



## Employee Benefits Information Guide



# Table of Contents

Enrolling in Your Benefits .....	Page 2
Medical Coverage .....	Page 4
Dental Coverage .....	Page 6
Vision Coverage .....	Page 7
Life / AD&D and Disability Insurance .....	Page 8
Flexible Spending Account Program .....	Page 10
401(k) Retirement & Stock Plans .....	Page 12
Employee Assistance Program .....	Page 13
Additional Benefit Programs .....	Page 14
Final Enrollment Checklist .....	Page 15
Keeping You Informed .....	Page 16
Medicare Part D Notice (Creditable Coverage) .....	Page 18
Medicaid and the Children's Health Insurance Program (CHIP) .....	Page 20
2013 Benefit Deductions .....	Page 23
Benefits Directory / Who to Contact .....	Page 24

*This guide provides an overview of the benefits program. It is not intended to be a complete description of the benefits or to be the official summary plan description for these programs. If there is a conflict between this guide and the official plan documents, the plan documents will govern. Mindspeed Technologies, Inc. reserves the right to modify or terminate any of the described benefits at any time and for any reason. The descriptions of these benefits are not guarantees of current or future employment or benefits.*

# Enrolling in Your Benefits

## Who is Eligible

Active part-time and full-time employees working 20 hours or more per week are considered benefit eligible. You may also enroll your eligible dependents in the plans. Your eligible dependents include:

- Your legal spouse or domestic partner
- Your children / step-children or children of your domestic partner up to age 26, regardless of marital or student status

## BenXcel Online Enrollment

To access plan coverage information, enroll, or make changes to your current elections, please visit BenXcel by following the directions below:

1. Log onto the BenXcel website by clicking here (<https://www.benxcel.com/mnds.htm>)
2. Your user name is your Employee ID
3. Your password {Employee ID}. If you have forgotten your password, please click on the link from the login screen that says "Forgot Username or Password"

Customer Service: 800-685-6100

Password Support: [support@benxcel.com](mailto:support@benxcel.com)

## When You Can Enroll

Each year, there is an annual open enrollment period during which you will select the benefits you want for the upcoming year. The plan year for Mindspeed Technologies, Inc. is January 1, 2013 through December 31, 2013.

If you are a newly hired employee, you are eligible for coverage on your date of hire.

If you do not enroll for coverage during your eligibility period, you must wait until the next Open Enrollment period, November 2013. Reminder, if you are not making any changes to your 2012 elections, there is no need to take any action.

If you are a current employee, you can enroll or make changes during the annual open enrollment period or mid plan year if you experience a Qualified Life Status Change. See the "Choose Carefully" section for information regarding Qualified Life Status Changes.



# Enrolling in Your Benefits

## Special Enrollment Rights

Your enrollment in the medical, dental, vision, Supplemental Life / AD&D and Buy-up LTD plans or declination of coverage when you are first eligible, will remain in place until the next Open Enrollment period, unless you have a qualified status change as defined by the IRS.

Any coverage changes must be made within 31 days of a qualifying event / status change. Examples of a qualified status change include:

- Marriage
- Legal separation
- Divorce
- Birth or adoption of a child
- Change in eligibility of a child
- Death of a dependent
- Change in your spouse's / domestic partner's employment status
- Reduction of hours that changes your eligible status
- A substantial change in your benefits coverage or a spouse's coverage
- A relocation that impacts network access

In addition, if you or your dependent lose eligibility for Medicaid or the state health insurance program (e.g., California Healthy Families), or become eligible for such programs, you may be able to change enrollment for yourself and your dependents, provided that you request enrollment within 60 days after loss of eligibility for Medicaid or the state health insurance program.

You may submit your changes through the BenXcel online portal. Changes will become effective the 1st day of the month following the change submission. Newborn babies will be effective on their date of birth as long as they are enrolled within the 31-day time frame. If you do not make coverage changes within 31 days of the qualifying change in status, you must wait until the next annual enrollment period for coverage changes effective January 1, 2014.

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 31 days after your other coverage ends.

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. In addition, if you or your dependent lose eligibility for Medicaid or the state health insurance program (e.g., California Healthy Families), you may be able to enroll yourself and your dependents, provided that you request enrollment within 60 days after loss of eligibility for Medicaid or the state health insurance program.

# Medical Coverage

## Medical Plan Options

### **Anthem Blue Cross**

HMO (CA only): 800-888-8288

PPO: 800-888-8288

Express Scripts: 866-297-1013

[www.anthem.com/ca](http://www.anthem.com/ca)

The medical options available for the plan year January 1, 2013- December 31, 2013 include:

- Anthem Blue Cross HMO (CA only)
- Anthem Blue Cross PPO

## Anthem Blue Cross HMO (California Only)

The HMO plan is only available in California. With the HMO plan, you must select a Primary Care Physician (PCP) who will coordinate all of your medical care and secure all authorizations necessary for hospitalization or outpatient procedures. You and your eligible family members can each select the PCP of his / her choice and PCP changes can be made by contacting Member Services.

If you require the services of a specialist, you must get a referral from your PCP. The only exception is for OB/GYN, which can be self-referred to a physician within the patient's PCP medical group.

You will pay a \$20 copay for a PCP and \$40 for a specialist office visit. Your inpatient hospitalization requires a copay of \$250 per admission.

You will have a \$10 copay for generic drugs, \$20 copay for brand drugs, \$35 copay for non-formulary drugs and 20% (up to \$150) for self-injectible drugs (except insulin) for up to a 30 day supply.

