

Open Enrollment Details

Important items for 2011:

- Mandatory participation in Open Enrollment for all fulltime U.S. members.
- Open Enrollment period extended to 30 days, Nov. 1 - Nov. 30.
- Priority Health HMO changed to EPO
- Any covered tobacco users, including dependants, must be declared.
- Eligible dependants may participate up to age 26.
- Legally mandated changes to Flexible Spending Accounts that include new limitations on purchasing over-the-counter-medications.

What is Open Enrollment?

Open Enrollment is your once-a-year opportunity to enroll in new benefits, make changes to your current benefits, and add or delete dependents.

Do all fulltime U.S. members have to participate in Open Enrollment?

Yes. Due to significant changes in our medical health care plans, all fulltime U.S. members must participate during open enrollment between November 1 and November 30.

Even if you're electing not to have any Haworth provided benefits, you must participate in open enrollment and actively opt out.

What happens if I don't participate in Open Enrollment?

If you do not participate in Open Enrollment, you will automatically be enrolled in **Member Only** coverage in the Aetna Consumer Driven Health Plan effective January 1, 2011.

Additionally, if you don't participate in Open Enrollment, coverage in the below plans will end effective December 31, 2010.

- Opt Out
- Dental
- Vision
- Flexible Spending Accounts
- Vacation Buy/Sell

IMPORTANT NOTICE!

If you do not participate in Open Enrollment:

Your medical plan selection will default to **Member Only** coverage in the Aetna Consumer Driven Health Plan effective January 01, 2011!

Member Only

coverage means only you will be covered, not your spouse/ domestic partner, or any dependants.

Participation in other plans including Dental and Vision Plans will end on December 31, 2010!

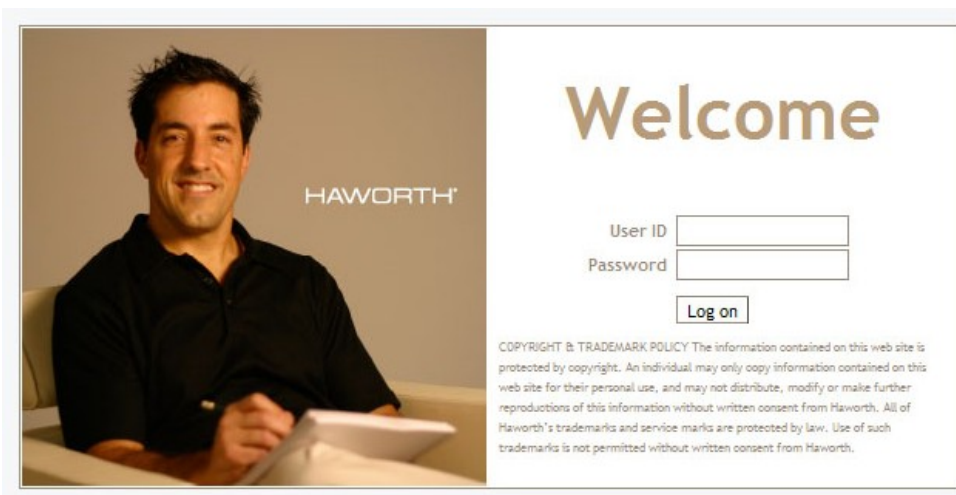
How to Participate in Open Enrollment

Open Enrollment will be held on the HR Self-Service portal. You can access the HR Self-Service portal from any internet connected computer by typing <http://my.haworth.com> into a web browser such as Internet Explorer.

You can also find a link to the HR Self-Service portal by visiting **Hometown Worldwide > Human Resources > U.S.**

Your user name and password are the same as your regular network ID and password (used to logon to computers and access email through the Internet). Passwords are only changed for members if the password had not been reset since the middle of August.

If you need assistance with HR Self-Service portal, or with your password, please contact the Haworth helpdesk at +1-616-393-4357.



A screen shot of Haworth's Human Resources Self-Service Portal. It's also commonly referred to as HR Self-Serve or the HR SAP Portal.

The online portal can be accessed by typing <http://my.haworth.com> into the internet browser of any web connected computer. You can also reach the site through **Hometown Worldwide > HR > US**

What's New for 2011?

Mandatory Enrollment

Due to several changes in our healthcare package, we are requiring that all fulltime U.S. members to participate in the November 1 to November 30 open enrollment.

Even if you don't plan to make any changes to your own selections, you still must re-enroll. If you do not re-enroll, your medical plan choice (including Medical Opt-Out) will default to *the Aetna Consumer-Driven Health plan at the MEMBER ONLY level*.

Additionally, your Flexible Spending Accounts and Vacation Buy/Sell option will default to \$0 and 0 Hours respectively if you do not re-enroll in them.

