any changes can be made.
- A Statement of Health form can be found on StaffNet in the Forms Library.

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 unable to work for an extended period of time due to a disability resulting from an accident or illness, you may be provided with continued income through RTI's Long-Term Disability (LTD) insurance plan. This is a very important benefit, as it 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.

Eligibility

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

Summary of the CIGNA International LTD Plan

Table 3 provides details of the LTD coverage through CIGNA International.

Filing a Claim

To apply for an LTD claim, please contact the CIGNA International Service Center at 1.800.441.2668 or 001.302.797.3100.

Table 3. CIGNA International LTD Plan

Monthly Benefit	60% of base monthly salary up to a maximum monthly benefit of \$8,500
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 older	12 months
Definition of Disability	Not being able to perform your own job for 24 months; after 24 months for which benefits are payable, inability to perform any occupation
Partial Disability	Included in coverage
Recurrent Disability	6 months
Survivor Benefits	3 months
Offsets	U.S. Social Security, Canadian or Quebec Pension Plans, Local Country Social Programs, and other standard offsets
Mental Illness Limitation	Maximum benefit: 24 months
Minimum Monthly Benefit	\$50
Maternity Coverage	Included in coverage
Preexisting Exclusion	Conditions identified during the 3 months prior to your hire date and 6 months after your hire date will not be covered if disability commences during the first 12 months of coverage and is caused by or contributed to the preexisting condition
Waiver of Premium	Included in coverage

Defense Base Act (DBA) Coverage

Defense Base Act (DBA) 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 United States) 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 United States and Canada and (2) foreign nationals traveling outside their country of residence on RTI business who are not eligible for DBA coverage. The insurance carrier must be notified if five 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 United States or Canada.

Retirement

RTI Retirement Plan

(Available to U.S. Expatriates Only)

The RTI Retirement Plan is a defined contribution pension plan that provides retirement benefits to plan participants upon retirement, disability, or death. U.S. Expatriates are eligible to participate in the Plan; however, TCNs are not eligible for the plan.

Becoming a Participant

Once you are a participant, RTI contributes 10 percent of your base salary into your account each month.

You will automatically become a plan participant on the first day of the month following completion of 1 year of service 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 staffnet.rti.org/services/benefits/international.cfm.

RTI 403(b) Tax-Deferred Accounts

(Available to U.S. Expatriates Only)

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 Table 4.

Table 4. 2011 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.

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 Human Resources 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 to Your Benefits

Employee medical/vision, dental, and Flexible Spending Account (FSA) benefit selections must be made before the start of each calendar year during open enrollment or within 31 days of your hire date in order to be enrolled in these coverages. Most of your benefit elections will remain in effect through December 31, 2011. 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 5.

The IRS has strict regulations regarding changes to medical, dental, and FSA 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 below.

Keep in mind that all changes to your benefits are “prospective” and become effective no earlier than the first day of the pay period that begins on or immediately after the date the election is filed. This means that you cannot file any claims (e.g., medical, dental, and Health Care FSA) for services before the effective date of the change except in the case of enrolling a new baby or adding a newly adopted child to your coverage.

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 or switching from salaried to hourly-paid or vice versa, but only if medical and dental costs are affected)
- Change in residence or work site for employee/spouse/dependent

Table 5. Possible Benefit Changes

Take these actions	For the following events:							
	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		✓					✓	✓

- Termination/commencement of spouse's or dependent's employment
- Open enrollment for spouse
- Over-age dependent (age 19 if not in school, 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)
- Entitlement to Medicare or Medicaid for employee/spouse/dependent (may cancel coverage for the person affected and make a change to your salary reduction election)
- Loss of entitlement to Medicare or Medicaid for employee/spouse/dependent (may begin or increase health coverage for the person affected)

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 FSA contributions.

If you experience a qualifying change in status, please notify HR Help 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

Contact Human Resources at hrhelp@rti.org, 919.541.1200, or 1.800.334.8571, ext. 21200. You can fax the Life Status Change form to HR Help at 1.919.541.6506.

Other Benefits Information

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 employees hired between January 1 and June 30 have access to two floating holidays in that calendar year. Those hired July 1 or after have one floating holiday in that calendar year. Floating holidays must be used within the calendar year, in 8-hour increments (for full-time employees), and may not be carried over into the next year.

Paid Time Off

Employees accrue paid time off (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, etc. 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

All employees are required to have their pay direct-deposited in a bank of their choice by an electronic funds transfer. On scheduled paydays, you may access your pay statement showing gross income, all deductions (taxes and benefits), and net pay on StaffNet at the GEMS link (staffnet.rti.org/gems/). After logging in, click on the Self Service button.

Adoption Assistance Reimbursement Program

RTI will reimburse eligible employees for qualifying legal adoption-related expenses up to a maximum of \$10,000 per adoption and 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 (Available in U.S. Only)

We all face difficulties at times in our lives. Having outside help can make the difference between solving a problem or continuing to struggle through periods of confusion, indecision, and personal crisis. It is at these times that the Employee Assistance Program (EAP) is most helpful to you and your family.

The 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 work site. They can help you improve or resolve personal difficulties, whether big or small, personal or work-related.

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

- Family conflict
- Depression and anxiety
- Relationship issues
- Communication breakdowns
- Grief and loss
- Financial difficulties
- Stress
- Balancing work and family
- 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 exceptions are 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.

Our provider of these services is McLaughlin Young Employee Services (**www.mygroup.com**), an independent company that provides professional EAP counseling and consultation services to RTI employees and family members.

To access your free, confidential EAP services, call 1.800.633.3353. Help is available 24 hours a day, 7 days a week.

Bereavement Leave

RTI grants time to regular salaried and regular hourly 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, stepchildren, grandchildren, father, mother, brothers, sisters, sons-in-laws, daughters-in-law, and grandparents. 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. 21200.

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 has 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 or existing employees who are eligible for reasonable expenses incurred in the moving of their families and personal effects. Reimbursement will be allowed only for relocation to the area and not for relocation within the area once the initial move is completed.

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 in effect only when employees have adequately documented their travel. You must also name a beneficiary under the Travel and Accident Insurance Plan.

COBRA

(Applies to U.S. Taxpayers)

Federal law requires that most employers who sponsor group health plans and Health Care Flexible Spending Accounts (FSAs) 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 where 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 FSA (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 vendor, Flores & Associates, to elect 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 become disabled for purposes of Social Security 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.

NOTE: In accordance with federal law, domestic partners are not eligible for COBRA continuation of health care.

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 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 vendor, Flores & Associates, to elect 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 Health Care FSAs 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, Dental, and LTD Plans

CIGNA International
International Service Center 800.441.2668
Direct Telephone Number 001.302.797.3100

If dialing international, use your country's AT&T USADirect access number

www.cignaenvoy.com

Medical Evacuation Coverage

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

McLaughlin Young Employee Services (available in U.S. only)..... 800.633.3353
www.mygroup.com