If you use the Mail Order Program, you will pay a \$10 copay for generic drugs, \$20 copay for brand drugs, \$70 copay for non-formulary drugs and 20% (up to \$300) for self-injectible drugs (except insulin) for up to a 90 day supply.

## Anthem Blue Cross PPO (California & Out-of-State)

With the PPO plan, you choose your own doctors for all your health care needs and take advantage of significant cost savings when you use Anthem Blue Cross contracted providers. With the PPO plan, you have a choice every time you need care.

The deductible is \$250 for single coverage and \$750 for family coverage both in-network and out-of-network. Most services are covered at 90% in-network and 70% out-of-network. In-network office visits require a \$20 copayment for an office visit. The deductible is waived for office visits.

You will have a \$10 copay for generic drugs, \$15 copay for brand drugs, \$30 copay for non-formulary drugs and 20% (up to \$150) for self-injectible drugs (except insulin) for up to a 30 day supply.

If you use the Mail Order Program, you will pay a \$10 copay for generic drugs, \$30 copay for brand drugs, \$60 copay for non-formulary drugs and 20% (up to \$300) for self-injectible drugs (except insulin) for up to a 90 day supply.

# Anthem Blue Cross

Anthem Blue Cross Medical Plans Policy Number: 275383			
HMO (CA ONLY)		PPO & BlueCard PPO	
	Network	Network	Non-Network
<b>General Plan Information</b>			
Annual Deductible	None		\$250 single \$750 family
Coinsurance	None	10%	30% of Anthem's fee schedule
Office Visit / Exam	PCP: \$20 copay Specialist: \$40 copay	\$20 copay	30% after deductible
Lab/Xray (non-complex)	No charge	10% after deductible	30% after deductible
Complex Imaging	\$100 copay	10% after deductible	30% after deductible (\$800) max benefit per procedure
Preventive Exams (well woman, routine physical, etc.)	No charge	No charge	Child: 30% after deductible (\$20 max benefit per exam). Adult: Not covered
Annual Out-of-Pocket Maximum	\$2,000 single \$4,000 family	\$1,000 single \$2,000 family	\$2,000 single \$4,000 family
Lifetime Maximum Benefit	Unlimited	Unlimited	
<b>Hospital Services</b>			
Inpatient Hospital Services	\$250 copay per admission	10% after deductible	30% after deductible \$500 copay, then copay waived if utilization review is obtained
Outpatient Hospital Services	\$125 copay per admission	10% after deductible	30% after deductible
Emergency Room (Waived if Admitted)	\$150 copay	10% + \$50 copay	
Ambulatory Surgery Facility	\$125 copay	10% after deductible	30% after deductible (\$350 per day max benefit)
Urgent Care	\$20/\$40 copay	\$20 copay	30% after deductible
<b>Prescription Drug Benefits</b>			
	30 day supply	30 day supply	
Generic	\$10 copay	\$10 copay	50% after \$10 copay
Brand Formulary	\$20 copay	\$15 copay	50% after \$15 copay
Non-Formulary	\$35 copay	\$30 copay	50% after \$30 copay
Specialty/Self-injectible	20% to \$150/Rx	20% to \$150/Rx	Not covered
<b>Mail Order Pharmacy</b>			
	90 day supply	90 day supply	
Generic	\$10 copay	\$10 copay	Not covered
Brand Formulary	\$40 copay	\$30 copay	Not covered
Non-Formulary	\$70 copay	\$60 copay	Not covered
<b>Other Services and Supplies</b>			
Chiropractic Services	\$20 copay (up to 60-day period/illness or injury)	10% after deductible	30% after deductible (\$25 max benefit per visit)
		(up to 24 visits/year)	
Durable Medical Equipment	50%	50% after deductible	
<b>Customer Service</b>	<b>(800) 888-8288</b>		
<b>Website</b>	<b>www.anthem.com/ca</b>		

This summary of insurance does not amend, extend or alter the coverage afforded by the policy. Please read the policy carefully for restrictions, limitations and exclusions. Should there be a conflict between the summary and the policy, the latter shall prevail.

# Dental Coverage

## Dental Plan Option



**Delta Dental**  
**DPPO: 800-765-6003**  
[www.anthem.com/ca](http://www.anthem.com/ca)

The Company offers one dental benefit option:

- Delta Dental PPO

## Delta Dental Preferred Provider Option (DPPO)

Allows you to use the dental care provider of your choice, including (in most areas) Preferred Providers who charge reduced fees for Plan members. Most preventive benefits are covered at no cost to you. After you pay an annual deductible, the Plan covers a percentage of your approved dental expenses.

92% of all dentists in California are part of Delta Dental's Premier network.

## Using the Plan

PPO members have access to providers nationwide! PPO members may receive services from a PPO provider or any licensed dentist of their choice with no restrictions. However, network dentists have agreed to accept discounted fees. This means lower premiums and less out-of-pocket for members who access the network. To find an in-network dentist: Logon to: [www.deltadentalins.com](http://www.deltadentalins.com) or contact Customer Service.

