SUMMARY PLAN DESCRIPTION

Former Player Benefits Plan

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Former Player Benefits Plan
1133 20th Street, NW
Washington, DC 20036

Dear Former Player:

This booklet summarizes the benefits available under the Former Player Benefits Plan (the "Former Players Plan" or the "Plan", which is administered by the Former Player Benefits Trust (the "VEBA"). The Plan was created to provide certain benefits to eligible Former Players. The Plan is administered by a Board of Trustees, and is funded in accordance with collective bargaining agreements ("CBAs") between the National Football League Players Association ("NFLPA") and the National Football League Management Council ("NFL Management Council"). The VEBA and the Former Player Labor-Management Cooperation Committee Trust (which provides certain benefits not provided under the Plan) are referred to herein collectively as "The Trust (Powered by the NFLPA)" or the "Trust."

This booklet describes the main features of the Former Players Plan as of June 2017. Certain important terms are italicized throughout this booklet.

Please read this booklet carefully and keep this booklet in your permanent records.

This booklet summarizes the Former Players Plan in everyday language. It is not a substitute for, or amendment of, the official Former Players Plan document, and, in the event of a conflict, the official Former Players Plan document will be followed. Also, the Plan may be amended, suspended or terminated at any time in accordance with its terms. If you would like to review the official Plan document, please contact the Plan Office at the above address or by calling 1-866-725-0063. The staff will try to answer any questions you may have about your eligibility or your benefits. You can also visit our website: www.playerstrust.com.

Sincerely,

The Trustees of the Former Player Benefits Plan

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What Is the Former Players Plan?

The NFLPA and the NFL Management Council created the Former Players Plan to provide certain benefits to eligible *Former Players*. This booklet describes the main features of the Former Players Plan.

The Former Players Plan was established in accordance with the CBA entered into between the NFLPA and the NFL Management Council. The CBA provides that funding will be allocated each year to provide health care or other benefits to eligible *Former Players*. Eligible *Former Players* may obtain and examine a copy of the CBA upon written request to the Plan Administrator (contact information can be found in the section titled "What Else Do You Need to Know About the Plan?").

Benefits available under the Plan are determined by the NFLPA, through its appointed Trustees or through its delegates. All benefits under the Plan are self-insured, meaning that payments are made directly from the VEBA established to hold the assets of the Former Players Plan.

What Benefits Are Available Under the Former Players Plan?

The Former Players Plan provides benefits that are designed to assist eligible *Former Players* in the following areas of their post-National Football League ("NFL") careers. The areas include, but are not limited to, Brain and Body; Career; Education; Financial; and Lifestyle.

The Plan provides only those benefits from those providers as described herein, and does not provide comprehensive health or medical benefits, including (but not limited to) under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA).

I. Brain and Body

A *Former Player's* health is the starting point for a successful transition to life after football.

1. Brain and Body Health Assessment

The Plan's Brain and Body Health Assessment is designed to assess health needs and provide world-class medical care to eligible *Former Players*. The Plan's Brain and Body Assessment is designed to assess health needs of eligible *Former Players* who have been removed from NFL Football Activity (as defined in these materials) for less than fifteen (15) years. One of the key resources of the Plan is the Brain and Body Health Assessment. The Plan has assembled a team of highly regarded medical centers located throughout the country, each with experience in treating *Former Players* and helping them develop and maintain a healthy brain and body. The Brain and Body Health Assessments are provided by the leading health institutions listed below (collectively, the "Brain and Body Partners"):

- University of North Carolina at Chapel Hill Brain and Body Health Program
- Tulane University and Tulane Institute of Sports Medicine
- Cleveland Clinic
    - Cleveland Clinic Ohio (Cleveland, Ohio)
    - Cleveland Clinic Florida (Weston, Florida)
    - Cleveland Clinic Nevada (Las Vegas, Nevada)
    - Hoag Memorial Hospital Presbyterian (Newport Beach, California)
- Massachusetts General Hospital Brain and Body Program

The Brain and Body Partners provide eligible *Former Players* with the following benefits as part of the Brain and Body Assessment:

- One Initial Screening

- One Musculoskeletal/Rehabilitation Evaluation (not available at Cleveland Clinic

Las Vegas)

- One Cognitive and Neuropsychological Evaluation
- Transition Counseling while the eligible *Former Player* is on-site for the Assessment
- Subspecialty Referral Facilitation in Patient's Local Area

Each Brain and Body Partner will also provide a recommendation containing a plan of action that each eligible *Former Player* can follow in his home community. The Plan may, in its discretion and on a case by case basis, pay for additional services that a Brain and Body Partner indicates are medically necessary and related to a covered service. Please contact the Plan Administrator for additional details regarding payment for such additional services.

In addition to the benefits listed above, the Plan will pay the reasonable travel expenses of the eligible *Former Player,* and a spouse if the spouse is medically necessary to provide care or assistance to the eligible *Former Player* while such eligible *Former Player* is traveling, which is required in connection with the provision of the Brain and Body Health Assessment benefits to the eligible *Former Player*.

Claims for benefits will first be submitted to the eligible *Former Player's* primary care insurance. The Plan will then pay the respective Brain and Body Partner directly for any outstanding costs for covered medical services provided to eligible *Former Player*s, to the extent such costs are within the per player cap amount.

2. Eisenhower Inpatient Mental Health Treatment

Eligible *Former Players* may receive up to 30 days of in-patient treatment at the Eisenhower Center to treat substance use addiction. If an eligible *Former Player* needs a subsequent inpatient stay, the Plan will make a referral to an appropriate grant assistance program. The Eisenhower Center provides individual and group therapy provided by a licensed therapist with experience in substance abuse treatment, addiction, and mental health issues. The Plan will pay for the following certain services rendered at the Eisenhower Center including, but not limited to, the following:

- Any tests relating to the eligible *Former Player's* admission ordered by the Eisenhower Center's attending medical professional and performed by the Eisenhower Center
- Standard room and board for the period of stay
- Meals provided at the Eisenhower Center's facility and other dietary services for the period of stay
- Massage therapy for the period of stay
- Wellness services for the period of stay

- Discharge planning
- Program summaries

The Plan will provide and/or reimburse covered travel costs for eligible *Former Players* up to $1,000. The Plan shall not be responsible for payment of convenience items, which are items that are not considered necessary to an eligible *Former Player's* medical care, such as telephones and televisions, as determined by the Plan. These are the eligible *Former Player's* financial responsibility.