30 Day Enrollment Period

We are allowing for a 30 open enrollment period this year as opposed to the traditional two weeks and will take place from November 1 through the 30 for an effective start date of January 1, 2011.

Maximum Age for Dependent Children increased to 26

Eligible dependent Children Can now be covered on Haworth's Medical, Dental and Vision plans all the way up to the age of 26 regardless of whether they qualify as a dependent for tax purposes or not.

An eligible dependent child is:

- Your natural child, legally adopted child or a child placed with you for legal adoption; or
- Your step-child or a child for whom you *[or your spouse]* are a court-appointed legal guardian *[under a full (not limited) legal guardianship]*.

Eligible dependants whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in Haworth Benefit Plans for the 2011 benefit year regardless of their status as students.

If you have any questions concerning the eligibility of your dependant, please contact the Benefits Service Center at (877) 408-4090.

What is an EPO?

EPO stands for “Exclusive Provider Organization”. It is the employer funded version of a Health Maintenance Organization (HMO). It allows Haworth to tailor the plan to best meet the needs of our members while still managing costs.

How to reach Aetna and Priority Health

You can reach Aetna at their member services line 1-800-336-6589 or receive information about Aetna’s plans at Aetna.com.

Priority Health Customer Service is available at 1-800-942-0954 and at priorityhealth.com

Medical Plan Changes

While what each plan offers remains similar to last year’s plans, how the plans cover members and use of the plans will change dramatically. Below is a brief summary of the plans offered in 2011.

1. **The Aetna Premier Plan:** offers low co-pays and deductibles, but will have the highest premium taken from your paycheck. The Aetna Premier Plan is a PPO or Preferred Provider Organization. This offers the most flexibility for our members in that you can choose to see the doctors that are part of the nationwide Aetna Network, or go outside the Aetna Network. Network Doctors do provide a greater cash savings for members.
2. **The Aetna Consumer Driven Health Plan (CDHP):** This is a health plan with a high deductible and no office visit co-pays. However, it is paired with a Health Reimbursement Account (HRA) to help offset your deductible expenses and the lowest payroll deductions to keep your fixed costs for health care low. In addition, any unused HRA dollars roll over from year to year. This allows you to use your healthy years to offset future medical expenses.
3. **The Priority Health EPO (PriorityEPOsm):** Michigan based members have the opportunity to participate in an EPO offered by Priority Health. This plan offers both the one on one experience in that you assign a primary care physician to be responsible for your entire scope of health care; but also gives you the freedom of seeing any specialist you need to without having to get your physician’s referral.

Some enhancements made to the plans this year include:

- **100% payment (with no deductible) of preventive services;** such as annual physical exams or age-appropriate testing. No office visit co-pays will apply as long as the visit is within Aetna or Priority Health’s Preventive Guidelines.
- **A consistent approach to payment:** The deductibles, co-insurance levels and co-pays have been matched on both the Priority Health EPO and the Aetna Premier plan in order to offer a consistent experience for members. This will eliminate differences we’ve had in the past on deductible levels being vastly different in our Aetna plans and our Priority Health plans.
- **Two Levels of Coverage for each plan:** each plan now will have a **Choice** level and a **Standard** level. This represents the biggest change to our plans to date.

You Control Your Level Of Medical Coverage

For the first time as a member you will have control over how you want your coverage to work in 2011. To maintain the best level or “Choice” level of coverage, both you and your covered spouse or Domestic Partner must complete two requirements between **January 1-March 31**.

1. **Complete the online Health Risk Assessment offered by Aetna or Priority Health**
2. **Have a doctor fill out a Health Form for you and your spouse. The form will be provided by Aetna and Priority Health and will need to be submitted to either insurance carrier no later than March 31, 2011.**

If you do not complete these two steps by March 31, you will be automatically enrolled in the Standard level of coverage on April 1 for the remainder of 2011.

Medical and Prescription Opt Out: As in the past, if you have other health coverage available to you, you can opt-out of medical and prescription coverage. In 2011, the annual payment for opting out will be \$650. This is paid to you in bi-weekly installments.

What's New for 2011? (Continued)

Consumer Driven Health Plan

To get the maximum amount of HRA dollars available, you as a participant and your covered spouse/domestic partner must achieve the Choice level of coverage. Which will consist of the same health goals needed to keep the Choice level of coverage in the Aetna Premier Plan and the Priority Health EPO.