Delta Dental Plan Policy Number: 2331		
	PPO	
	Network	Non-Network (contracted fee)
General Plan Information		
Annual Deductible (waived for diagnostic & preventive)	\$50 member/\$150 family	
Calendar Year Maximum	\$1,500	
Diagnostic & Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Orthodontia	50% (\$1,500 lifetime max), adults & child(ren)	
Customer Service	(800) 765-6003	
Website	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>	

*This summary of insurance does not amend, extend or alter the coverage afforded by the policy. Please read the policy carefully for restrictions, limitations and exclusions. Should there be a conflict between the summary and the policy, the latter shall prevail.*

# Vision Coverage

## Vision Plan Option

MES: 800-877-6372

[www.mesvision.com](http://www.mesvision.com)

## MES Vision

Allows you to use the health care provider of your choice, including (in most areas) Preferred Providers who charge reduced fees for Plan members. After you pay your copay, the Plan covers a percentage of your approved vision expenses.

Logon onto: [www.mesvision.com](http://www.mesvision.com)

## Using the Plan

When you want vision services, call an MES participating provider to make an appointment. You can call Toll Free at 800-877-6372 to request a list of participating providers.

Identify yourself as an MES member and provide the employee's social security number. MES participating providers will verify coverage. MES will pay the participating provider directly for covered services. Services rendered by non-participating providers will be reimbursed up to the limits in the schedule below and are based on wholesale costs.

When you use an MES provider you are responsible for a copay at the time of service. Your provider will file a claim for you and be reimbursed directly from MES. If you see a non-network provider you pay all expenses at the time of service and submit a claim for reimbursement up to the allowance shown in the MES Plan Highlights chart below. Remember to ask your MES provider about special discounts for additional glasses, special lens options and other vision services, including LASIK surgery.

You will not receive an MES card. Select an MES provider from [www.mesvision.com](http://www.mesvision.com) or by calling Customer Service at 800-877-6372.

Medical Services Vision Plan Policy Number: 292-050		
	Network	Non-Network (contracted fee)
Exams	\$10 deductible	\$40 allowance after \$10 deductible
Frequency	One exam per 12 month period	
Lenses	\$25 deductible	\$30-\$65 allowance after \$25 deductible
Frequency	One pair of standard lenses per 12 month period	
Frames	\$125 allowance	\$75 allowance
Frequency	One frame per 24 month period	
Contacts (In lieu of standard lenses)	No charge - Medically Necessary \$125 allowance - cosmetic	\$250 allowance - Medically Necessary \$125 allowance - cosmetic
Frequency	Once every 12 month period	
Customer Service	(800) 877-6372	
Website	<a href="http://www.mesvision.com">www.mesvision.com</a>	

*This summary of insurance does not amend, extend or alter the coverage afforded by the policy. Please read the policy carefully for restrictions, limitations and exclusions. Should there be a conflict between the summary and the policy, the latter shall prevail.*

# Life / AD&D and Disability Insurance

## Basic Life / AD&D

Mindspeed Technologies provides employees with Basic Life and Accidental Death & Dismemberment (AD&D) insurance at no cost to you.

**Basic Life Insurance** -You are automatically covered by a Basic Life Insurance benefit equal to 2 times your annual compensation up to a maximum of \$1.25 million (combined with Voluntary Life). The combined Basic and Voluntary Life guarantee issue amount is the lesser of 2 times annual compensation or \$500,000. **Basic AD&D** -You are automatically covered by a Basic Accidental Death and Dismemberment Insurance benefit equal to 1 times your annual compensation up to a maximum of \$500,000 that pays a benefit if you are injured or die as the result of an accident (in addition to applicable life insurance benefits).

## Voluntary Life / AD&D



### CIGNA Voluntary Life / AD&D

**Claim Services: 888-84-CIGNA**

[www.cigna.com](http://www.cigna.com)

In addition to the Basic Life and AD&D Insurance the Company provides, you may purchase additional Life Coverage and AD&D for You, Your Spouse and Unmarried Dependent Children.

Please refer to the CIGNA Voluntary Life & AD&D brochures for the deduction schedule with rates. The rates are based on age and the amount of insurance elected.

Cigna Voluntary Life & AD&D Plans	
Policy Numbers: Life FLX-926842, AD&D OK 964504	
<b>Voluntary Life</b>	
Employee Benefit	1-5x your basic annual salary (combined basic and voluntary benefit cannot exceed \$1,250,000) - guarantee issue may be available up to a combined basic & voluntary benefit that cannot exceed the lesser of 2x salary or \$500,000
Spouse Benefit	\$10,000, \$25,000, \$50,000, \$75,000 or \$100,000 - guarantee issue may be available up to \$50,000
Child(ren) Benefit	\$5,000, \$10,000, \$15,000, \$20,000 or \$25,000- guarantee issue may be available up to \$25,000
Guarantee Issue	To be eligible for guarantee issue, you must apply for coverage within 31 days of your dependent(s) initial effective or qualifying event date
Added Benefits	Portable if you should leave Mindspeed Technologies, waiver of premium during disability, Living Benefit option
<b>Voluntary AD&amp;D</b>	
Employee Benefit	1-6x your basic annual salary up to \$500,000
Spouse Benefit	without child(ren): 60% of employee's amount with child(ren): 50% of employee's amount \$250,000 maximum benefit
Child(ren) Benefit	without spouse: 15% of employee's amount with spouse: 10% of employee's amount \$10,000 maximum benefit
<b>Customer Service</b>	<b>(800) 362-4462</b>
<b>Website</b>	<b>www.cigna.com</b>

