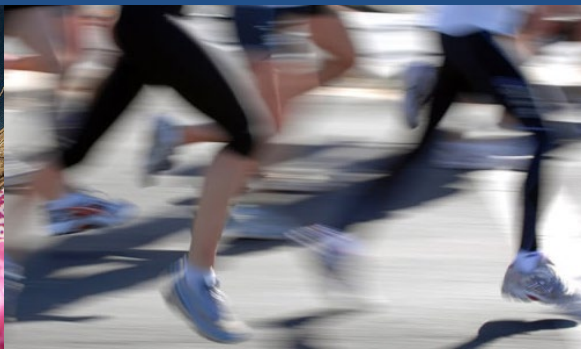


NAF Employee Benefits Handbook



JANUARY 2025

*For Benefits Eligible Nonappropriated Fund Employees of Marine Corps Community Services
and other Miscellaneous Nonappropriated Funds*

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About Your Benefits Handbook

As a Marine Corps regular status Nonappropriated Fund (NAF) civilian employee, you have a comprehensive program of benefit plans that are provided to enhance the quality of your life. In order to help you understand how important these benefits are to both you and your family, we have prepared this handbook to explain what plans are available to you, how each plan works, and what benefits you might receive as a plan member. Active-duty military members are not eligible for NAF benefits. Flexible category employees are eligible to participate in the Flex 401(k) Plan and the Employee Assistance Program.

In this handbook, you will find up-to-date summaries or brief information on:

Department of Defense Uniform Health Plans
Health Savings Account (HSA)
Health Reimbursement Arrangement (HRA)
Health Maintenance Organizations (HMO)
Long Term Care Insurance (LTC)
Life Insurance
Retirement Plan
401(k) Plan
Flex Savings Plan (401(k) Plan for Flex category employees)
Employee Assistance Program (EAP)
Flexible Spending Accounts (FSA)
Short Term Income Replacement Insurance

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

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

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

How long does the plan last?

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



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

Chapter 1 - Eligibility

Employee Eligibility Requirement

You are eligible for Marine Corps NAF Benefit Program if you are a nonappropriated fund civilian employee who:

- Is scheduled to work at least 20 hours per week and classified as regular full-time or part-time; or
- Is in a category of employees who, as determined by your employer, is expected to work or has worked an average of 30 or more hours per week during an applicable 12-month measurement period;
- Is employed on the U.S. payroll;
- Has a Social Security number; and
- Is subject to U.S. income tax, and not subject to a Status of Forces Agreement (SOFA) provision that precludes eligibility.
- Is not an active-duty military member

Flexible Employees Eligibility

You are eligible to participate in the following programs if you are a flexible status nonappropriated fund civilian employee:

- Employee Assistance Program
- Flex Savings (401k) Plan

Dependent Eligibility

You may cover eligible family members in the employer sponsored health and dependent life plans.

Eligible dependents* include:

- Wife or husband, including a common-law wife or husband in those states that recognize common-law marriages.
 - Official Documentation to validate Common Law marriage is required
- Your children to 26 years of age - Medical & Dental Coverage Only
- Your children to age 18, full-time student status requirement to age 23 - Dependent Life Insurance
- Any child over the maximum age who is determined to be incapable of self-support due to a disability/handicap. Proof of handicap must be submitted to providers no later than 31 days after the maximum age is reached. Enrollment is contingent on approval of the disability.
- Evidence proving relationship is required in the form of court documentation of marriage, birth certificate with the parent's names listed, legal guardianship documentation, or inclusion of the spouse or child on your income taxes.

Children include:

- Your Spouse's biological children or adopted children
- Your stepchildren
- Any other child who is not your biological, adopted, or stepchild, but who lives with you and is dependent upon you. Evidence proving dependency is required in the form of court documentation of legal guardianship, inclusion of the child on your income taxes, or birth certificate with the parent's names listed.

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

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

immediately when/if you acquire a new dependent and plan to add to your benefits. Supporting documentation is required.

Chapter 2 - Health Insurance

Department of Defense Uniform Health Plan (UHP), Dental and HMO coverage

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

Affordable Care Act (ACA)

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

Employees that are not eligible to participate in the Marine Corps NAF HBP **may obtain** health insurance from another employer, be covered (up to age 26) on parent's plan or purchase insurance from the private exchanges or health insurance "marketplace". Information on the Health Insurance Marketplace can be found at www.healthcare.gov. Exemptions and limitations may apply.

DoD Uniform Health Plan

Under the DoD HBP, there are three different benefit options available: a Managed Care Plan, a Traditional Indemnity Plan, and a High Deductible Health Plan (HDHP). Employees electing to enroll in the DoD HBP are mandated into the default plan that is available in their geographic area, unless they elect to enroll in the HDHP. For additional information, of specific plan coverage, please contact either your local NAF Human Resources office, or visit the MCCS website at www.benefits.usmc-mccs.org. The employee benefits site has summary plan descriptions available for download or printing.

If you elect to enroll in the HDHP you can enroll in the HSA (CONUS) or HRA (OCONUS). Eligibility criteria will apply.

You can also visit www.nafhealthplans.com for valuable information.

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

Benefit Options - Active Employees

Choice POS II (CP II)

This plan is known as a "Managed Care Plan". As a member of this plan, each participant is required to seek medical care from a list of participating providers, known as "network providers".

If care is obtained outside of this network, benefits will be paid at a lesser level (meaning there is a higher out of pocket cost to you). Some services may have no coverage payable if you go out of the network. There is NO requirement for a Primary Care Physician with the CP II plan, nor do you need to obtain referrals for specialty care.

Traditional Choice

This plan is known as a "traditional indemnity plan". There are no networks to follow, and no need to select a primary care physician. Under this plan, each member has an annual deductible and specific

co-insurance requirement. This plan is only available where there is no managed care network. Overseas the Traditional Choice plan is referred to as Aetna International.

