



SUMMARY PLAN DESCRIPTION

THE TRUST (POWERED BY THE NFLPA)

Former Player Benefits Plan

1133 20th Street, NW
Suite 210
Washington, DC 20036

Dear Former Player:

This Summary Plan Description (“SPD”) summarizes the benefits available under the Former Player Benefits Plan (the “Former Players Plan” or the “Plan”). All the benefits under the Plan are funded by the Former Player Benefits Trust constituting a Voluntary Employee Beneficiary Association (“VEBA”) except for WW (Weight Watchers), which is funded by the Former Player Labor-Management Cooperation Committee Trust (“LMCC”). The Plan was created to provide certain benefits to eligible Former Players. The Plan 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”). This Plan and the LMCC are referred to collectively as “The Trust (Powered by the NFLPA)” or “The Trust”.

Several of the benefits offered under the Former Players Plan as of March 2022 and associated updates are described in this SPD. Please read the contents carefully and keep this SPD in your permanent records.

The Former Players Plan is summarized in this SPD 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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Introduction to the Former Players Plan

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 SPD describes some of the benefits offered under the Former Players Plan.

The Former Players Plan was established in accordance with the August 4, 2011 CBA entered into between the NFLPA and the NFL Management Council and remains intact as a result of the enacted March 15, 2020 CBA. 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 Trustees or through its delegates. All benefits under the Plan are self-funded, meaning that payments are made directly from the VEBA established to hold the assets of the Former Players Plan.

What is a “Former Player”?

The term *Former Player* means any person who was previously employed under a contract by a member club of the NFL to play football in the National Football League (“NFL”).

Who is an “eligible Former Player” under the Plan?

A Former Player who is not engaged in “NFL Football Activity” (as defined below) and has completed at least two (2) Credited Seasons is eligible to receive benefits¹ under the Plan.

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 (3) 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

¹ All Trust benefits are available to Former Player with two (2) or more Credited Seasons, with the exception of the Critical Care Benefit Program, which requires a minimum of three (3) or more Credited Seasons for eligibility.

purposes of this paragraph, “Active Player” and “Player” have the meanings ascribed to those terms in the Retirement Plan.

What Is “NFL Football Activity” and “Non-NFL Football Activity”?

- **NFL Football Activity** includes, but is not limited to:
 - Signing an NFL Player Contract or Practice Player Contract.
 - Participating in an NFL Club’s offseason workout program, minicamp, pre-season training camp, or regular or post-season practice activity or games.
- **Non-NFL Football Activity** includes, but is not limited to:
 - Signing a CFL, 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.

What Benefits Are Available Under the Former Players Plan?

The Former Players Plan provides benefits that are designed to assist eligible Former Players in certain areas of their post-NFL careers. The Trust's programs and services are guided by three pillars: Community and Connection Opportunities; Health and Wellness Resources; and Personal and Business Development. This SPD describes certain benefits offered under the Health and Wellness Resources and Personal and Business Development Pillars. Some of the Trust's programs are subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), as outlined in Appendix 1.

The Plan only provides benefits as described herein and does not provide comprehensive health or medical benefits and is not subject to the Consolidated Omnibus Budget Reconciliation Act of 1986 ("COBRA").

I. Health and Wellness Resources Pillar

A Former Player's health is a pivotal part of the successful transition to life after football. The Health and Wellness Resources Pillar benefits are provided in order to help eligible Former Players obtain an assessment of their overall health and identify any health issues that might need follow-up. The Health and Wellness Resources Pillar benefits are not (1) related to any current, pending or future NFL-related litigation, (2) being provided or administered for any litigation-related purpose, or (3) focused evaluations for any specific medical condition or to determine eligibility for NFL benefits.

Under The Health and Wellness Resources Pillar, the Plan offers the following benefits to eligible Former Players:

1. Brain and Body Assessment

Summary of Benefit:

The Plan has assembled a team of medical centers located throughout the country, each with experience in treating Former Players and helping them develop and maintain a healthy brain and body through a comprehensive assessment (the "Brain and Body Assessment").

Trust Partners:

The Brain and Body Assessment is provided by the health institutions listed below (collectively, the "Brain and Body Partners"):

- The University of North Carolina at Chapel Hill Brain and Body Health Program (Chapel Hill, North Carolina)
- Tulane University and Tulane Institute of Sports Medicine (New Orleans, Louisiana)
- The Cleveland Clinic
 - Cleveland Clinic Ohio (Cleveland, Ohio)

- Cleveland Clinic Florida (Weston, Florida)
- Hoag Memorial Hospital Presbyterian (Newport Beach, California)
- Massachusetts General Hospital Brain and Body Program (Boston, Massachusetts)

Brain and Body Assessment Components:

The Brain and Body Assessment provides eligible Former Players with access to a custom thorough clinical evaluation and treatment plans. The primary purpose of the Brain and Body Assessment is to provide each eligible Former Player with a comprehensive evaluation, treatment planning and recommendations that target and reduce potential health risks and concerns, and to promote overall wellness.

Brain and Body Partners provide a thorough mental (i.e., behavioral, cognitive, social-emotional) and full body physical health assessment. This health assessment may include an internal medicine evaluation, neurological evaluation, neuropsychological/behavioral health evaluation, sleep evaluation, musculoskeletal/rehabilitation evaluation, physical therapy assessment, body composition evaluation, nutrition/dietary consultation and, if appropriate, a cardiovascular evaluation and speech pathology evaluation.

Upon completion of the Brain and Body Assessment, the Brain and Body Partners will discuss the eligible Former Player’s assessment with him and provide copies of the assessment and related test/procedure results. In addition, the eligible Former Player will be provided educational materials regarding identified medical conditions, and recommendations regarding follow-up treatment and resources. The Brain and Body Partners will assist the eligible Former Player with identifying and making referrals to healthcare professionals in his home community, as needed.

Frequency of Use:

Eligible Former Players can take advantage of this comprehensive health assessment administered by a Brain and Body Partner once every five (5) years from the first date in which the Brain and Body Assessment was administered. Each subsequent visit after the passage of five (5) years is referred to as the “Return Visit”. All of the components and benefits provided herein apply equally to an eligible Former Player’s Return Visit.

Travel and Accommodations:

In addition to the Brain and Body Assessment, the Plan will cover the reasonable travel and related expenses as follows:

- **Airfare/Rail.** The Plan will arrange for and cover the roundtrip airfare or rail 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 during travel associated with the provision of the Brain and Body Assessment, or a companion, only if medically necessary and in emergent circumstances as determined by the Brain and Body Partner).
 - **Home and Host City Transportation.** The Plan and Brain and Body Partner will make arrangements for pick-up/drop-off services in the home

and host city for travel to and from the respective airport/rail authority and hotel, as well as between the hotel and medical facility. The eligible Former Player is responsible for all other travel-related expenses during the course of his visit to the host city.