If you participate with this plan – you will start out the year with any HRA dollars **rolled over** from previous year(s) PLUS \$100 for Member Only coverage and \$200 for Member +1 and Family. The HRA will be allotted when you and your covered spouse or domestic partner:

1. Complete the Health Risk Assessment offered by Aetna or Priority Health
2. Have a doctor fill out a Health Form for you and your spouse/domestic partner. The form will be provided by Aetna and Priority Health and will need to be submitted to either insurance carrier no later than March 31, 2011

Once these are completed, you will receive an HRA Incentive of \$700 for Member Only Coverage and \$1400 for Member +1 and Family Level Coverage. They will be allotted for your use at the end of the month that you and your spouse complete steps #1 and #2 listed above. If claims are incurred before you complete steps 1 & 2, the incentive dollars will not apply. So complete your health goals as early as you can.

Who's Covered by the Haworth Benefits?

Eligible individuals include:

- All full-time US Members regularly scheduled to work at least 36 hours per week
- Your legal spouse
- Your children up to age 26 regardless of Marital Status, Employment, or Student Status
- Children who are mentally or physically handicapped, regardless of age
- Domestic Partners and their children are eligible for most benefits (limits apply). For a definition of Domestic Partner, please see Appendix D.
- Part Time Members and their families are eligible to participate in Flexible Spending Accounts, the Legal Plan, and Vision

If you are adding a new dependent during Open Enrollment, contact the Benefits Service Center to have their name and birth-date added to the system in advance.

Choosing a Health Plan

Haworth Members have access to a variety of decision making tools with Aetna to help you select a plan.

Here are some easy steps to take:

1. Determine what kind of medical services you and your family typically use each year.
2. Think about any planned or potential procedures for the coming calendar year such as pregnancies and elective surgeries.
3. Use Aetna's Plan Selection tool. This online service takes into account your normal and expected use of healthcare as well as the payroll deductions you will pay as premium and gives you an idea of the **total cost** of each plan to your family. The Plan Selection Tool is available at <https://www.aetna.com/planselection/mbrDis.jsp?id=16>.

Finally, not all medical expenses can be anticipated. You need to assess your individual comfort level with the various payroll deductions, deductibles, co-pays, and co-insurance levels should an unexpected event occur.

What's New for 2011? (Continued)

What is a 'Domestic Partner'?

Your relationship with the person above meets ALL of the following criteria:

- You have an exclusive mutual commitment similar to that of marriage,
- You have agreed to be responsible for each other's welfare,
- You are financially interdependent (for example, share a primary residence and related expenses),
- You have been in such relationship for at least 12 months,
- Neither of you is married to anyone else, and
- You are not related by blood.

How Buy/Sell Plans Work

When you buy or sell vacation, your deduction or payment is equal to your hourly rate times the number of vacation hours you elect.

For example, if you buy 40 hours of vacation and earn \$20 per hour, your annual cost is \$800.

There is an annual salary cap on selling vacation of \$187,100 per year.

Active Enrollment

Because of our changes, we are asking ALL Members to re-enroll in the medical plans. If you do not re-enroll, your medical plan choice (including Medical Opt-Out) will default to *the Aetna Consumer-Driven Health plan at the MEMBER ONLY level*.

As in the past, your Flexible Spending Accounts and Vacation Buy/Sell option will default to \$0 and 0 Hours respectively if you do not re-enroll in them.

Maximum Age for Eligible Dependent Children increased to 26

Eligible dependent Children Can now be covered on Haworth's Medical, Dental and Vision plans all the way up to the age of 26 regardless of whether they qualify as a dependent for tax purposes.

An eligible dependent child is:

- Your natural child, legally adopted child or a child placed with you for legal adoption; or
- Your step-child or a child for whom you [*or your spouse/domestic partner*] are a court-appointed legal guardian [*under a full (not limited) legal guardianship*].

Eligible individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in Haworth Benefit Plans for the 2011 benefit year. Regardless of whether they attend school full time or not. Because this may require some extra time, we are allowing for a 30 open enrollment period this year as opposed to the traditional two weeks. This special enrollment period is running in conjunction with our Open Enrollment and will take place from November 1 through the 30 for an effective start date of January 1, 2011.

If you have any questions on whether someone is an eligible dependant, please contact the Haworth Benefits Service Center at (877) 408-4090.

Vacation Buy/Sell Plan

Haworth has had many new members join us in 2010. If you are a new member we want to make you aware that you have the opportunity to purchase additional vacation time during Open Enrollment for the 2011 calendar year. You can purchase as few as 8 hours to as many as 40 hours.

In addition, you can also sell up to 40 hours of vacation time if you feel you will not use all of the vacation time you will be earning in 2011.