High Deductible Health Plan (HDHP)

This plan provides medical coverage after the applicable annual deductible has been met. After the annual deductible has been met, coverage is provided with specific co-insurance requirements. This plan uses the same network as the Managed Care Point of Service (POS) plan, providing opportunity for discounted services for employees living within the Continental United States. There is no POS for employees living overseas. Specific preventive care and preventive prescriptions are covered without having to satisfy the annual deductible. For additional information visit www.nafhealthplans.com.

To determine which plan is available in your geographic area, please contact your local HR office, or visit www.NAFhealthplans.com. Not all geographic areas will have the POS plan available. The POS plan will be the default plan for most CONUS areas. Traditional Choice is the default Plan OCONUS through Aetna International.

UHP Passive PPO Dental Plan

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

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

Stand Alone Dental (SAD)

This dental plan is available to eligible employees not enrolled in a Marine Corps NAF employer sponsored medical or dental plan.

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

Aetna International

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

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

To contact an Aetna International Customer Service Representative, please call 888-506-2278, or collect at 813-775-0189. For more information about Aetna International, please log onto: www.aetnainternational.com. You can also contact an Aetna International representative by email at aiservice@aetna.com.

Aetna's multilingual member service professionals are available 24 hours a day, via telephone, fax, or email to respond to members' international benefits needs. They can also assist you with locating a health care professional in your area, questions regarding claims, benefit levels and coverage. They also provide Global Claim Processing, in virtually any language with three reimbursement options, to include a check, wire, or Electronic Funds Transfer (EFT).

Health Savings Account (HSA) (CONUS)

If you participate in the HDHP (and meet all eligibility criteria) you are eligible to enroll in the HSA. The HSA enables you to deposit tax deferred savings into your account to reimburse for eligible expenses. Your employer will make an annual contribution to your HSA. If you are enrolled in the HSA, you will not be eligible to enroll in the Healthcare Flexible Spending Account (FSA). You can participate in the Dependent Care FSA. Your HSA is portable and stays with you if you should terminate employment or cease participation.

Health Reimbursement Arrangement (HRA) (OCONUS)

If you participate in the HDHP and are employed overseas you will not be eligible to join the HSA, but you will be automatically enrolled in the HRA. You won't be able to contribute toward the HRA, however, your employer will make an annual contribution to your HRA. The funds in your HRA can be used to reimburse for eligible healthcare expenses. Your HRA is not portable and remains with your employer if you should terminate employment or cease health plan participation. Participants of the HDHP/HRA are eligible to join the FSA.

If you participate in Aetna POS II or Aetna Traditional Choice plan you are eligible to earn Health Incentive Credit money (up to \$300 or \$600 for employees covering a spouse) that will be deposited into an HRA account. Members will receive a debit card to use their HRA funds to pay for eligible medical, dental and pharmacy expenses.

Health Maintenance Organization (HMO)

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

- Northern Virginia - Kaiser Mid Atlantic
- Southern California - Kaiser California
- Hawaii - Kaiser Hawaii; HMSA

Health Enrollment

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

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

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

HIPAA Special Enrollment Rights

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

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

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

You must request any change within 31 days after the loss of the other coverage or the qualifying life event. The change in coverage you request must be consistent with, and due to, the event. You will be required to provide acceptable evidence of your qualifying event.

Section 125 Premium Conversion Plan

Health insurance premiums are deducted from your paycheck prior to calculation of your taxable gross income - therefore taxes are deferred on the portion of your pay that is used to pay your bi-weekly health insurance premiums. This is known as the “Section 125 Premium Conversion Plan” - as defined by that section of the Internal Revenue Service code.

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

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

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

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

Coverage Requirements

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

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

When Medical and Dental Coverage End

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

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

Temporary Continuation of Coverage (TCC):

At the time of your termination, status change or dependent loss of coverage, you and/or your eligible dependents may be eligible to continue your medical coverage for up to 18 months, provided you have been enrolled in an employer sponsored medical plan for a minimum of 90 days and are enrolled at the time of termination and were not terminated “for cause”, **and if premiums are not in arrears.** TCC applies to any employee, retiree, or dependent that is no longer eligible to participate in NAF Health Benefit Plan for any reason other than termination for cause. An employee has 60 days after medical coverage terminates to enroll in the Program. There can be no break in service. If elected, your TCC coverage will begin immediately at your date of termination (retroactive to your date of loss of coverage). You must enroll in the plan that is determined by your place of residence. The continuation provision will start from the date of the Qualifying Event. The cost of continuing medical coverage for 18 months is the full monthly rate plus an administrative fee. You will be billed each month for the premium due. Failure to make premium payments on a timely basis will result in immediate, irrevocable cancellation of medical coverage. There are no provisions for continuation of dental coverage. **TCC is not available to those age 65 and older due to Medicare entitlement.**

TCC for Employees who are Totally Disabled:

Employees who have been approved for total disability when their NAF Health Benefit Plan medical coverage ends may be eligible for continuation of medical coverage for up to 36 months from the date medical coverage ends. The cost of this medical coverage depends on the length of time covered under the Plan. Employees in the Plan for less than 5 years pay 102% for up to 36 months of coverage, including dependents. Employees in the Plan for 5 or more years will be covered for up to 12 months with no payment of premiums, and then will pay 102% for the next 24 months, including dependents. Terminated disabled employees entitled to Medicare benefits are not eligible for TCC.

TCC for Survivors:

Enrolled eligible dependents of covered employees (with less than 15 years in medical plan) may continue plan coverage if the employee dies while covered by Marine Corps Group medical plan and are eligible for 4 months of continuous coverage at no cost. At the end of the 4 months the surviving spouse and eligible dependents may be eligible to continue medical coverage through the TCC program at the full group rate for up to 32 months (36 months total). TCC is not available to those age 65 or older.