The Plan will only cover an eligible *Former Player's* initial thirty (30) day inpatient stay. If an eligible *Former Player* needs a subsequent inpatient stay, the Plan will make a referral to an appropriate grant assistance program.

3. Supplemental Mental Health Benefit

Based on a review of *Former Players'* needs and the Plan resources, the Plan will provide up to $7,000 per year in the aggregate (March 1st – February 28th) for each eligible *Former Player* to receive the following medical services from an eligible provider (please contact the Plan Administrator for additional details regarding which providers are eligible):

- Outpatient mental health counseling*
- Outpatient psychiatric appointments
- Intensive Outpatient Programs (substance abuse and mental health) (IOP)
- Outpatient Partial Hospitalization Programs (PHP)
- Telemedicine access for outpatient counseling and psychiatric visits

*Outpatient mental health counseling will be covered once Cigna Employee Assistance Plan (Cigna EAP) benefits have been exhausted, to the extent the provider accepts Cigna EAP.

The Plan will not cover the cost of any services that are not listed above, nor will it cover health insurance premiums or the costs of medications. Eligible *Former Players* who need assistance in these areas will be referred to the NFLPA Professional Athletes Foundation and/or the NFL Player Care Foundation. Any unused portion of the allowance will be forfeited at the end of the Plan Year.

Generally, Cigna will pay a provider directly on your behalf. Contact Cigna at:
John Kura: 570-496-5851, John.Kura@Cigna.com
Ken McGuire: 570-496-5396, Kenneth.Mcguire@Cigna.com
Representatives are available M-F 8am-6pm EST.
OR
Email Cigna at TheTrust@Cigna.com.
to learn more about Cigna's ability to pay your provider directly.

In the event Cigna does not pay a provider directly on your behalf, you must submit claims for reimbursement by filing a request for reimbursement with Cigna, attaching evidence of the amounts you owe (such as an Explanation of Benefits or an invoice from the provider), and returning the form with attachments to the following address:

CIGNA HEALTHCARE
53 Glenmaura National Blvd.
Moosic, PA 18507

Reimbursement payments from the Plan reduce an eligible *Former Player's* remaining allowance on a dollar-for-dollar basis. The earliest date on which you may incur an expense under the Supplemental Mental Health Benefit is the date that your enrollment is confirmed by Cigna and the Plan Administrator.

4. Milestone Wellness Assessment

The Plan's Milestone Wellness Assessment is designed to assess health needs of eligible *Former Players* who have been removed from NFL Football Activity (as defined in these materials) for fifteen (15) or more years. Eligible *Former Players* can take advantage of a comprehensive health assessment administered by a team of highly regarded medical partners once every five (5) years. Selected medical partners will provide the eligible *Former Player* with recommendations containing a plan of action that the eligible *Former Player* can follow to ensure continuity of care within his home community. The Milestone Wellness Assessment areas of focus include: internal medicine, orthopedic, sleep, nutrition/body composition, neuropsychology and neurology.

II. Career

The Plan provides career services and counseling to eligible *Former Players* transitioning out of the NFL. A focus on identifying career interests and developing the necessary skills to obtain employment are key for a successful transition. Whether it's an entrepreneurial opportunity or a job for an existing organization that an eligible *Former Player* is seeking, the Plan's partners are ready to assist eligible *Former Players*. The Plan has partnered with the following organizations to provide career assistance to *Former Players*:

- **AthLife.** AthLife is a continuing education and career development organization, which provides assistance to eligible *Former Players* in key aspects of career guidance and development. AthLife will assist eligible *Former Players* through career interest inventories to identify their career goals and interests. Athlife will also assist eligible *Former Players* through a three stage career development process to develop necessary skills for obtaining employment in industries related to athletics. AthLife can also help eligible *Former Players* develop degree completion plans that allow flexibility to assist the eligible

Former Player in completing degree programs without the needto return to campus or transfer institutions.

- **Babson College**. The Plan has partnered with Babson College to create a series of programs designed to assist eligible *Former Players* in the various stages of entrepreneurial skill development. The "Basic Training - It's My Business" program is designed to help eligible *Former Players* decide if owning or investing in a business is a sound career move. The "Growing My Business Program" is designed to help eligible *Former Players* with current businesses expand and increase revenues for such businesses. Eligible *Former Players* also have the opportunity to attend the Babson Executive Education workshop, which provides collaboration and interaction with business owners from numerous countries. All of the workshops feature entrepreneurial and case study business instruction customized exclusively for eligible *Former Players*. Attendance is subject to availability.

- **Lee Hecht Harrison.** Lee Hecht Harrison ("LHH") is the Plan's partner for assisting eligible *Former Players* in obtaining the necessary skills to compete in the job market. LHH's approach is to help individuals prepare for the workforce through comprehensive career planning, coaching and job search training. These areas of assistance include identifying career goals, developing resumes and personal brands, practicing interview skills and identifying job leads. Eligible *Former Players* can participate in either a one-month or a three-month program with LHH. The Plan may approve an additional month of services in its discretion.

III. Education

Degree completion and vocational training are critical opportunities for a successful transition for eligible *Former Players*, which is why the Plan's education benefits include the opportunity to receive The Trust Scholarship Award Benefit (subject to certain criteria) to help meet those goals. Education benefits are as follows:

- **The Trust Scholarship Award Benefit**. Eligible *Former Players* may apply for scholarships ("The Trust Scholarship Award Benefit") from the Plan to obtain degrees at certain educational organizations, vocational institutions, technical programs and professional licensing programs. Such programs must adhere to the Qualifying Programs Guidelines and are subject to the Plan's approval.

