

**MEDICAL EXPENSE REIMBURSEMENT PLAN
FOR EMPLOYEES**

SUMMARY PLAN DESCRIPTION

OPT OUT PLAN

The Cary Institute of Ecosystem Studies, Inc. (the “Cary Institute”) is pleased to sponsor a medical expense reimbursement program (the “Plan”) for eligible employees of the Cary Institute. The Summary Plan Description describes the basic features of the Plan and how it operates. However, this is only a summary of the key parts of the Plan and it is not a part of the official plan document. If there is a conflict between this Summary and the Plan document, the Plan document will control.

WHAT IS THE PURPOSE OF THE PLAN?

To provide eligible employees of the Institute with funds to reimburse them for certain medical expenses.

WHO CAN PARTICIPATE IN THE PLAN?

You must be a regular full-time employee who is eligible to be covered under the Cary Institute’s medical plan, you must elect coverage under a plan which is not funded or sponsored by Cary Institute, and you must provide documentation of such other coverage.

WHEN DOES PARTICIPATION BEGIN?

Automatically as of the first day of the month beginning after you have satisfied the criteria required to become a participant.

WHAT TYPES OF MEDICAL EXPENSES ARE REIMBURSABLE UNDER THE PLAN?

Following is a partial list of eligible expenses. A more complete list is available from the Plan Administrator:

- Medical Insurance Premiums
- Prescription Drugs
- Medical insurance deductibles and co-payments
- Non-covered medical expenses
- Vision and hearing expenses
- Dental expenses
- All expenses that qualify are covered by IRS code 213(d).

Medical care expenses may be incurred for medical care for you, your spouse or your dependent(s), as defined under Section 152 of the IRS code. Expenses will only be reimbursed if you were eligible to participate at the time the expense was incurred. Reimbursement for expenses for your spouse or dependent(s) will only be made if the person was your spouse or dependent(s) at the time the expense was incurred. You are not entitled to reimbursement under the Plan for any medical care expense that may be paid or reimbursed by any other source.

ARE THERE ANY LIMITS ON THE AMOUNT OF MEDICAL EXPENSES REIMBURSABLE UNDER THE PLAN?

Yes. A Participant may receive no more than \$780 in reimbursements for medical expenses incurred under the Plan for any calendar year. Also, if you become a Participant at the beginning of any month other than January, the \$780 limit is reduced by \$30 for each pay period that you were not a Plan Participant.

WHO WILL PAY FOR THE PLAN BENEFITS?

The Cary Institute will bear the entire cost of benefits provided by the Plan.

HOW DO I FILE A CLAIM FOR BENEFITS?

A claim or request for plan benefits is filed when the requirements of reasonable claim-filing procedure have been met. A claim is considered filed when you submit a properly completed benefit claim form to Human Resources. You must also submit original or clear photocopies of bills, Explanation of Benefits (EOB's) from an insurance carrier, or proof of insurance in the case of a claim for reimbursement of medical insurance premiums and proof of payment (i.e. cancelled check, credit card slip or a paid receipt). The claim form includes a certification by you that you are not entitled to reimbursement for any other source.

WHEN MUST I SUBMIT A CLAIM FORM?

Claim forms must be submitted within 90 days of the end of the calendar year for any medical expenses incurred during that calendar year. If your claim is determined to be valid, you will receive a payment as soon as it is administratively feasible. You will be notified in writing if any claim for benefits is denied.

WHAT HAPPENS IF MY CLAIM FOR BENEFITS IS DENIED?

If a claim is wholly or partially denied, the Plan Administrator must notify you in writing within 90 days following receipt of the claim (or 180 days in the case of an extension for special circumstances). The notification must state the specific reason or reasons for the denial, specific references to pertinent plan provisions on which the denial is based, a description of any additional material or information necessary to perfect the claim, and appropriate information about the steps to be taken if you wish to submit the claim for review. If notice of the denial of a claim is not furnished within the 90/180-day period, the claim is considered denied and you must be permitted to proceed to the review stage.

WHAT IS THE REVIEW PROCESS?

You or your duly authorized representative has at least 60 days after receipt of a claim denial to appeal the denied claim to an appropriate named fiduciary or individual designated by the fiduciary and to receive a full and fair review of the claim. As part of the review, you must be allowed to review all plan documents and other papers that affect the claim and must be allowed to submit issues and comments and argue against the denial in writing.

HOW DO I LEARN OF THE DECISION?