- **Car.** Should the eligible Former Player wish to drive to his Brain and Body Assessment, the Plan will compensate him at the annual standard mileage rate issued by the Internal Revenue Service (“IRS”), up to a maximum of Five Hundred Dollars and No Cents (\$500.00) for the total roundtrip reimbursement from his home residence to the pre-arranged hotel in the host city. The Plan will not cover or reimburse expenses for rental vehicles.
 - **Host City Transportation.** The Plan and Brain and Body Partner will make arrangements for pick-up/drop-off services between the hotel and medical facility, so the eligible Former Player does not need to use his car. The eligible Former Player is responsible for all other travel-related expenses during the course of his visit to the host city including parking for any travel outside of the specific itinerary for the eligible Former Player’s Brain & Body Assessment.
- **Hotel Accommodations.** The Plan will make arrangements for, and cover, reasonable hotel accommodations near the medical facility during the term of the eligible Former Player’s Brain and Body Assessment.
- **Meals.** The Plan will provide a meal voucher through the applicable hotel to cover certain meals for the eligible Former Player, and as applicable, their spouse. The Brain and Body Partner will provide meals to the eligible Former Player, and as applicable, their spouse, while at the medical facility. All other meals are the responsibility of the eligible Former Player.

Claim Processing:

The Plan will pay the cost of the Brain and Body Assessment. The Plan will pay the Brain and Body Partner directly for the Brain and Body Assessment. The eligible Former Player may submit a claim for the Brain and Body Assessment to his health insurance company, in which case the Plan will pay any remaining out-of-pocket costs for the Brain and Body Assessment.

2. Substance Abuse and Mental Health/Dual Diagnosis Inpatient Treatment

The Plan offers eligible Former Players medically necessary residential and/or inpatient treatment at the below facilities to treat mental health and/or substance abuse disorders.

- **Lakeview Health Addiction Treatment and Recovery**

Summary of Benefit:

Eligible Former Players may receive medically necessary residential treatment at Lakeview Health Addiction Treatment and Recovery facility (“Lakeview Health”)

to treat substance abuse disorders and co-occurring mental health conditions. Lakeview Health is a licensed and Joint Commission accredited addiction treatment and recovery center. Eligible Former Players who struggle with alcohol/substance use disorders, with or without co-occurring mental illnesses, can access this benefit if it is deemed medically necessary by Lakeview Health. In treating addiction, Lakeview Health addresses healing of the mind, body, and spirit – and the root of the diseases that fuel the cycle. Eligible Former Players are able to focus on their recovery, using curriculum and programming offered by Lakeview Health, specific to their needs. Other specialty programs offered as part of the residential stay include pain recovery, medical and psychiatric care. Lakeview Health’s dual-diagnosis care addresses alcohol and drug use, as well as trauma, mood disorders, depression, anxiety, and more. Care is administered by full-time board-certified physicians, psychiatrists, nurses, licensed therapists, certified personal trainers, certified recovery coaches and other ancillary staff.

Using evidence-based therapies, Lakeview Health provides eligible Former Players with skills and healthy coping strategies to transition from a life in active addiction to a healthy, vibrant life in recovery. Upon departure, Lakeview Health ensures eligible Former Players receive on-going support through a robust alumni community and lifelong access to a Certified Recovery Coach.

The Plan will cover the following medically necessary services rendered at Lakeview Health including, but not limited to:

- Any tests and medications relating to the eligible Former Player’s admission ordered by the Lakeview Health’s attending medical professional and performed by Lakeview Health (or their contracted providers)
 - Standard room and board for the period of stay
 - Meals provided at Lakeview Health’s facility and other dietary services for the period of stay
 - Wellness services for the period of stay
 - Discharge planning
 - Program summaries
- **The Menninger Clinic**

Summary of Benefit:

As a leader in psychiatric care, The Menninger Clinic, in Houston, Texas, has been successfully treating patients with complex mental illness since 1925. The Menninger Clinic provides exclusive customized residential and inpatient programs to support eligible Former Players who may benefit from treatment to address mental health, substance abuse, and dual diagnoses. With almost a century of experience diagnosing and treating complex mental illnesses and addiction, The Menninger Clinic has achieved a nationally renowned track record of success and lasting recovery, which is suited for successful outcomes.

Eligible Former Players may utilize their Plan benefit to access residential or inpatient treatment at The Menninger Clinic to address a range of mental health and substance use concerns, including, but not limited to, the following:

- Anxiety
- Depression
- Bipolar disorder
- Addiction
- Suicidality, including suicidal thoughts and previous suicide attempts
- Trauma and post-traumatic stress disorder
- Personality disorders
- Thought disorders, including schizophrenia, schizoaffective disorder, and psychosis
- Grief
- Life transitions

The Plan will cover the following medically necessary services rendered at the Menninger Clinic including, but not limited to:

- Comprehensive Psychiatric Assessment
- Exhaustive Psychosocial Evaluation
- Individualized Treatment Plan
- Medically Supervised Detoxification (for alcohol and other substances)
- Individual and Group Psychotherapy
- Psychoeducational Groups
- Family Therapy
- Medication Management
- Best Practices for Sleep
- 12-Step and Other Evidence-Based Addiction Support
- Pain Management
- Private Accommodations
- Post-Discharge Case Management Support

The following *Frequency of Use/Restrictions* and *Travel/Expenses* apply to both Lakeview Health and The Menninger Clinic:

Frequency of Use/Restrictions:

The Trust staff may refer an eligible Former Player to Lakeview Health or The Menninger Clinic. The eligible Former Player may receive inpatient, residential and/or partial hospitalization program treatment at Lakeview Health and/or The Menninger Clinic, and the Plan will cover, up to ninety (90) days of medically necessary treatment collectively between the two facilities over the course of the three (3) year period, as measured from the first date on which he begins treatment at a partner facility, subject to the relevant facility determining that residential or inpatient treatment is medically necessary for the eligible Former Player. Any unused days out of the total ninety (90)-day allowance will not rollover into the subsequent three (3) year period.

Upon discharge from treatment at the respective facility, if it is deemed medically necessary, the eligible Former Player may elect to stay on-site to participate in the facility's transitional services, also known as a partial hospitalization program ("PHP", if available). The Plan will cover the costs, collectively, between the residential, inpatient and/or PHP up to the benefit maximum of ninety (90) days of medically necessary treatment over the course of the three (3) year period, as measured from the first date on which he begins treatment at a partner facility. An eligible Former Player must utilize the PHP benefit immediately upon discharge from residential and/or inpatient treatment as part of his continuity of care. Another available option for a proscribed period of partial hospitalization care can be covered under the Supplemental Mental Health Benefit, pursuant to such applicable terms and conditions.

In the event an eligible Former Player does not adhere to the relevant facility's policies, rules and regulations (including unscheduled discharges), the relevant facility shall follow their standard business protocol to address the situation. The Plan, in conjunction with the relevant facility, shall determine the appropriate next steps for the eligible Former Player.

If an eligible Former Player needs subsequent residential or inpatient treatment that exceeds the collective ninety (90) day allotment, the Plan Administrator may make a referral to an appropriate grant assistance program, if available.

Travel/Expenses:

In addition to the inpatient treatment, reasonable travel expenses will be covered for the eligible Former Player to travel to and from the respective treatment facility from the home city. If a travel companion is deemed medically necessary (or necessary due to other safety factors) by the respective partner facility, the Plan will cover reasonable round trip travel costs for a facility staff member or a trusted family member/friend of the eligible Former Player to accompany the eligible Former Player to the facility for admission. The Plan shall not be responsible for any other travel or incidental expenses incurred by an eligible Former Player in connection with his utilization of this benefit.

Though the Plan will reimburse the respective treatment facility directly for costs directly associated with the Former Player's (and companion's, as applicable) roundtrip airfare or travel services related to their transportation to/from the host city of the respective treatment facility, the Plan will not be responsible for the booking of airfare or travel accommodations. Such travel accommodations will be arranged directly with the respective treatment facility.