    - ***Eligibility:*** An eligible *Former Player* is eligible for The Trust Scholarship Award Benefit subject to the following requirements:

        1. The eligible *Former Player* must have completed at least two (2) Credited Seasons;
        2. The eligible *Former Player* must have activated their Plan benefits. *(*To activate your benefits you must have completed the intake process

with a Program Manager and signed the necessary Release Forms); and

3. Eligible *Former Players* who reside in the United States must meet (and, upon request by the Plan, must provide to the Plan documentation proving that the relevant eligible *Former Player* meets) one of the following requirements:
    a. Be a legal resident of the United States
    b. Have been granted permanent residency
    c. Have a valid visa that does not prohibit educational studies
    d. Have been granted temporary protected status along with approved Notice of Action issued by Citizen Immigration Services and verified through CIS Form g-845
    e. Have been granted asylum along with the approved Notice of Action issued by the Citizen Immigration Services.

- ***Qualifying Programs Guidelines:*** For tax and other purposes, the Plan maintains guidelines to determine which programs will generally qualify for scholarship funding from The Plan ("Qualifying Programs"). Qualifying Programs are generally those programs for which the prospective scholarship recipient is:

1.	Pursuing studies or conducting research to meet the requirements for an academic or professional degree at a college or university that qualifies as an "educational organization" (more information on what constitutes an "educational organization" can be found to the right)		
OR			
2.	A full or part-time student at an "educational organization" that:		
a)	Provides a program that is acceptable for full credit toward a bachelors' or higher degree.	**OR**	Offers a program of training to prepare students for gainful employment in a recognized occupation.
AND			
b)	Is authorized under federal or state law to provide such a program		
AND			
c)	Is accredited by a nationally recognized accreditation agency (agencies approved by the U.S. Department of Education: http://ope.ed.gov/accreditation/agencies.aspx.).		

*"**Educational Organization**" is defined in the Internal Revenue Code as one whose primary function is the presentation of formal instruction and that normally maintains a regular faculty and curriculum and normally has a regularly enrolled body of students in attendance at the place where it carries on its educational activities. A non-exhaustive list of factors to consider in evaluating whether an organization will be considered an "educational organization" are (i) whether the primary function of the organization is education (or whether education is just one of many programs or services it provides), (ii) whether qualified teachers instruct the students, and the same teachers do so on a recurrent basis, and (iii) whether the organization offers a regular curriculum that is inter-related (or whether it offers ad-hoc educational programing).*

IRC 170(b)(1)(A)(ii).

The Plan reserves the right to interpret this policy in its sole discretion or amend this policy at any time, with or without notice. The Plan also reserves the right to reject any applicant or any program in its sole discretion, regardless of whether such program constitutes a Qualifying Program. If you have specific questions regarding your program's eligibility, please contact your AthLife Advisor or Program Manager.

- ***Application Process:***
  Prerequisites to receiving Application:
  - **Scholarship Webinar**: The eligible *Former Player* must participate in a scheduled webinar or if unable to participate in the live webinar, player must view a recording of the webinar and complete a questionnaire signifying completion. The webinar closes four (4) days prior to the application deadline.
  - **Enrollment Plan**: The eligible *Former Player* must complete an Enrollment Plan and submit it to his AthLife Advisor (unless specifically told to send to Program Manager). Once the Enrollment Plan has been approved by the AthLife Advisor or Program Manager, the eligible *Former Player* will be provided with the link to the scholarship application.

It is the eligible *Former Player*'s responsibility to submit a completed and signed application along with all the supporting documentation, which must be received on or before the deadline specified in the "Application Schedule" section of www.playerstrust.com/services/scholarship. A complete application includes, but is not limited to, the following information: general information, confirmation of enrollment plan approval, program information, enrollment plan information and funding request.

- *Receipt of Application Link:*
  - **Application** (includes the following key components)
  - **Program Acceptance**: The eligible *Former Player* must have been accepted into a program before submitting an application or must be enrolled and must attach to the application evidence of such acceptance that is satisfactory to the Plan.
  - **Transcripts**: The eligible *Former Player* must obtain and submit copies of his proof of undergraduate completion as part of the application process. **This is required only for graduate school applicants.**
  - **Essay(s)**: In addition to a completed application, the eligible *Former Player* must prepare and submit completed essays. As described in the application form, the essays should contain information revolving around the eligible *Former Player's* desire to advance his education (not weighted). For the initial application essay, responses must be between 500-1000 words. For subsequent application essay submissions, please refer to the specific word response requirements set forth in the

application.

- ***Application Submission Deadline:*** The completed application and all other required material must be submitted by 11:59 PM EST on the application deadline date specified in the "Application Schedule" section of www.playerstrust.com/services/scholarship.

- ***Application Schedule:*** Scholarships are awarded three times a year. Eligible *Former Players* must be enrolled in the Plan and working with their Program Manager toward an educational/professional goal in their gameplan.

- ***Scholarship Awards:*** An eligible *Former Player* is eligible to receive:
  - For undergraduate and graduate degrees, an eligible *Former Player* may receive up to $20,000 (USD) per calendar year.
  - For qualified vocational institutions, technical programs and professional licensing programs, an eligible *Former Player* may receive up to $5,000 (USD) per calendar year.

  Please note there is an aggregate cap of $20,000 per eligible Former Player per calendar year (e.g., if an eligible Former Player receives $5,000 in one calendar year for a qualified vocational program, the maximum such eligible Former Player could receive in the same calendar year to pursue an undergraduate degree would be $15,000).

The Trust Scholarship Award Benefit only covers tuition and fees required for an eligible *Former Player*'s enrollment in a Qualifying Program. Books, room & board, registration fees, travel, late fees, school fines, parking and any other expenses are not a covered. The Scholarship Award Benefit expires within one (1) year from the date of your award letter notification. Any unused or unapplied amounts do not extend or carry over beyond the expiration date.

IV. Financial

Eligible *Former Players* need to understand what their future looks like with respect to their finances. The Plan provides assistance ranging from financial education to planning and management. Services offered as part of the Financial area also include risk management, aimed at helping eligible *Former Players* make informed decisions about what to do with their money and who to trust. The Plan's financial planning partner is as follows:

- **Financial Finesse**. Financial Finesse provides financial education and guidance to its clients. Eligible *Former Players* can access its services via a dedicated, toll-free financial helpline, workshops, and special events for eligible *Former Players* and the NFLPA Financial Learning Center.