# Life / AD&D and Disability Insurance (continued)

Cigna Voluntary Life & AD&D Plans	
Policy Numbers: Life FLX-926842, AD&D OK 964503	
Life Benefit: 2x your basic annual salary, rounded to next higher \$1000 up to \$1,250,000	
Life Guarantee issue: 2x your basic annual salary up to \$500,000	
AD&D Benefit: 1x your basic annual salary, rounded to next higher \$1,000 up to \$500,000	
AD&D Guarantee Issue: \$500,000	
Be sure your Life/AD&D beneficiary designation is current. Visit BenXcel to update.	
<b>Customer Service: (800) 362-4462</b>	
<b>Website: <a href="http://www.cigna.com">www.cigna.com</a></b>	
<b>Health Rewards: (800) 258-3312 or <a href="http://www.cigna.com/rewards">www.cigna.com/rewards</a> - Password: savings</b>	
<b>Will preparation Program: <a href="http://www.cignawillcenter.com">www.cignawillcenter.com</a></b>	

## Short-Term Disability (STD)

In the event you become ill and are on an approved medical leave of absence, short-term disability benefits are available as of your date of employment. The short-term disability plan includes two tiers of benefits; Salary Continuation and Accident and Sickness.

Salary Continuation -100% of your base salary, coordinated with any applicable State Disability Insurance (SOI) payments and/or Workers' Compensation (WC) benefits. You will receive one week of pay for each year of service less any applicable offsets (SDI or WC) for a minimum of four weeks and a maximum of 26 weeks pay.

Accident and Sickness -Benefits are payable once Salary Continuation benefits have been exhausted. You may be eligible to receive 66.67% of your base salary less applicable SDI, Workers' Compensation, or Social Security benefits for a total of 26 weeks including Salary Continuation.

## Long-Term Disability (LTD)

CIGNA Long-Term Disability  
Claim Services: 888-84-CIGNA  
[www.cigna.com](http://www.cigna.com)

Long-Term Disability (LTD) benefits help to provide you with monthly income if you become disabled and are unable to work. Mindspeed Technologies provides Core LTD coverage at no cost to employees.

Cigna Long Term Disability Plans		
Policy Number: FLK-960387		
	Core Plan	Buy-up Plan
Benefit	60% of your basic earnings	66.67% of your basic earnings
Monthly Maximum Benefit	\$7,500	\$20,000
Elimination Period	180 Days	180 Days
Benefit Duration	Social Security Normal Retirement Age	Social Security Normal Retirement Age
Own Occupation	2 years	2 years
Pre-Existing Condition Limitations	3/12	3/12
Survivor Benefit	3 months	3 months
<b>Customer Service</b>	<b>(800) 362-4462</b>	
<b>Website</b>	<b><a href="http://www.cigna.com">www.cigna.com</a></b>	

# Flexible Spending Account Program

## Flexible Spending Accounts

**Benefit Coordinators Corporation (BCC)**

Customer Service: 800-978-7948

[www.benxcel.com/](http://www.benxcel.com/)

## What is a Spending Account?

Our Health Care and Dependent Reimbursement Accounts allow you to use pre-tax dollars to reimburse yourself for a wide variety of health care expenses and/or dependent care expenses that are not covered through your other benefit plans. The annual amount you elect will be divided into equal amounts and deducted from your paycheck before Federal, State and local income taxes are withdrawn.

## Important Change to Over-The-Counter (OTC) Drugs & Medicine

Due to recent health care reform legislation, OTC drug expenses incurred on or after January 1, 2011 will require a doctor's prescription in order to be reimbursed under a health FSA plan.

For example, over the counter allergy & sinus, cough, cold & flu and pain relief (Advil & Tylenol) medications will require a doctor's prescription. Items such as band aids, contact lens supplies & solutions and first aid supplies will not require a doctor's prescription.

## Your Money is Never Taxed

Because your Spending Account deductions are pretax, you can save 25-50 percent of your out-of-pocket health care expenses. Your money goes further because you never have to pay tax on the money set aside in these accounts.

## Simple to Use

Mindspeed Technologies will deduct equal amounts from your paycheck before taxes are taken out. You will receive a debit card after you enroll in the plan. You can use your debit card at the point of service or you will need to submit a completed claim form and appropriate documentation to our administrator, BCC, who issues a reimbursement to you. Be sure to keep copies of your receipts for your tax records, even if you use your debit card.

## Health Care Reimbursement Account

You can contribute up to \$2,500 each year to help pay for eligible medical, dental, vision and hearing expenses you and your family incur during the plan year.

## Dependent Care Reimbursement Account

You can contribute up to \$5,000 each year to help pay for care for your eligible dependents. This limit will be reduced to \$2,500 if you are married and file a separate tax return.

**Dependent Care Expenses:** Includes day care expenses at a nursery school, day camp or day care center, after school care for children under age 13 and household services related to the care of a disabled or elderly adult.

# Flexible Spending Account Program (continued)

## Estimating Your Expenses

Be sure to estimate carefully as any money you do not use throughout the year will be forfeited (this is called the “use it or lose it” rule). You will need to submit a claim form for reimbursement. Be sure to save your receipts.

Health Care Expenses: Determine how much money you spend each year for out-of-pocket health care expenses for you and your eligible tax dependents. For example:

- Payments towards your deductible or copays for office visits and prescriptions.
- Costs for routine visits to your doctor, dentist, chiropractor or other health care providers.
- Expenses for routine purchases, such as prescribed medications, prescribed blood sugar tests, prescribed over-the-counter medicine, or other equipment and supplies.