3. Supplemental Mental Health Benefit

Summary of Benefit:

Eligible Former Players may receive medically necessary outpatient mental health services with certain providers under the Plan's Supplemental Mental Health Benefit ("SMHB") administered by the Claims Administrator. The Plan will cover up to Ten

Thousand Dollars and No Cents (\$10,000) per Plan Year (“the SMHB Annual Limit”) per eligible Former Player.

The following medically necessary mental health services from an eligible provider are eligible for reimbursement under the SMHB:

- Outpatient mental health counseling*
**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.*
- Outpatient psychiatric evaluation and follow-up appointments
- Intensive Outpatient Programs (substance abuse and mental health) (IOP)
- Outpatient Partial Hospitalization Programs (substance abuse and mental health) (PHP)
- Telehealth access for a covered/approved provider, subject to said provider’s practice access

Frequency of Use/Restrictions:

Eligible Former Players may access the SMHB each Plan Year for any of the above medically necessary services until the SMHB Annual Limit is exhausted. Eligible Former Players are eligible to receive a new SMHB Annual Limit at the beginning of each Plan Year beginning on March 1st, to cover medically necessary covered services. Any unused portion of the SMHB Annual Limit will be forfeited at the end of each Plan Year.

The SMHB Annual Limit may not be used to pay for any services for which prior approval was not obtained, services that are not deemed medically necessary by the Claims Administrator, or any service or benefit that is not detailed above, including but not limited to:

- Health insurance premiums
- Medication (prescription or over-the-counter)
- Group therapy outside of IOP or PHP services
- Psychological testing, including neuropsychological testing
- Medical services related to mental health diagnoses (e.g., lab testing, emergency room hospitalizations)
- Travel expenses related to mental health appointments
- Living expenses related to mental health appointments (e.g., sober living facilities)
- Marital and family therapy
- Services for spouse/significant other, dependents, and/or family members

For mental health counseling, psychiatric services, IOP and PHP services, providers must be within the Cigna network if the former player does not have insurance, with the exception of the out-of-network/self-pay circumstance referenced hereafter. If a provider is out of network/self-pay, the provider must meet and complete the SMHB requirements for coverage. Cigna will reach out to the provider to complete Cigna’s standard

agreement for coverage. Once completed, Cigna will confirm provider's agreement with The Trust SMHB Administrator and assigned Trust Program Manager/Specialist.

Psychiatric appointments and mental health counseling will fall subject to a per session out-of-network cost as follows:

- \$400.00 maximum for psychiatric visits; and
- \$300.00 maximum for mental health visits

IOP and PHP services will fall subject to a per episode of care out-of-network cost as follows:

- \$8,000.00 maximum for IOP; and
- \$9,000.00 maximum for PHP

The above-referenced IOP and PHP out-of-network benefit expansion takes effect August, 1, 2023.

Eligible Former Players who need assistance in these areas, or who have exhausted their SMHB Annual Limit, may be referred to the NFLPA Professional Athletes Foundation (PAF) and/or the NFL Player Care Foundation (PCF) to request support.

Claim Processing:

In the event the Claims Administrator does not pay a provider directly on the eligible Former Player's behalf for covered services, the eligible Former Player must submit claims for reimbursement within twelve (12) months of the date services were provided by filing a request for reimbursement with Cigna, attaching evidence of the amounts owed (e.g., Explanation of Benefits, invoice from provider, and proof of payment (as applicable)). Reimbursement from the Plan reduces an eligible Former Player's SMHB Annual Limit on a dollar-for-dollar basis. If the provider requires payment in advance, the former player will pay the requested deductibles/copays and will submit the authorized Cigna form for reimbursement along with a receipt detailing proof of payment.

Travel/Expenses:

The Plan will not cover or reimburse travel-related expenses an eligible Former Player incurs in connection with participation in the SMHB.

4. Critical Care Benefit Program.

Summary of Benefit:

Subject to certain eligibility criteria, the Plan's Critical Care Benefit Program ("CCBP") provides coverage for select emergency medical care and covered critical illness expenses. Through this benefit, eligible Former Players will be able to receive treatment for some of the most dangerous and deadly health conditions. The Plan will cover up to Fifty Thousand Dollars and No Cents (\$50,000) per Plan Year (the "CCBP Annual Limit"), per eligible Former Player, for certain medically necessary emergency medical and critical illness expenses for eligible Former Players under the CCBP.

Frequency of Use/Restrictions:

Eligible Former Players may access the CCBP each Plan Year until the CCBP Annual Limit has been exhausted, provided such eligible Former Player has completed the application and met all of the requisite eligibility criteria. Eligible Former Players are eligible for coverage up to the CCBP Annual Limit at the beginning of each Plan Year beginning on March 1st, to cover medically necessary Covered Conditions. Any unused portion of the allowance will be forfeited at the end of each Plan Year.

The CCBP will reimburse or pay up to the CCBP Annual Limit for eligible costs for medically necessary medical care that is related to the treatment or alleviation of one of the following covered conditions (“Covered Condition(s)”):

- Benign Brain Tumor or Osseous Tumor
- Invasive/Infiltrating Cancer
- Non-Invasive Cancer
- Skin Cancer
- Coronary Artery Bypass (CABG)
- Coma
- Loss of Ability to Speak; Hearing; or Sight
- Paralysis of 2 or more limbs
- Heart Attack
- Sudden Cardiac Arrest
- Valve disease
- Arrhythmia
- Congestive Heart Failure
- Kidney Failure
- Major Organ Transplant
 - *For bone marrow, heart, lung, pancreas, and liver*
- ALS
- Alzheimer’s Disease
- Multiple Sclerosis
- Parkinson’s Disease (Advanced)
- Parkinsonism
- Essential tremor
- Severe Burn
- Stroke

Former Players must meet all of the eligibility criteria outlined under the forthcoming section: *Who Is an Eligible “Former Player” To Whom Benefits Are Available?*.

Details on the CCBP, including the covered benefits, exclusions and limitations, are described in the Critical Care Benefit Program FAQ, available at:

<https://playerstrust.com/services/critical-care-benefit-program>.

Coordination of Benefits/Claims Processing:

This section applies when an eligible Former Player also has other group health coverage. When an Eligible Former Player receives treatment for a Covered Condition, the CCBP, as part of the administration, will coordinate benefit payments with any payment made by other group health coverage. The primary plan will pay its full benefits and the other plan may pay secondary benefits, if necessary, to cover some or all of the remaining expenses. This coordination prevents duplicate payments and overpayments.

A. Definitions.

1. “*Allowable expense*” is the necessary, reasonable, and customary item of expense for health care, when the item is covered at least in part under any of the plans involved, except where a statute requires a different definition.

2. “*Other group health coverage*” is other group health coverage with which the CCBP will coordinate benefits. The term “other group health coverage” includes:

- Group health benefits and group blanket or group remittance health benefits coverage, whether insured, self-insured, or self-funded. This includes group HMO and other prepaid group coverage, but does not include blanket school accident coverage or coverages issued to a substantially similar group where the school or organization pays the premiums.
- Medical benefits coverage, in group and individual automobile “no-fault” and traditional liability “fault” type contracts.
- Hospital, medical, and surgical benefits coverage of Medicare or a governmental plan offered, required, or provided by law, except Medicaid or any other plan whose benefits are by law excess to any private insurance coverage.