- **The Giving Back Fund.** The Giving Back Fund has assisted eligible *Former Players* through a program called "Foundation Fundamentals", which provides professional philanthropic guidance and advice. The Giving Back Fund is a national non-profit organization that provides philanthropic consulting, management and administrative services. Whether an eligible *Former Player* is looking to establish a new charitable entity, have already established one, or simply wants assistance with deciding where to give your charitable dollars, the Giving Back Fund has services to assist in making the best possible choices.

    - How The Giving Back Fund Assists Eligible *Former Players*:

        - Provides initial confidential consultations to discuss philanthropic questions or ideas.
        - Holds complimentary meetings in the Giving Back Fund's Los Angeles office with eligible *Former Players* and their advisors (if applicable), or family members, to discuss charitable interests.
        - Informs eligible *Former Players* and/or their team on the variety of charitable-vehicle options that exist.
        - Gives viable alternatives to creating personal foundations such as collaborations with existing, reputable charities or the establishment of a donor-advised fund.
        - Refers eligible *Former Players* to experienced fundraisers and other partners to help maximize existing efforts.

V. Lifestyle

It is important that eligible *Former Players* redefine their "normal." This begins with identifying and establishing changes in mindset, performance, recovery and nutrition that will lead to a healthy, post-career lifestyle. By working with the Plan's staff and using the Plan's partner's services, eligible *Former Players* have access to the tools they need to make the right decisions about their health and lifestyle. Our Lifestyle partner is as follows:

- **EXOS.** EXOS' world-class team of expert coaches guide eligible *Former Players* through the next chapter of their life. These experts work to develop a plan that meets the individual athlete's needs. After completing the program, eligible *Former Players* receive a customized action plan, which sets the stage for the successful behaviors helping both to repair the eligible *Former Player* and rebuild the person. EXOS has a vast network of training facilities across the United States. Eligible *Former Players* can access these facilities in order to successfully transition from the NFL and continue their personal growth. EXOS assists eligible *Former Players* in the following areas, which include but are not limited to:

    - Customized Annual Health and Performance Assessment

- Access to integrated team of Physical Therapists, Performance Specialists and Nutritionists
- Personalized physical fitness and nutritional planning
- Online access to Tailored Life and Fitness Roadmap
- Comprehensive nutrition and post-NFL health education

EXOS also offers the following programs to eligible *Former Players:*

Intensive Restoration and Training Program (IRT)

The Intensive Restoration and Training (IRT) program bridges the gap between rehabilitation and functional performance training. As part of the program, eligible *Former Players* receive access to an integrated team of physical therapists, performance specialists, and nutritionists focused on not only the rehabilitation of their injuries, but also the transition to functional performance to ensure sustainable success once they exit the program. Eligible *Former Players* who would like to participate in the IRT program may engage in: 1) a full week experience or 2) a half week experience. Participants of both the half and the full week experience will be eligible for up to an additional two (2) weeks of services, depending on the results of their evaluations and the recommendations of EXOS subject matter experts. EXOS will work with the Plan on a case-by-case basis to determine the best course of action for eligible *Former Players* whose evaluation results and recommendations require extended time above and beyond the approved 3 weeks.

Breakfast Clubs

Through EXOS' collaboration with the YMCA, EXOS provides eligible *Former Players* the opportunity to participate in Breakfast Clubs in various geographic locations across the country. The six-week program utilizes EXOS' resources to enhance eligible *Former Players'* lives and create long-lasting positive lifestyle habits. The Breakfast Club aims to give eligible *Former Players* the opportunity to work out together and recreate that locker room atmosphere at EXOS and YMCA facilities throughout the country.

As part of the program, eligible *Former Players* receive:

- Three customized workout sessions per week.
- Unlimited physical therapy and one-on-one meetings with nutritionists.
- Pre-workout nutritional shakes and breakfast.
- SKLZ workout equipment to take home.

Who Is an Eligible "Former Player" To Whom Benefits Are Available?

The following summarizes the conditions for eligibility for the Plan's various benefits:

A. Brain and Body

Eligibility for the Brain and Body Health Assessment	A *Former Player* who has completed at least two (2) Credited Seasons is eligible for the Brain and Body Health Assessment during the fifteen (15) year period that immediately follows his retirement from the NFL, and can access this benefit once every five (5) years.
Eligibility for the Milestone Wellness Assessment	A *Former Player* who has completed at least two (2) Credited Seasons is eligible for the Milestone Wellness Assessment if they are fifteen (15) or more years removed from their last game played in the NFL, and can access this benefit once every five (5) years.
Eligibility for the Eisenhower Inpatient Mental Health Treatment	A *Former Player* who has completed at least two (2) Credited Seasons is eligible for inpatient mental health treatment at the Eisenhower Center if the Eisenhower Center has deemed inpatient mental health treatment to be medically necessary for him.
Eligibility for the Outpatient Mental Health Care Benefit	A *Former Player* who has completed at least two (2) Credited Seasons is eligible for Outpatient Mental Health Care if the Former Player has been referred to such benefit by one of the following three entities: • Brain and Body Assessment Partner; • Milestone Wellness Assessment Partner; • The Eisenhower Center; or • The Cigna Employee Assistance Program

B. Career

Eligibility for AthLife, Babson College, and Lee Hecht Harrison	A *Former Player* who has completed at least two (2) Credited Seasons is eligible for Outplacement and Career Planning benefits following his retirement from the NFL.

C. Education

Eligibility for AthLife and the	A *Former Player* who has completed at least two (2) Credited Seasons is eligible to engage with the Educational services provided

Trust Scholarship Award Benefit	under the Plan and apply for the Trust Scholarship Award Benefit following his retirement from the NFL, subject to the criteria and guidelines set forth in Section III.

D. Financial

Eligibility for Financial Finesse and Giving Back Fund	A *Former Player* who has completed at least two (2) Credited Seasons is eligible for Financial Finesse and the Giving Back Fund's services following his retirement from the NFL.

E. Lifestyle

Eligibility for Exos	A *Former Player* who has completed at least two (2) Credited Seasons is eligible to receive benefits from Exos following his retirement from the NFL.