Medical and Dental Coverage at the time of Retirement

Medical

Employees retiring who have participated in the medical insurance plans for 15 cumulative years prior to retirement may be eligible for continuation of medical coverage at the special group rate. The cost is shared between the employee and the employer. Eligible retirees that elect to continue coverage into retirement, will be continued in the plan they were enrolled in as an active employee, except if they are age 65 or older, coverage will be continued in the Aetna Medicare Advantage Plan or Traditional Choice plan for retirees living in foreign countries.

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

Eligible employees with proof of honorable military service DD214, will receive credit towards satisfying 15-year insurance continuation requirement on a year by year basis. Credit will not exceed 5 years. Employees who want to receive the credit must provide proof of honorable military service within 90 days of retirement.

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

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

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

Medicare eligible retirees

If you are a retired employee who is eligible for post-retirement benefits continuation and you are eligible for Medicare and have a dependent(s) that is not eligible for Medicare, your coverage will transition to the Medicare Advantage Plan (w/ Drug coverage) (MAPD) the first of the month you become Medicare eligible. Your eligible family members that are not Medicare eligible will remain in their previous plan until they become Medicare eligible. This is referred to as “split” coverage.

If you are a retired employee who is in an eligible class and you and all of your dependents are eligible for Medicare, you will all be transitioned to the MAPD upon attaining Medicare eligibility.

HMO enrollment is not authorized for retirees age 65 and over. If you are in an HMO, you will be given the opportunity to transfer to the MAPD plan. This transfer will be automatic unless you opt out of the MAPD coverage.

Retirees that elect to not enroll in the MAPD plan will have the option to opt out of the MAPD plan. If a retiree opts out of the MAPD plan, coverage for any/all covered family members will also be cancelled. Once coverage is cancelled there will be no future opportunity to re-enroll in the group plan. If medical coverage is cancelled, dental coverage will also be cancelled (provided the retiree was eligible for, and elected to continue dental coverage)

Enrollment in Medicare Parts A & B is mandatory for retirees age 65 and over.

Retirees age 65 and over will be transferred to the MAPD plan if they are in the managed care plan or in an HMO before the age of 65. Retirees will be required to provide their Medicare identification number at the time of enrollment in MAPD. This transfer is automatic unless the retiree opts out. The MAPD plan includes pharmacy coverage.

Retirees can opt out of the MAPD plan at any time. If coverage is cancelled, there is no opportunity to re-enroll.

MAPD is not applicable to retirees age 65 or over that reside overseas. Eligible retirees will continue to be enrolled in the Traditional Choice indemnity plan.

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

Retirees not eligible for continuation of medical coverage may be eligible for a temporary continuation of coverage, as described on page 7.

Tricare-for-Life:

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

Dental

Employees retiring who have participated in the dental insurance plan for 15 cumulative years prior to retirement and are eligible for medical continuation may be eligible for continuation of dental coverage at the special group rate (this does not include Stand Alone Dental). Please note, eligible retirees can only continue Aetna Dental. There is no continuation of HMO Dental.

For voluntary APF to NAF conversions/transfers, FEHBP (w/ a DoD employer) may count toward the 15-year participation requirement for continuation of dental insurance provided the FEHBP participation was continuous, provided the break in service is not greater than 3 days, and the retiree is eligible to continue medical coverage.

Eligible employees involuntarily converted from Appropriated Funds (APF) to NAF may be authorized to continue dental insurance into retirement if they have five years of continuous participation in FEHBP

and/or NAF dental and provided they are eligible to continue medical coverage and the break in service was not greater than 3 days (provided the coverage was with a DoD employer). Premiums will be shared between the employee and the employer. When possible, premiums will be deducted from the annuity. Otherwise, retirees will be billed each month for the premium due. CSRS/FERS retirees will be billed each month for the premium due. Failure to make premium payments on a timely basis will result in immediate cancellation of coverage. This cancellation is irrevocable.

Chapter 3 - Life Insurance

Cost

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

Retired: the cost for Life coverage may be shared by the employer (50/50) if you meet the following criteria:

- Employees retiring with an unreduced early annuity (i.e. 60 with 20; 55 with 30) and meet the 15-year enrollment will have coverage premium shared by the employer (50/50).
- Age 62 (minimum) and have 15 cumulative years of enrollment.

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

AD&D coverage does not apply to retirees.

Accidental Death and Dismemberment Benefits (AD&D)

If you incur the loss of an eye, hand or foot, you may be eligible to receive $\frac{1}{2}$ your AD&D benefit, as shown on the preceding table. No more than your full AD&D benefit will be paid for two or more losses. A “loss” of a hand or foot means the hand or foot was cut off at or above the wrist or ankle. Loss of sight means that sight will never be regained. Specifics on benefits will be provided at the time of application and are subject to change. Retirees are not eligible for AD&D coverage.

What the AD&D Plan Does Not Cover

- Bodily or mental infirmity
- Disease, ptomaine or bacterial infections of any kind
- Medical or surgical treatment
- Suicide, attempted suicide, or intentionally self-inflicted injury (whether sane or insane)
- War or act of war (whether declared or not)

Your Benefit Amount

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

Life Insurance Volume for Active Employees

Annual Rate/ Basic Earnings More Than	Not More Than	Benefit	Annual Rate/ Basic Earnings More Than	Not More Than	Benefit
\$ under	1,999	4,000	20,000	20,999	23,000
2,000	2,999	5,000	21,000	21,999	24,000
3,000	3,999	6,000	22,000	22,999	25,000
4,000	4,999	7,000	23,000	23,999	26,000
5,000	5,999	8,000	24,000	24,999	27,000
6,000	6,999	9,000	25,000	25,999	28,000
7,000	7,999	10,000	26,000	26,999	29,000
8,000	8,999	11,000	27,000	27,999	30,000
9,000	9,999	12,000	28,000	28,999	31,000
10,000	10,999	13,000	29,000	29,999	32,000
11,000	11,999	14,000	30,000	30,999	33,000
12,000	12,999	15,000	31,000	31,999	34,000
13,000	13,999	16,000	32,000	32,999	35,000
14,000	14,999	17,000	33,000	33,999	36,000
15,000	15,999	18,000	34,000	34,999	37,000
16,000	16,999	19,000	35,000	35,999	38,000
17,000	17,999	20,000	36,000	36,999	39,000
18,000	18,999	21,000	37,000	37,999	40,000
19,000	19,999	22,000	38,000	38,999	41,000

*For \$39,000 or more, the amounts of Standard Life and AD&D coverage are determined in the same manner as the table above.

