EMPLOYEE BENEFITS

Willis

HRFocus

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DOL, IRS POST REMINDERS FOR COBRA PREMIUM PARTICIPANTS

American Recovery and Reinvestment Act (ARRA) legislation enacted last February included a temporary subsidy of COBRA coverage for individuals (within certain income limits) who have been involuntarily terminated from employment on or after September 1, 2008, through December 31, 2009. Individuals who qualify are eligible for subsidized COBRA payment from the federal government. ARRA rules, however, specify that eligibility for subsidy payment ends when the covered person becomes eligible for certain other qualifying coverage. If a COBRA recipient continues to assert entitlement to the subsidy, despite no longer qualifying, they will be subject to repayment of the subsidy amount in addition to being assessed a penalty.

The IRS recently published a reminder that COBRA subsidy recipients who later become eligible for other health coverage must notify their former employer to avoid a penalty. Under the Internal Revenue Code, if an individual continues to receive the subsidy after they are eligible for other group health coverage, such as coverage from a new job or Medicare eligibility, the individual may be subject to a penalty of 110% of the subsidy provided after they became eligible for the new coverage.

The U.S. Department of Labor (DOL) Employee Benefits Security Administration (EBSA) also linked the IRS reminder COBRA subsidy program web page. **Click here.**

DOL OPINION LETTER: PROVIDING ADVANCE NOTICE OF FAMILY MEDICAL LEAVE ACT (FMLA)

FMLA is triggered when an employee becomes a parent by the birth or adoption of a child, or placement of a child for adoption or foster care. Also, FMLA applies when an employee has a serious health condition or is needed to care for a spouse, child or parent experiencing a serious health condition. FMLA was also recently expanded to accommodate special needs related to military deployment.

ORIGINAL RULE

Generally, FMLA requires that employees give at least 30 days advance notice before FMLA is to begin if the need for the leave is foreseeable (based on an expected birth, placement for adoption or foster care, or planned medical treatment for a serious health condition of the employee or a family member). However, when leave is taken and no notice (or little notice) was given because of emergency circumstances, the 1995 FMLA regulations (the old rules) required that notice be given "as soon as practicable."

NEW DOL OPINION LETTER

A Department of Labor Wage and Hour Opinion Letter (*FMLA2009-1-A*) provides new guidance about how much advance notice employees must provide for events that do not lend themselves to 30 days advance notice to the employer. How much notice is notice that is "practicable"? The recent Opinion Letter notes that employees must follow their employers' internal notice policies. At the same time, the Opinion Letter changed the approach that had been established by a 1999 Opinion Letter – one that required employees to give notice to employers within two business days of the event that required FMLA leave.

The FMLA regulations were updated and became effective in January of 2009, and those new regulations said that:

> **825.303 Employee notice requirements for unforeseeable FMLA leave.**
>
> "When the approximate timing of the need for leave is not foreseeable, an employee must provide notice to the employer as soon as practicable under the facts and circumstances of the particular case." In further trying to define the term "practicable" in the regulations, the following was added: "When the need for leave is not foreseeable, *an employee must comply with the employer's usual and customary notice and procedural requirements for requesting leave, absent unusual circumstances. For example, an employer may require employees to call a designated number or a specific individual to request leave.*
>
> However, if an employee requires emergency medical treatment, he or she would not be required to follow the call-in procedure until his or her condition is stabilized and he or she has access to, and is able to use, a phone." (Emphasis added.)

The recent Opinion Letter does not represent a change in the FMLA regulatory landscape, but simply emphasizes and reiterates the final regulations. Perhaps more importantly, the Opinion Letter rescinds the prior two-day notification rule and directs employees back to their employers' policies and procedures for requesting FMLA leave.

Opinion Letters do not have the force of law and do not change regulations that have been adopted. They are, instead, letters addressing a particular fact situation that has been presented by an employer. The letters are binding on the employer asking for the opinion, but Opinion Letters are valuable for other parties since the letters reflect the analysis that the DOL would likely engage in for other similar issues.

The message to employers, in light of the DOL Opinion Letter, is that an organization may enforce its internal policies and procedures for requesting leave – but the employer should also consider relevant factors that affect the employee's ability to comply with those employer policies. Also, employers that have not formally established procedures governing protocol for calling in to communicate an absence should take immediate steps to implement such rules.

