

**Aramco U.S. Vision Plan**

**A Component Benefit Plan under the  
Aramco U.S. Welfare Benefit Plan**

**Active Employees**

January 1, 2025

## **Notice to Employees**

This document describes the Aramco U.S. Vision Plan (the “Plan”) that Aramco Shared Benefits Company (“ASBCO”) sponsors for Employees on the U.S. Dollar payroll of ASBCO and the Participating Companies (as defined below) (collectively referred to as the “Company”) and their eligible Dependents (as described herein), as in effect on January 1, 2025. “Participating Companies” include Saudi Arabian Oil Company; Aramco Services Company; Aramco Associated Company; Aramco Overseas Company B.V.; Aramco Capital Company, LLC; Saudi Petroleum International, Inc.; Aramco Performance Materials, LLC (USA); Saudi Aramco Energy Ventures, LLC; Saudi Refining, Inc.; and Aramco Venture Management Consulting Company.

This document constitutes the Summary Plan Description (“SPD”) of the Plan as required by the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). ASBCO is the Plan Sponsor and it reserves the right to amend, modify or terminate the Plan, in whole or in part, at any time and for any reason, subject to applicable law.

The Plan is a component benefit plan under the Aramco U.S. Welfare Benefit Plan. The Plan is a welfare benefit plan providing vision benefits for purposes of ERISA.

The Plan is fully insured. Employees pay the entire cost of insurance premiums for the Plan. There are no Company contributions. Employee contributions are paid to Vision Service Plan Insurance Company (“VSP”) which provides and administers these Plan benefits.

This is only a summary of key provisions of the Plan. The Plan is governed by contracts, policies of insurance and insurance certificates with VSP, the terms of which are controlling over the information in this summary. Copies of such documents may be made available to Employees by VSP upon request of the Employee.

## Table of Contents

WHAT IS IN THIS DOCUMENT .....	4
ARAMCO U.S. VISION PLAN.....	5
PARTICIPATION .....	5
ELIGIBILITY.....	5
ENROLLMENT.....	6
LEVEL OF COVERAGE.....	6
COST.....	7
CHANGING COVERAGE.....	7
HOW THE PLAN WORKS .....	8
USING VSP PREFERRED AND AFFILIATE PROVIDERS – THE CHOICE IS YOURS.....	8
PAYING YOUR SHARE .....	8
COVERED EXPENSES .....	10
EXPENSES NOT COVERED.....	11
OTHER IMPORTANT INFORMATION.....	11
APPLYING FOR BENEFITS.....	11
COORDINATION OF BENEFITS.....	11
EVENTS AFFECTING COVERAGE .....	12
CONTINUATION OF COVERAGE .....	13
CONVERSION PRIVILEGE .....	13
ADDITIONAL PLAN INFORMATION.....	14
ERISA RIGHTS .....	14

## **WHAT IS IN THIS DOCUMENT**

This SPD describes who is eligible to participate in the Plan, how to enroll, what benefits and services are covered, benefits limitations and exclusions, and how benefits are paid. If you need additional information, there are a variety of resources to help you. Contact information is listed below.

### **Businessolver**

For Enrollment, COBRA coverage and questions

Website	<a href="http://MyAramcoBenefits.com">MyAramcoBenefits.com</a>
Member Services	888-532-4144

### **VSP**

Website	<a href="http://www.vsp.com/">http://www.vsp.com/</a>
Member Services	800-877-7195

## ARAMCO U.S. VISION PLAN

The Plan, fully insured by VSP, makes it easy to get the eye care you need. VSP provides coverage for the cost of routine eye exams, eyeglasses, and contact lenses for you and your family. The Plan covers the scheduled cost of eye care through a network of preferred providers and affiliate providers or partially reimburses you for charges by other providers.