Termination of Participation

An eligible *Former Player*'s participation in the Plan or any Plan benefit, as applicable, will terminate on the earliest of the following dates:

- The date the *Former Player* ceases to be eligible for benefits under the Plan or any Plan benefit, as applicable;
- The date the *Former Player* fails to make the required contributions, if any, to the Plan or any Plan benefit, as applicable;
- The date the Plan or any Plan benefit, as applicable, is discontinued by action of the Plan Administrator;
- Any other discontinuance date with respect to the Plan or any Plan benefit, as applicable;
- The date the *Former Player* becomes employed under a contract by a member club of the NFL to play football in the NFL and/or engages in "Football Activity", as defined below; and/or
- The date determined by the Plan Administrator in connection with a determination by the Plan Administrator that the *Former Player* has engaged in any conduct which the Plan Administrator in its discretion determines to be inappropriate and disqualifying in regard to the *Former Player*'s eligibility to continue to participate in the Plan or any Plan benefit, as applicable.

What Is a "*Former Player*"?

The term *Former Player* means any person who was employed under a contract by a member club of the NFL to play football in the NFL.

What Is a "*Credited Season*"?

The term *Credited Season* has the same meaning as *Credited Season* under the Bert Bell/Pete Rozelle NFL Player Retirement Plan ("Retirement Plan"). In general, you earn a *Credited Season* if you are employed as an Active Player (including an injured Player who otherwise satisfies the definition of Active Player) on the date of three or more regular-season or post-season NFL games (except the Pro Bowl). Determinations of *Credited Seasons* under the Bert Bell/Pete Rozelle Plan are binding on this Plan. For purposes of this paragraph, "Active Player" and "Player" have the meanings ascribed to those terms in the Retirement Plan.

Are Plan Benefits Taxed?

The Plan makes no commitment or gurarantee that any amounts paid to or for the benefit of a *Former Player* from this Plan or any Plan benefit will be excludible from the *Former Player*'s gross income for federal or state income tax purposes, or that any other federal or state tax treatment will apply to, or be available to, the *Former Player*. Some of the Plan's benefits, such as the Brain and Body Health Assessment, Milestone Wellness Assessment and certain scholarship benefits, should not be taxable to eligible *Former Players*. Other benefits, however, may be subject to federal and state taxes. If you have more specific questions regarding the taxability of benefits, you should consult your personal tax advisor.

What Is a "*Football Activity*"?

* "Football Activity" is defined as:

- **NFL Football Activity** including, but not limited to:
  - Signing an NFL Player Contract or Practice Player Contract
  - Participating in an NFL Club's offseason workout program, minicamp, preseason training camp, or regular or postseason practice activity or games
- **Non-NFL Football Activity** including, but not limited to:
  - Signing a CFA, Arena League or any other football league contract to play football
  - Participating in any CFL, Arena League or any other football league practice activity or games

How Do You Request Benefits Under the Plan?

To access benefits under the Plan, you (or your legal representative/guardian) must enroll.

How to Apply for Benefits

You may call the Plan at our toll-free number, 1-866-725-0063, and a representative will be happy to assist you. You may also submit requests for benefits in writing to following address:

Former Players Benefit Plan
1133 20th Street, NW
Washington, DC 20036

The Plan's fax number is 202-212-6199, and you can also email the Plan at: info@playerstrust.com

When is an eligible *Former Player* enrolled?

To be fully enrolled and eligible to receive Plan benefits, the eligible *Former Player* must have completed the Trust's Pre-Intake Form, returned the requisite Releases, completed an Intake with a designated Trust personnel, and created a gameplan (as prepared in collaboration with Trust personnel). Providers of individual plan benefits may require the eligible *Former Player* to provide additional information and fill out additional forms.

Receipt of Documents

All correspondence, including forms, elections, and other documents that must be submitted or filed with the Former Players Plan, are deemed received only if and when actually received by the Plan, and not when mailed or otherwise sent.

Designating a Representative

For all types of claims and review of claim denials, you can designate someone to act on your behalf, by submitting a written authorization to the Plan in the form provided by the Plan.

If you designate a representative to act on your behalf, unless you limit the scope of the representation in writing (or the representation is otherwise terminated), the decisions and other notices regarding your claim and/or administrative review of a claim denial will be sent to your representative, and your representative will be allowed to review and obtain copies of your Plan records and other relevant information.

Incapacity

If you are incapacitated so as to be unable to manage your financial affairs, the Plan may,

in its sole discretion, direct that your benefits be paid to your duly appointed legal guardian or other legal representative. Any such payment shall be a complete discharge of the Plan's liability under the Plan.

Failure to Exhaust Administrative Remedies

If your claim for eligibility under the Plan, or your claim for a specific benefit under the Plan, is denied in whole or in part and you fail to request, in a timely manner, review of such denial under the review procedures described below, you will have failed to exhaust your administrative remedies. If you fail to exhaust your administrative remedies and later file a legal action in court on your denied benefit claim, the court may dismiss your claim.

Benefit Claim and Review Procedures

This section describes the Plan's procedures for (1) initial claims and (2) administrative review (also called administrative appeals) of denials, or partial denials, of claims.

If you are an eligible *Former Player*, you or your personal representative must file an application for benefits with the Plan. Applications for specific benefits should be mailed to the following:

Former Players Benefit Plan
1133 20th Street, NW
Washington, DC 20036

- **Claims Procedures for benefits offered under Brain and Body**

The Plan ordinarily will reach a decision on a claim within 30 days after it is received, although in some cases the decision may be delayed for one additional 15-day extension period. You will be notified in writing if the decision time is extended beyond the initial 30-day period or beyond the 15-day extension period for matters beyond the control of the Plan.

If the extension is necessary because the Plan (or its designee) needs additional information from you to decide your claim, you will be given at least 45 days to provide the specified information, and any time periods during which the Plan is waiting for you to provide the additional information will not count for purposes of computing the Plan's 15-day extension period.

If your claim is denied, in whole or in part, you will receive a written notice of decision, which will set forth:

(1) the specific reason(s) for the denial,

(2) the specific Plan provisions on which the denial is based,

(3) a description of additional information necessary to perfect your claim and an explanation of why such additional information is necessary,

(4) an explanation of the Plan's appeal procedures for seeking review of denied or partially denied claims, including your right to bring a civil action under ERISA,

(5) any internal Plan rule, guideline, protocol, or other similar criterion relied upon in making the determination (or state that such information is available free of charge upon request), and

(6) if the denial was based on a scientific or clinical exclusion or limit, an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to your circumstances (or state that such explanation is available free of charge upon request).