Change in coverage amounts

As your annual salary increases or decreases, the amount of your life insurance will change accordingly.

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

Accelerated Life Insurance Benefit

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

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

When Life Insurance Coverage Ends

Life insurance coverage ends when you terminate employment. However, if the insured's death should occur within 31 days thereafter, the life insurance death benefit will be payable.

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

Converting to Individual Coverage

If you resign or retire, and are not eligible for life insurance continuation, you may convert to an individual policy. Premiums for individual life insurance are paid for completely by the insured. For conversion information, contact your local personnel office. You are responsible to pursue this conversion option with the Life insurance carrier directly.

Your Optional Life Insurance Plan

Participation Information

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

- Any individual employed outside the 50 states of the United States, or the District of Columbia is eligible ONLY if the individual is a U.S. citizen.
- If Marine Corps Community Services (MCCS) or other miscellaneous Marine Corps NAF activity employs both husband and wife, they may not insure each other through Optional Dependent life plans.
- Enrollment in the Standard Life plan is a mandatory prerequisite.
- If you are enrolled in Standard Life and would like to enroll in Optional Life after your eligibility period, you must complete a personal health statement and enrollment is only authorized after approval by the Life Insurance carrier.

Benefit Amount: Optional Layer # 1 and # 2

The volume of the Optional Life insurance plan is equal to the volume of Standard Life. For example, if your Standard Life benefit is \$25,000, then Optional Layer #1 is also \$25,000, giving you a total benefit of \$50,000.

The volume of the second layer of Optional Life (Optional #2) insurance plan is equal to twice the volume of Standard Life. Standard Life + Optional #2 = Total Benefit. Using the example above:

\$25,000+\$50,000= \$75,000 (These numbers are for illustrative purposes only and should not be construed as a promise of a benefit).

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

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

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

Optional Dependent Life Insurance

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

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

Coverage may be available to eligible handicapped/disabled dependent children upon reaching the age limit upon approval of the disability. Contact your HR Office for more information.

There are four Dependent Life plan options. The employee is the only eligible beneficiary for Optional Dependent Life.

Optional Dependent Life Insurance		
Dependent Life	Spouse Coverage	Dependent Child(ren) Coverage *Per child
Optional Dependent Life 1	\$5,000	\$2,500
Optional Dependent Life 2	\$10,000	\$5,000
Optional Dependent Life 3	\$15,000	\$7,500
Optional Dependent Life 4	\$20,000	\$10,000

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

When Dependent Life Insurance Ends

Coverage for dependents may be continued if the covered individual qualifies as a dependent under the Plan, provided premium payments are made as required. Continuation requires 15 years participation or (if applicable) since first eligible. Premium payments are funded solely by the employee. Dependents may be continued at the time of your retirement if qualification criteria are met. If the employee or retiree dies, the dependent life coverage will cease.

Filing Life Insurance Claims

Upon your death, your beneficiary will be required to file a claim for benefits through your local NAF Personnel office. A copy of the certificate of death is required to file any claim for benefits. Your beneficiary should contact your personnel office for further details. Should you name a minor child as

your beneficiary, the surviving parent or guardian will be required to submit legal guardianship papers in order for life insurance proceeds to be paid.

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

Beneficiaries will receive a 1099-INT (not 1099-R) for any amount of interest paid (typically 28%-30%) in excess of \$600 on a life insurance claim if the beneficiary(ies):

- Lives in the U.S. and do not have an SS
- Lives outside of the U.S.
- Or is subject to backup withholding

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

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

Life Insurance during Retirement

Employees retiring on or after age 52 may be eligible for continuation of their group life insurance at a special group rate. Such employees must be eligible for an immediate annuity and must have participated in the group life insurance plan for the 15 cumulative years prior to retirement. The amount of insurance in force at age 65 will decrease at the rate of 25% on each of the 66th, 67th, and 68th birthdays of the retiree. The volume in force at age 68 will remain until the death of the retiree.

For voluntary or involuntary APF to NAF conversions/transfers, FEGLI participation may count toward the 15-year life insurance continuation requirement.

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

Life Insurance Premium Rates

Eligible civilian employees electing continuation of Standard Life Insurance at the time of retirement will be subject to premiums as follows:

- Retirees age 62 and higher with 15 years of cumulative coverage will be charged 50% of the group rate.
- Employees retired with an unreduced early annuity (i.e. 60 with 20; 55 with 30) and have 15 years of cumulative coverage will have coverage premium shared by the employer. (50%)
- Effective 1 July 2013 - Employees retired under the authorized discontinued service benefit option as a result of a Business Based Action (BBA) and have 15 years of cumulative coverage will have coverage premiums shared by the employer. (50%)
- Retirees aged 52 - 61, but not yet 62, and who have 15 years of cumulative coverage in the group life insurance plan will be charged the full group rate.

Chapter 4 - Long Term Care Insurance

Effective December 19, 2024 Federal Long Term Care Insurance Applications for coverage have been suspended for 24 months.

