

# THE NELSON TRUST

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*Summary of Material Modifications  
to the  
2009 Nelson Trust Active Plan Summary Plan Description*

**Please keep this notice with your benefit booklet for future reference.**

**The Board of Trustees has made the following changes to The Nelson Trust benefit booklet dated January 1, 2009 for The Nelson Trust. The information below replaces or changes certain information in your benefit booklet. You should review this information and keep this notice of Summary of Material Modifications with your benefit booklet. If you have a spouse or dependent(s) enrolled, you should review this information with them as well.**

**1. SKILLED NURSING FACILITY BENEFIT**

Effective November 1, 2009 the maximum skilled nursing facility benefit under The Nelson Trust Plan will increase from 14 days to 120 days per calendar year provided the confinement in the facility occurs following a three-day hospitalization.

**2. WILLAMETTE DENTAL PLAN TERMINATION**

Effective January 1, 2010 The Nelson Trust no longer offers dental coverage from Willamette Dental Insurance, Inc. Active Participants will automatically be enrolled with Oregon Dental Services (ODS) upon active plan eligibility.

**3. MICHELLE'S LAW**

Students who lose full-time student status on or after January 1, 2010 because they are seriously ill or injured can remain covered under the plan if A&I Benefit Plan Administrators receives written Medical certification from the student's treating physician within 31 days of the loss of full-time status. In the notice, the physician must certify that the student is suffering from a serious illness or injury and that a medically necessary leave of absence or other change in school enrollment is medically necessary. When these requirements are met, the dependent can continue to receive health care coverage through The Nelson Trust for up to one year under the same terms as if the child were a full-time student (unless the child's coverage would terminate earlier for another reason under the terms of the plan, for example, exceeding the plan's dependent eligibility age).

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## 4. STATE MEDICAL ASSISTANCE AND CHILDREN'S HEALTH INSURANCE PROGRAM

Employees and dependents that are eligible as described in "Who Is Eligible For Coverage?" have special enrollment rights under this plan if one of the statements below is true:

- The person is eligible for state medical assistance and the Washington State Department of Social and Health Services (DSHS) determines that it is cost-effective to enroll the person in this plan.
- The person qualifies for premium assistance under the state's medical assistance program or Children's Health Insurance Program (CHIP).
- The person no longer qualifies for health coverage under the state's medical assistance program or CHIP.

**To be covered, the eligible employee or dependent must apply and any required subscription charges must be paid no more than 60 days from the date the applicable statement above is true.** An eligible employee, who elected not to enroll in this plan when such coverage was previously offered, must enroll in this plan in order for any otherwise eligible dependents to be enrolled in accordance with this provision. Coverage for the employee will start on the date the dependent's coverage starts.

## 5. GENETIC INFORMATION NONDISCRIMINATION ACT

The Nelson Trust is compliant with the Genetic Information Nondiscrimination Act which bans insurers and employers from using genetic test results to set health care premiums, refuse coverage or reject medical claims. Insurers are not to set rates for a group based on the genetic information of individual members. Nor will insurers be allowed to require or request that individuals or their family members undergo genetic testing. Purchasing, requesting or requiring genetic information for underwriting or before enrollment in the plan is also prohibited.

## 6. EARLY ELIGIBILITY FOR NEW EMPLOYERS

When an employer becomes a participating employer under this Plan and by reason of such participation of an existing employee insurance coverage plan is, has been, or will be terminated, the employer may provide for early eligibility under the following conditions:

- a) "early eligibility" refers to coverage under the Plan starting on the date specified in the participation agreement and ending on the date employees are eligible for normal coverage under the Plan;

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- b) early eligibility shall not exceed a maximum of two months of coverage;
- c) the employer must pay the premium for early eligibility for all eligible employees under the participation agreement; and
- d) the premium for a month shall be based on the assumed rate of 100 hours per month per eligible employee times the current hourly rate per employee.