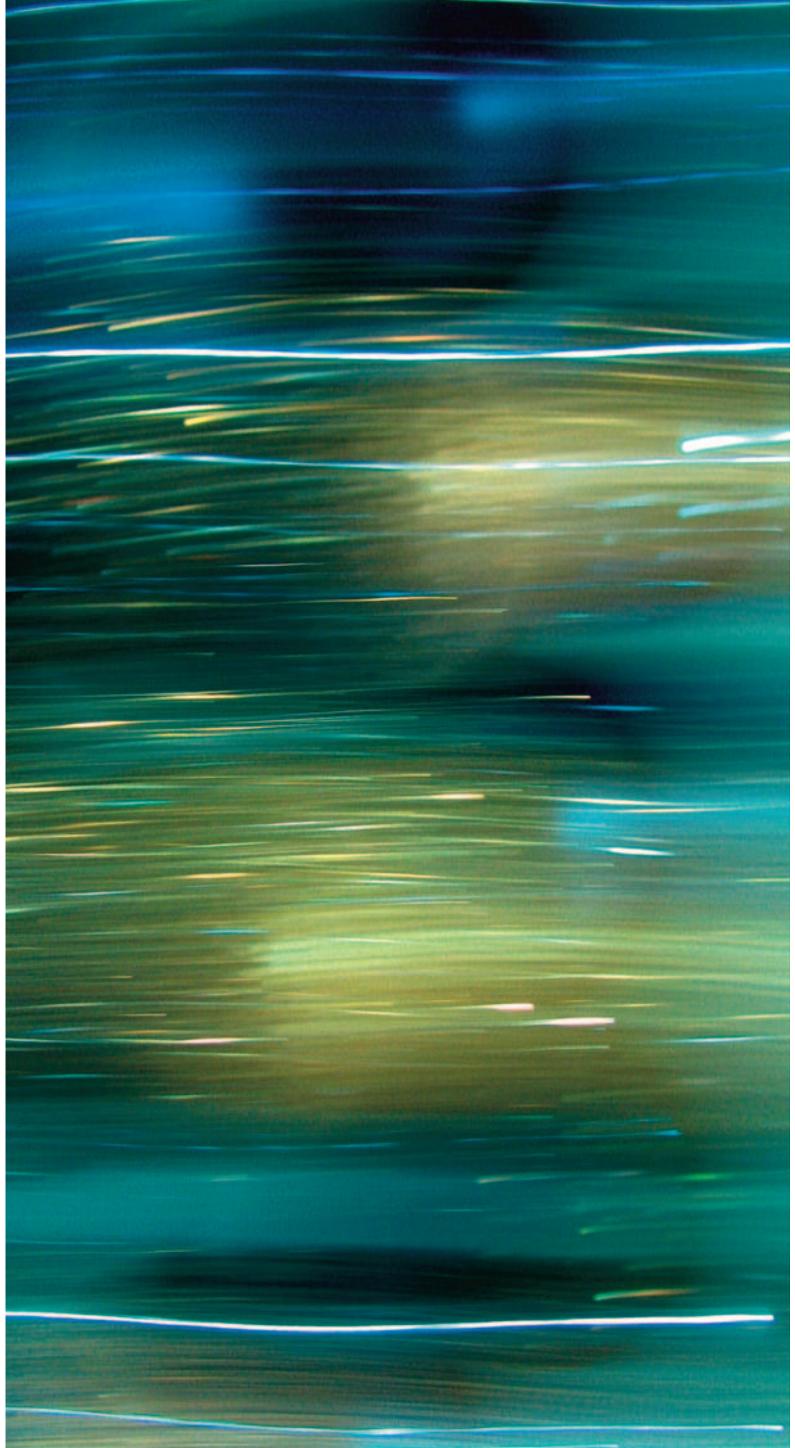
The DOL letter is available **here**.

DOL TOOLS AND WORKSHOPS FOR HEALTH PLANS

The Department of Labor's (DOL) Employee Benefits Security Administration (EBSA) has enhanced its **website** with new features for workers and employers.