BCC Flexible Spending Accounts
Elect up to \$2,500 for health care and \$5,000 for dependent care per year to pay for eligible expenses with pre-tax dollars (January 1st - December 31st plan year)
<b>Customer Service: (800) 978-7948</b>
<b>Website: <a href="http://www.benxcel.com">www.benxcel.com</a></b>



# 401(k) Retirement & Stock Plans

## 401(k) Retirement Plan

### Fidelity Investments

Customer Service: 800-835-5098

<http://401k.fidelity.com/public/content/401k/Home/Landing>

The Mindspeed Technologies, Inc. 401(k) Plan through Fidelity Investments provides a convenient, flexible way to help you save for retirement and reduce your current income taxes.

You can contribute from 1% to 50% of your base salary on a pre-tax or post-tax basis, or a combination of both. There is a wide variety of investment fund choices. Currently, the company will match your contributions, up to 4% of eligible earnings.

For your convenience, Mindspeed will automatically enroll you at a 4% contribution. If you wish to increase, decrease, or waive your contribution, please visit Fidelity NetBenefits online or call Fidelity's toll-free service center within 2-3 weeks of your date of hire.

## Stock Plans

Stock Options are designed to reward employees for their contribution to Mindspeed's long-term success. The options give employees the right to purchase shares of Company stock in the future at a fixed price for the next 8 years. The fixed price will be determined by Company's stock price on the date the options are granted to you (for newly hired employees, it is shortly after your date of hire). The options vest (and can be exercised) in four equal installments beginning one year from the date of grant and on each subsequent anniversary.

Additional stock option grants may be extended to salaried employees annually. The number of options granted is based on many factors including job scope, responsibilities, performance and contributions.

If you have questions about your stock option grant, contact Stock Administration at 949-579-4525, or at [stock.admin@mindspeed.com](mailto:stock.admin@mindspeed.com).

# Employee Assistance Program

## Employee Assistance Program (EAP)

### CIGNA's Life Assistance Program

800-538-3543

[www.cignabehaviorial.com/cgi](http://www.cignabehaviorial.com/cgi)

Login ID: lap

Password: member

Mindspeed Technologies is proud to provide an Employee Assistance Program for its employees and their household members.

There are times when we experience circumstances which cause difficulties with relationships, job performance and physical health. Everyone can benefit from help when these difficulties arise. Confidential help is available for each employee, dependent and any person living in the household.

Your program includes up to 3 (three) face-to-face assessment and counseling sessions per year per member per incident.

## What Can the EAP Program Do For Me?

A master's level Member Advocate from CIGNA's Life Assistance program will confidentially consult with you over the telephone and help you find solutions and resources to meet life's challenges.

CIGNA can help with the following issues, among others:

- Child and Elder Care
- Substance abuse
- Life improvement
- Difficulties in relationships
- Stress and anxiety with work or family
- Depression
- Emotional well-being
- Financial and legal concerns
- Grief and loss

## Is it Confidential?

CIGNA's Life Assistance program is a confidential service. For your information a record of this case and any contacts with this service will not be released without your expressed consent.

Exceptions to confidentiality may include but are not limited to: suspected abuse or neglect of a child or vulnerable adult, threats of physical harm to yourself or others, and as required by law.

The complete range of EAP services are available 24-hours a day, 365 days a year.

# Additional Benefit Programs

## Additional Benefit Programs

Program	Employee Contributions	Benefits Detail	Eligibility
Adoption Assistance	No employee contribution	\$3,500 paid for the adoption of an eligible child by an employee	After one year
Child & Elder Care Resource and Referral Service	No employee contribution	Provides assistance in locating quality childcare resources and information regarding elder care resources nationwide	Date of employment
Education Assistance	No employee contribution	Reimbursement for tuition, books, and fees for approved courses up to a maximum of \$7,500 per year	Date of employment
Education Assistance	No employee contribution	A confidential resource & referral service for employees and family members to provide assistance and counseling in times of need	Date of employment
Health Club Program	Optional	See your Human Resources Representative regarding the program offered at your location	Date of employment

## Vacation

Vacation time is accrued each pay period based on years of uninterrupted service. Vacation pay benefits generally accrue according to the following schedule:

- New Hire to 2 years 10 days annual vacation
- 2.1 to 4 years 13 days annual vacation
- 4.1 to 9 years 15 days annual vacation
- 9.1 to 13 years 18 days annual vacation
- 13.1 and up 20 days annual vacation

Note: Maximum accrual is 2 times annual vacation earned.

## Holidays

There are 13-15 paid holidays at U.S. locations, including:

- New Year's Day
- President's Day
- Memorial Day
- 4th of July and the day after
- Labor Day
- Thanksgiving and the day after
- Christmas Eve
- Christmas Day and the day after
- New Year's Eve

And up to three floating holidays (determined by Mindspeed, usually between Christmas and New Year's).

# Final Enrollment Checklist

## Health Plans

- Approximately one week following your date of hire, activate your BenXcel account at <https://www.benxcel.com/mnds.htm> and make all your health and welfare benefit plan elections within 31 days of your date of hire.
- While you're enrolling, don't forget to make your life insurance beneficiary designations online.
- When you've completed online enrollment, print a confirmation page for your records and review the detail on your paycheck to ensure that the benefit plan deductions you elected are being taken.