Long-term care insurance (LTCI) is designed to assist people with a chronic condition, whether it is a permanent condition or a temporary one. Long-term care itself is skilled intermediate or custodial care to assist individuals of any age who are unable to take care of themselves. This benefit helps after a prolonged illness, or a severe accident. This type of care can take place in a variety of settings:

- **Institutional based care-** Nursing home facility, Alternate care facility, Hospice facility
- **Community based care-** Home health care, Adult day care/foster care, Assisted living facility,
- **Home hospice care**

Long-Term care coverage prior to 2-16-2016 is underwritten by CNA. CNA participants will maintain their coverage provided premiums are paid. Beginning in January 2019, all those enrolled in CNA LTCI will be billed directly by CNA. Payroll deductions will no longer be taken for LTCI premiums.

Effective February 16, 2016, CNA ceased underwriting new coverage. New Long Term Care enrollment applications will be made through the Federal LTC plan (FLTCIP). Enrollment information for the FLTCIP is provided below.

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

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

Private health insurance typically only pays for medically necessary expenses, and that coverage is limited. Medicare only covers skilled care, and you must be hospitalized for three consecutive days before the benefit is paid. Medicaid is available only to individuals who have become impoverished, and disability insurance only covers lost wages - it does NOT pay for long term care expenses

Long-term care insurance is designed to fill the gap that the above benefit plans don't cover. If you do not have LTC coverage, you will need to pay for this type of care out of pocket and run the risk of depleting your retirement and other savings.

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

Who is eligible for Long Term Care coverage?

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

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

Chapter 5 - Your Retirement Plan

Whether you are nearing retirement, or plan to work for many more years, planning for your retirement is important. It is NEVER too early to think of the future.

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

Participation Information

You are eligible to join the Plan provided you are:

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

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

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

You are fully vested in the Group Retirement Plan after 5 cumulative years of contributory participation.

NAF to NAF Retirement Portability

Your retirement participation may be CREDITABLE when you transfer from one Department of Defense (DoD) NAF employer to another. You may be eligible to carry forward all prior credited service for retirement annuity purposes, provided:

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

- Contact your local NAF HR office for detailed information regarding NAF to NAF retirement portability.

NAF to APF Retirement Portability

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

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

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

- Portability elections are for your lifetime and are irrevocable.
- NAF medical and/or dental insurance coverage is extended for up to 31 days beyond termination date at no charge to the employee. NAF coverage will cease when the APF plan(s) commence.

*Does not apply to Foreign Service covered positions

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

*If you are a FERS participant and elect retirement while you have an open Worker's Compensation (WC) claim, please see the WC section in this handbook for more information.

Military Service Credit

Purchasing additional credited service toward the Group Retirement Plan with prior eligible active duty, honorable military service is a limited opportunity. The Statement of Intent to Purchase Military Service election must be made within 90 days of joining the retirement plan or the opportunity expires. This opportunity is not applicable if the military service has already been used toward another retirement plan and/or if the participant is receiving or expects to receive a military annuity.

- The participant is responsible for providing the applicable military earnings history to their HR office promptly.
- Other eligibility criteria may apply.
- Effective 1 January 2019 - the maximum number of eligible military service years to purchase is up to 5 years.
- The cost to purchase military service is based on the pension plan funding requirements and is subject to change. Contact your local HR office for the current cost.
- Payment must commence within 30 days from date employee is provided payment agreement.
- Military service credit purchase payments must be completed within 2 years of the agreement.
- Military service credit purchase payments must be paid in full prior to termination of NAF employment (this includes transfers to APF positions).
- Participants that transfer to an APF position and elect portability of retirement benefits to remain in the NAF retirement plan will be required to pay their military service credit in full prior to transfer.
 - Those that have elected to purchase military service time, but whose payments have not yet commenced due to delay in DFAS providing applicable military earnings will have the opportunity to remit payment in a lump sum, within 30 days of receiving the payment agreement. Failure to do so will forfeit the opportunity to purchase eligible military service credit.
- Military service elections will not be credited to or reflected in the Group Retirement Plan until the purchase is paid in full.

- Purchased military service credit shall not be considered credited service to meet vesting requirements.

Credited Service

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

Terms you need to know:

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

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

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

**Please note: if you were not eligible for the Plan before January 1, 1976, you may receive credit for at least a part of your continuous past service. If you were eligible, but did not enroll, no past service credit is given.*

If you enrolled in the Plan on or after January 1, 1976, credited service is the same as Credited Contributory Service.

To calculate your retirement income, credited service will also include:

- Up to 5 years of unused sick leave (173 hours of sick leave equals 1 month of credited service), provided you are eligible for an immediate annuity (not deferred, except if deferred because position has been eliminated due to Business Based Action on or after 1 January 2010). Unused sick leave shall not, however, be considered credited service for determining vesting or eligibility to retire.
- Purchased honorable military service for service prior to NAF employment, provided the service was not or will not be used under another employer’s retirement plan, and you are not receiving a military annuity (military service credit does not count toward vesting requirement). Effective 1 January 2019 - the maximum number of eligible military service years to purchase is up to 5 years.
- Unpaid military leave of absence from covered employment (provided you are actively enrolled in the Retirement Plan at the time you enter service and return to your job and again become an active member within the prescribed time limit) as defined by requirements of USERRA, provided the participant makes an election to purchase the applicable time for that military leave of absence.
 - Note for Purchase of Military Leave of Absence under P.L. 103-353 Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA): Honorable active-duty service application must be made immediately upon re-enrollment in the Group Retirement Plan. Eligibility as defined by USERRA and cost as defined by the Plan. This is separate and apart from purchased honorable military service credit which is incurred prior to NAF employment.

Retirement Options

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

Early Retirement (Unreduced Benefits): You may retire early, with unreduced benefits on the first of any month on or after:

- You reach age 55 and have at least 30 years of Credited Service, or
- You reach age 60 and have at least 20 years of Credited Service

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

Late Retirement: You may postpone retiring past age 62. You can continue to make contributions to the defined benefit plan until you actually retire.