Among other helpful tools, the DOL publishes a variety of brochures designed to assist employers and health plans in complying with the portability of coverage provisions under the Health Insurance Portability and Accountability Act (HIPAA), as well as the standards added to ERISA by the Newborns' and Mothers' Health Protection Act, the Women's Health and Cancer Rights Act and the Mental Health Parity Act. Also included on the website is a self-audit guide to allow employers and health plans to conduct their own compliance checks with the statutory provisions, sample language for the laws' notice requirements and tips for avoiding the 15 most common compliance mistakes concerning these health laws. According to an EBSA statement on their findings, the "most significant non-compliance related to the laws' various *notice* requirements." (Emphasis added.)

As part of the new compliance assistance effort, EBSA also announced regional programs to provide further assistance in translating the federal health requirements into plan standards and documents. A schedule for upcoming webcasts, seminars and workshops is available along with a variety of compliance assistance tools on the DOL **website**.



WELLNESS WORKS

FLU SEASON: PREVENTION & EDUCATION

The seasonal flu is serious and contagious. According to the Centers for Disease Control and Prevention (CDC), each year in the U.S. alone, an average of more than 200,000 people are hospitalized and 36,000 die from seasonal flu complications. In addition, employers face millions of dollars in indirect costs due to employee absences and loss of productivity during flu season. A Center for Health Statistics study on the self-reported health of Americans age 18-64 found that the flu is responsible for 200 million days of work absence nationwide. Healthy, immunized working adults experience significantly fewer days of influenza-like illnesses, have fewer doctors' visits and take fewer days off from work.

Experts predict that this flu season could be worse than in previous years due to a new strain of virus referred to as H1N1, which has been transmitted world-wide at a rapid rate. According to the CDC, the best protection against H1N1 is vaccination against the flu (see related article below). The Advisory Committee on Immunization Practices (ACIP) recommends the following populations be vaccinated against seasonal flu each year:

- Children aged six months up to their 19th birthday
- Pregnant women
- People 50 and older
- People of any age with certain chronic medical conditions
- People who live in nursing homes and other long-term care facilities
- People who live with or care for those at high risk for complications from flu, including health care workers and household contacts of people who are high risk

PREVENTION TIPS

1. **Promote and offer flu shots.** The CDC recommends a yearly seasonal flu vaccine as *the most important step* in protecting against seasonal influenza.
2. **Provide hand sanitizer in high traffic areas or share samples as a give-away.**
3. **Educate your employees regarding preventive practices.**
   - Detailed information should include:
     - Proper cough etiquette
     - Proper hand washing techniques
     - Staying home when sick
4. **Advocate good health habits.** Encourage employees to get plenty of sleep, physical activity, manage stress effectively, eat nutritiously and drink plenty of fluids.

WORKSITE FLU SHOT PROGRAMS

Review your benefits plan information to determine whether employees have coverage for the flu vaccine. If so, encourage them to get vaccinated and promote local resources for flu clinics, though the best way to ensure your employees take this step is to offer an onsite flu clinic. Bringing the vaccinations directly to your employees will decrease barriers and increase the likelihood they will receive the vaccination prior to flu season. Because the timing and duration of influenza seasons vary, it is best to offer an onsite flu clinic beginning in September and continue into December/January or beyond as needed. While influenza outbreaks can happen as early as October, the peak season is usually in January or later.

The most accessible and convenient resources for obtaining flu vaccines for your workforce reside within your local community. Consider contacting your local health department, hospital systems, visiting nurse association or occupational health vendors to inquire about the availability of flu shot administration in the workplace. Often, these types of local resources will be the least expensive option. For assistance on coordinating flu shot clinics at multiple locations, a national resource may be of more assistance. Contact your local Willis service team to learn more about national flu shot vendors who can assist with your planning efforts.