If the Plan (or its designee) fails to notify you of its decision regarding your claim within the time periods described above, you can elect to treat that failure to respond as a deemed denial of your initial claim, which you may appeal to Cigna, if it involves a claim for the Outpatient Mental Health Benefit, or to the Trust Appeals Committee at the Plan Office if it involves the Brain and Body Health Assessment, Milestone Wellness Assessment or the Eisenhower Center.

If you receive a notice of decision that is adverse to you in whole or in part that you want reviewed under the Plan's appeal procedures, you must request administrative review (also called administrative appeal) in writing to Cigna or the Trust Appeals Committee, as appropriate, within 180 days of receiving the notice of decision on your claim. You can also request administrative review of a deemed denial of your claim.

During the administrative review process, upon request and free of charge, you can have reasonable access to (and copies of) all documents, records, and other information relevant to your claim for reimbursement, and you also can submit issues and comments in writing to Cigna or the Trust Appeals Committee, as appropriate. In making its decision on review, Cigna or the Trust Appeals Committee, as appropriate, will take into account all available information you present, regardless of whether it was available or presented to Cigna or the Trust Appeals Committee, as appropriate, previously, and will afford no deference to the initial determination.

If a claim involves a medical judgment question the health care professional who is consulted on review will not be an individual who was consulted during the initial determination or his subordinate, if applicable. Upon request, the Plan will identify the medical experts whose advice was obtained on behalf of the Plan in connection with the denial, without regard to whether the advice was relied upon in making the benefit decision.

Cigna or the Trust Appeals Committee, as appropriate, ordinarily will make a decision on your request for review within 60 days following receipt of your written request for review. However, if special circumstances exist, such as the need to obtain further clarifying information, the review may be delayed, in which case you will be provided with advance notice of such delay, the reasons for it, and the timeframe in which a decision is expected.

Cigna or the Trust Appeals Committee will notify you in writing of its decision on review. If the decision on review is adverse to you in whole or in part, the written notice will include:

(1) the specific reason(s) for the decision,

(2) references to the provisions of the Plan on which the adverse decision was based,

(3) a statement of your right, upon request and free of charge, to have access to, and copies of all documents, records, and other information relevant to your claim,

(4) a statement of your right to bring a civil action under ERISA following an adverse decision on review,

(5) any internal rule, guidelines, or protocol relied on in making the decision (or state that such information will be provided free of charge upon request), and

(6) if the decision was based on a scientific or clinical exclusion or limit, an explanation of the scientific or clinical judgment for the decision, applying the terms of the Plan to your circumstances (or state that such explanation is available free of charge upon request).

- **Claims Procedures for All Other Claims**

The Plan ordinarily will reach a decision on a claim within 90 days after it is received, although in some cases the decision may be delayed for one additional 90-day extension period. You will be notified in writing if the decision time is extended beyond the initial 90-day period. The notice will indicate the special circumstances requiring the extension and the date by which a determination is expected to be made.
If your claim for reimbursement is denied, in whole or in part, you will receive a written notice of decision, which will set forth:

(1) the specific reason(s) for the denial,

(2) the specific Plan provisions on which the denial is based,

(3) a description of additional information necessary to perfect your claim and an explanation of why such additional information is necessary,

(4) an explanation of the Plan's appeal procedures for seeking review of denied or partially denied claims, including your right to bring a civil action under ERISA,

(5) any internal Plan rule, guideline, protocol, or other similar criterion relied upon in making the determination (or state that such information is available free of charge upon request), and

(6) an explanation of your right to be given reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits.

If the Plan (or its designee) fails to notify you of its decision regarding your claim within the time periods described above, you can elect to treat that failure to respond as a deemed denial of your initial claim, which you may appeal to the Trust Appeals Committee at the Plan Office.

If you receive a notice of decision that is adverse to you in whole or in part that you want reviewed under the Plan's appeal procedures, you must request administrative review (also called administrative appeal) in writing to the NFLPA Appeals Committee within 60 days of receiving the notice of decision on your claim. You can also request administrative review of a deemed denial of your claim.

During the administrative review process, upon request and free of charge, you can have reasonable access to (and copies of) all documents, records, and other information relevant to your claim for reimbursement, and you also can submit issues and comments in writing to the Trust Appeals Committee. In making its decision on review, the Trust Appeals Committee will take into account all available information you present, regardless of whether it was available or presented to the Trust Appeals Committee previously, and will afford no deference to the initial determination.

The Trust Appeals Committee ordinarily will make a decision on your request for review within 60 days following receipt of your written request for review. However, if special circumstances exist, such as the need to obtain further clarifying information, the review may be delayed, in which case you will be provided with advance notice of such delay, the reasons for it, and the timeframe in which a decision is expected.

The Trust Appeals Committee will notify you in writing of its decision on review. If the decision on review is adverse to you in whole or in part, the written notice will include:

(1) the specific reason(s) for the decision,

(2) references to the provisions of the Plan on which the adverse decision was based,

(3) a statement of your right, upon request and free of charge, to have access to, and copies of all documents, records, and other information relevant to your claim,

(4) a statement of your right to bring a civil action under ERISA following an adverse decision on review,

(5) any internal rule, guidelines, or protocol relied on in making the decision (or state that such information will be provided free of charge upon request), and

(6) an explanation of your right to be given reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits.

Limitation on Actions

If your claim is denied in whole or in part and you have exhausted the Plan's administrative review process, you may file a civil action under ERISA Section 502(a)(1)(B) to recover benefits you believe are owed. Any suit or legal action initiated by a claimant under the Plan must be brought by the claimant no later than one year following a final decision on the claim for benefits under these claims procedures. The one-year statute of limitations on suits for benefits applies in any forum where a claimant initiates such suit or legal action. If a suit or legal action is not filed within this period, the claimant's benefit claim is deemed permanently waived and barred.

Any claim that you may have relating to or arising under the Plan may only be brought in the US District Court for the Southern District of New York. No other court is a proper venue for your claim. The US District Court for the Southern District of New York will have personal jurisdiction over you and any other participant named in the action.

When Should You File for Reimbursement?

