



Overview

Summary Document

January 1, 2020



Overview

Table of Contents

An Overview of Your GSK Health and Wellbeing Benefits	1
Health and Wellbeing Benefits.....	1
Health and Wellbeing Options Snapshot.....	2
Eligibility and Enrollment	4
Who Is Eligible?.....	4
Enrolling for Coverage.....	6
Assigned Coverage	6
Cost of Coverage.....	8
Changes During the Year	9
HIPAA.....	10
Rights Under ERISA	11



An Overview of Your GSK Health and Wellbeing Benefits

Total Reward at GSK includes an array of benefits to protect your health and wellbeing, along with innovative programs to help you better balance your work life and your personal life. These benefit plans are sponsored by GlaxoSmithKline LLC. These plan provisions apply only to benefits-eligible, U.S.-based employees.

Health and Wellbeing Benefits

The following benefits are available to all eligible GSK employees:

- Medical (including Pharmacy Benefit Program and Mental Health and Substance Abuse Benefits)
- Health Savings Account (HSA) (if enrolled in the GSK High Deductible Health Plan (HDHP) option)
- Dental
- Vision
- Life Insurance
- Accidental Death and Dismemberment Insurance (AD&D)
- Business Travel Accident Insurance
- Reimbursement Accounts
 - Health Care Reimbursement Account
 - Dependent Care Reimbursement Account
- Short-Term Disability
- Long-Term Disability
- Retiree Medical¹
- Employee Assistance Program
- 100% GSK Prescription Drug Coverage

¹You must meet certain age and service requirements at termination of employment to be eligible for Retiree Medical Benefits. Refer to the Medical Plan Summary Plan Description for more information.

Your GSK health and wellbeing benefits are designed to protect you financially in case of illness, accident, or death. GSK offers a variety of plan options and coverage levels so you can choose the coverage that's right for you.

The GSK Benefit Plans are designed to pay for the treatment of legitimate medical conditions. Each of the GSK Benefit Plans has the right to recover or withhold payment for fraudulent claims. Submitting a fraudulent claim is grounds for termination of coverage and termination of employment with GSK.

Health and Wellbeing Benefits Coverage You Receive Automatically

GSK pays the full cost of the following coverage for all eligible employees:

- Basic Employee Life Insurance (1.5x Annual Base Salary)
- Business Travel Accident Insurance
- Long-Term Disability (50% of Annual Base Salary plus Target Bonus/Incentive Compensation at the time LTD commences)
- Employee Assistance Program (including eligible dependents)
- 100% GSK Prescription Drug Program
- Short-Term Disability

You can choose additional life and/or long-term disability coverage when you enroll. You'll pay the cost of any coverage you add.

Health and Wellbeing Benefits Coverage You Need To Elect

Some health and wellbeing benefits are voluntary and require you to enroll and pay your share of the cost through payroll deductions:

- Medical
- Health Savings Account (your own contributions; GSK contributions are automatic once your HSA is established)
- Dental
- Vision
- Reimbursement Accounts
 - Health Care Reimbursement Account
 - Dependent Care Reimbursement Account



- Supplemental Employee Life Insurance
- Accidental Death and Dismemberment Insurance (AD&D)
- Dependent Life Insurance
 - Spouse/Domestic Partner Life Insurance
 - Child Life Insurance
- Long-Term Disability (buy-up coverage — 70% of Annual Base Salary plus Target Bonus/Incentive Compensation at the time LTD commences)

The Benefits Program not only helps meet your health and wellbeing benefit needs; it meets other important goals as well. Through cost sharing under this program, you and the company become partners in managing health care costs and in controlling those costs over time.