CHOICE LEVEL MEDICAL PLANS - 2011

Plan Provision	Aetna Premier PPO		Aetna Consumer Driven Health Plan		Priority Health HMO (Michigan only)
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Deductible - Individual	\$350	\$700	\$1,500	\$3,000	\$350
Deductible -Member+1	700	\$1,400	\$3,000	\$6,000	\$700
Deductible - Family Maximum	\$1,050	\$2,100	\$3,000	\$6,000	\$1,050
Annual Out of Pocket Max - Individual (includes deductible)	\$850	\$1,700	\$4,500	\$6,000	\$850
Annual Out of Pocket Max - Member+1 (includes deductible)	\$1,700	\$3,400	\$4,500	\$6,000	\$1,700
Annual Out of Pocket Max - Family (includes deductible)	\$2,550	\$5,100	\$6,000	\$9,000	\$2,550
Office Visits - Primary Care	\$30 copay	70%*	80%*	60%*	\$30 copay
Office Visits - Specialist	\$45 copay	70%*	80%*	60%*	\$45 copay
Routine Pre-Natal Care	\$30 copay for first visit. All other charges 90%*	70%*	80%*	60%*	\$30 copay per visit, copay maximum \$120.All other charges 90%
Emergency Room	\$150 copay*		80%*		\$150 copay*
Diagnostic Lab fees and X-Rays	90%*	70%*	80%*	60%*	90%*
Hospital Services	90%*	70%*	80%*	60%*	90%*
Preventive Services (see benefit summaries for a list of covered services)	100% coverage - No office visit co-pay	no coverage	100% coverage	no coverage	100% coverage - No office visit co-pay
Health Reimbursement Account (HRA) - Individual	N/A	N/A	\$800		N/A
Health Reimbursement Account (HRA) - Family	N/A	N/A	\$1,600		N/A
Physical, Occupational, and Speech Therapy	90%*; 60 visits/year max combined with speech therapy	70%*; 60 visits/year max combined with speech therapy	80% *; 60 visits/year max combined with speech therapy	60% *; 60 visits/year max combined with speech therapy	\$30 co-pay; 30 visits/year combined max
Spinal Manipulation (Chiropractic)	\$45 copay up to \$1,000 per year	70% * up to \$1,000 per year	80% * up to \$1,000 per year	60% * up to \$1,000 per year	\$45 copay; up to \$1,000 per year
Urgent Care	\$60 copay	70% *	80% *	60% *	\$60 copay
Ambulance	60 copay *	70% *	80% *	60% *	\$50 copay*
Durable Medical Equipment	90% *	70% *	80% *	60% *	90%
Inpatient Mental Health	90% *	70% *	80% *	60% *	90% *
Outpatient Mental Health	\$30 copay	70% *	80% *	60% *	\$30 copay
Inpatient Substance Abuse Services	90% *	70% *	80% *	60% *	90%*
Outpatient Substance Abuse Services	\$30 copay	70% *	80% *	60% *	\$30 copay
Skilled Nursing / Inpatient Rehabilitation	90% *; 120 days/year	70% *; 120 days/year	80% *; 120 days/year	60% *; 120 days/year	90% *; max 45 days/year combined with hospice
Hospice Facility	90% *	70% *	80% *	60% *	90% *; max 45 days/year combined w/skilled nursing and inpatient rehab
	*after deductible		*after deductible		*after deductible

STANDARD LEVEL MEDICAL PLANS - 2011

Plan Provision	Aetna Premier PPO		Aetna Consumer Driven Health Plan		Priority Health HMO/EPO (Michigan only)
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Deductible - Individual	\$700	\$1,400	\$1,500	\$3,000	\$700
Deductible - Member+1	\$1,400	\$2,800		\$3,000	\$1,400
Deductible - Family Maximum	\$2,100	\$4,200	\$3,000	\$6,000	\$2,100
Annual Out of Pocket Max - Individual (includes deductible)	\$2,100	\$3,200	\$4,500	\$6,000	\$2,100
Annual Out of Pocket Max - Member + 1 (includes deductible)	\$4,200	\$6,400	\$4,500	\$6,000	\$4,000
Annual Out of Pocket Max - Family (includes deductible)	\$6,300	\$10,000	\$6,000	\$9,000	\$6,300
Office Visits - Primary Care	\$40 copay	60%*	70%*	50%*	\$40 copay
Office Visits - Specialist	\$55 copay	60%*	70%*	50%*	\$55 copay
Routine Pre-Natal Care	70%*	60%*	70%*	50%*	\$40 copay per visit, copay maximum \$160. Does not include delivery services.
Emergency Room	\$150 copay(after deductible)		70%*		\$150 copay (after deductible)
Diagnostic Lab fees and X-Rays	70%*	60%*	70%*	50%*	70%*
Hospital Services	70%*	60%*	70%*	50%*	70%*
Preventive Services (see benefit summaries for a list of covered services)	100% coverage - No office visit co-pay	no coverage	100% coverage	no coverage	100% coverage - No office visit co-pay
Health Reimbursement Account (HRA) - Individual	N/A	N/A	\$100		N/A
Health Reimbursement Account (HRA) - Family	N/A	N/A	\$200		N/A
Physical, Occupational and Speech Therapy	70%*; 60 visits/year max combined with speech therapy	60%*; 60 visits/year max combined with speech therapy	70%*; 60 visits/year max combined with speech therapy	50%*; 60 visits/year max combined with speech therapy	70%; 60 visits/year max combined with speech therapy
Spinal Manipulation (Chiropractic)	70% up to \$1,000 per year	60%* up to \$1,000 per year	70%* up to \$1,000 per year	50%* up to \$1,000 per year	70% up to \$1,000 per year
Urgent Care	\$70 copay	60%*	70%*	50%*	\$70 copay
Ambulance	Covered after deductible with \$60 copay	Covered after deductible with \$60 copay	70%*	50%*	Covered after deductible with \$60 copay
Durable Medical Equipment	70%*	60%*	70%*	50%*	70%*
Inpatient Mental Health	70%*	60%*	70%*	50%*	70%*
Outpatient Mental Health	\$40 copay	60%*	70%*	50%*	\$40 copay
Inpatient Substance Abuse Services	70%*	60%*	70%*	50%*	70%*
Outpatient Substance Abuse Services	\$40 copay	60%*	70%*	50%*	\$40 copay
Skilled Nursing / Inpatient Rehabilitation	70%*; 120 days/year	70%*; 120 days/year	70%*; 120 days/year	50%*; 120 days/year	70%*; 120 days/year
Hospice Facility	70%*	60%*	70%*	50%*	70%*; max 45 days/year combined w/skilled nursing and inpatient rehab
	*after deductible		*after deductible		*after deductible