FREE EDUCATION RESOURCES

The CDC is one of the best sources of information on flu prevention and education. The following communication materials are available free of charge:

Flu Prevention Tool Kit
Free Educational Tools
Stop the Spread of Germs at Work
Flu Fact Sheet

H1N1 (SWINE FLU) VACCINE EXPECTED TO BE AVAILABLE IN OCTOBER

The Food and Drug Administration has approved 4 vaccines against the H1N1 flu virus (formerly known as swine flu) for 2009. The FDA expects the vaccines to be distributed nationally in October. Based on preliminary data from adults participating in clinical studies, the 2009 H1N1 vaccines induce a robust immune response in most healthy adults 8 to 10 days after a single dose, as occurs with the seasonal influenza vaccine.

As with the seasonal influenza vaccines, the 2009 H1N1 vaccines are being produced in formulations that contain thimerosal, a mercury-containing preservative, and in formulations that do not contain thimerosal. The FDA said that people with severe or life-threatening allergies to chicken eggs, or to any other substance in the vaccine, shouldn't be vaccinated.

The Centers for Disease Control and Prevention (CDC) has recommended that H1N1 vaccination efforts focus on five key groups of people:

- Pregnant women,
- People who live with or care for children younger than 6 months of age,
- Healthcare and emergency medical services personnel,
- Individuals between the ages of 6 months through 24 years of age, and
- People from ages 25 through 64 years who are at higher risk for novel H1N1 because of chronic health disorders or compromised immune systems.

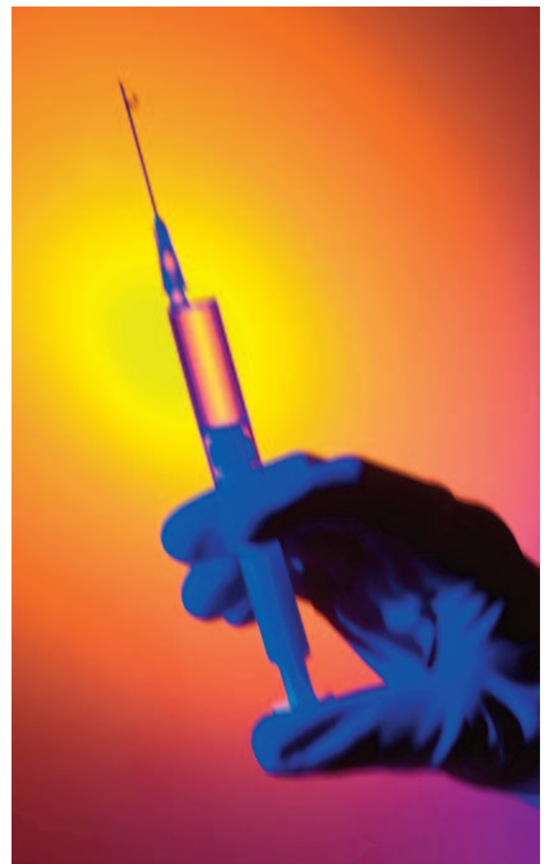
The agency said that the following groups should receive the vaccine before others if the vaccine is initially available in extremely limited quantities:

- Pregnant women,
- People who live with or care for children younger than 6 months of age,
- Healthcare and emergency medical services personnel with direct patient contact,
- Children 6 months through 4 years of age, and
- Children 5 through 18 years of age who have chronic medical conditions.

The CDC said that once the demand for vaccine for the prioritized groups has been met at the local level, programs and providers should begin vaccinating everyone from ages 25 through 64 years.

Health officials are recommending that the H1N1 vaccine be used alongside the seasonal flu vaccine.

This article provided by BLR



HR CORNER

DRUG-FREE WORK WEEK SET FOR OCTOBER

The Department of Labor is encouraging employers and employees to participate in the 4th annual Drug-Free Work Week in October.

Set to run October 19 to 25, the public awareness campaign emphasizes the importance of drug-free workplace programs to help prevent workplace alcohol and drug use, and encourage workers with alcohol and drug problems to seek help.

This year, the campaign will focus on the benefits drug-free-workplace programs bring to America 's families and communities.