## PARTICIPATION

### **ELIGIBILITY**

Coverage under the Plan is available to regular full-time salaried employees of the Company who are employed on a U.S. dollar payroll, working not less than 30 hours per week. Participants include eligible employees and their eligible dependents as described below who meet eligibility requirements and who elect to participate in the Program. An independent contractor, leased employee, consultant, supplemental contract worker or hourly or daily paid employee are excluded. For these purposes, the Company's classification of an individual is conclusive. An individual will be ineligible for participation even if the individual is later re-classified to be an employee, whether by a court, administrative body, or otherwise; any re-classification will be prospective only and is subject to the Company reclassifying the individual as an eligible employee. *Eligible dependent(s)* include:

- Spouse – your legally recognized spouse not covered under another Company-sponsored vision plan.
- Child or Children – your and your Spouse's Children under age 26 <sup>(1)</sup>, including:
  - Your biological children, stepchildren, legally adopted children and children for whom you are the legal guardian;
  - Your foster children, including any children placed with you for adoption;
  - Children for whom you are responsible under a Qualified Medical Child Support Order ("QMCSO");
  - Your grandchildren who are your legal dependents.
- Your and your spouse's Children age 26 or older who were disabled as determined by the Active U.S. Medical Plan before age 19 while their coverage under the Plan was in force. The request to enroll for this coverage must be submitted to the Claims Administrator no later than 31 days after the disabled Dependent's 26<sup>th</sup> birthday.

**Note 1:** Coverage for Dependents attaining age 26 terminates at the end of the month they reach 26 years of age, at which time they will be eligible to elect COBRA benefits.

## ENROLLMENT

### *For You*

If you are a regular salaried employee who is newly eligible, you will receive enrollment materials from the Aramco Benefits Center. If you wish to enroll, you must do so within 31 days after your hire date or 60 days after your eligibility date. If you enroll within the applicable period, your coverage takes effect as of your hire date, the first of the month following the hire date, or eligibility date. If you fail to enroll for coverage within 31 days after your hire date or 60 days after your eligibility date, or if you were enrolled in the Plan, subsequently canceled your coverage, and later wish to re-enroll, you may enroll within 60 days after a qualified status change or during the next group annual enrollment period. (For details about qualified status changes, see the “Changing Coverage” section below) You are not permitted to enroll at any other time.

Contact Businessolver  
at 888-532-4144 to enroll  
or to ask questions  
about your eligibility.

### *For Your Dependent(s)*

If you want to cover any of your *eligible dependent(s)* under your vision option, you need to enroll them:

- Within 31 days after your hire date; or
- Within 60 days after a qualified status change; or
- The date they become eligible for coverage.

If you do not meet the deadlines, you generally cannot enroll your *eligible dependent(s)* until the next enrollment period, unless you have a subsequent *qualified status change* in your family or employment as noted in “Changing Coverage” section below. Coverage for *eligible dependent(s)* enrolled when you enroll begins the day your coverage begins.

## LEVEL OF COVERAGE

When you enroll, you must choose one of the following coverage tiers under the Plan:

- Employee only; or
- Employee + 1 Dependent; or
- Employee + 2 or more Dependents.

If both you and your spouse are eligible to enroll in the Plan as *employees* and you both wish to be covered:

- Each of you may enroll for *Employee only coverage*; or
- One of you may enroll for *Employee plus one* or *Employee plus 2 or more coverage*.

**NOTE:** You must be enrolled for coverage under the Plan in order to enroll your Dependents for coverage. To enroll, you must contact the Aramco Benefits Center within 31 days from your date of hire or within 60 days after a qualified status change.

## **COST**

You, the employee enrolled in the Plan, pay full cost for vision coverage.

## **CHANGING COVERAGE**

You may only change/drop your coverage each year during the *group* annual enrollment *period* or if you experience a *qualified status change as noted below*:

- Your family status; or
- Your, your Spouse's or your Child's employment status.

A "Qualified Change" in your family status includes:

- Marriage;
- Divorce;
- The birth or adoption of a Child;
- Declaration of guardianship of a Child;
- The death of a Spouse or a Child; or
- Loss of Dependent eligibility.

A "Qualified Change" in employment status includes:

- The employment or unemployment of your Spouse or a Child; or
- A reduction or increase in hours of employment for you, your Spouse or a Child, including a switch between part-time and full-time employment, or commencement or return from an unpaid leave of absence.

If you have a *qualified status change*, you may change your coverage only if:

- You submit your request to change your coverage within 60 days after the *qualified status change*.
- Except for with respect to *qualified status changes* that are considered special enrollment rights, the change in coverage must be consistent with the *qualified status change* event.

The change in coverage becomes effective on the date of a Qualified Change in family or employment status, or in the case of marriage on the first day of the following month if the Employee so elects. Failure to timely drop an ineligible dependent may result in company discipline, up to and including termination, and any medical expenses paid on behalf of an ineligible dependent may be charged back to you, or the assessment of COBRA premiums for the period from the date the dependent became ineligible to the date their coverage was subsequently cancelled.