Health and Wellbeing Options Snapshot

<p>Medical Plan GSK medical coverage includes:</p> <ul style="list-style-type: none"> • Mental Health/Substance Abuse Benefits¹ • Pharmacy Benefit Program (note: employees receive GSK prescription drugs payable at 100% even if medical coverage is waived)¹ 	<ul style="list-style-type: none"> • PPO Option <ul style="list-style-type: none"> – GSK PPO Plan (In-network: \$300 deductible/\$25 copay/90% coinsurance; Out-of-network: \$900 deductible/70% of 110% of Medicare allowed amount coinsurance) • HDHP Option <ul style="list-style-type: none"> – GSK HDHP (In-network: \$2,000 individual /\$4,000 family deductible; 90% coinsurance. Out-of-network: \$6,000 individual /\$12,000 family deductible; 70% of 110% of Medicare allowed amount coinsurance) – Health Savings Account (HSA) if eligible. Once established, Company contribution of \$31.25 individual/\$62.50 family per pay period; employee contributions available through payroll deduction • Waive coverage
<p>Dental Plan</p>	<ul style="list-style-type: none"> • GSK Dental Option <ul style="list-style-type: none"> – Covers preventive care, basic and major services, and orthodontia • GSK Preventive Dental Option <ul style="list-style-type: none"> – Covers preventive care only • Waive coverage
<p>Reimbursement Accounts</p>	<ul style="list-style-type: none"> • Health Care Reimbursement Account • Dependent Care Reimbursement Account • No participation
<p>Vision Plan</p>	<ul style="list-style-type: none"> • You receive coverage for glasses and contacts • Waive coverage
<p>Short-Term Disability (STD)</p>	<ul style="list-style-type: none"> • You automatically receive company-paid coverage of 100% of base pay for up to 90 calendar days, followed by 75% of base pay from the 91st to 180th calendar day of disability



Long-Term Disability (LTD)	<ul style="list-style-type: none"> • You automatically receive company-paid coverage of 50% of Annual Base Salary plus Target Bonus/Incentive Compensation at the time LTD commences • You have the option to purchase additional coverage for a total of 70% of Annual Base Salary plus Target Bonus/Incentive Compensation at the time LTD commences
Employee Life Insurance	<ul style="list-style-type: none"> • You automatically receive company-paid coverage of 1.5x Annual Base Salary, up to a maximum of \$3,000,000 (combined with supplemental life insurance)
Supplemental Employee Life Insurance	<ul style="list-style-type: none"> • You have the option to purchase additional 1x, 2x, 3x, 4x, 5x or 6x Annual Base Salary, up to a maximum of \$3,000,000 (combined with employee life insurance) • No Coverage
Accidental Death and Dismemberment (AD&D)	<ul style="list-style-type: none"> • You have the option to purchase coverage at 1x, 2x, 3x, 4x, 5x or 6x Annual Base Salary, up to a maximum of \$2,500,000 • No coverage
Dependent Life Insurance	<ul style="list-style-type: none"> • Spouse/Domestic Partner Life Insurance <ul style="list-style-type: none"> – \$10,000 coverage – \$25,000 coverage – \$50,000 coverage – \$100,000 coverage – \$150,000 coverage – No coverage • Child Life Insurance <ul style="list-style-type: none"> – \$10,000 for each child – \$15,000 for each child – No coverage
Business Travel Accident Insurance	<ul style="list-style-type: none"> • You automatically receive company-paid coverage of 5x Annual Base Salary, up to a maximum of \$1,000,000
Employee Assistance Program	<ul style="list-style-type: none"> • You automatically receive company-paid coverage under this program

¹Employees in Hawaii will have coverage offered through UnitedHealthcare in compliance with state regulations. For employees and covered dependents enrolled in the Hawaii plan, mental health/substance abuse and Rx benefits are provided through that plan.

You will find descriptions of each benefit option within each of the relevant summary plan descriptions. A description of the Hawaii plan is available by contacting the insurance carrier/administrator directly.



Eligibility and Enrollment

Who Is Eligible?

Eligible Employees

All US full-time and part-time regular employees of GSK scheduled to work at least 20 hours a week are eligible to participate in health and wellbeing benefits. Employees on an approved, unpaid leave of absence may continue to participate in certain health and wellbeing benefits by contributing toward the cost of any coverage not provided automatically by GSK.

In the event a GSK temporary employee is hired into a regular employee position, the employee's temporary or provisional service does not in any way affect or adjust the GSK service date, such as the "hire date" used in determining eligibility or level of benefits under any other GSK program sponsored on behalf of its regular employees, including, without limitation, vacation entitlement and eligibility for retiree health and wellbeing benefits.