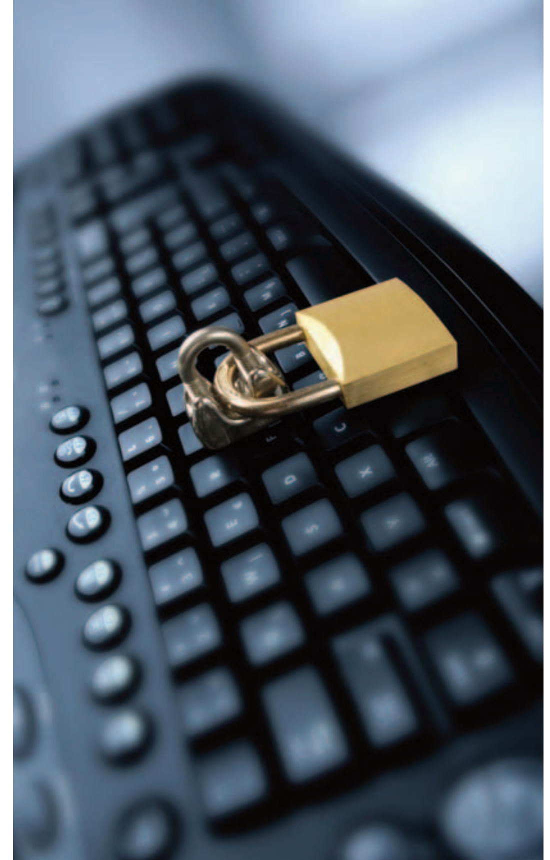
"Successful drug-free workplace programs provide a safe and healthy environment for workers, and result in a productive workplace for employers," said Elena M. Carr, drug policy coordinator for the Labor Department's Office of the Assistant Secretary for Policy. "For everyone's safety, participate in this year's campaign to reduce substance and alcohol abuse that can affect families and entire communities."

The Department of Labor has created a variety of materials and ideas to help employers observe Drug-Free Work Week.
Drug-Free Work Week Toolkit and Other Materials

This article provided BLR.

NEWS

NEW HIPAA RULES ISSUED REGARDING BREACH NOTIFICATION REQUIREMENTS



HHS has issued breach notification rules under which employer-sponsored group health plans and other covered entities must notify affected individuals and HHS if a breach occurs with respect to "unsecured" protected health information. (In some cases, media notification also is required.) Although the new rules go into effect on September 23, 2009, the HHS promises that it will not impose sanctions for noncompliance until 180 days after publication in the *Federal Register*, thereby allowing an important bit of breathing room for implementation. (Specifically, HHS has said that it will not impose sanctions for failure to provide required notification for breaches that are discovered before February 22, 2010.)

BACKGROUND

The new rules implement one part of the Health Information Technology for Economic and Clinical Health (HITECH) Act, which was enacted February 17, 2009 as part of the American Recovery and Reinvestment Act of 2009 (ARRA). Very generally, the relevant part of the HITECH Act requires employer-sponsored group health plans and other covered entities to provide notification if a breach occurs with respect to unsecured protected health information. Employers will recall that protected health information (PHI) is defined very broadly and usually includes almost all individually identifiable health information that is created or received by a group health plan or by an employer or service provider in connection with a group health plan.

REQUIRED NOTIFICATION

The new rules explain the circumstances under which notification is required and the timing, method and content of any required notification. Issues addressed include the following.

- What constitutes a breach that triggers notification requirements, including:
  - Whether unauthorized acquisition, access, use, or disclosure of PHI has occurred
  - Whether the security or privacy of the PHI has been compromised
  - Whether the conditions for certain exceptions have been met
- When a breach is deemed to have been discovered, starting the maximum 60-day period for providing notification
- When an unreasonable delay in providing notice is deemed to have occurred
- How business associates are affected by the rules when a breach occurs through their handling of PHI

SECURING PHI

One key to the HITECH notification requirements lies in the definition of unsecured. Notification is required only if there is a breach with respect to *unsecured* PHI. The new rules include a definition of unsecured PHI that refers to standards set by HHS and posted on its website. HHS initially set standards in April, issuing guidance that treats PHI as unsecured unless it is encrypted according to certain standards or the media on which it is stored is destroyed according to specific procedures. The preamble to the new rules includes some minor clarifications of HHS's April guidance on unsecured PHI. It also confirms, however, that there are essentially only two ways to secure PHI so that it is exempt from the breach notification requirements: encryption and destruction.