3. “*Primary plan*” is one whose benefits must be determined without taking the existence of any other plan into consideration. A plan, as it relates to this section, is primary if either: 1) the plan has no order of benefits rules or its rules differ from those required by regulation; or 2) all plans which cover the person use the order of benefits rules required by regulation and under those rules the plan determines its benefits first. More than one plan may be a primary plan (for example, two plans which have no order of benefit determination rules).

4. “*Secondary plan*” is one which is not a primary plan. If a person is covered by more than one secondary plan, the order of benefit determination rules decide the order in which their benefits are determined in relation to each other.

For purposes of clarity, Medicaid is not able to coordinate with other benefits, based on the nature of the CCBP. If an eligible Former Player is on Medicaid, he must decide if he would rather use his Medicaid benefits or CCBP benefits. Unlike Medicare or other employer health plans, Medicaid cannot coordinate with other available coverage.

The Plan's CCBP will coordinate with an eligible Former Player's primary plan in order to pay for 100% of any remaining copays, coinsurance, and/or deductibles for services covered through the program, up to the annual \$50,000 maximum. When other insurance is known, Cigna will deny the claim at the end of ninety (90) days if the other carrier's payment voucher is not submitted with the claim and if no response is received in ninety (90) days.

5. Nutrition and Fitness.

Summary of Benefit:

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-NFL career lifestyle. By working with The Trust's staff and using the Plan's partner's services, eligible Former Players have access to the tools they need to help them make the right decisions about their health and lifestyle.

The Trust partners assist eligible Former Players in the following areas:

- **Performance Training Programs.**

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 performance specialists, and nutritionists focused on the transition to functional performance to ensure sustainable success once they exit the program. IRT includes performance training, nutrition counseling, recovery sessions and physical therapy. Eligible Former Players who would like to participate in the IRT program may engage in unlimited sessions per Plan Year at select facilities, subject to the facilities' respective operations and hours of service. The Plan will not cover any transportation, accommodation-related expenses, or incidentals associated with participation.

Breakfast Clubs

The Plan provides eligible Former Players the opportunity to participate in Breakfast Clubs in various geographic locations across the country, as well as virtually. The four- (4) to six- (6) week virtual and/or in-person program utilizes the Plan's premiere partners, engagement affiliates and 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.

Free Agent Program (FAP)

The Trust supports eligible Former Players who are actively seeking to

extend their careers in the NFL by offering a fully integrated system to support all aspects of peak performance training. Such training includes, but is not limited to, daily performance training, nutrition assessment, dietary analysis, body composition and weight measurement, physical therapy assessment, injury history review and evaluation, and a functional movement screen. Eligible Former Players who have signed The Trust's Participation and Consent Form may utilize this Program until they receive their severance, at which time they are no longer allowed to participate.

Remote Coaching Solutions

The Plan provides remote coaching solutions for eligible Former Players, offering access to a growing library of workouts, including yoga, mindfulness, recovery sessions, performance workouts, nutrition education, individualized fitness and nutrition consultation, and more.

- **Physical Therapy.**

Physical Therapy Program

The Trust's Physical Therapy Program ("PTP") provides (i) remote and in-person nutrition education designed to support inflammation control and other strategies to specifically assist with decreasing pain levels; and (ii) up to sixteen (16) physical therapy sessions (the "PTP Annual Limit") per Plan Year for eligible Former Players who suffer from chronic pain that moderately or severely impacts various activities of daily living and disrupts their ability to participate safely and effectively in healthy lifestyle functions.

Eligible Former Players may receive PTP benefits, up to the PTP Annual Limit each Plan Year. There is no carry-over between Plan Years for unused sessions. The Plan will not cover any transportation, accommodation-related expenses, or incidentals associated with participation.

- **Nutrition and Wellness Memberships.**

Annual Gym Membership for eligible Former Players & Households

The Trust offers eligible Former Players and their households (as applicable) the opportunity to maintain their health and fitness goals. Through The Trust's partnership with the Y-USA and the associated partnerships with the chartered local YMCAs, subject to meeting certain utilization criteria, eligible Former Players may receive an annual individual or extended household membership at a participating YMCA location, subject to the conditions outlined below.

Nutrition and Wellness App

The Trust offers eligible Former Players and their spouse or domestic

partner (as applicable) a Weight Watchers (WW) membership. Built on an award-winning weight-management program, WW provides the tools needed to improve sleep, increase activity levels, and find weight-loss success for life after football. The program includes access to an exclusive community of Former Players in a forum led by a dedicated fitness coach.

Trust Partners:

The Plan's Nutrition and Fitness partners are as follows:

- **EXOS.** EXOS' world-class team of expert coaches guide eligible Former Players through the next chapter of their life after football. Its experts work to develop a plan that meets the eligible Former Player'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 and rebuild. EXOS has a network of training facilities across the United States, as well as a robust virtual platform offering access to a variety of live and on-demand fitness classes. Eligible Former Players can access these facilities in order to successfully transition from the NFL and continue their personal health and wellness growth.
 - Eligible Services: Performance Training Programs (Intensive Restoration and Training Program; Breakfast Clubs; Free Agent Program), Physical Therapy and Remote Coaching and Nutrition Consultation.
 - Locations: Please contact The Trust to learn of specific EXOS locations offering the above-referenced services.
- **House of Athlete.** House of Athlete is a lifestyle and wellness brand dedicated to improving both mental and physical fitness for today's athletes. Its holistic approach to wellness focuses on the whole person, addressing the health of the body and mind. House of Athlete is guided by the following pillars: Train, Fuel, Mental Fitness, Recover and Tribe.
 - Eligible Services: Performance Training Programs (Intensive Restoration and Training Program; Breakfast Clubs; Free Agent Program) and Physical Therapy.
 - Locations: Please contact The Trust to learn of specific House of Athlete locations offering the above-referenced services.
- **Y-USA ("YMCA").** The Plan provides every eligible Former Player, and, as applicable, their household, with a YMCA Membership at participating YMCA branches domestically, and in select international locations.
 - Eligible Service(s): Gym membership.

To qualify for an annual individual or household membership, eligible Former Players and any applicable family members residing within the same household, are required to visit their YMCA at least four (4) times within the first thirty (30) days after the Plan processes his or their

membership (the “Trial Period”). At that point, the eligible Former Player (and their household, as applicable) automatically receives the additional eleven (11) months of YMCA membership access through the Plan. If an eligible Former Player already has an existing membership, he can contact the Plan to have it covered under this benefit. Any additional expenses (e.g., personal training, group and individual lessons, nutrition) are the responsibility of the eligible Former Player. If an eligible Former Player does not have a minimum of four (4) card swipes within the thirty (30) days of the Trial Period, the membership will expire for the eligible Former Player (and household, as applicable). The eligible Former Player’s eligibility for the benefit will renew at least sixty (60) days after the expiration of the Trial Period, or as otherwise determined by the Plan. These conditions are applicable to the eligible Former Player’s household as well. If an eligible Former Player does not meet the criteria listed herein, any associated household membership will be forfeited as this benefit runs with the eligible Former Player.