PRESCRIPTION DRUG PLAN - 2011				
Coverage provided by Medical Plan Provider: Aetna or Priority Health				
Deductible - Individual	\$50			
Deductible - Two Person	\$100			
Deductible - Family	\$150			
		Generic	Preferred Brand	Non-Preferred Brand
	Retail Co-Pay (30 day supply)	\$10	30% \$20 minimum \$45 maximum	30% \$40 minimum \$75 maximum
	Mail Order Co-Pay (90 day supply)	\$20	30% \$40 minimum \$90 maximum	30% \$80 minimum \$150 maximum
Vision Plan - 2011				
Office Visit	\$20 copay			
Eye Glasses	100% coverage for lenses; \$20 copay for frames			
Contact Lenses	100% coverage up to \$120 per year			
Disability Plans - 2011				
Short Term Disability	Up to 26 weeks, provided by Haworth			
Long Term Disability	50% of your base pay, provided by Haworth			
Voluntary Long Term Disability	An additional 10% of your base pay, purchased by you			
Life and Accident Insurance Plans - 2011				
Basic Life Insurance	1x your annual base pay, provided by Haworth			
Basic AD&D Insurance	1x your annual base pay, provided by Haworth			
Voluntary Life Insurance	Additional life insurance for you, up to 4x your annual base pay, purchased by you			
Voluntary AD&D Insurance	Additional accident insurance for you and your family, up to 5x your annual base pay, purchased by you			
Spouse Life Insurance	Up to \$100,000 in life insurance for your spouse/domestic partner, purchased by you			
Child Life Insurance	Up to \$20,000 in life insurance for your child(ren), purchased by you.			
Flexible Spending Accounts - 2011				
Health Care Flexible Spending: pre-tax account to manage your health care expenses				
Dependent Care Flexible Spending: pre-tax account to manage your dependent day care expenses (children up to age 13 or dependent senior adults)				
Other Benefit Plans - 2011				
Employee Assistance Plan				
Group Legal Plan				
MetPay - Group Auto and Homeowners Insurance				
Vacation Buy/Sell: Buy or Sell up to 5 days of vacation				
Product Discounts				

DENTAL PLANS - 2010				
Plan Provision	Delta Dental Basic Plan		Delta Dental Premium Plan	
	Preferred Dentist	All Other Dentists	Preferred Dentist	All Other Dentists
Deductible: Individual	\$50		\$25	
Deductible: Family	\$150		\$75	
Maximum Annual Benefit/ Person	\$800		\$1,000	
Lifetime Orthodontic Maximum	N/A		\$1,500	
Class I Services: -Diagnostic/Preventive -Emergency palliative treatment -X-Rays -Sealants (limits apply)	100%	100%	100%	100%
Class II Services: -Endodontic services -Relines and repairs -Minor restorative services -Extractions	50%	50%	80%	60%
Class III Services: -Periodontic services -All other surgery -Major restorative services -Prosthodontic services	50%	50%	60%	50%
Orthodontic Services (to age 19)	Not Covered		50%	

Other Benefits for 2011

Prescription Drug Providers

If you choose a medical plan with Aetna, Aetna will also provide your prescription drug coverage. If you live in Michigan and choose the Priority Health EPO, Priority Health will provide your prescription drug coverage.