Discontinued Service Benefit: If your position is eliminated due to a Business Based Action (BBA) - not a performance related action, you may be eligible for a special retirement option if you meet one of the following criteria:

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

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

Disability Benefits Under the Retirement Plan: If you are a Plan member, that has not yet attained retirement eligibility age (at least 52 or greater) and becomes **totally and permanently disabled** (as determined by your attending physician on the appropriate Attending Physician statement) and have completed at least 5 years of Credited Service, you may be eligible for a disability retirement benefit under this plan. Approval of disability applications must be reviewed and approved by HQ (MRG).

Disability retirements (approved) are not available to deferred annuities

- Participants that are eligible for an immediate annuity (vested and at least age 52) are not eligible for disability retirement
- Disability retirement benefits will be offset by 100% of Social Security disability entitlements and/or Workers' Compensation entitlements
- Processing of disability retirement applications will be delayed pending receipt of Social Security disability letter (entitlement or denial)
- Disability Benefits will end the earliest of:
 - The member recovers or dies
 - The date the member fails to provide satisfactory proof of continued disability
 - The member becomes eligible for retirement benefits, or they become age 62
- Proof of continued disability is required to be submitted when requested by the Plan

Deferred Annuity Option: If you are a vested participant of the group retirement plan and terminate employment and you have NOT met the minimum retirement age at the time of termination you will be provided the opportunity to have your contributions remain with the plan and defer the commencement of your annuity to a future date when you have met the minimum age. If you are already vested and meet the minimum retirement age, you will not be able to defer your annuity - you will be required to make a retirement election or elect a refund of your contributions at the time of termination.

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

NOTE:

A retirement calculator is available for MCCS employees via PeopleSoft (Main Menu>Self Service>Benefits>Benefits Information>MCCS NAF Pension Estimates).

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

Your Retirement Income

The group retirement plan was originally enacted in 1966 and is periodically amended. The retirement provisions that are applicable to an employee depend on the date the employee became an active participant.

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

1. If you were a plan participant prior to January 1, 1976, your annuity is determined in the following way:
 - 2/3% of 1% of the first \$4,800 of the average final 5-year earnings* PLUS
 - 1 2/3% of the excess of \$4,800 of the average final 5-year earnings*, times applicable credited service from January 1956 to January 1976.
2. If you were a plan participant on or after January 1, 1976, and prior to January 1, 2001, your annuity is determined the following way:
 - 1 1/2% high 3 average annual earnings* for the first 5 years, PLUS
 - 1 3/4% high 3 average earnings* for the second 5 years.
 - 2% of every year over 10 years of high 3 annual earnings*, MINUS
 - The Social Security offset, 2-1/2% of annual age 62 Social Security entitlement times credited service. If you retire prior to age 62, the Social Security offset is deferred until you reach age 62.
3. If you became a plan participant on or after January 1, 2001, your annuity is determined in the following way:
 - 1% of high 3 average annual earnings* times credited service (1.1% after age 62), PLUS
 - If you retire prior to age 62, early retirement supplement of 2 1/2% of annual age 62 Social Security entitlement times credited service. Early retirement supplement ends at age 62.

**Refer to definition of covered earnings*

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

The maximum Retirement Annuity for Credited Employment both before and on or after January 1, 1976, and before the Social Security offset and the reduction for early retirement will be 80% of your High

Three average annual earnings. If you retire at or after age 62, you will be required to furnish official evidence of your applicable Social Security entitlement. Estimated Social Security benefits will not be used in retirement estimates or actual calculations.

How Benefits Are Paid

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

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

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

Normal Payment Form

The Plan’s Normal Payment Form is called a Lifetime Retirement Annuity and is based on the Plan’s Basic Retirement Annuity formula. You may receive payments as long as you live.

If you die before receiving benefit payments at least equal to your contributions with interest, the balance will be paid to your beneficiary.

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

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

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

Optional Payment Forms

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

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

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

Survivor's Benefits

If You Die Before Retiring:

- If you are single, or if you are married*, and have not completed at least 5 years of Credited Contributory Service and die before your normal (or early) retirement date, your beneficiary will receive your contributions with interest, if any. You may change your beneficiary at any time.
- If you are married*, and actively covered under the Plan, and die before your normal or early retirement date, but AFTER you have completed at least 5 years of Credited Contributory Service, a benefit may be paid to your surviving spouse*, if your spouse* is your beneficiary. The benefit payable to your surviving spouse* will equal 55% of the greater of (a) or (b), minus (c).
 - a. Your Basic Retirement Annuity, described under Your Retirement Income, without reduction for age at time of death, OR...
 - b. The smaller of (1) or (2):
 - 1. 40% of your High Three average earnings before the date of your disability,
 - 2. The benefit described under your Retirement Income after increasing your service by adding the period from your date of disability to age 60,
 - c. MINUS 100% of any Social Security benefits to which your surviving spouse* may be entitled, whether they elect to receive.

You must be married to your spouse* at least one year immediately before your death, or if married less than one year, your spouse* must be the parent of a child born of the marriage. Payments will begin on the first of the month following your death and will continue until the earlier of the death of your spouse or because the benefit is 100% offset because of any Survivor Social Security entitlement. Repayment of any overpayments due to any Survivor Social Security entitlement is mandatory.

If you die after retiring:

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

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

Beneficiary Designation

A married member's spouse shall be his automatic beneficiary unless the member's spouse consents to the naming of another individual as the member's beneficiary. An unmarried member or married member with spousal consent may name a beneficiary, or two or more co-beneficiaries or successor beneficiaries, to receive any death benefit due on or after his death, by filing a written designation with

the administrator. If a member names two or more beneficiaries, they or their survivors will be considered co-beneficiaries unless he provides otherwise.