An eligible Former Player’s (and household, as applicable) annual membership will not be automatically renewed under the following circumstances:

- An eligible Former Player participant has gone dark or there is no utilization of the benefit in the three (3) months leading up to auto-renewal; or
- An eligible Former Player participant has utilized the benefit less than four (4) times/visits per month in the three (3) months leading up to auto-renewal.
 - Under such circumstances, the eligible Former Player participant’s individual and household (as applicable) membership will be frozen and the eligible Former Player will be notified to contact The Trust. The eligible Former Player must confer with his Program Manager or Program Specialist to determine benefit reinstatement opportunities.
 - Locations: Please contact The Trust to learn of specific YMCA locations offering the above-referenced services.
- **WW (Weight Watchers Reimagined)**. The Trust, in partnership with WW, is committed to helping every eligible Former Player reach his wellness goals—to lose weight, eat healthier, develop a more positive mindset, improve sleep, or all of the above.
 - Eligible Service(s): WW membership for eligible Former Player and spouse (or domestic partner).

Eligible Former Players and spouse (or domestic partner) may activate this benefit by requesting a membership through their Trust Program Manager or Program Specialist. The Plan will cover unlimited access to this

membership, as long as the eligible Former Player remains engaged with the program. Spouses (domestic partners) are eligible to access the benefit only after the eligible Former Player registers his account.

II. Personal and Business Development Pillar

The Plan provides career, entrepreneurial services and counseling from top experts to further propel professional interests and support eligible Former Players in deepening the skills necessary to excel in their next chapter. The Trust Scholarship Award Benefit assists eligible Former Players with degree completion and vocational training that presents additional opportunities for Former Players to enhance their educational and career pursuits. As part of the Pillar's robust offerings, the Plan also provides assistance ranging from financial education to planning and management, such that Former Players are empowered with the knowledge to further control their finances.

1. Education.

Summary of Benefit:

The Trust Scholarship Award Benefit (as defined below) assists eligible Former Players with degree completion and vocational training opportunities that further equips eligible Former Players in their transition from the NFL. To support eligible Former Players in their educational endeavors, the Plan offers the opportunity to receive The Trust Scholarship Award Benefit. The Trust Scholarship Award Benefit is outlined below:

- 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 certain guidelines established by the Plan (the “Qualifying Programs Guidelines”), as reflected below.
 - ***Eligibility:*** Former Players must satisfy all of the following requirements to be eligible to receive The Trust Scholarship Award Benefit:
 1. The eligible Former Player must have earned at least two (2) Credited Seasons;
 2. The eligible Former Player must be fully enrolled in The Trust, which requires completing the intake process with a Program Manager or Program Specialist and signing The Trust's Participation and Consent Form;
 3. Eligible Former Players must meet one of the following requirements (and, upon request by the Plan, shall be required to provide to the Plan supporting documentation proving such). The eligible Former Player must:
 - a. Be a citizen 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; or
 - e. Have been granted asylum along with the approved Notice of Action issued by the Citizen Immigration Services; and

4. The eligible Former Player must complete the steps outlined below under “Application Process.”
 - **Application Process:**
 - **Scholarship Webinar:** The eligible Former Player must view a recorded webinar (first-time applicants, only), acknowledge completion, and submit basic demographic and program information. The eligible Former Player must view and acknowledge the webinar at least four (4) days prior to the application deadline.
 - **Enrollment Plan:** The eligible Former Player must complete an enrollment plan, as administered by AthLife, and submit it to his AthLife Advisor as part of his 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.

- **Application:** A complete application includes the following information: general information, confirmation of enrollment plan approval, program information, enrollment plan information and funding request. **Former Players are responsible for checking their applications for additional requirements*
 - **Program Acceptance:** The eligible Former Player must have been accepted into a Qualifying 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. Essay responses must be between 500-1000 words, or as specified 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 in three separate

cycles within each calendar year. Eligible Former Players have the discretion to choose which cycle to submit their application. Eligible Former Players must be enrolled in the Plan and working with their Trust Program Manager or Program Specialist toward an educational/professional goal in their game plan.

- **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 or graduate 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 covered expenses. For details regarding timeframes for use and expiration periods regarding The Trust Scholarship Award Benefit, please visit: www.playerstrust.com/services/scholarship.

- **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 (as defined 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	OR
		Offers a program of training to prepare students for gainful employment in a

*“**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*

	degree.		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” 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 programming).
IRC 170(b)(1)(A)(ii).*

Additionally, certain international institutions may qualify pursuant to the applicable country’s governing accreditation body. If you have specific questions regarding your program’s eligibility, please contact your AthLife Advisor or Trust Program Manager (or Trust Program Specialist). The Plan reserves the right to interpret this policy in its sole discretion or amend this policy at any time, with or without notice.

Trust Partner:

The Plan has partnered with the following organization to provide education-related assistance:

- **AthLife.** In addition to career support, AthLife also works with the Plan to assist eligible Former Players in their educational/vocational endeavors. AthLife helps eligible Former Players develop degree completion plans that allow flexibility to assist the eligible Former Player in completing degree programs without the need to return to campus or transfer institutions.

2. Career.

Summary of Benefit:

The Plan provides career development, counseling, job placement, and personal branding services to eligible Former Players. 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 with an existing organization that an eligible Former Player is seeking, the Plan’s partner is ready to assist.

Trust Partner:

The Plan has partnered with the following organization to provide career assistance:

- **ManpowerGroup.** ManpowerGroup is a career development organization that provides assistance to eligible Former Players in key aspects of career guidance, development, and access to employment opportunities. ManpowerGroup will assist eligible Former Players through interest, strength, and skill inventories, identification of career options and growth in personal branding, and leveraging

job search tools to maximize their job search. ManpowerGroup will also assist eligible Former Players through a talent pipeline of short-term and permanent job opportunities to acquire interviews with employers in their industries of choice. ManpowerGroup also provides a robust library of educational resources, providing a multitude of opportunities for eligible Former Players to enhance their job readiness skills and further their career development.

3. Entrepreneurship.

Summary of Benefit:

The Plan, in collaboration with ManpowerGroup and SCORE, has created a unique educational experience and mentorship program dedicated to eligible Former Players' entrepreneurial success. The programs will help answer questions while providing tools, tips and techniques to help make dreams of becoming a successful entrepreneur a reality.

The Trust's entrepreneurial programs support all levels of readiness, from simple exploration for first-time business owners to benefits for those who are ready to propel their existing business to the next stage of success. As part of the programs and experiences, eligible Former Players will join their cohorts and talented entrepreneurial coaches for real world educational engagements in which they are taught how to launch their business, grow their business and design a strong marketing strategy. Eligible Former Players will learn how to identify their audience and appeal to customers, uncover techniques for financing and manage their business effectively.

Trust Partners:

The Plan has partnered with the following organizations to provide entrepreneurial assistance:

- **ManpowerGroup.** ManpowerGroup, through its entrepreneurial services, will assist eligible Former Players in key aspects of entrepreneurial guidance, development, and access. ManpowerGroup will assist eligible Former Players through a virtual and on-demand catalog of skill-building learning courses, and will deliver subject-specific bootcamps, courses and learning outcomes, as well as live and virtual sessions to enhance education and growth in the entrepreneurial space.
- **SCORE.** SCORE, the nation's largest network of volunteer, expert business mentors, is dedicated to helping eligible Former Players in growing and achieving their business goals and providing education and mentorship to entrepreneurs around the country. Through SCORE, eligible Former Players will be individually matched with a mentor based on Former Player's goals. SCORE mentors will support their mentee by offering experienced advice, consulting on best practices, and education on small business topics.