To be eligible for GSK Retiree Benefits, one of two conditions must be met: 1) you must be a full-time or part-time regular employee who is at least age 55 or older with at least 10 years of eligible service as a regular employee at termination, or 2) your age plus eligible service must equal 75 with a minimum of 20 years of eligible service as a regular employee at termination. If you are a full-time or part-time regular employee hired on or after January 1, 2008, only service after your 40th birthday will count towards your eligibility for Retiree Benefits. Service as a temporary employee does not count toward eligibility for Retiree Benefits. For employees from companies that join GSK through acquisitions, only that service after the acquisition date will be recognized for retiree benefit eligibility purposes, unless otherwise communicated. Refer to the GSK Medical Plan and the GSK Retiree Medicare HRA Plan summary plan descriptions for more details about retiree medical benefit coverage.

A "**temporary employee**" is a full-time or part-time employee who is paid directly by the company and who has been offered a position that has a fixed duration. Temporary employee assignments may not exceed a continuous eighteen (18)-month period. After completion of an assignment, or expiration of the eighteen (18)-month assignment period, whichever comes first, the GSK temporary employee may not return to GSK for six (6) months. GSK temporary employees are not eligible to participate in any employee benefit plan, except for the GSK Cash Balance Pension Plan and GSK 401(k) Plan.

Eligible Dependents

As an eligible employee, you can enroll your eligible family members for coverage in these plans:

- Medical
- Dental
- Vision
- Dependent Life Insurance
 - Spouse/Domestic Partner Life Insurance
 - Child Life Insurance

Your eligible dependents include the following:

- Your legal spouse (including your common-law spouse, if legally recognized in the state where you live); or
- Your certified domestic partner.
To qualify as a domestic partner for purposes of the GSK benefit plan, you and your domestic partner must:
 - Be in an exclusive and committed relationship for at least 12 months, and intend to remain in the partnership permanently,
 - Live together in the same principal residence and intend to do so indefinitely,
 - Not be legally married or have had another domestic partner within the past 12 months,
 - Be at least 18 years of age and mentally competent to consent to a contract,
 - Not be related by blood to a degree of closeness that would prohibit legal marriage in the state in which you legally reside,
 - Be engaged in a committed relationship of mutual caring and support and be jointly responsible for each other's common welfare and living expenses, and
 - Not be in the relationship solely for the purpose of obtaining medical and/or dental benefits coverage.

GSK requires that you certify the domestic partnership when enrolling. Domestic partners may participate in the following benefit plans: Medical, Dental, Vision and Dependent Life Insurance plans. You may claim expenses of your domestic partner under the Health Care Reimbursement Account only if he or she is certified as a dependent under Section 152 of the Internal Revenue Code.



If your spouse or domestic partner is also a benefits-eligible GSK employee or retiree, no restrictions apply. However, having coverage under more than one medical or dental plan does not necessarily mean you get more benefits because coordination of benefit rules apply.

- Your unmarried, married, divorced or legally separated children; your adopted children; children placed with you for adoption; children of your spouse or certified domestic partner; or any children for whom you are the court-appointed legal guardian, until they reach age 26.
- Your unmarried, married, divorced or legally separated children; your adopted children; children placed with you for adoption; children of your spouse or certified domestic partner; or any children for whom you are the court-appointed legal guardian and who are incapable of self-support because of mental or physical disability occurring before they reached age 26. If the child was eligible for enrollment in the GSK health and wellbeing benefits program before age 26, the child must have been enrolled in this program before the date the child would otherwise lose coverage and remain continuously covered thereafter. If the child was not eligible for enrollment in the GSK health and wellbeing benefits program before age 26, e.g. the child was greater than age 26 when the employee was hired and became eligible for coverage, then the child must have been enrolled in this program from the employee's date of employment and remain continuously covered thereafter.

A Note about Medicare Eligibility

You and your eligible dependents, excluding domestic partners, are not required to enroll in Medicare Part B as long as you are an active employee and you and your dependents remain enrolled in the Medical Plan. * Domestic Partners covered by the GSK Medical Plan will need to enroll in Medicare Part B as soon as they are eligible.

If you or an enrolled dependent are eligible for Medicare at termination of employment, regardless of your eligibility for severance pay or COBRA election, you must contact your local Social Security Office as soon as possible to enroll in Medicare Part A and B. If you do not enroll in Medicare when you are first eligible, as determined by the Social Security Administration, there are significant financial implications.

* COBRA benefits, including any subsidized COBRA benefits offered as part of a Severance package, are **not** considered active coverage.