Changing Beneficiary Designation

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

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

Qualified Domestic Relations Orders (QDROs)

The Group Retirement plan accepts approved QDROs, in the case of divorce. If there is a QDRO against your group retirement plan, please advise your HR office to notify Headquarters. QDROs for the group retirement plan are administered by Headquarters.

For 401(k) QDROs please contact your HR office for the Fidelity QDRO procedures guide. All 401(k) plan QDROs are administered by Fidelity. All fees associated with processing a QDRO are paid by the participant (and/or alternate payee). Fees for 401(k) QDROs are shown below and are subject to change.

The 401(k) QDRO review fees are as follows:	
For Orders drafted using the Fidelity QDRO Center website <u>with no modifications</u>	\$ 300
For Orders <u>not</u> drafted using the Fidelity QDRO Center website, including the Sample Model Orders attached in these QDRO Guidelines	\$1,200
For Orders drafted using the Fidelity QDRO Center website <u>but subsequently altered</u>	\$1,200
For Orders naming two or more plans sponsored by the same Plan sponsor for which Fidelity provides QDRO qualification services.**	\$1,800

If You Leave Your Employment

If your employment ends before your normal or early retirement date, you may elect one of the following options:

- Retirement Deferred Annuity Option: At the time of termination, if you have completed at least 5 years of Credited Contributory Service and have not yet reached retirement age of 52, you may leave your contributions and interest with the Plan and retain under this option 100% vested interest in the Retirement Annuity you have earned. Unused Sick Leave is NOT included in calculating this benefit. Sick leave balances are forfeited at the time of termination. If you are vested and elect a deferred annuity, you may elect a retirement benefit at any time after you attain age 52.
 - You will receive a deferred annuity letter with your future entitlement amount after your termination.
- Refund Option: At the time of your termination, you may have your contributions returned to you with any applicable interest. The refund will be returned to you within 90 days after receipt of the notice by the Plan Administrator that you have requested the refund option. Refunds will ordinarily be in one sum. The Plan Sponsor reserves the right to spread the payment over 12 months. If you elect the refund option, all benefits under the Plan will be cancelled. Refunds will be issued as direct deposits (via Electronic Funds Transfer (EFT)) for all refunds, with the exception of participants that have accounts with foreign banks.

- If you return to work, you may request to buy back your previous retirement refund. This request must be made within 31 days of enrollment upon rehire.
- If you meet the age and service requirements for an immediate annuity at the time of your termination, you will be required to take an immediate annuity or cash refund. You will not be eligible to defer your annuity to a later date.

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

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

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

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

If you are rehired by MCCS after receiving a retirement refund

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

If you are rehired by MCCS after retirement

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

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

About Interest Rates

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

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

- The normal or early retirement date,
- The first of the month in which death occurs,
- The first of the month in which you elect to have your contributions returned under the refund option, provided you have completed at least three years of credited contributory service.

Employees who elect to leave their contributions with the plan, who have NOT completed at least 3 years credited contributory service at the time of termination, will not accrue any interest on their contribution regardless of how long the funds remain in the Plan.

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

Definition of Covered Earnings

A participant's actual gross earnings, including bonuses, but excluding tips, cost of living differentials.

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

Chapter 6 - Additional Benefits

401(k) Plan Information

It is never too early to start saving for retirement. In addition to the Defined Benefit Retirement Plan, the Marine Corps NAF Defined Contribution Plan 401(k)) provides an additional way for you to provide for you and your family's future. This plan was introduced July 1, 1993, and was designed to be part of your three-tiered retirement plan consisting of the Group Retirement, 401(k) Plan, and Social Security.

The 401(k) Plan gives eligible civilian employees an opportunity to increase their security at time of retirement through their own savings during their periods of active employment.

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

Flexible employees of Marine Corps NAF employers will be eligible to join the Flex 401(k) plan. A brief description of that Plan is provided in the 401(k) Summary Plan Description.

The IRS determines the annual limit for deferrals. Visit IRS.gov for more information. Your employer also matches your contributions - review the 401(k) Handbook for payroll deferrals and matching contribution information. **The Flex 401(k) Plan is not eligible for employer matching contributions.**

Participation Information

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

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

You may defer from 1% to 85% of your salary into the 401(k) Plan on a pre-tax basis and/or a Roth, after-tax basis. You will be restricted from deferring 85% if there are other mandatory payroll deduction requirements (i.e. Withholding taxes, insurance premiums, garnishments etc.) If you elect an 85% deferral, your payroll office may require you reduce your election to ensure mandatory deductions are not impacted.

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

A well-rounded selection of investment choices is offered to ensure you are provided the opportunity to diversify your investments as determined by your specific financial needs.

For additional plan information, please refer to the 401(k) Summary Plan Description available at your local personnel office, or on the MCCS website: www.benefits.usmc-mccs.org.

To learn more about investing, to find out how 401(k) can play a vital role in your retirement, and to learn what style of investor you are, you may visit the plan administrator website. There are a variety of interactive tools you can use to learn about your 401(k) Plan at www.401k.com.

Flexible Spending Account (FSA)

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

What is a Flexible Spending Account?

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

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

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

Please keep in mind that you will need to enroll in the FSA plan every year. Participation in the FSA plans cease at the time of termination with MCCS. All unused DCFSA and HCFSA funds over \$660 are forfeited if unused before 31 Dec and not submitted for reimbursement by 31 March. If you terminate employment with MCCS, and are rehired as regular full time, or regular part time, within the same calendar year you will automatically be re-enrolled into the FSA plan that you were enrolled in prior to termination. The bi-weekly contribution will be based on the initial annual election amount.

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

Both the HCFSA and the DCFSA plans are subject to non-discrimination testing to ensure participants identified as "highly compensated employees" (HCE) are not provided a benefit greater than participants that are not considered HCE. Should either or both plan(s) fail the non-discrimination test, HCE's will have the applicable FSA deferral reduced accordingly.