4. Financial.

Summary of Benefit:

Eligible Former Players need to understand what their future looks like with respect to their finances. The Plan provides finance-related guidance, including financial education and assistance with financial planning and management. Services offered as part of the Financial Pillar also include risk management aimed at helping eligible Former Players make informed decisions about what to do with their money and whom to trust.

Trust Partners:

The Plan’s financial planning partner and services include:

- **Financial Finesse.** Financial Finesse provides financial education and guidance. Eligible Former Players can access its services via connection to a Certified Financial Planner, access to a dedicated, toll-free financial helpline, workshops, an online learning platform, and special events for eligible Former Players.
- **Business Background Searches.** The Plan will assist eligible Former Players in their business and career endeavors through certain, confidential, targeted background searches, the findings of which will be summarized, and detailed documentation of which will be forwarded to an eligible Former Player by email. In particular, the Plan will help facilitate the provision of the following reports to support an eligible Former Player’s legitimate business or career purposes:
 - **Individual Background Checks.** Background investigations may be conducted on individuals the eligible Former Player employs or considers doing business with. Searches will identify publicly available information. Search results will include criminal records, civil records, bankruptcy filings, address history and property ownership records, among other public records. Individual background records are limited in scope to publicly available information records where information sources are automated.
 - **Corporate Background Searches.** Targeted background searches for business registration filings, civil and corporate records, ownership/principals and corporate managers (except in Nevada, Wyoming, South Dakota and Delaware or other states which permit “Anonymous LLC” registrations) may also be conducted as part of an eligible Former Player’s legitimate business or career inquiry.
 - ***Frequency of Use/Restrictions:*** The eligible Former Player can utilize the Business Background Searches benefit twice during each Plan fiscal year, March 1 through February 28th (the “Plan Year”). This benefit will be limited in scope based on the number of parties to the search, as determined by the Plan Administrator and, for example, will not be available for certain large transactions an eligible Former Player may be involved in or wishing to pursue.

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. Health and Wellness Resources Pillar

1. Brain & Body Assessment.

<p>Eligibility for the Brain and Body Assessment</p>	<p>A Former Player who has completed at least two (2) Credited Seasons is eligible for the Brain and Body Assessment. This benefit may be accessed by a Former Player once every five (5) years from the date of discharge.</p> <p>If following any departure from NFL Football Activity, a Former Player engages in NFL Football Activity or Non-NFL Football Activity, his eligibility will be affected as follows:</p> <table border="1" data-bbox="574 831 1365 993"> <tr> <td data-bbox="574 831 883 919">While engaged in NFL Football Activity</td> <td data-bbox="883 831 1365 919">Ineligible for the Plan’s Brain and Body Assessment</td> </tr> <tr> <td data-bbox="574 919 883 993">While engaged in Non-NFL Football Activity</td> <td data-bbox="883 919 1365 993">Ineligible for the Plan’s Brain and Body Assessment</td> </tr> </table>	While engaged in NFL Football Activity	Ineligible for the Plan’s Brain and Body Assessment	While engaged in Non-NFL Football Activity	Ineligible for the Plan’s Brain and Body Assessment
While engaged in NFL Football Activity	Ineligible for the Plan’s Brain and Body Assessment				
While engaged in Non-NFL Football Activity	Ineligible for the Plan’s Brain and Body Assessment				

2. Substance Abuse & Mental Health/Dual Diagnosis Residential/Inpatient Treatment.

<p>Eligibility for Substance Abuse and Mental Health/Dual Diagnosis Inpatient Treatment</p>	<p>A Former Player who has completed at least two (2) Credited Seasons following his departure from NFL Football Activity is eligible to receive medically necessary residential, inpatient substance abuse and mental health/dual diagnosis treatment and partial hospitalization program treatment, as applicable, covered by the Plan. As defined in Section I(2), this benefit covers up to ninety (90) days of medically necessary residential, inpatient and partial hospitalization program (as applicable) treatment collectively between the two facilities over the course of the three (3) year period, as measured from the first date on which he begins treatment at a partner facility, subject to the relevant facility determining that residential/inpatient and partial hospitalization (as applicable) treatment is medically necessary for the eligible Former Player.</p> <p>If following any departure from NFL Football Activity, a Former Player engages in NFL Football Activity or Non-NFL Football Activity, his eligibility will be affected as follows:</p>
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	While engaged in NFL Football Activity	Ineligible for the Plan's Substance Abuse and Mental Health/Dual Diagnosis Residential/Inpatient Treatment
	While engaged in Non-NFL Football Activity	Eligible for the Plan's Substance Abuse and Mental Health/Dual Diagnosis Residential/Inpatient Treatment

3. Supplemental Mental Health Benefit.

Eligibility for the Supplemental Mental Health Benefit	<p>A Former Player who has completed at least two (2) Credited Seasons is eligible to receive medically necessary Supplemental Mental Health Benefits (SMHB) following his departure from NFL Football Activity.</p> <p>To the extent a Former Player wishes to utilize outpatient mental health counseling, such counseling under the SMHB will be covered only after Cigna Employee Assistance Program (EAP) benefits have been exhausted, to the extent that the provider is in network with Cigna and is willing to accept the EAP benefit.</p> <p>If following any departure from NFL Football Activity, a Former Player engages in NFL Football Activity or Non-NFL Football Activity, his eligibility will be affected as follows:</p>	
	While engaged in NFL Football Activity	Ineligible for the Plan's Supplemental Mental Health Benefit
	While engaged in Non-NFL Football Activity	Eligible for the Plan's Supplemental Mental Health Benefit

4. Critical Care Benefit Program.

Eligibility for the Critical Care Benefit Program	<p>Former Players must meet all of the following criteria to be eligible for the Critical Care Benefit Program:</p> <ul style="list-style-type: none"> • <u>Enrolled in The Trust;</u> • <u>Vested</u> (Former Players with three (3) or more Credited Seasons. Spouses and children are not eligible); • <u>Under age 65;</u> • <u>Enrolled in the HRA Plan with an account balance of \$50,000 or less;</u> • <u>Must have a Covered Condition;</u> and • <u>Financial need</u> (income not greater than 500% of the Federal Poverty Level). <p>Medicaid is not able to coordinate with other benefits based</p>
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	<p>on the nature of the program. If an eligible Former Player is on Medicaid, he must decide on whether he would rather use Medicaid benefits or the CCBP benefit. The CCBP will coordinate with an Eligible Former Player’s primary plan in order to pay for 100% of any remaining copays, coinsurance, and/or deductibles for services covered through the benefit, up to the annual \$50,000 maximum.</p> <p>Financial need will be evaluated through a series of criteria, including but not limited to, individual income, household income and/or number of household members.</p> <p>If following any departure from NFL Football Activity, a Former Player engages in NFL Football Activity or Non-NFL Football Activity, his eligibility will be affected as follows:</p> <table border="1" data-bbox="576 735 1364 913"> <tr> <td data-bbox="576 735 885 829">While engaged in NFL Football Activity</td> <td data-bbox="885 735 1364 829">Ineligible for the Plan’s Critical Care Benefit Program</td> </tr> <tr> <td data-bbox="576 829 885 913">While engaged in Non-NFL Football Activity</td> <td data-bbox="885 829 1364 913">Eligible for the Plan’s Critical Care Benefit Program.</td> </tr> </table>	While engaged in NFL Football Activity	Ineligible for the Plan’s Critical Care Benefit Program	While engaged in Non-NFL Football Activity	Eligible for the Plan’s Critical Care Benefit Program.
While engaged in NFL Football Activity	Ineligible for the Plan’s Critical Care Benefit Program				
While engaged in Non-NFL Football Activity	Eligible for the Plan’s Critical Care Benefit Program.				