## **HOW THE PLAN WORKS**

VSP manages a network of more than 29,000 eye care professionals nationwide. You may choose to use a VSP preferred provider or affiliate provider or receive care from any licensed eye care professional. However, the level of benefits you receive under the Plan depends on your provider choice.

### **USING VSP PREFERRED AND AFFILIATE PROVIDERS – THE CHOICE IS YOURS**

Each time you need vision care, you have a choice:

- You can use VSP preferred providers or affiliate providers who discount the cost of their services. When you receive care from one of these providers, the Plan pays a higher level of benefit and your share of the covered expense is reduced. To access benefits, simply select a VSP preferred provider or affiliate provider, and call to make an appointment. Be sure to identify yourself as an Aramco/VSP member. You will also need your ID number (last four digits of your Social Security number) when you call; or
- You can choose any licensed ophthalmologist, optometrist, or optician who is not a VSP preferred provider or affiliate provider, and you will have to pay for the services and supplies on the day of service. Then you must file a claim for reimbursement from VSP.

<b>When You use a VSP Preferred Provider or Affiliate Provider...</b>	<b>When You Use Other Providers</b>
You receive the highest level of coverage for your vision care.	You receive limited coverage.
You have no claims forms to file.	You must file claims forms.

NOTE: More information can be found at <https://www.vsp.com/>

### **PAYING YOUR SHARE**

#### ***Copayments***

When you incur a covered vision expense from a VSP preferred provider or affiliate provider, part of the expense is paid by VSP and part is your responsibility. *Copayments* are your portion of covered vision expenses.

Once you pay a \$10 *copayment* for a vision exam and a \$25 *copayment* for materials (lenses and frames), if applicable, VSP pays:

- 100% of the cost of one comprehensive eye exam every calendar year;
- 100% of the cost of one set of prescription lenses every calendar year; and
- 100% of the specified wholesale price of one set of frames every calendar year; up to \$220. (For more expensive frames, you pay the difference in cost at wholesale prices.) You may



purchase a second pair of glasses at 20% off the retail cost within 12 months of your last eye exam.

You must pay any additional charges for materials not covered under the Plan or for the following cosmetic options:

- Blended, laminated, oversized, progressive multifocal, or ultraviolet-protected lenses;
- Lens coatings;
- A more expensive frame than the Plan allowance (at the wholesale price);
- Contact lenses, except as noted below; and
- Optional cosmetic processes.

### ***Discounts on Contact Lenses***

Each calendar year, you may exchange your lens and frame benefits for a contact lens benefit of up to \$170, with a 15% discount off professional fees for elective contact lens evaluations and fittings. Discounts are applied to the VSP provider's reasonable and customary charges and are available within 12 months of the covered eye examination.

Contact lenses are considered medically necessary when certain benefit criteria are met (after cataract surgery to correct extreme visual acuity problems that cannot be corrected with eyeglass lenses, or to correct certain conditions of anisometropia and keratoconus).

### ***Discounts on Additional Prescription Glasses***

You are entitled to receive a discount of 20% toward the purchase of additional complete pairs of prescription glasses (lenses, lens options, and frames) from a VSP preferred provider within 12 months of your last eye exam. Additional pair means any complete pair of prescription glasses purchased beyond the benefit frequency allowed. These discounts do not apply to vision care benefits obtained from other providers not affiliated with VSP.

### ***Discounts on Laser Surgery***

VSP has arranged discounts on photorefractive keratectomy (PRK), laser-assisted in-situ keratomileusis (LASIK), and Custom LASIK for qualified candidates. Discounts vary by location, but will average 15% off the contracted laser center's reasonable and customary charge. Additionally, if the participating laser center is offering a temporary price reduction, VSP members will receive an additional 5% off the promotional price.

The maximum you will pay is:

- \$1,500 per eye for PRK;
- \$1,800 per eye for LASIK; and
- \$2,300 per eye for Custom LASIK.

Your VSP preferred provider can determine if you are a qualified candidate and refer you to a contracted laser surgery center.

## COVERED EXPENSES

In addition to expenses related to eye examinations and the fitting of glasses or contact lenses, VSP also offers a low-vision benefit. This benefit provides special aid for people who have severe visual problems, not correctable by regular lenses, and who often are referred to as partially sighted. The Plan covers the full cost of vision analysis and diagnosis of severe vision problems.