As in the past, the prescription drug plan is the same, regardless of which provider you choose.

Generic Medication Co-Pays

Generic medications will be covered after a flat \$10 co-pay for a 30-day supply at a retail pharmacy. If you are on maintenance medications, you can use the mail order service to get a 90-day supply of generic medications mailed to your home for a flat \$20 co-pay.

Saving Money on Prescriptions:

In addition to your prescription drug benefits outlined here, don't forget that many national pharmacies also offer low or no-cost generic prescriptions. When appropriate, using these programs will save you more money than using the prescription drug plan.

These programs vary across the country, but examples include Walgreens, Wal-Mart, Target, K-Mart and Meijer.

There are links to several great programs on the Benefits website found on Hometown Worldwide > US > HR.

2011 Prescription Plan Summary			
Plan Provisions	Prescription Plan Design for Aetna & Priority Health		
Deductible – Individual	\$50		
Deductible – Two Person	\$100		
Deductible – Family	\$150		
	Generic	Brand Preferred	Brand Non-Preferred
Retail co-pay (30 day supply)	\$10	30% co-insurance, \$20 minimum \$45 maximum	30% co-insurance, \$40 minimum \$75 maximum
Mail order co-pay (maximum 90 day supply)	\$20	30% co-insurance, \$40 minimum \$90 maximum	30% co-insurance, \$80 minimum \$150 maximum

Transitioning Your Prescriptions

If you are changing providers, you will have to transition your mail order prescriptions at the end of 2010. In many cases, especially for controlled substances, this will require a new prescription written by your providers. You may want to ask for a 30-day prescription as well to obtain your medication at the pharmacy once or even twice if necessary.

If you are using a retail pharmacy, simply show your new card when you refill in 2011.

Certain specialty prescriptions will require new authorizations. You will be contacted personally if this is your situation.

Using your FSA Debit Card

You will receive a debit card from WageWorks after you enroll in the Health Care Flexible Spending Account.

You can use this card at the point of service (doctor's office, pharmacy, etc.) just like a credit card to pay for your eligible expenses immediately.

Using your card saves you the hassle of paying for a claim up front and waiting to be reimbursed. However, in many cases you will be asked to substantiate the use of your card, so keep all of your debit card receipts handy!

Health and Dependent Care Flexible Spending Accounts

The Haworth Flexible Spending Account (FSA) program is administered by WageWorks (www.wageworks.com). Participation in either of the accounts can help you lower your taxes while setting aside funds to pay for your un-reimbursed health care bills or your dependent care provider.

The Health Care FSA

This plan allows you to use pre-tax dollars to pay for out-of-pocket health care expenses such as co-pays, deductibles, co-insurance, and prescription medications.

The Dependent Care FSA

This plan allows you to pay for dependent day care expenses (for children up to age 13 or dependent adults) with pre-tax dollars.

How The Plans Work

- Each year you have the option to enroll in the Health Care Flexible Spending Account, and the Dependent Care Flexible Spending Account. You may enroll in one plan, both plans, or decline participation.
- If you decide to enroll in an FSA, plan carefully. Any funds you allocate, but do not have eligible claims to recoup, are forfeited.
- Your contributions are deducted in even amounts during each pay period over the course of the calendar year.
- You access your account three ways:
 - ⇒ *Pay me Back*: pay up front and file a claim to be reimbursed
 - ⇒ *Pay my Provider*: set up an online payment directly to your provider
 - ⇒ *WageWorks Card*: use a pre-funded debit card for your Health Care expenses only (see sidebar).
- **You do not need to participate in a Haworth Medical plan to participate in FSA.**

For cost estimation tools, a complete list of FSA eligible expenses, and other great resources, go to WageWork's website at www.wageworks.com.

FLEXIBLE SPENDING ACCOUNT RULES

- You may elect to contribute between \$200 and \$5,000 per year to the Health Care Account and between \$500 and \$5,000 per year to the Dependent Care Account.
- Eligible expenses **MUST** be incurred during the current calendar year and submitted to WageWorks prior to March 31 of the next calendar year in order to be reimbursed and not forfeited. Any money you do not use will be forfeited.
- **Over-the-Counter Medications purchased without a prescription are no longer considered eligible FSA expenses in 2011 due to the Health Care and Education Reconciliation Act of 2010.**
- You are eligible to use up to the full annual total of your Health Care Spending Account at any time during the calendar year. Contributions will continue to be deducted evenly from your paycheck through the end of the year.
- You are eligible to use only up to the current balance of your contributions in the Dependent Care account at any time.
- Re-enrollment is mandatory each year you choose to participate in either account.