5. Nutrition and Fitness.

<p>Eligibility for Performance Training Programs</p>	<p>A Former Player who has completed at least two (2) Credited Seasons is eligible to receive benefits for Performance Training Programs following his departure from NFL Football Activity and consistent with the terms communicated by the Plan Administrator for the respective program.</p> <p>If following any departure from NFL Football Activity, a Former Player engages in NFL Football Activity or Non-NFL Football Activity, his eligibility will be affected as follows:</p> <table border="1" data-bbox="576 1344 1364 1543"> <tr> <td data-bbox="576 1344 885 1438">While engaged in NFL Football Activity</td> <td data-bbox="885 1344 1364 1438">Ineligible for the Plan’s Performance Training Programs benefits</td> </tr> <tr> <td data-bbox="576 1438 885 1543">While engaged in Non-NFL Football Activity</td> <td data-bbox="885 1438 1364 1543">Eligible for the Plan’s Performance Training Programs benefits</td> </tr> </table>	While engaged in NFL Football Activity	Ineligible for the Plan’s Performance Training Programs benefits	While engaged in Non-NFL Football Activity	Eligible for the Plan’s Performance Training Programs benefits
While engaged in NFL Football Activity	Ineligible for the Plan’s Performance Training Programs benefits				
While engaged in Non-NFL Football Activity	Eligible for the Plan’s Performance Training Programs benefits				

<p>Eligibility for Physical Therapy</p>	<p>A Former Player who has completed at least two (2) Credited Seasons is eligible to receive Physical Therapy benefits following his departure from NFL Football Activity and consistent with the terms communicated by the Plan Administrator.</p> <p>If following any departure from NFL Football Activity, a Former Player engages in NFL Football Activity or Non-NFL Football Activity, his eligibility will be affected as follows:</p> <table border="1" data-bbox="574 506 1357 688"> <tr> <td data-bbox="574 506 883 594">While engaged in NFL Football Activity</td> <td data-bbox="883 506 1357 594">Ineligible for the Plan's Physical Therapy benefits</td> </tr> <tr> <td data-bbox="574 594 883 688">While engaged in Non-NFL Football Activity</td> <td data-bbox="883 594 1357 688">Eligible for the Plan's Physical Therapy benefits</td> </tr> </table>	While engaged in NFL Football Activity	Ineligible for the Plan's Physical Therapy benefits	While engaged in Non-NFL Football Activity	Eligible for the Plan's Physical Therapy benefits
While engaged in NFL Football Activity	Ineligible for the Plan's Physical Therapy benefits				
While engaged in Non-NFL Football Activity	Eligible for the Plan's Physical Therapy benefits				
<p>Eligibility for Gym Memberships</p>	<p>A Former Player (and their household, as applicable) who has completed at least two (2) Credited Seasons is eligible to receive gym membership benefits following his departure from NFL Football Activity, to the extent he meets the minimum four (4) visit requirement within the initial 30 days of activation and has shown regular usage leading up to annual renewal.</p> <p>If following any departure from NFL Football Activity, a Former Player engages in NFL Football Activity or Non-NFL Football Activity, his eligibility will be affected as follows:</p> <table border="1" data-bbox="574 1100 1357 1283"> <tr> <td data-bbox="574 1100 883 1188">While engaged in NFL Football Activity</td> <td data-bbox="883 1100 1357 1188">Ineligible for the Plan's Gym Membership benefits</td> </tr> <tr> <td data-bbox="574 1188 883 1283">While engaged in Non-NFL Football Activity</td> <td data-bbox="883 1188 1357 1283">Eligible for the Plan's Gym Membership benefits</td> </tr> </table>	While engaged in NFL Football Activity	Ineligible for the Plan's Gym Membership benefits	While engaged in Non-NFL Football Activity	Eligible for the Plan's Gym Membership benefits
While engaged in NFL Football Activity	Ineligible for the Plan's Gym Membership benefits				
While engaged in Non-NFL Football Activity	Eligible for the Plan's Gym Membership benefits				
<p>Eligibility for Nutrition and Wellness Program</p>	<p>A Former Player (and their spouse/domestic partner, as applicable) who has completed at least two (2) Credited Seasons is eligible to receive WW's nutrition and wellness program benefits following his departure from NFL Football Activity.</p> <p>If following any departure from NFL Football Activity, a Former Player engages in NFL Football Activity or Non-NFL Football Activity, his eligibility will be affected as follows:</p> <table border="1" data-bbox="574 1612 1357 1795"> <tr> <td data-bbox="574 1612 883 1701">While engaged in NFL Football Activity</td> <td data-bbox="883 1612 1357 1701">Ineligible for the Plan's WW nutrition and wellness benefits</td> </tr> <tr> <td data-bbox="574 1701 883 1795">While engaged in Non-NFL Football Activity</td> <td data-bbox="883 1701 1357 1795">Eligible for the Plan's WW nutrition and wellness benefits</td> </tr> </table>	While engaged in NFL Football Activity	Ineligible for the Plan's WW nutrition and wellness benefits	While engaged in Non-NFL Football Activity	Eligible for the Plan's WW nutrition and wellness benefits
While engaged in NFL Football Activity	Ineligible for the Plan's WW nutrition and wellness benefits				
While engaged in Non-NFL Football Activity	Eligible for the Plan's WW nutrition and wellness benefits				

B. Personal and Business Development Pillar

1. Education.

Eligibility for The Trust’s Education benefits	A Former Player who has completed at least two (2) Credited Seasons is eligible to utilize the Educational services provided under the Plan following his departure from NFL Football Activity, subject to the additional criteria and guidelines set forth in Section II(1) for The Trust Scholarship Award Benefit.	
	If following any departure from NFL Football Activity, a Former Player engages in NFL Football Activity or Non-NFL Football Activity, his eligibility will be affected as follows:	
	While engaged in NFL Football Activity	Ineligible for the Plan’s Educational services and benefits
	While engaged in Non-NFL Football Activity	Eligible for the Plan’s Educational services and benefits

2. Career.

Eligibility for The Trust’s Career benefits	A Former Player who has completed at least two (2) Credited Seasons is eligible for Career planning benefits following his departure from NFL Football Activity.	
	If following any departure from NFL Football Activity, a Former Player engages in NFL Football Activity or Non-NFL Football Activity, his eligibility will be affected as follows:	
	While engaged in NFL Football Activity	Ineligible for the Plan’s Career planning benefits
	While engaged in Non-NFL Football Activity	Eligible for the Plan’s Career planning benefits

3. Entrepreneurial.

Eligibility for The Trust's Entrepreneurial benefits	A Former Player who has completed at least two (2) Credited Seasons is eligible for Entrepreneurial benefits following his departure from NFL Football Activity.	
	If following any departure from NFL Football Activity, a Former Player engages in NFL Football Activity or Non-NFL Football Activity, his eligibility will be affected as follows:	
	While engaged in NFL Football Activity	Ineligible for the Plan's Entrepreneurial planning benefits
	While engaged in Non-NFL Football Activity	Eligible for the Plan's Entrepreneurial planning benefits

4. Financial.

Eligibility for The Trust's Financial benefits	A Former Player who has completed at least two (2) Credited Seasons is eligible to utilize Financial services following his departure from NFL Football Activity.	
	If following any departure from NFL Football Activity, a Former Player engages in NFL Football Activity or Non-NFL Football Activity, his eligibility will be affected as follows:	
	While engaged in NFL Football Activity	Ineligible for the Plan's Financial services
	While engaged in Non-NFL Football Activity	Eligible for the Plan's Financial services

Termination of Participation

An eligible Former Player's participation in The Trust 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 “NFL Football Activity,” as defined above; 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.