## 401(k) Savings Plan

- Approximately 2-3 weeks following your date of hire, you can activate your Fidelity NetBenefits account at: <https://401k.fidelity.com/content/401k/Home/Landing>. Once you activate your account, you can view or make changes to your account online or by calling Fidelity's Customer Service Unit at 800-835-5098.
- If you have funds from a previous employer's qualified plan that you wish to rollover into the Company Plan, you can call Fidelity (after you've enrolled) and request a "Roll-In-Kit."



# Keeping You Informed

## Women's Health & Cancer Rights Act

The Women's Health and Cancer Rights Act (WHCRA) requires group health plans to make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

- All states of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

Our plans comply with these requirements.

Benefits for these items are generally comparable to those provided under our Plans for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by consultation between the attending physician and the patient.

Our plans neither impose penalties (for example, reducing or limiting reimbursements) nor provide incentives to induce attending providers to provide care inconsistent with these requirements.

## Health Insurance Portability and Accountability Act (HIPAA)

HIPAA prohibits group health plans and health insurance issuers from discriminating against individuals in eligibility and continued eligibility for benefits and in individual premium or contribution rates based on health factors.

These health factors include: health status, medical condition (including both physical and mental illnesses), claims experience, receipt of health care, medical history, genetic information, evidence of insurability (including conditions arising out of acts of domestic violence and participation in activities such as motorcycling, snowmobiling, all-terrain vehicle riding, horseback riding, skiing, and other similar activities), and disability.

## Plan Guidelines / Evidence of Coverage

The benefit summaries listed on the previous pages are brief summaries only. They do not fully describe the benefits coverage for your Health and Welfare plans. For details on the benefit coverages, please refer to the plan's Evidence of Coverage. The Evidence of Coverage is the binding document between the elected health plan and the member.

A health plan physician must determine that the services and supplies are medically necessary to prevent, diagnose, or treat the members' medical condition. These services and supplies must be provided, prescribed, authorized, or directed by the health plan's network physician unless the member enrolls in the PPO plan where the member can use a non-network physician.

The HMO member must receive the services and supplies at a health plan facility or skilled nursing facility inside the Service Area except where specifically noted to the contrary in the Evidence of Coverage.

For details on the benefit and claims review and adjudication procedures for each plan, please refer to the plan's Evidence of Coverage. If there are any discrepancies between benefits included in this summary and the Evidence of Coverage, the Evidence of Coverage will prevail.

# Keeping You Informed (continued)

## General Notice of Pre-existing Condition Exclusion

The PPO plan imposes a pre-existing condition exclusion. This means that if you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within a 6-month period. Generally, this 6-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the 6-month period ends on the day before the waiting period begins. The pre-existing condition exclusion does not apply to pregnancy nor to a child who is enrolled in the plan within 30 days after birth, adoption, or placement for adoption.

This exclusion may last up to 12 months (18 months if you are a late enrollee) from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior “creditable coverage.” Most prior health coverage is creditable coverage and can be used to reduce the pre-existing condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 12-month (or 18-month) exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan or issuer. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage. All questions about the pre-existing condition exclusion and creditable coverage should be directed to Karen Calvert at 949-579-7424.

## Patient Protection

Anthem Blue Cross generally requires the designation of a primary care provider on the HMO plan. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Anthem Blue Cross designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Anthem Blue Cross at 800-888-8288.

## Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

# Medicare Part D Notice

## **Important Notice from Mindspeed Technologies, Inc. About Your Prescription Drug Coverage and Medicare (Creditable Coverage - HMO & PPO)**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Mindspeed Technologies, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare prescription drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered and at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Mindspeed Technologies, Inc. has determined that the prescription drug coverage offered by Mindspeed Technologies, Inc. is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare prescription drug plan.

### **What Happens To Your Current Coverage If You Decide to Join A Medicare prescription Drug Plan?**

Individuals who are eligible for Medicare should compare their current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in their area.

If you are eligible for Medicare and do decide to enroll in a Medicare prescription drug plan and drop your Mindspeed Technologies, Inc. prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

### **Please contact Human Resources for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.**

Your medical benefits brochure contains a description of your current prescription drug benefits.

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Mindspeed Technologies, Inc. and don't join a Medicare prescription drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage.

# Medicare Part D Notice (continued)

For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

## **For more information about this notice or your current prescription drug coverage ...**

Contact our office. NOTE: You will receive this notice annually and also if the prescription drug coverage through Mindspeed Technologies, Inc. changes. You may also request a copy of this notice at any time.

## **For more information about your options under Medicare prescription drug coverage ...**

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. If you are eligible for Medicare, you will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see your copy of the “Medicare & You” handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or you call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this notice. If you enroll in one of the plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.**

Date: January 1, 2013

Name of Entity / Sender: Mindspeed Technologies, Inc.

Contact: Human Resources

Address: 4000 MacArthur Blvd., E. Tower  
Newport Beach, CA 92660

Phone Number: 949-579-7424

# Medicaid and the Children's Health Insurance Program (CHIP)

## Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or low-Cost Health Coverage To Children And Families

If you or your children are eligible for Medicaid or CHIP and you are eligible health coverage from your employer, your State may have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for Medicaid or CHIP. You will not be eligible for these premium assistance programs. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or by calling toll-free 1-866-444-EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2012. You should contact your State for further information on eligibility.