The Plan must conduct the review and decide the appeal within 60 days after the request for review is made. If special circumstances require an extension of time for processing (such as the need to hold a hearing if the plan procedure provides for such a hearing), you must be furnished with written notice of the extension, which can be no later than 120 days after receipt of a request for review. The decision on review must be written in clear and understandable language and must include specific reasons for the decision as well as specific references to the pertinent plan provisions on which the decision is based. For a Plan with a committee or board of trustees designated as the appropriate named fiduciary, a decision does not have to be made within the 60-day limit if the committee or board meets at least four times a year (about every 90 days). Instead, it must be made at the first meeting after the request is filed, except that when a request is made less than 30 days before a meeting, the decision can wait until the date of the second meeting following the Plan's receipt of request for review. If a hearing must be held, the committee can wait to decide until the first meeting after the hearing. However, it must notify you and explain the delay, which can be no later than the third meeting of the committee or board following the Plan's receipt of the request for review. If the decision on review is not made within the time limits specified above, the appeal will be considered denied. All interpretations, determinations, and decisions of the reviewing entity with respect to any claim will be its sole decision based upon the Plan documents and will be deemed final and conclusive. If appeal is denied, in whole or in part, however, you have a right to file suit in a state or federal court.

HOW LONG WILL THE PLAN REMAIN IN EFFECT?

Although the Cary Institute expects to maintain the Plan indefinitely, it has the right to modify or terminate the plan at any time. If the Plan is modified or terminated, you will still have a right to reimbursement for any expenses that have been incurred prior to the effective date of any modification or amendment to the Plan.

HIPAA RIGHTS

As a participant in this plan, you are entitled to certain rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which requires that plans such as this protect the confidentiality of your private health information (PHI). The Institute will not use or disclose PHI that is protected by HIPAA except as necessary for treatment, payment, plan operation and plan administration, or as permitted or required by law. In particular, the Institute will not, without authorization, disclose PHI for employment-related actions and decisions or in connection with any benefit of the Institute.

Under HIPAA, you have rights to see and copy your PHI, receive an accounting of PHI disclosures and under some circumstances, amend PHI. You also have the right to file a complaint with the Institute or with the Secretary of the U.S. Department of Health and Human Services if you believe your rights under HIPAA have been violated. The Institute maintains a privacy notice, distributed annually at open enrollment and when entering the plan, which provides a complete description of your rights under HIPAA's privacy rules. If you have questions or wish to file a complaint under HIPAA, you may contact the Manager of Human Resources, who has been designated as the Institute's Privacy Officer.

ERISA RIGHTS

As a participant in the Cary Institute's Medical Expense Reimbursement Plan for employees, you are entitled to certain rights and protections under the employee retirement income security Act (ERISA). ERISA provides that all Plan participants shall be entitled to:

- Examine, without charge, at the Human Resources office and at other specified locations, all Plan documents including insurance contracts and copies of all documents filed by the Plan with the U.S. Department of Labor, such as detailed annual reports and Plan descriptions.
- Obtain copies of all Plan documents and other Plan information upon written request to the Manager of Human Resources. The Manager of Human Resources may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report. The Manager of Human Resources is required by law to furnish each Participant with a copy of this summary annual report.

In addition to creating rights for Plan Participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of the Plan Participants and beneficiaries. No one, including the Institute or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit from the Plan, or from exercising your rights under ERISA.

If your claim for a benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the Plan review and reconsider your claim. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Manager of Human Resources to provide the materials and pay you up to \$100 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Manager of Human Resources. If you have a claim for benefits which is denied or ignored in whole or in part, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

If you have any questions about the Plan, you should contact the Manager of Human Resources. If you have any questions about this part of the Summary Plan Description or about your rights under ERISA, you should contact the nearest office of the U.S. Labor-Management Services Administration, Department of Labor.

ADMINISTRATIVE INFORMATION:

Name of Plan: Cary Institute of Ecosystem Studies, Inc.
Medical Expense Reimbursement Plan for Employees

General Plan Information: The provisions of your amended Plan become effective August 11, 2011. Your plan was originally effective on January 1, 1996.

The Plan's records are maintained on a twelve-month period of time. This is known as the Plan Year. The Plan Year begins on January 1 and ends on December 31.

Sponsoring Employer: Cary Institute of Ecosystem Studies

Address: PO Box AB
2801 Sharon Turnpike
Millbrook, NY 12545-0129

Sponsor's Employer ID number: 22-3232968

Sponsor's Telephone Number: 845-677-5343

Plan Administrator: Cary Institute of Ecosystem Studies

Address: Cary Institute of Ecosystem Studies
PO Box AB
2801 Sharon Turnpike
Millbrook, NY 12545-0129

The Administrator keeps the records for the Plan and is responsible for the administration of the Plan. You may contact the Administrator with any questions or for any further information you may wish to have about the Plan.

Administrator's Telephone Number: 845-677-5343

Service of Legal Process: Cary Institute of Ecosystem Studies
PO Box AB
2801 Sharon Turnpike
Millbrook, NY 12545-0129