The guidance on what constitutes unsecured PHI focuses primarily on electronic PHI that is being stored, transmitted or discarded. The notification requirements, however, apply to all PHI, including paper records and oral communications, as well as electronic PHI that is in use. Therefore, it is likely that all group health plans will have some unsecured PHI and may be required to provide notification according to the rules if there is a breach with respect to that PHI.

OTHER HITECH REQUIREMENTS

HITECH includes several HIPAA privacy and security revisions other than the breach notification requirements, including a provision that makes business associates directly responsible for compliance as well as enhanced penalties for violations (see our article on these changes in ***HR Focus*, March 2009, Issue 21**). Many of these changes are effective February 17, 2010, so employers that sponsor health plans will have additional HIPAA compliance challenges soon after implementing the breach notification requirements. Willis will provide analysis of these HITECH rules in forthcoming revisions to our online Compliance Manual.

MORE INFORMATION

Willis is planning future publications to further explain the requirements of the new breach notification rules and the steps needed to comply. The HHS press release announcing the new rules is available **here**. Comprehensive coverage of privacy related functions and responsibilities is maintained on the HHS Office for Civil Rights **website**.

OHIO ENACTS DEPENDENT AGE AND CAFETERIA PLAN MANDATE

When Ohio's Governor Ted Strickland (D) recently signed the state's budget, it contained several new requirements affecting insurers and employers. One was the continuation of health insurance coverage for certain dependent children covered by insured plans and another was a cafeteria plan mandate that applies to employers.

Insurance policies issued or renewed on or after July 1, 2010 must offer participants with employer-sponsored health insurance the opportunity to purchase coverage for their children up to age 28. The mandate provides that once the child has reached the limiting age provided for under the policy, the carrier must offer the employee the option to extend coverage.

To be eligible for the extended coverage, the unmarried child must be:

- The natural child, stepchild, or adopted child of the employee,
- A resident of Ohio or a full-time student at an accredited public or private institution of higher education,
- Not employed by an employer that offers any health benefit plan under which the child is eligible for coverage, and
- Not eligible for coverage under Medicaid or Medicare.

In addition, after having attained the policy's limiting age the child must have been continuously covered under any health benefit plan. This does not change the law regarding dependent children who are incapable of self-sustaining employment due to mental retardation or physical handicap. In addition, as this is an insurance law it does not apply to self-insured plans.

The law further mandates that employers with 10 or more employees offer uninsured employees the opportunity to purchase health insurance on a pre-tax basis under a cafeteria plan. The law does not require employers to provide benefits to employees.

The effective date of the law will vary depending on the size of the employer. Employers with more than 500 employees must comply with the requirement the later of January 1, 2011 or six months after the superintendent of insurance adopts rules to implement and enforce this requirement. For employers that employ 150 to 500 employees, the deadline is the later of July 1, 2011 or 12 months after the superintendent adopts rules. Employers that employ 10 to 149 employees must be in compliance by the later of January 1, 2012 or 18 months after the superintendent adopts rules.

The law specifically states that employers "can comply with this requirement by offering a Section 125 plan to workers, offering health coverage, reimbursing for health insurance coverage, or providing employees with opportunities to pay for health insurance with pre-tax dollars through other salary reduction arrangements." With regard to the last option, however, the cafeteria plan rules are quite clear that a cafeteria plan is the only way in which an employer can offer its employees a choice between cash (or other taxable benefits) and nontaxable benefits without the availability of that choice causing all employees to be treated as if they received the taxable benefits.

Regulations will not be issued and the requirement will not be implemented until the state receives confirmation that the mandate will not conflict with federal rules.

For additional information from the Ohio Department of Insurance about these and other new Ohio laws, please see the following **FAQs**.

OLDER WORKERS WORKING LONGER

Statistical evidence is challenging the idea that a growing number of workers will be retiring. Although the population is undeniably growing older, government findings from the Bureau of Labor Statistics indicate that significant numbers of older workers maintain good health and choose to continue working for a variety of reasons. In fact, the government reports that the number of older workers – age 65 and higher – has been rising since 1977, and the trend is expected to accelerate at least through 2016. The federal Bureau of Labor Statistics examines the issue in the "Spotlight on Statistics" feature found on its **website**.