## SCHEDULE OF BENEFITS

The following chart highlights the covered expenses under the Plan.

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>YOUR COVERAGE WITH A VSP PROVIDER</b>			
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10	Every calendar year
<b>PRESCRIPTION GLASSES</b>		\$25	See frame and lenses
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$220 allowance for a wide selection of frames</li> <li>\$240 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$130 Costco® frame allowance</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Progressive lenses</li> <li>Tints/Light-reactive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> </ul>	\$0 \$0	Every calendar year
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$170 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> </ul>	\$0	Every calendar year
<b>DIABETIC EYECARE PLUS PROGRAM</b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor details.</li> </ul>	\$0 \$20 per exam	As needed
<b>EXTRA SAVINGS</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
	<b>Routine Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.</li> </ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.</li> </ul>		
<b>YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS</b>			
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.			
Exam ..... up to \$45	Lined Bifocal Lenses ..... up to \$50	Progressive Lenses ..... up to \$50	
Frame ..... up to \$70	Lined Trifocal Lenses ..... up to \$65	Contacts ..... up to \$125	
Single Vision Lenses ..... up to \$30			
Coverage with a retail chain may be different or not apply. Log in to <a href="http://vsp.com">vsp.com</a> to check your benefits for eligibility and to confirm in-network locations based on your plan type. EasyOptions. Plan Benefits are not available at Walmart, Sam's Club, or Costco. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.			

Log in to [vsp.com](http://vsp.com) to find an in-network provider based on your plan type.

## **EXPENSES NOT COVERED**

The Plan does not cover:

- Non-prescription plan lenses;
- Two pairs of glasses instead of bifocals;
- Orthopedics or vision training, or any associated supplemental testing;
- Medical or surgical treatment of the eyes;
- Corrective vision treatment of an experimental nature such as, but not limited to, LASIK and PRK surgery;
- Any eye exam or corrective eyewear required by an employer as a condition of employment;
- Lost or broken lenses or frames, except at normal intervals when services are otherwise available; and
- Services or supplies not specifically listed above.

## **OTHER IMPORTANT INFORMATION**

### **APPLYING FOR BENEFITS**

You do not have to file a claim if you go to a VSP preferred provider or affiliate provider. If you go to other providers not affiliated with VSP, you have to pay for services and then submit an itemized statement of treatment, together with your ID (last four digits of your Social Security number), your name, the patient's name (if different), and the patient's birth date, to VSP. You are reimbursed for costs up to the benefit limits outlined in the "Schedule of Benefits" section of this SPD. Contact VSP at 800-877-7195 or visit the Businessolver Aramco Benefits Center website to obtain a claim form. More information on filing claims and appeals is available in the VSP Evidence of Coverage which is available to you at no cost on HR Online, the Businessolver Benefits Center or by contacting the Plan Administrator.

### **COORDINATION OF BENEFITS**

The Plan coordinates the benefits it pays by considering any coverage you or your covered dependent(s) may have under any group medical or vision plan. As a result of this coordination of benefits, it is possible for you to receive reimbursement for up to 100% of allowable vision expenses you incur during a calendar year.

Here is a summary of how coordination of benefits works under the Plan:

- For any covered vision service that is also covered under a group medical plan, the medical plan is considered primary and must process the claim first. Benefits coordinated with a medical claim apply to that claim only. No credit applies to future claims;
- For any covered vision service that is also covered under another group vision plan, the Plan pays the difference between the full amount of the expense, up to the amount the Plan

would have paid without the coordination of benefits, and the amount of benefits actually paid; and

- If your spouse is covered under another group vision plan, that plan provides primary coverage and the Aramco U.S. Vision Plan provides secondary coverage.

Coordination of benefits for *eligible child(ren)* in the Plan and other group vision plans is based upon the birthday rule. This means that the plan of the parent whose birthday occurs earlier in the calendar year provides primary coverage and any other group plan provides secondary coverage.

## **EVENTS AFFECTING COVERAGE**

### ***Absence without Pay***

During any Company-approved absence without pay, you may continue your coverage under the Plan provided you pay your Employee contributions in advance or in some other manner satisfactory to the Company.