<b>ALABAMA - Medicaid</b>	<b>NEW HAMPSHIRE - Medicaid</b>
Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a> Phone: 1-855-692-5447	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 1-603-271-5218
<b>ALASKA - Medicaid</b>	<b>NEW JERSEY - Medicaid and CHIP</b>
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 1-800-356-1561 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>ARIZONA - CHIP</b>	<b>NEW YORK - Medicaid</b>
Website: <a href="http://www.azahcccs.gov/applicants">http://www.azahcccs.gov/applicants</a> Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 1-602-417-5437	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>COLORADO - Medicaid and CHIP</b>	<b>NORTH CAROLINA - Medicaid</b>
Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a> Medicaid Phone: 1-800-866-3513 (Inside state) Medicaid Phone: 1-800-221-3943 (Out of state)	Website: <a href="http://www.ncdhhs.gov.dma">http://www.ncdhhs.gov.dma</a> Phone: 1-919-855-4100

# Medicaid and the Children's Health Insurance Program (CHIP) (continued)

<b>FLORIDA - Medicaid</b>	<b>NORTH DAKOTA - Medicaid</b>
Website: <a href="http://www.flmedicaidprecovery.com">http://www.flmedicaidprecovery.com</a> Phone: 1-877-357-3268	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604
<b>GEORGIA - Medicaid</b>	<b>OKLAHOMA - Medicaid and CHIP</b>
Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>IDAHO - Medicaid and CHIP</b>	<b>OREGON - Medicaid and CHIP</b>
Medicaid Website: <a href="http://www.accesstohealthinsurance.idaho.gov">www.accesstohealthinsurance.idaho.gov</a> Medicaid Phone: 1-800-926-2588 CHIP Website: <a href="http://www.medicaid.idaho.gov">www.medicaid.idaho.gov</a> CHIP Phone: 1-800-926-2588	Medicaid Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> Website: <a href="http://www.hijosaludablesoregon.gov">http://www.hijosaludablesoregon.gov</a> Phone: 1-877-314-5678
<b>INDIANA - Medicaid</b>	<b>PENNSYLVANIA- Medicaid</b>
Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a> Phone: 1-800-889-9949	Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a> Phone: 1-800-692-7462
<b>IOWA - Medicaid</b>	<b>RHODE ISLAND - Medicaid</b>
Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562	Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a> Phone: 1-401-462-5300
<b>KANSAS - Medicaid</b>	<b>SOUTH CAROLINA- Medicaid</b>
Website: <a href="https://www.kdheks.gov/hcf/">https://www.kdheks.gov/hcf/</a> Phone: 1-800-792-4884	Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>KENTUCKY - Medicaid</b>	<b>SOUTH DAKOTA- Medicaid</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>LOUISIANA - Medicaid</b>	<b>TEXAS- Medicaid</b>
Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a> Phone: 1-888-695-2447	Website: <a href="https://www.gethipptexas.com">https://www.gethipptexas.com</a> Phone: 1-800-440-0493
<b>MAINE - Medicaid</b>	<b>UTAH - Medicaid and CHIP</b>
Website: <a href="http://www.maine.gov/dhhs/ofl/public-assistance/index.html">http://www.maine.gov/dhhs/ofl/public-assistance/index.html</a> Phone: 1-800-977-6740 • TTY: 1-800-977-6741	Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a> Phone: 1-866-435-7414
<b>MASSACHUSETTS - Medicaid and CHIP</b>	<b>VERMONT - Medicaid</b>
Medicaid: <a href="http://www.mass.gov/masshealth">http://www.mass.gov/masshealth</a> Phone: 1-800-462-1120	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>MINNESOTA - Medicaid</b>	<b>VIRGINIA- Medicaid and CHIP</b>
Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a> Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	Medicaid Website: <a href="http://www.dmas.virginia.gov/rcp-hipp.htm">http://www.dmas.virginia.gov/rcp-hipp.htm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.famis.org/">http://www.famis.org/</a> CHIP Phone: 1-866-873-2647
<b>MISSOURI - Medicaid</b>	<b>WASHINGTON - Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 1-573-751-2005	Website: <a href="http://hrsa.dshs.wa.gov/premiumpymt/apply.shtm">http://hrsa.dshs.wa.gov/premiumpymt/apply.shtm</a> Phone: 1-800-562-3022 ext. 154736
<b>MONTANA - Medicaid</b>	<b>WEST VIRGINIA - Medicaid</b>
Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a> Phone: 1-800-694-3084	Website: <a href="http://www.dhhr.wv.gov/bms/">www.dhhr.wv.gov/bms/</a> Phone: 1-877-598-5820 HMS third party liability

# Medicaid and the Children's Health Insurance Program (CHIP) (continued)

NEBRASKA- Medicaid	WISCONSIN - Medicaid
Website: <a href="http://www.accessnebraska.ne.gov">www.accessnebraska.ne.gov</a> Phone: 1-800-383-4278	Website: <a href="http://www.badgercareplus.org/pubs/p10095.htm">http://www.badgercareplus.org/pubs/p10095.htm</a> Phone: 1-800-362-3002
NEVADA - Medicaid	WYOMING - Medicaid
Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="http://www.health.wyo.gov/healthcarefin/equalitycare">http://www.health.wyo.gov/healthcarefin/equalitycare</a> Phone: 1-307-777-7531

To see if any more States have added a premium assistance program since July 31, 2012, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor

Employee Benefits Security Administration

[www.dol.gov/ebsa](http://www.dol.gov/ebsa)

1-866-444-EBSA (3272)

