

Accident and Health Plan Premium Program I For Represented Employees

"AHPPP I" Summary Plan Description

Introduction

As an employee of the County of Kern ("County"), you may be eligible to participate in the County of Kern Accident and Health Plan Premium Program I ("AHPPP I" or the "Plan") which is a Component Plan of the County Kern\$Flexible Spending Accounts Plan ("Kern\$Flex I"). AHPPP I Participants are given the option to purchase certain types of voluntary insurance underwritten by American Bankers Life Assurance Company ("American Bankers") or employee health benefits contributions for medical/dental/vision coverage. This document summarizes certain provisions of the official AHPPP I plan document. For complete details and information, see the official AHPPP I document.

Employer and Plan Administrator

Employer: Kern County
Telephone: (661) 868-3182
Employer I.D. Number: 95-6000925
Plan Administrator: County Administrative Officer
Address: 1115 Truxtun Avenue, 5th Floor
Bakersfield, CA 93301

Agent for Service of Legal Process

Name: Ryan J. Alsop, County Administrative Officer
Telephone: (661) 868-3198
Address: 1115 Truxtun Ave., 5th floor
Bakersfield, CA 93301
Underwriter: American Bankers Life Assurance Company
Telephone: (800) 524-5298
Address: P O Box 1807
Columbia, SC 29202

Eligibility

To participate in AHPPP I an Eligible Employee must work 20 hours or more per week in a regular, budgeted position with the County which is scheduled for half-time or more a represented position.

Benefits and Enrollment

AHPPP I provides for certain insurance coverages under Sections 105 and 106 of the 1986 Internal Revenue Code, as amended ("IRC"). Contributions to AHPPP I are made in accordance with your elections under AHPPP I. The amount of such contributions is equal to the premiums charged by American Bankers Life or your employee contributions for health benefits coverage and to your corresponding payroll deductions. Your County taxable income will be reduced on your W-2 by the amount of your AHPPP I contributions. Insurance claim payments for certain coverages under AHPPP I may be subject to taxation.

Elections are made during the annual open enrollment. Newly Eligible Employees may also enroll during their first 60 days of employment in an eligible position.

A Participant may not revoke a Kern\$Flex I/AHPPP I election and/or make a new election after commencement of the Plan Year, unless both the revocation and the new election are on account of and consistent with a "change in family status" as described in the Plan. **Kern\$Flex I/AHPPP I Participants are not required to re-enroll each year** for elections to continue under AHPPP I in subsequent Plan Years. Elections will automatically renew under AHPPP I at the end of the coverage period if not canceled in writing.

The voluntary insurance benefits provided under the Plan are described in the coverage document issued subsequent to enrollment. If you would like another copy of the benefits description, one will be provided to you free of charge. Claims made under the Plan are processed and administered by American Bankers Life Assurance Company at ; P.O. Box 1807; Columbia, South Carolina; 29202, telephone number (800) 524-5298.

Claims Procedure

A claim for benefits under the Plan should be made by contacting American Bankers Life Assurance Company at; P.O. Box 1807; Columbia, South Carolina; 29202. If your claim for benefits is denied by American Bankers, you may appeal to the Plan Administrator. You may appeal within 60 days after receipt of written notice of the denial by submitting a written request for review to the Plan Administrator. Appeals will be reviewed and determined by the Kern\$Flex Advisory Committee. A claimant may also submit a written statement of issues and comments concerning the claim and request an opportunity to review the plan document, any Component Plan, and other pertinent documents. If so requested, the Plan Administrator shall make these documents available to the claimant at a convenient location during regular business hours within 30 days after receipt of such request. Time limits shall be strictly construed.

Statement of Rights

As a Participant, you are entitled to certain rights and protections. You may examine, without charge, that part of the records under Kern\$Flex I and/or AHPPP I which pertains to you, at the Plan Administrator's office at reasonable times during normal business hours. Upon written request and payment of photocopying charges, you may obtain a copy of the official plan document. For purposes of the applicable IRC sections, neither the benefits nor contributions provided under Kern\$Flex I or AHPPP I for any Plan Year shall discriminate in favor of Highly Compensated Employees.

Other Information

The County makes no representations or warranties as to the tax consequences of your participation in AHPPP I. The County advises you to consult your accountant or tax advisor as to your actual tax consequences as the result of your participation in AHPPP I. The Plan Year begins January 1 and ends December 31 (calendar year). No assets are accumulated under the Plan. Premiums are paid out of the general assets of the County when due. Should any items in this Summary Plan Description conflict with information in the official AHPPP I plan document, the AHPPP I plan document will prevail.