Contact your local Social Security Administration office or go to SSA.gov (<https://www.ssa.gov/benefits/medicare/>) to learn more about Medicare enrollment.

Qualified Medical Child Support Orders

Certain court orders could require GSK to cover your child under the Medical, Dental and Vision plans. These are known as Medical Child Support Orders.

GSK determines whether the court order is a Qualified Medical Child Support Order (QMCSO). If it is, the child gains eligibility for coverage. The child also can gain eligibility if GSK receives a National Medical Support Notice and determines it to be a QMCSO. In these situations, the company can take deductions from your paychecks for your and your child's coverage.

The plans cover the child from the date the order is approved until the date or age stated in the order, but not beyond the normal eligibility age. The child is added to whatever coverage you're enrolled in. If you're not already enrolled, you and your child will be assigned coverage or the agency submitting the order will choose from the available coverage.

If a QMCSO requires someone other than you — for example, your ex-spouse — to provide health coverage for your child, you can drop coverage for that child if he or she actually becomes covered under the other person's health plan(s).

The company has established a procedure to facilitate the determination and administration of QMCSOs under the Medical, Dental and Vision plans. For further information about QMCSOs, contact the GSK Benefits Center at 1-844-358-0600 (or 1-312-843-5252).

Special Grandfathering Rules for Medical and Dental Benefits

Secondary dependents who were covered under the medical and dental plans formerly sponsored by SmithKline on December 31, 1987, and former spouses who were covered under the medical and dental plans sponsored by SmithKline Beecham on



December 31, 1995, may continue to be eligible for medical and dental benefits, provided they continue uninterruptedly to meet the eligibility requirements in effect at that time. Eligibility ceases on the date the former spouse remarries, or the date the employee enrolls a new spouse, whichever comes first.

Enrolling for Coverage

New Employees

If you are a new employee, you will be given enrollment information when you begin work.

From your first day of employment, you will automatically be covered by the following benefits at no cost to you:

- Basic Employee Life Insurance (at 1.5x Annual Base Salary)
- Business Travel Accident Insurance (at 5x Annual Base Salary)
- Short-Term Disability
- Long-Term Disability (at 50% of Annual Base Salary plus Target Bonus/Incentive Compensation at the time LTD commences)
- Employee Assistance Program (including eligible dependents)

The deadline for enrolling in the following health and wellbeing benefits programs is generally 30 days from your date of hire. If you enroll by the enrollment deadline, you and your eligible dependents' coverage takes effect retroactive to your date of hire.

- Medical
- Dental
- Vision
- Supplemental Employee Life Insurance
- Accidental Death and Dismemberment Insurance (AD&D)
- Dependent Life Insurance
 - Spouse/Domestic Partner Life Insurance
 - Child Life Insurance
- Long-Term Disability (buy-up coverage — 70% of Annual Base Salary plus Target Bonus/Incentive Compensation at the time LTD commences)
- Health Care Reimbursement Account
- Dependent Care Reimbursement Account

If you do not enroll within 30 days of your date of hire, you must wait until the next annual enrollment period unless you experience a qualified change in status or special enrollment event, as defined by federal regulations, during the year and report that change to the GSK Benefits Center within 30 days (see “Changes During the Year” later in this section).

Assigned Coverage

If you're newly eligible for coverage but don't enroll by the deadline, the company assigns the following coverage to you:

Benefit Plan	Assigned Coverage
Medical (including Pharmacy Benefit Program)	You only, GSK High Deductible Health Plan (HDHP)
Dental	No coverage
Vision	No coverage
Basic Employee Life Insurance	1.5x your Annual Base Salary
Supplemental Employee Life Insurance	No coverage



Benefit Plan	Assigned Coverage
Accidental Death and Dismemberment Insurance	No coverage
Dependent Life Insurance	No coverage
Short-Term Disability	Coverage based on disability up to 180 calendar days
Long-Term Disability	50% of your Annual Base Salary plus Target Bonus/Incentive Compensation at the time LTD commences
Health Care Reimbursement Account	No coverage
Dependent Care Reimbursement Account	No coverage

Employees may not change these coverages during the year unless they have a qualified change in status and report that change to the GSK Benefits Center within 30 days. See “Changes During the Year” for information on making midyear election changes.