NOTE: If you are enrolled in the HDHP with an HSA you are not eligible to participate in the Healthcare FSA. You can participate in the Dependent care FSA if you are in an HSA.

Health Care Flexible Spending Account (HCFSA):

Although your health care benefit plan offers you and your family considerable protection against high cost of health care, you still have out-of-pocket expenses such as co-pays for doctor visits, co-pays for prescriptions and over the counter medications.

Eligible Expenses - Health care FSA expenses must be considered tax-eligible by the Internal Revenue Service (IRS). According to the IRS rules, eligible out-of-pocket medical/dental expenses include but are not limited to:

- Deductibles, copayments and coinsurance
- Eye care, such as eye exams, eyeglasses and contact lenses for vision correction, saline solution and LASIK surgery
- Hearing exams and hearing aids
- Doctors' fees and routine physicals
- Laboratory fees
- Chiropractic treatment
- Dental work and orthodontia
- Prescription Drugs and some over the counter (OTC) drugs with a prescription. Please note the list of eligible over-the-counter items change periodically. Please make sure to check the Inspira Financial website for the most current list at www.inspirafinancial.com

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

Unused Funds: If, at the end of the plan year or at the time of termination of NAF employment, you do not use all of the money deposited into your FSA, the IRS allows "up to \$660" to be rolled over to the next plan year. Many out-of-pocket health care expenses can be estimated ahead of time, which will help you in determining how much you should contribute to your FSA. Please use the Calculator at www.inspirafinancial.com if you need assistance in calculating how much money you should set aside for health expenses. Unused funds up to \$660 will be rolled over after 31 March each year. If for any reason, you have a distribution of excess funds you will be responsible for the overpayment, or the funds will be declared a taxable distribution and your W2 earnings will be amended.

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

Contribution Limits: For 2025, the maximum annual contribution limit for the Health Care Flexible Spending Account is \$3,300. Limits are subject to change. The minimum you can contribute to the Health Care Flexible Spending Account is \$200.

Substantiation

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

The IRS requirement for substantiation can be found in Revenue Ruling 2003-43 and Notice 2006-09.

Impact of other Employer Plans on your Healthcare FSA

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

Unused Funds: If you haven't used all of the money deposited into your health care FSA, the IRS allows up to \$660 of these remaining healthcare funds to rollover to the next plan year. Rolled over funds do not count toward the annual FSA max deferral, they are in addition to it. The annual rollover amount is subject to change. The rollover funds can be used for eligible expenses during the new plan year.

Dependent Care Flexible Spending Account (DCFSA)

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

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

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

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

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

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

Who is a Qualified Person?

- Your dependent children up to their 13th Birthday.
- Any dependent living with you for more than half the year and who is physically or mentally incapable of self-care.
- Your spouse living with you for more than half the year and who is physically or mentally incapable of self-care.
- Someone for whom you cannot claim a dependency exemption on your income tax return.
Please refer to Publication 503 on the IRS website at www.irs.gov for the definition of a Qualifying Person.

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

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

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

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

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

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

Qualifying life event - if you are enrolled in the FSA plan(s) and experience an IRS qualified life event - contact your HR office to see if you may be eligible to amend your election within 31 days of the event.

Short Term Disability Income Plan

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

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

Employees will have to complete a short health questionnaire for underwriter approval prior to enrollment. Employees electing enrollment after their initial eligibility period (during open enrollment periods) will have to complete a short health questionnaire for underwriter approval prior to enrollment.

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

Employee Assistance Program (EAP)

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

An EAP is a service that provides confidential assistance to employees on a variety of personal issues, including emotional, substance abuse, financial, legal, marital/family, and dependent care etc. EAP services are confidential and available 24 hours a day, 7 days a week. Services are provided by trained professionals*.

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

There is no cost to participate in the EAP for employees. Your employer will pay the entire premium for the program. Costs may be incurred for visits to providers that exceed those offered directly through the EAP (Typically 3 visits). *Some benefits (such as financial or legal) may incur a cost but will be provided at a discount.* Please visit member.magellanhealthcare.com for full program details.

Workers' Compensation

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

- ALL civilian NAF employees are eligible.
- If you incur a work-related injury, you must notify your supervisor immediately.
- Your retirement benefit will be offset by 100% of any worker's compensation to which you may be entitled.
 - FERS portability employees considering commencing their FERS retirements would need to choose between the Worker's Compensation benefit or FERS retirement. There is no option to receive benefits for both.

Social Security

Eligibility: As a NAF employee, you automatically contribute to Social Security (Provided you meet citizenship and other qualified status) every pay period. You and your employer share equally in the cost of Social Security benefits, and Congress determines the contribution rates.

Benefit Provider Contact Information

Plan	Web	Telephone
<i>Aetna (Medical & Dental)</i>	www.aetna.com	800-367-6276
<i>Aetna International</i>	www.aetnainternational.com	888-506-2278 Or Collect 813-775-0189
<i>Inspira Financial</i>	www.inspirafinancial.com	800-416-7053
<i>Kaiser Mid-Atlantic</i>	www.kp.org	800 777-7902
<i>Kaiser- Hawaii</i>	www.kp.org	800-966-5955
<i>Kaiser California</i>	www.kp.org	800-464-4000
<i>HMSA - Hawaii</i>	www.hmsa.com	800-948-6079
<i>Fidelity Investments</i>	www.401k.com	800-890-4015
<i>EAP (Employee Assistance Program)</i>	member.magellanhealthcare.com	800-424-5988
<i>* Federal Long Term Care Insurance</i>	www.LTCFEDS.com	800-582-3337
<i>AFLAC</i>	www.wecareworks.com/Aflac	800-983-0979

Stay familiar with your benefits by regularly visiting the MCCS Benefits webpage at <https://benefits.usmc-mccs.org>.

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



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