Optional Life Insurance and Long Term Disability

There are no changes to the Life Insurance and Long Term Disability (LTD) plans for 2011.

However, if you are enrolling in these plans for the first time or looking to increase your coverage, here's a reminder of the Evidence of Insurability (EOI) rules for each plan:

New coverage will not begin until January 1, 2011 and Evidence of Insurability has been approved by The Hartford.

Voluntary Life - Self

- If currently you have no voluntary life coverage you must complete EOI for any amount.
- If you have voluntary coverage you can elect to increase one level without EOI (for example 2x to 3x pay).
- For any amount more than one level EOI **will** be required.
- Should the amount exceed \$600,000, Hartford will require EOI for the amount exceeding \$600,000.

Voluntary Life - Spouse

- If currently you have no voluntary life spouse coverage you must complete EOI for any amount.
- If you already have voluntary life spouse coverage you can increase one level (except when increasing from \$50,000 to \$60,000) with no EOI required.
- For any amount more than one level EOI **will** be required.

Voluntary Life - Child

- If currently you have no voluntary coverage you must complete EOI for any amount.
- If you already have voluntary life child coverage you can increase one level with no EOI required.
- For any amount more than one level EOI **will** be required.

Voluntary Long Term Disability

If you did not choose coverage when initially offered and you are enrolling during open enrollment, EOI is required.

Forms must be submitted to Benefits Service Center by **December 15, 2010**. Late forms will not be accepted and coverage amounts will default to 2010 values.

Evidence of Insurability Reminder!

All life and LTD insurances are handled by the **Hartford Life and Accident Insurance Company**—remember that the proper Evidence of Insurability form must be turned into the Haworth Benefits Service Center. The Benefits department will then submit it to the Hartford.

2011 Benefit Plan Rates

Bi-Weekly

Monthly

Annual

**COMPLETE
BENEFIT PLAN
RATES AVAILABLE
IN PRINTED OPEN
ENROLLMENT
BOOKLET OR ON
HOMETOWN
WORLDWIDE >
HR > US**

Priority Health Member Haworth Member Haworth Member Haworth

Single

Member +1

Family

Aetna Premier

Single

Member +1

Family

Aetna CDHP

Single

Member +1

Family

Delta Dental Basic

Single

Member +1

Family

Delta Dental Premier

Single

Member +1

Family

VSP

Single

Member +1

Family

Hyatt Legal

Single

Family

Life Insurance Rates (per \$1,000 of coverage)

Voluntary Life (Self)	Family Coverage: Member Only:	Voluntary Life (Self)	Under 30
			30-34
			35-39
			40-44
			45-49
			50-54
			55-59
			60-64
			65-69
			70+

Voluntary LTD Rates:

Appendix A

Important Contact Information

Haworth Benefits
benefits@haworth.com
877.408.4090 or 616.393.1600

VSP
www.vsp.com
800.877.7195

Aetna
www.aetna.com
800.336.6589

Hyatt Legal Services
www.legalplans.com
800.821.6400

Priority Health
www.priorityhealth.com
800.942.0954

Encompass
www.encompass.us.com
800.788.8630
Username: Haworth

Delta Dental
www.deltadental.com
800.524.0149

Wageworks
www.wageworks.com
877.924.3967

* Please note: All images of the HR Self Service site are for reference only and may not reflect information on the 2011 site.

Appendix B

Your Rights After a Mastectomy *Women's Health and Cancer Rights Act of 1998*

Under Federal law, Group Health Plans and health insurance issuers providing benefits for mastectomy must also provide, in connection with the mastectomy for which the participant or beneficiary is receiving benefits, coverage for:

*reconstruction of the breast on which the mastectomy has been performed;
and surgery and reconstruction of the other breast to produce a symmetrical appearance;*

and

prostheses and physical complications of mastectomy, including lymphedemas;

These services must be provided in a manner determined in consultation between the attending Physician and the patient.

Call the Haworth Benefits Service Center at 616-393-1600 for more information.

Appendix C

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

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states 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 employer-sponsored health coverage, but need assistance in paying their health premiums.