Other Situations

If you are a former benefits-eligible employee newly rehired, the same eligibility rules that apply to newly hired employees apply to you. Your coverage options depend on when you return to work:

- **Same Year** — If you return to work in the same year, you receive the same coverage you had when your employment ended. However, if you participated in the HSA, you will be required to make a new contribution election for the remainder of the year. Additionally, you may not participate in the Health Care Reimbursement Account or Dependent Care Reimbursement Account for the remainder of the calendar year. If you experienced a qualified change in status following your termination from the company, you can make changes to your coverage that are consistent with your status change if requested within 30 days of your rehire.
- **Different Year** — If you return to work in a different year, you receive health and wellbeing benefits coverage as described in the section titled ‘New Employees’ above and have 30 days from your rehire date to enroll in the other plans that you would like to elect.
- **Rehire of Retiree** — If you are a retiree of GSK and are rehired as an employee, your GSK retiree health and wellbeing benefits coverage is automatically suspended and you are required to enroll in GSK health and wellbeing benefits coverage as an active employee. When your employment ends and you retire a second time, you are eligible to enroll in the GSK retiree health and wellbeing benefits coverage in effect at that time.

Coverage for Newborn or Newly Adopted Child

Benefits under the Medical Plan are payable for 31 days from the moment of birth of your child or the date you assume a legal obligation for support in anticipation of adoption of a child. If you do not enroll the child within 30 days, no payment will be made for expenses incurred after the 31st day, and you will have to wait until the next annual enrollment period or subsequent qualifying event to add the child to your coverage.

Plan Year

For purposes of the health and wellbeing plans the plan year is January 1 through December 31.

Annual Enrollment

You may change your health and wellbeing benefit plan elections during the annual enrollment period held in the fall of every year. This allows you to rearrange your benefits to reflect any changes in your personal situation or financial needs. Some plans (e.g., Life Insurance and Long-Term Disability) have restrictions on the changes you can make. The choices you make each fall will be in effect from the following January 1 through December 31 (the plan year), unless you have a qualified change in status and report that change to the GSK Benefits Center within 30 days. See “Changes During the Year” for information on making midyear election changes. If you are on an approved leave of absence while annual enrollment is held, there may be additional restrictions on changes, depending on the individual benefit plan. Please refer to the summary plan descriptions for Employee Life Insurance, Dependent Life Insurance and Long Term Disability for more information.



Cost of Coverage

What GSK Provides

GSK pays the full cost of the following coverage for all eligible employees:

- Basic Employee Life Insurance (1.5x Annual Base Salary)
- Business Travel Accident Insurance (5x Annual Base Salary)
- Long-Term Disability (50% of Annual Base Salary plus Target Bonus/Incentive Compensation at the time LTD commences)
- Employee Assistance Program (including eligible dependents)
- 100% GSK Prescription Drug Program
- Short-Term Disability

Your Potential Contributions

Some plans are voluntary and require you to enroll and pay your share of the cost through payroll deductions. You may also choose to increase some of the benefits you receive automatically by paying the additional cost. The costs that you pay for any voluntary or additional benefits are announced each fall during annual enrollment. Note that the Medical Plan applies a salary-related adjustment based on Annual Base Salary in determining applicable employee contributions. Depending on the type of benefit, your deductions will be made on a before-tax or after-tax basis.

Before-tax Contributions

You can use before-tax contributions to pay for the following benefits:

- Medical
- Dental
- Vision
- Accidental Death and Dismemberment Insurance (AD&D)
- Long-Term Disability (buy-up coverage — 70% of your Annual Base Salary plus Target Bonus/Incentive Compensation at the time LTD commences)

You can also direct before-tax contributions to the:

- Health Care and Dependent Care Reimbursement Accounts; and
- Health Savings Account (HSA) (if you are enrolled in the GSK HDHP option).

Before-tax contributions are base-pay dollars that are used to purchase benefits before federal income, Social Security, and sometimes state and local taxes are withheld.

Tax Considerations

One major advantage of the GSK Benefits Program is choice. Another is federal and sometimes state and local tax savings. When you pay for voluntary or additional benefits with before-tax contributions, you pay less in current taxes. That is because your taxable income is lowered by the amount of those contributions.