### ***Loss of Eligibility***

Coverage ends for you or your *eligible dependent(s)* on the last day of the month in which you or the dependent(s) no longer meets the eligibility requirements. Dependent children that age out at 26 will be covered through the end of the month they turned 26. However, you may be able to continue coverage under COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) by paying the full cost of coverage plus a 2% COBRA administration fee.

### ***Change in Number of Hours Worked***

If your employment status changes to *part-time employee* status, you may elect to end or continue your coverage. Conversely, if your employment status changes from part-time employee status to *regular part-time employee* or *regular full-time employee* status, you become eligible to participate in the Plan, effective on the date of your change in status. Businessolver provides administrations services for COBRA benefits under the Plan. For additional information on COBRA benefits, contact the Businessolver Aramco Benefits Center at 888-532-4144.

### ***Layoff or Termination of Employment***

Your coverage ends on the last day of the month if you are laid off due to lack of work or if your employment is terminated; however, you may be able to continue coverage under COBRA.

### ***Retirement***

You are not able to continue vision benefit in retirement; you may enroll in COBRA coverage if you so elect.

### ***Death***

If you die while you are an *employee*, and you had dependent coverage at the time of your death, your dependent(s) may continue coverage under COBRA for up to 36 months.

If you die while you are an *employee*, after you meet the *retiree coverage eligibility* requirements or as the result of an occupational accident, and you had dependent coverage at the time of your

death, your dependent(s) may continue coverage until they no longer meet the definition of *eligible dependent(s)*. The *eligible dependent(s)* must pay the full cost of coverage.

### ***Plan Amendment or Termination***

Your coverage changes or ends on the date this Plan is amended or terminated, respectively. However, if you or your dependent(s) incurred covered expenses before the Plan is amended or terminated, benefits generally are paid according to the Plan provisions in effect before the change.

## **CONTINUATION OF COVERAGE**

You and your *eligible dependent(s)* may be eligible to continue vision coverage under COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) if you would otherwise lose coverage as the result of a *qualifying event*. You would be responsible for paying the full cost of coverage plus a 2% COBRA administration fee.

Under the Consolidated Omnibus Reconciliation Act of 1985 (known as “COBRA”), you and your covered Dependents may extend your Plan coverage if it is lost due to certain “Qualifying Events.”

COBRA lists specific “Qualifying Events,” which enable you or your covered Dependents to elect to continue coverage under the Plan. Regular coverage for you and your covered Dependents will end as of the last day of the month in which a “Qualifying Event” occurs.

An Employee who is absent from employment for more than 30 days by reason of service in the Uniformed Services of the United States may elect to continue Plan coverage for the Employee and the Employee’s Dependents in accordance with the Uniformed Services Employment and Reemployment Rights Act of 1994, as amended (“USERRA”).

## **CONVERSION PRIVILEGE**

The Plan does not include an option to convert your coverage to an individual policy.

## **ADDITIONAL PLAN INFORMATION**

The Plan is a component benefit plan under the Aramco U.S. Welfare Benefit Plan.

The Legal Plan Name:

Aramco U.S. Welfare Benefit Plan

Plan Sponsor:

Aramco Shared Benefits Company

Two Allen Center

1200 Smith Street

Houston, TX 77002-4313

Phone: (713) 432-4000

Employer Identification Number: 84-4364434

Plan Number: 501

Plan Year: January 1 – December 31

Plan Administrator:

Aramco Shared Benefits Company

Two Allen Center

1200 Smith Street

Houston, TX 77002-4313

Phone: (713) 432-4132

Agent for Service of Legal Process:

Aramco Shared Benefits Company

ATTN: General Counsel

P.O. Box 4536

Houston, Texas 77210-4536

## **ERISA RIGHTS**

As a participant in the Group Insurance Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

**Receive Information About Your Plan and Benefits**

Examine, without charge, at the plan administrator's office and at other specified locations, such as worksites, all documents governing the plan, including insurance contracts, and 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 Benefit Security Administration.

Obtain, upon written request to the plan administrator, copies of documents governing the operation of the plan, including insurance contracts, and copies of the latest annual report (Form 5500 Series)

and updated summary plan description. The administrator may make a reasonable charge for the copies.

Receive a summary of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.

### **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 employee benefit plan. The people who operate your plan, called “fiduciaries” of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

### **Enforce Your Rights**

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report 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 plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. 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. In addition, if you disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in 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.

### **Assistance with Your Questions**

If you have any questions about your plan, you should contact the plan administrator. 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 administrator, you should 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 N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.