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 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, your employer's health plan is required to permit you and your dependents to enroll in the plan - as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

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 September 1, 2010. You should contact your state for further information on eligibility -

ALABAMA - Medicaid

Website: <http://www.medicaid.alabama.gov>
Phone: 1-800-362-1504

ALASKA - Medicaid

Website: <http://health.hss.state.ak.us/dpa/programs/medicaid/>
Phone (Outside of Anchorage): 1-888-318-8890
Phone (Anchorage): 907-269-6529

ARIZONA - CHIP

Website: <http://www.azahcccs.gov/applicants/default.aspx>
Phone: 1-877-764-5437

ARKANSAS - CHIP

Website: <http://www.arkidsfirst.com/>
Phone: 1-888-474-8275

CALIFORNIA - Medicaid

Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx
Phone: 1-866-298-8443

COLORADO - Medicaid and CHIP

Medicaid Website: <http://www.colorado.gov/>
Medicaid Phone: 1-800-866-3513
CHIP Website: <http://www.CHPplus.org>
CHIP Phone: 303-866-3243

FLORIDA - Medicaid

Website: <http://www.fdhc.state.fl.us/Medicaid/index.shtml>
Phone: 1-866-762-2237

GEORGIA - Medicaid

Website: <http://dch.georgia.gov/>
Click on Programs, then Medicaid
Phone: 1-800-869-1150

IDAHO - Medicaid and CHIP

Medicaid Website:
www.accesstohealthinsurance.idaho.gov
Medicaid Phone: 1-800-926-2588
CHIP Website: www.medicaid.idaho.gov
CHIP Phone: 1-800-926-2588

INDIANA - Medicaid

Website: <http://www.in.gov/fssa/2408.htm>
Phone: 1-877-438-4479

IOWA - Medicaid

Website: www.dhs.state.ia.us/hipp/
Phone: 1-888-346-9562

KANSAS - Medicaid

Website: <https://www.khpa.ks.gov>
Phone: 800-766-9012

KENTUCKY - Medicaid

Website: <http://chfs.ky.gov/dms/default.htm>
Phone: 1-800-635-2570

LOUISIANA - Medicaid

Website: <http://www.lahipp.dhh.louisiana.gov>
Phone: 1-888-342-6207

MAINE - Medicaid

Website: <http://www.maine.gov/dhhs/oms/>
Phone: 1-800-321-5557

MASSACHUSETTS - Medicaid and CHIP

Medicaid & CHIP Website: <http://www.mass.gov/MassHealth>
Medicaid & CHIP Phone: 1-800-462-1120

MINNESOTA - Medicaid

Website: <http://www.dhs.state.mn.us/>
Click on Health Care, then Medical Assistance
Phone (Outside of Twin City area): 800-657-3739
Phone (Twin City area): 651-431-2670

MONTANA - Medicaid

Website: <http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml>
Telephone: 1-800-694-3084

NEBRASKA - Medicaid

Website: <http://www.dhhs.ne.gov/med/medindex.htm>
Phone: 1-877-255-3092

NEVADA - Medicaid and CHIP

Medicaid Website: <http://dwss.nv.gov/>
Medicaid Phone: 1-800-992-0900
CHIP Website: <http://www.nevadacheckup.nv.org/>
CHIP Phone: 1-877-543-7669

NEW HAMPSHIRE - Medicaid

Website: <http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm>
Phone: 1-800-852-3345 x 5254

NEW JERSEY - Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 1-800-356-1561
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW MEXICO - Medicaid and CHIP

Medicaid Website: <http://www.hsd.state.nm.us/mad/index.html>
Medicaid Phone: 1-888-997-2583
CHIP Website: <http://www.hsd.state.nm.us/mad/index.html>
Click on Insure New Mexico

CHIP Phone: 1-888-997-2583

NEW YORK - Medicaid

Website: http://www.nyhealth.gov/health_care/medicaid/
Phone: 1-800-541-2831

MISSOURI - Medicaid

Website: <http://www.dss.mo.gov/mhd/index.htm>
Phone: 573-751-6944

NORTH DAKOTA - Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-800-755-2604

OKLAHOMA - Medicaid

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON - Medicaid and CHIP

Medicaid & CHIP Website: <http://www.oregonhealthykids.gov>
Medicaid & CHIP Phone: 1-877-314-5678

PENNSYLVANIA - Medicaid

Website: <http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm>
Phone: 1-800-644-7730

RHODE ISLAND - Medicaid

Website: www.dhs.ri.gov
Phone: 401-462-5300

SOUTH CAROLINA - Medicaid

Website: <http://www.scdhhs.gov>
Phone: 1-888-549-0820

TEXAS - Medicaid

Website: <https://www.gethipptexas.com/>
Phone: 1-800-440-0493

NORTH CAROLINA - Medicaid

Website: <http://www.nc.gov>
Phone: 919-855-4100

UTAH - Medicaid

Website: <http://health.utah.gov/medicaid/>
Phone: 1-866-435-7414

VERMONT- Medicaid

Website: <http://ovha.vermont.gov/>
Telephone: 1-800-250-8427

VIRGINIA - Medicaid and CHIP

Medicaid Website: <http://www.dmas.virginia.gov/rcp-HIPP.htm>
Medicaid Phone: 1-800-432-5924
CHIP Website: <http://www.famis.org/>

Appendix B (continued)

To see if any more states have added a premium assistance program since September 1, 2010, 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

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Ext. 61565

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