You should file your claim for reimbursement as soon as practicable after you incur a reimbursable expense. No claim which is filed more than 24 months after you receive the bill is eligible to be reimbursed.

You cannot incur a reimbursable expense when you are employed by an NFL Club.

What Else Do You Need to Know About the Plan?

Administration and Type of Plan

The Former Player Benefit Plan has been established to provide certain benefits to eligible *Former Players*. Where applicable, the Plan is intended to be an "employee welfare benefit plan" as defined in the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Plan is overseen by a Board of Trustees (the "Board"), which governs the Former Player Benefits Trust in which the Plan assets are held. The Board has six members, three of whom are selected by the NFLPA and three of whom are selected by the NFL Management Council. To access the identities and contact information of the individuals currently on the Board, please visit www.playerstrust.com to review the most up-to-date information about the Board's composition.

The "Plan Administrator" consists of the NFLPA-appointed Trustees, or such persons or entities as they may appoint to supervise the administration of the Plan (including Cigna, as described below). The Plan Administrator's address and phone number is as follows:

1133 20th Street, NW
Washington, DC 20036

Phone: 866-725-0063
Fax: 202-212-6199
Email: info@playerstrust.com

The Plan Administrator has absolute discretion and authority to interpret the terms of the Former Players Plan and other governing Plan documents, review claims for benefits, and decide how the Plan applies in different situations.

The Outpatient Mental Health Benefit is administered by Cigna. Cigna can be contacted at:

John Kura: 570-496-5851, John.Kura@Cigna.com
Ken McGuire: 570-496-5396, Kenneth.Mcguire@Cigna.com
Representatives are available M-F 8am-6pm EST.
OR
Email Cigna at TheTrust@Cigna.com.

None of the Plan benefits are guaranteed by CIGNA under contract or otherwise.

Agent for Service of Legal Process

The agent for service of legal process is the Plan Administrator. The Plan Administrator's address is:

1133 20th Street, NW
Washington, DC 20036

Service of legal process also may be made on each individual member of the Board.

Custodian Bank

The assets of the Plan are held in an account by:
SunTrust Bank
1445 New York Avenue, NW
Washington, DC 20005

Employer Identification Number (EIN) Assigned to the Plan

46-3459332

Plan Number

501

Plan Year

Records for the Plan are maintained on a Plan Year basis that begins on March 1st and ends the following February 28th.

Plan Amendment or Termination

In accordance with the terms of the Trust Agreement that governs the VEBA, the NFLPA shall have the right to modify, amend, or alter any term(s) of the Plan—including any benefits offered under the Plan—at any time. However, any such amendment or modification shall not diminish or eliminate any claim to a benefit that an eligible *Former Player* may have filed prior to such action.

The NFLPA Trustees, in their sole discretion, may amend, suspend or terminate all or any part of the Plan at any time for any reason. This right to terminate the Plan applies to any current or future benefits for any *Former Player*.

No assets of the Plan may be used for any purpose other than to pay benefits or to pay the costs of administering the Plan. In the event the Plan is terminated, the assets of the Former Player Benefits Trust will continue to be managed by the Board. In the event the Former Player Benefits Trust is terminated, the net assets of the Former Player Benefits Trust will be used to provide healthcare or other benefits, funds or programs to eligible *Former Players* to the extent required by applicable law.

Right to Recovery

There are times that you will be required to furnish information or proof necessary to

determine your right to a Plan benefit. If you fail to submit the requested information or proof, makes a false statement, or furnishes fraudulent or incorrect information, your benefits under the Plan (and participation in the Plan, even if you would otherwise meet the eligibility requirements) may be denied, suspended, or discontinued at any time and for any length of time (including permanently) by a duly authorized representative of the Plan or any of its designees in its sole and absolute discretion.

If the Plan makes payment for benefits that are in excess of expenses actually incurred or in excess of allowable amounts, due to error (including, for example, a clerical error) or fraud or for any other reason (including, for example, your failure to notify the Plan office regarding a change in family status), the Plan or its delegate reserves the right to recover such overpayment plus interest and costs, through whatever means are necessary, including, without limitation, legal action or by offsetting future benefit payments to you or your heirs, assigns or estate.

Assignment of Benefits

In general, you cannot transfer, assign or pledge your benefits under the Plan, except pursuant to a Qualified Medical Child Support Order ("QMCSO").

Change of Address

Be sure to keep the Plan Office informed of your current address. You can update your address by sending an email to info@playerstrust.com.

Your ERISA Rights

You are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

ERISA Provides that All eligible *Former Players* Are Entitled to:

Receive Information About Your Plan Benefits

- Examine without charge at the Plan's office all official Plan documents, a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor (and available at the Public Disclosure Room of the Employee Benefits Security Administration), and a copy of the updated summary plan description. You can get copies of these Plan documents if you ask in writing. The Plan may charge you a reasonable fee for copies of these documents, except for the summary plan description.

- Receive a summary of the Plan's annual financial report. The *Plan Administrator* is required by law to give you a copy of a Summary Annual Report every *Plan Year*.

- Obtain by written request a statement telling you when you have a right to receive benefits. The *Plan Administrator* must provide this statement free of charge, but only once per year.

- Obtain by written request to the Plan a complete list of employers and employee organizations sponsoring the Plan. In addition, you may obtain, by written request to the Plan, information as to whether a particular employer or employee organization is a Plan sponsor and, if so, the sponsor's address.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. The Plan's Trustees, the Plan Administrator and certain others with responsibility for managing or operating the Plan, called "fiduciaries" of the Plan, have a duty to do their jobs prudently and in your interest and in the interest of all the other Plan participants. No one – neither your prior employer, your union, nor any other person – may in any way discriminate against you to prevent you from obtaining a Plan benefit or exercising your rights under ERISA.

Enforce Your Rights

Under ERISA, there are steps you can take to exercise these rights.

For instance, if you ask for copies of the above materials from the Plan and do not receive them within 30 days, you can file suit in a federal court. In such a case, the court may require the Plan to provide the material. In addition, the court may impose a fine of up to $110 a day, payable to you, unless you did not get the materials because of some reason beyond its control.