Reduction in Participation

An eligible Former Player’s participation in The Trust or as a recipient of any Plan benefit will be reduced on the date the Former Player engages in “Non-NFL Football Activity”, as defined below, and as represented in the above chart (“Who Is and Eligible Former Player to Whom Benefits Are Available?”). Specifically, said Former Player will be ineligible to participate in the Brain and Body Assessment offered under the Plan’s Brain and Body Pillar for so long as he engages in Non-NFL Football Activity. The Former Player will continue to have access to all other benefits available through The Trust for which he is eligible, unless such access is otherwise terminated.

Are Plan Benefits Taxed?

The Plan makes no commitment or guarantee that any amounts paid to or for the benefit of an eligible Former Player from this Plan, or any Plan benefit, will be excludible from the eligible 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 eligible Former Player. Some of the Plan’s benefits, such as the Brain and Body Health 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.

How Do You Request Benefits Under the Plan?

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

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 the following address:

Former Player Benefits Plan
1133 20th Street, NW
Suite 210
Washington, DC 20036

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

What if I am denied coverage in the Plan?

If you are denied enrollment in the Plan or any of the Plan's benefits (such as a Health and Wellness Resource Pillar benefit) you should submit any written comments, documents, and other information that you believe establishes your eligibility for benefits offered under The Plan (or such benefit) to The Trust Appeal Committee (the "Committee") within ninety (90) days of the date you received a denial letter. On review, the Committee will take into account all available information you presented, regardless of whether that information was available or presented to The Trust when the initial determination was made. The Committee will provide you a written determination of your appeal within sixty (60) days of receipt of the appeal request.

When is an eligible Former Player enrolled?

To be fully enrolled and eligible to receive Plan benefits, the eligible Former Player must have signed and returned the requisite release(s) and completed an intake with a designated Trust personnel. Providers of individual Plan benefits may require the eligible Former Player to provide additional information and fill out additional forms to engage with the respective service or benefit.

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, as well as all communications concerning the benefits and services offered by The Trust, 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 another 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) 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 Player Benefits Plan

1133 20th Street, NW

Suite 210

Washington, DC 20036

- **Claims Procedures for benefits offered under the Health and Wellness Resources Pillar**

The Plan ordinarily will reach a decision on a claim within thirty (30) days after it is received, although in some cases the decision may be delayed for one additional fifteen

(15) day extension period. You will be notified in writing if the decision time is extended beyond the initial thirty (30) day period or beyond the fifteen (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 forty-five (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 fifteen (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 the Claims Administrator, if it involves a claim for the Supplemental Mental Health Benefit or Critical Care Benefit Program, or to the Trust Appeals Committee at the Plan Office if it involves other benefits provided under the Health & Wellness Resources Pillar.

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 one hundred eight (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 the Claims Administrator or the Trust Appeals Committee, as appropriate. In making its decision on review, the Claims Administrator or the Trust Appeals Committee, as appropriate, will take into account all available information you present, regardless of whether it was previously available or presented to the Claims Administrator or the Trust Appeals Committee, as appropriate, 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 the same individual who was consulted during the initial determination, or his/her 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.

The Claims Administrator or the Trust Appeals Committee, as appropriate, ordinarily will make a decision on your request for review within sixty (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 Claims Administrator 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 ninety (90) days after it is

received, although in some cases the decision may be delayed for one additional ninety (90) day extension period. You will be notified in writing if the decision time is extended beyond the initial ninety (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 Trust Appeals Committee within sixty (60) days of receiving the notice of decision on your claim at the Plan Office. 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 previously available or presented to The Trust Appeals Committee, and will afford no deference to the initial determination.

The Trust Appeals Committee ordinarily will make a decision on your request for review within sixty (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 Plan 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, to the extent applicable. No claim which is filed more than twelve (12) months after you receive the bill is eligible to be reimbursed.

You cannot incur a reimbursable expense while you are engaged in “NFL Football Activity”.

What Else Do You Need to Know About the Plan?

Administration and Type of Plan

The Plan has been established to provide certain benefits to eligible Former Players.

The Plan Administrator is the NFLPA Trustees or such person, committee or entity as may be appointed from time to time by the Trustees to supervise the administration of the Plan. The Trustees also administer 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's address and phone number is as follows:

1133 20th Street, NW
Suite 210
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 Plan and other governing Plan documents and review claims for benefits (unless such authority has been delegated).

The Supplemental Mental Health Benefit and Critical Care Benefit Program are administered by Cigna Healthcare (the "Claims Administrator"). Cigna can be contacted at:

Erica Welch: Erica.Welch@cignahealthcare.com
Paris Harris: Paris.Harris@cignahealthcare.com
Representatives are available M-F 8am-6pm EST.
OR
Email Cigna at TheTrust@Cigna.com.

None of the Plan benefits are insured by Cigna Healthcare.

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, Suite 210

Washington, DC 20036

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

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 (or February 29th in the event of a leap year).

Plan Amendment or Termination

In accordance with the terms of the Plan, the Trustees 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, for any reason.

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, make a false statement, or furnish 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.

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@playertrust.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 Shall be 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
Suite 210
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 February 2019

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 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.

APPENDIX 1

ERISA Status of Plan Benefits

Name of Benefit	Administrator	ERISA Status	Funding
I. Health and Wellness Resources Pillar			
1. Brain & Body Assessment	<ul style="list-style-type: none"> • Brain & Body Medical Partners 	Subject to ERISA	Former Player Benefits Trust
2. Substance Abuse and Mental Health/Dual Diagnosis Residential/Inpatient Treatment	<ul style="list-style-type: none"> • Lakeview Health • The Menninger Clinic 	Subject to ERISA	Former Player Benefits Trust
3. Supplemental Mental Health Benefit	<ul style="list-style-type: none"> • Cigna Healthcare <i>(claims administrator)</i> 	Subject to ERISA	Former Player Benefits Trust
4. Critical Care Benefit Program	<ul style="list-style-type: none"> • Cigna Healthcare <i>(claims administrator)</i> • Central Data Services, Inc. <i>(claims administrator)</i> 	Subject to ERISA	Former Player Benefits Trust
5. Nutrition & Fitness	<ul style="list-style-type: none"> • EXOS • House of Athlete • Y-USA 	Not subject to ERISA	Former Player Benefits Trust

II. Personal and Business Development Pillar			
1. The Trust Scholarship Award Benefit	<ul style="list-style-type: none"> • AthLife 	Subject to ERISA	Former Player Benefits Trust
2. Career Assistance	<ul style="list-style-type: none"> • ManpowerGroup 	Not subject to ERISA	Former Player Benefits Trust
3. Entrepreneurship	<ul style="list-style-type: none"> • ManpowerGroup • SCORE 	Not subject to ERISA	Former Player Benefits Trust
4. Financial	<ul style="list-style-type: none"> • Financial Finesse 	Not subject to ERISA	Former Player Benefits Trust