Official Total Pay Is Unchanged

While your taxable pay may be lower as a result of before-tax contributions, your Annual Base Salary is used to determine your contributions for medical benefits coverage. Your Annual Base Salary is also used to determine salary-related benefit coverage, such as life insurance and short-term disability benefits. Your Long-Term Disability coverage amount will be based on your Annual Base Salary plus your Target Bonus.

Except as may be otherwise specified in the materials provided during an annual enrollment, Annual Base Salary for each plan year shall be your annualized base pay as of September 1 of the preceding year, or your hire date, if later. Target bonus is the bonus opportunity available to you assuming that business achievement is on target (or the incentive compensation target in the case of a US Pharma Field employee).

Since you do not pay Social Security taxes on before-tax contributions, your future Social Security benefits may be reduced if you earn less than the Social Security wage base.

In 2020, the maximum amount of salary taxed for Social Security benefit purposes is \$137,700.



Paying for Domestic Partner Coverage

You pay for medical and dental coverage for a certified domestic partner with before-tax contributions through payroll deductions. However, the full premium (i.e., the employer and employee share) for the certified domestic partner's coverage is included as taxable compensation to you, unless you have certified him or her as a dependent under Section 152 of the Internal Revenue Code. This compensation, if applicable, will be added to your federal taxable wages on a per pay period basis and the total annual amount will be shown separately on your W-2 form at the end of the year. The full premium for a certified domestic partner's coverage may be added to your wages for state income tax purposes, subject to applicable state tax law.

After-tax Contributions

You pay for all Supplemental Employee Life Insurance and Dependent Life Insurance options with after-tax contributions through payroll deductions.

Changes During the Year

With the exception of changes to your Health Savings Account (HSA) contributions, which can be made at any time, you may change your benefit elections during any plan year only if you experience a qualified change in status. The following situations qualify as a change in status:

- Marriage or recognition of domestic partnership;
- Divorce, legal separation, termination of domestic partnership, or annulment;
- Birth, adoption, placement of a child for adoption, loss or attainment of legal guardianship of a child, or becoming an eligible dependent;
- Death of a spouse/certified domestic partner or eligible child;
- Child's loss of dependent status by virtue of the age limit, or loss of legal guardianship;
- Termination of spouse's/certified domestic partner's or child's employment;
- Loss or gain of job or benefits;
- Commencement of spouse's/certified domestic partner's or child's employment;
- Changes in spouse's/certified domestic partner's or child's employment status from ineligible to eligible (or vice versa), part-time to full-time status (or vice versa), or a change in worksite;
- Spouse/certified domestic partner's or child's start of or return from an approved unpaid leave of absence;
- Geographic relocation;
- Entitlement to, or loss of entitlement of, Medicare or Medicaid (applies only to the person entitled to Medicare or Medicaid);
- Entitlement to, or loss of entitlement of, any other government benefit program (applies only to the person entitled to the government benefit program);
- Change to comply with a state domestic relations order pertaining to coverage of your dependent child;
- Your, your spouse's, or child's eligibility for continued coverage under COBRA;
- A significant increase in the cost of coverage or a significant reduction in the benefit coverage under your or your spouse's health care plan¹;
- Addition, elimination, or significant curtailment of a coverage option¹;
- Spouse's/certified domestic partner's or child's annual enrollment not corresponding with plan year of employee's annual enrollment¹; or
- Change in dependent care providers or cost, if the providers are not relatives of the employee (applies only for Dependent Care Reimbursement Accounts).

¹These changes in status do not apply to a Health Care Reimbursement Account.

Note that plan rules dictate that any changes in your benefit choices must be consistent with the change in family status.

In these situations, you have 30 days from the date of the event to initiate a coverage change. A qualified change may be initiated by calling the GSK Benefits Center at 1-844-358-0600 (or 1-312-843-5252).

Some plans (e.g., Employee and Spouse Life Insurance) have restrictions on the changes you can make. Proof of insurability, as determined by the insurance company, is required for increases in Long Term Disability benefits before your new coverage can take effect.

Although no proof of insurability is required for increases in Employee or Spouse Life Insurance, you may increase these benefits by only one coverage level at a time. For example, if you elected Spouse Life Insurance in the amount of \$25,000 when you were hired, you can only increase your spouse's coverage to \$50,000 at the next annual enrollment period.