On a related note, Congress is looking at what it can do to promote opportunities for older workers. In fact, the Senate is debating the SB 502, the Older Worker Opportunity Act of 2009 (OWOA). OWOA would introduce incentives for smaller organizations offering flexible or part-time work to seniors and it would create other incentives designed to protect worker pension and health benefits.

ISSUE SPOTLIGHT:

SPDS MUST BE CLEAR AND ACCURATE TO BE ENFORCED

ERISA rules mandate an array of reporting and disclosure requirements for employers sponsoring benefit plans subject to the law. The Summary Plan Description (SPD) is perhaps the best known of these requirements.

The SPD is an employee-friendly summary of the legal plan document that is maintained by the employer. The legal plan document normally outlines the plan funding, information about claim administration, and – among other things – it reserves to the plan administrator the broad ability to make decisions about the administration of the plan. This provision is often called an "abuse of discretion" or "arbitrary and capricious" standard that is applied if a matter proceeds to court. If a plan has this preferential language in place in the legal plan document, then courts are generally very hesitant to undo a plan's determination on an administration issue.

Employees receive SPDs (but do not typically receive legal plan documents), and an SPD, as a summary of the legal plan document, should also have "abuse of discretion" language contained within it.

What happens when there is a discrepancy between the terms of the SPD and the terms of the legal plan document? What happens if the SPD contains a disclaimer that says that where there is a conflict between the SPD and the plan document, the plan document will control?

In the case of *Wiley v. Cendant Corp. Short Term Disability Plan*, 2009 U.S. Dist. LEXIS 57524 (2009), the court considered abuse of discretion language and the impact of a conflict between an SPD and a plan document.

FACTS

Stephen Wiley was employed by Cendant Corporation. Cendant offered a short-term disability benefit that was insured by Aetna. Wiley submitted a claim for benefits under the short-term disability plan, but he was denied benefits. Because Wiley took issue with the denial of benefits, the abuse of discretion language became important in the case. The SPD gave only limited discretionary authority to the claims administrator (which would enable a court to come in and more easily overturn a benefit claim decision) while the contract between Cendant and Aetna (which Cendant claimed was the legal plan document) gave the claims administrator very broad discretionary authority over benefits and the terms of the plan (this language would make it difficult for a court to overturn a benefit claim decision).

In addition, the SPD also contained a disclaimer saying that "This booklet constitutes the Summary Plan Description of the Company's health and welfare benefits plans. Because this is only a summary of the official Plan documents, the Plan documents will always control should the Summary Plan Description contain any omission or conflict with the Plan Documents."

ANALYSIS

Wiley claimed that, because of the contradictions in the plan materials, Cendant's documents did not unambiguously confer discretion to Aetna. And in the case of conflicting documents, courts have generally noted that the conflicting terms should be resolved in an employee-favorable manner. (Courts often rely on a long-established contract law principle which states that where a document is ambiguous or unclear, the judge should examine the issue in the light that favors the party that did not have the power to draft the document. In other words, since one party had the advantage of writing the document in the first place, the court has a duty to examine the document from the perspective of the other party.)

Wiley sought to enforce the SPD which was in his hands as opposed to the legal plan document to which he did not have ready access. Additionally, he claimed that allowing the plan document to override contradictory terms which were included within the SPD would not be fair to an employee because an SPD is required to be accurate and sufficiently comprehensive to reasonably apprise plan participants of their rights. Wiley cited another court case which found that "if a participant has to read and understand the policy in order to make use of the summary – then the summary is of no use at all."

The court also considered the issue of the disclaimer in the SPD, and ruled that "Honoring Cendant's disclaimer would not encourage employers to write SPDs that are consistent with ERISA plan master documents – it would do the opposite. Employers could put anything in an SPD, no matter how false, secure in the knowledge that a disclaimer would provide them cover."

CONCLUSION

In finding in favor of Wiley, the court put the burden of drafting squarely on the employer and noted that any burden created by discrepancies between plan materials should be placed on those who do the drafting, not the employees.

Many courts try to avoid giving consideration to SPD disclaimers. In the eyes of some courts, because SPDs are required to fully disclose benefits to employees, the idea that a simple disclaimer could take the employer off the hook doesn't always sit well with judges. Although disclaimers continue to offer some protection and should be included in SPD documents, its important to understand the limits of protection they can provide.