If you have a claim for benefits that is denied or ignored in whole or in part, you may file suit in a state or federal court. If the Plan fiduciaries misuse the Plan's money, or you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor. You may file suit in a federal court. The court will decide who should pay court costs and legal fees. If the court decides in your favor, it may order the person you have sued to pay these court costs and legal fees. If you lose, the court may order you to pay these court costs and legal fees if, for example, it finds that your claim is frivolous.

Assistance with Your Questions

If you have any questions about your Plan, you should contact the Plan by writing or calling the Plan. The Plan's contact information is as follows:

1133 20th Street, NW
Washington, DC 20036

Phone: 1-866-725-0063
Fax: 1-202-212-6199
Email: info@playerstrust.com

If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan, you can contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory, or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, DC 20210. You also can obtain certain publications about your rights and responsibilities by calling the publications hotline of the Employee Benefits Security Administration.

No PBGC Insurance

Benefits under the Plan are not insured by the Pension Benefit Guaranty Corporation ("PBGC"). PBGC insurance protection is not available to welfare benefit plans such as this Plan.

Disclaimer

This summary is intended to describe in general terms the essential features of your Plan. Every effort has been made to make sure that the information contained in this summary

is correct; however, in the case of any discrepancy, the provisions of the actual Plan and VEBA will govern. Your rights to benefits can be determined only by official action of the Plan.

HIPAA Notice of Privacy Practices

Effective June 2017

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. IT IS EFFECTIVE AS OF THE DATE OF THIS SUMMARY PLAN DESCRIPTION. PLEASE REVIEW IT CAREFULLY.

The Plan may use or disclose your health information for the purposes of routine treatment, payment, or health care operations related to the Plan. The Plan may use or disclose your health information in order to pay your claims for benefits. The Plan may use your information to make eligibility determinations and for billing and claims management purposes, including auditing, fraud, and abuse detection. In addition, the Plan may disclose your health information to the Board of Trustees or the Plan's business associates so they can perform administrative functions on behalf of the Plan.

The Plan may use or disclose your health information where required or permitted by law. Federal law, under the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"), generally permits health plans to use or release health information that includes, but is not limited to, disclosures for the following purposes:

- where required by law;
- where restricted health information is needed to provide emergency treatment;
- where the individual is available and capable of objecting to a notification or disclosure to those involved in the individual's care, and does not object, or if the plan can reasonably infer that the individual does not object;
- where the individual is not available or capable of objecting to a notification or disclosure to those involved in the individual's care, the plan may exercise its professional judgment to determine whether the disclosure is in the individual's best interest, and, if so, disclose only the health information directly relevant to the person's involvement or requested notification;
- for public health activities;
- to report child or domestic abuse;
- for governmental oversight activities;
- for certain government-approved research activities;
- for certain government functions, such as related to military service or national security;
- to the Secretary of the U.S. Department of Health and Human services when requested;

- pursuant to judicial or administrative proceedings;
- for certain law enforcement purposes;
- for a coroner, medical examiner, or funeral director to obtain information about a deceased individual;
- for organ, eye, or tissue donation purposes;
- to comply with requests from family members and others who were involved in the care or payment for care of a decedent prior to his death, where the health information is relevant to the person's involvement, unless doing so is inconsistent with any prior expressed preference of the decedent known to the plan;
- for notice of a person's location, general condition, or death in accordance with certain requirements of HIPAA;
- to comply with requests for health information pertaining to individuals who have been deceased for over 50 years;
- to avert a serious threat to an individual's or the public's health or safety;
- to comply with Workers' Compensation laws; and
- for issues involving the sale, transfer, merger, or consolidation of the plan.

For any other uses and disclosures of your health information, the Plan will obtain your written authorization. For example, most uses and disclosures of psychotherapy notes, uses and disclosures of health information for marketing purposes, and disclosures that constitute a sale of protected health information require your authorization. You may revoke such an authorization in writing at any time, provided the Plan has not yet taken action in reliance on your authorization.

You have several rights with respect to your health information, which are described below.

- You have the right to request restrictions on how your information may be used or disclosed. The Plan is not required to agree to your requested restrictions; however, you have the right to restrict disclosures to the Plan of health information if such disclosure is for payment or health care operations and pertains to a health care item or service that you (or your representative) have paid out of pocket in full. The health care provider and Plan are required to abide by this restriction.
- You have the right to designate another person or entity to receive your health information.
- You have the right to receive health plan information confidentially by alternative means or at an alternative location, such as at a location other than your home, if you state in writing that disclosing the information through normal means could endanger you.

- You have the right to receive notice of breaches of your unsecured health information.
- You have the right to inspect and copy your health information that is maintained by the Plan in a designated record set. The Plan may charge a reasonable, cost-based fee for such copies.
- You have the right to request an amendment to your health information that the Plan maintains in a designated record set. The Plan may deny your request for an amendment if it believes your information is accurate and complete, or if the information was created by a party other than the Plan.
- You have the right to request an accounting of disclosures the Plan has made of your health information for the six years prior to your request, except for disclosures made to you; that you have authorized; or disclosures for routine treatment, payment, or health care operations of the Plan.
- You have the right to request a paper copy of this notice, even if you have agreed to receive this notice electronically.
- You have the right to request an electronic copy of your health information, or may direct that the copy be transmitted directly to the person you designate. This copy will be in the format that you request, if readily producible, if not, it will be in a format mutually agreed upon by you and the Plan.

To exercise any of the above rights, please contact the Plan Office at 1-866-725-0063 and notify the staff of your request.

The Plan is prohibited from using your protected health information that is genetic information for underwriting purposes (*e.g.*, for enrollment purposes).

The Plan is required by law to maintain the privacy of your protected health information, to provide you with a notice of its legal duties and privacy practices with respect to your protected health information, and to notify affected individuals following a breach of unsecured protected health information. The Plan is required to abide by the terms of this notice. The Plan reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains. If there is a material change to any provisions of this notice, the Plan will distribute a revised privacy notice.

If you have questions or would like more information about the Plan's privacy policies, you may contact the Plan Office at 1-866-725-0063. You may also contact the Plan Office to request the most recent version of the Plan's Notice of Privacy Practices.

If you believe your privacy rights have been violated, you may file a complaint with the Plan or the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Plan, call the Plan Office at 1-800-638-3186 for further instructions. You cannot be retaliated against for filing such a complaint.