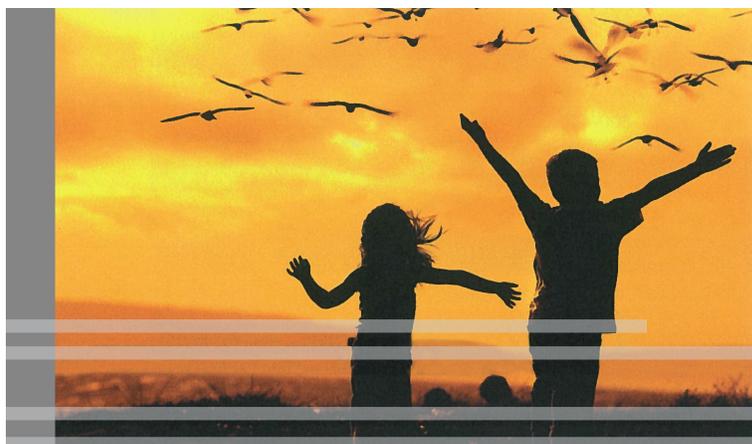
OMB Control Number 1210-0137 (expires 09/30/2013)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

[www.cms.hhs.gov](http://www.cms.hhs.gov)

1-877-267-2323, Ext. 61565



# 2013 Benefit Deductions

Bi-Weekly Employee Contributions (pre-tax)					
	Anthem BC Medical HMO	Anthem BC Medical PPO	Delta Dental PPO	Medical Eye Services Vision	Cigna LTD Buy-Up
EE Only	\$53.49	\$57.93	\$7.11	\$0.67	\$0.12 per \$100 of covered payroll per month
EE + Spouse*	\$118.09	\$127.45	\$11.47	\$1.21	N/A
EE + Child(ren)	\$96.62	\$104.28	\$14.21	\$1.19	N/A
EE + Family	\$166.40	\$179.59	\$17.07	\$1.73	N/A
<b>All other benefits, except voluntary life and AD&amp;D, are 100% paid for by Mindspeed Technologies</b>					

*\*\*Spouse" can also refer to Domestic Partner*



# Benefits Directory / Who to Contact

Questions Regarding	Contact	Phone	E-mail/Website
<b>Health Plan Enrollment &amp; Eligibility</b>			
<ul style="list-style-type: none"> <li>Enroll or view health plan selections</li> <li>Add / delete dependents, change addresses, etc.</li> </ul>	BenXcel	1-800-685-6100	<a href="https://www.benxcel.com/mnd.shtm">https://www.benxcel.com/mnd.shtm</a>
<b>Your Medical Plan</b>			
<ul style="list-style-type: none"> <li>Verify eligibility of a particular medical service / procedure</li> <li>Check the status of a claim</li> <li>Request an ID Card</li> <li>Change Primary Care Physician</li> <li>Confirm your eligibility or coverage</li> </ul>	Anthem Blue Cross HMO Member Services Group# 275383H001	1-800-888-8288	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
	PPO Member Services Group# 275383M001	1-800-888-8288	
	Express Scripts Member Services	1-866-297-1013	
<b>Your Dental Plan</b>			
<ul style="list-style-type: none"> <li>How do I find a provider</li> <li>Verify coverage for procedure</li> <li>Check status of claim</li> </ul>	Delta Dental Member Services Group# 2331	1-800-765-6003	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
<b>Your Vision Plan</b>			
<ul style="list-style-type: none"> <li>How do I use the plan</li> <li>What is covered</li> </ul>	MES Member Services Group# 23817	1-800-877-6372	<a href="http://www.mesvision.com">www.mesvision.com</a>
<b>Your Life and AD&amp;D Plans</b>			
<ul style="list-style-type: none"> <li>Group Life / AD&amp;D</li> <li>Optional Life Plan</li> </ul>	CIGNA Member Services	1-800-36-CIGNA	<a href="http://www.cigna.com">www.cigna.com</a>
<b>Your Long-Term Disability Plans</b>			
<ul style="list-style-type: none"> <li>Core Long-Term Disability</li> <li>Buy-Up Long-Term Disability</li> </ul>	CIGNA Claim Services	1-800-84-CIGNA	<a href="http://www.cigna.com">www.cigna.com</a>
<b>Your Flexible Spending Account (FSA)</b>			
<ul style="list-style-type: none"> <li>What is eligible for reimbursement</li> <li>Claims Status</li> <li>Account Balance</li> </ul>	BCC	1-800-978-7948	<a href="https://www.bencel.com/mnds.htm">https://www.bencel.com/mnds.htm</a>
<b>Your 401(k)</b>			
<ul style="list-style-type: none"> <li>Investment Options</li> <li>Account Balance</li> </ul>	Fidelity Investments Member Services	1-800-835-5098	<a href="https://401k.fidelity.com/public/content/401k/Home/Landing">https://401k.fidelity.com/public/content/401k/Home/Landing</a>
<b>Your Employee Assistance Program (EAP)</b>			
<ul style="list-style-type: none"> <li>24-hour Crisis Hotline</li> <li>Get referrals for face-to-face counseling sessions</li> </ul>	Cigna's Life Assistance Program Member Services	1-800-538-3543	<a href="http://www.cignabehavioral.com/cgi">www.cignabehavioral.com/cgi</a> Login ID: lap Password: member
<b>Your Benefits Broker</b>			
Andreini & Company 220 West 20th Avenue San Mateo, CA 94403			<a href="http://www.andreini.com">www.andreini.com</a>

**4000 MacArthur Blvd., East Tower  
Newport Beach, CA 92660**