Eligibility for the State Children's Health Insurance Program (SCHIP) is considered a qualified status change for purposes of allowing an eligible child or children to enroll or disenroll from GSK benefit plans. In this situation, you have 60 days to initiate a coverage change by calling the GSK Benefits Center at 1-844-358-0600 (or 1-312-843-5252).

Special Enrollment Event

You, your spouse, your certified domestic partner, or child or children may enroll in the Medical and Dental Plans at any time during the year in the following situations:

- **After declining coverage** — If you are declining enrollment for yourself or your dependents (including your spouse or certified domestic partner) because of other health insurance coverage, you may be able to enroll yourself or your dependents in this plan in the future, provided that you request enrollment by contacting the GSK Benefits Center within 30 days after your other coverage ends.
- **New dependents** — If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment by contacting the GSK Benefits Center within 30 days after the marriage, birth, adoption, or placement for adoption.

Special enrollment can be requested only after loss of eligibility for the other coverage, after cessation of employer contributions for the other coverage, or after exhaustion of continued coverage under COBRA in effect when you declined coverage. An individual does not have special enrollment rights if the loss of coverage is the result of the failure to pay premiums or for cause.

Any enrollment elections you make within 30 days after a special enrollment event will be effective retroactive to the date of the event.

These special enrollment provisions do not apply to retirees, survivors of retirees, or long-term disability participants.

Changes in your health and wellbeing benefits during a plan year must be consistent with the change in your status or special enrollment event. A change in coverage is consistent with the event if and only if:

- **The change in status for you, your spouse, your domestic partner, or your child results in a gain or loss of eligibility for coverage; and**
- **The election change corresponds with that gain or loss of eligibility for coverage.**

For example, you would be permitted to add Dependent Life Insurance and increase your Employee Life Insurance at the birth of a child.

Proof of Insurability

If you are increasing your long-term disability coverage from 50% to 70%, you will be required to provide "proof of insurability" before your new coverage can take effect. Proof of insurability means that you will have to provide proof of good health as determined by the insurance company. This may include completing a medical questionnaire and/or having a physical examination, including blood tests where permitted by state law, at your own expense.

If the insurance company determines that your health history puts you in a higher risk category, you may not be allowed to increase your level of coverage. In that case, you will receive a written explanation for the denial.

If you elect to increase your long-term disability coverage, the increase will take effect only when the insurance company approves the proof of insurability.

This requirement applies to both annual changes and qualified changes in status during the year for all GSK employees.

HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of certain individual health information. This information, known as **Protected Health Information**, includes almost all individually identifiable health information held by the Medical Plan, Dental Plan, Health Care Reimbursement Account and the GSK Retiree Medicare HRA Plan ("Covered Plans") — whether received in writing, in an electronic medium, or as an oral communication.



The Covered Plans are required by law to maintain the privacy of your protected health information and to provide you with notice of their legal duties and privacy practices with respect to that health information. It's important to note that these rules apply only to the Covered Plans, not GSK as an employer. Different policies may apply to other GSK programs or to data unrelated to the Covered Plans listed above.

The Covered Plans, or their health insurers, may disclose your health information without your written authorization to GSK for plan administration purposes. GSK may need your health information to administer benefits under the Covered Plan(s). GSK agrees not to use or disclose your health information other than as permitted or required by the Covered Plan documents and by law. Designated GSK Staff are the only GSK employees who will have access to your health information for plan administration functions.

The foregoing information is only a partial summary of your rights, and the obligations of the Covered Plans, under HIPAA. For more information on the privacy policies of the Covered Plans or your rights under HIPAA, you should first contact your Covered Plan administrator, or, for general questions, you can contact the GSK Benefits Center at 1-844-358-0600 (or 1-312-843-5252).

Rights Under ERISA

For further information about your rights and the company's rights under the Employee Retirement Income Security Act of 1974, as amended (ERISA), see the "ERISA Information" summary document.

This Benefits Overview is intended to be a summary of your GSK benefits. Provisions of these benefit plans are governed by the terms of the relevant plan documents (including insurance policies and administrative services agreements). In case of any discrepancy between this Overview and the plan documents, the plan documents will govern. Eligibility for or participation in any of these benefit plans is not a guarantee of continued employment. For more information on how the GSK benefit plans are administered, see the "ERISA Information" summary document.