WEBCASTS & EVENTS

HELPING EMPLOYEES UNDERSTAND CONSUMERISM AND CREATING EMPLOYEE COMMUNICATION CAMPAIGNS THAT WON'T FALL ON DEAF EARS

OCTOBER 13, 2009
2:00 PM EASTERN TIME

Presented by Ame McClune, Director, Marketing & Client Communicationss

Some companies take the all-or-nothing approach, quickly switching from one plan design to another in a year, while others prefer a more gradual approach, either because they are seeking employee buy-in or due to fears of disapproval of the newly charted direction of the company's benefits plan. Whatever your company's approach, it is generally agreed that there are varying levels of consumerism and each company is at a slightly different stage in terms of implementing consumer-based benefits.

Regardless of where you are or where you're planning to go with your benefits, you'll need to help your employees understand consumerism before you can fully reach your goals. In this webcast, we'll offer guidance on the most effective way to communicate with employees, how to grab their attention and how to achieve buy-in from reluctant employees early on so they are a partner in the communication campaign. We will provide you with:

- Key tips for communicating with and educating your employees
- A discussion on ways employers can assist employees and their dependents in understanding their benefits
- Insight on new technology and where benefits communication is going
- Help in understanding and creating a communication timeline

Participant Access:
Advance RSVP is required to participate in this call; **click here** to register.

SKELETONS, BROOMS AND OLD BAGGAGE: CLEANING YOUR CLOSET WITH AN HR AUDIT

OCTOBER 27, 2009
2:00 PM EASTERN TIME

Presented by HR Partner National Practice Team

HR audits are a necessary evil. While you may believe that your company is complying with all laws and regulations, an audit often proves otherwise for many organizations. Conducting an effective audit ensures compliance, reduces costs and supports strategic planning.

Whether you are an HR professional, a manager or a business owner, this session will provide practical advice to assist you in evaluating your employment policies, practices and procedures from the application stage through termination with a goal of reducing and preventing costly lawsuits and governmental audits.

During this webcast we will explore:

- The importance of conducting an HR audit
- Understanding the key issues to focus on in an audit
- How to develop an audit action plan that addresses where to begin, what to include and how to communicate the results
- How to gain valuable insights as respects avoiding the most common mistakes employers make

Participant Access:
Advance RSVP is required to participate in this call; **click here** to register.

KEY CONTACTS

US BENEFITS OFFICE LOCATIONS

NEW ENGLAND

Auburn, ME
207 783 2211

Bangor, ME
207 942 4671

Boston, MA
617 557 7517

Hartford, CT
860 756 7365

Manchester, NH
603 627 9583

Portland, ME
207 553 2131

Shelton, CT
203 924 2994

NORTHEAST

Buffalo, NY
716 856 1100

Cranford, NJ
908 931 3005

Florham Park, NJ
973 410 4622

Morristown, NJ
973 829 6374
973 829 6465

New York, NY
212 915 8802

Norwalk, CT
203 523 0501

Philadelphia, PA
610 260 4351

Radnor, PA
610 254 7289

Wilmington, DE
302 397 0171

ATLANTIC

Baltimore, MD
410 584 7528

Bethesda, MD
301 581 4261

Knoxville, TN
865 588 8101

Memphis, TN
901 248 3103

Nashville, TN
615 872 3716

Norfolk, VA
757 628 2303

Reston, VA
703 435 7078

Richmond, VA
804 527 2343

Rockville, MD
301 692 3025

SOUTHEAST

Atlanta, GA
404 224 5000

Birmingham, AL
205 871 3300

Charlotte, NC
704 344 4856

Gainesville, FL
352 378 2511

Greenville, SC
704 344 4856

Jacksonville, FL
904 355 4600

Marietta, GA
770 425 6700

Miami, FL
305 421 6208

Mobile, AL
251 544 0212

Orlando, FL
352 378 2511

Raleigh, NC
704 344 4856

Savannah, GA
912 239 9047

Tallahassee, FL
850 385 3636

Tampa, FL
813 490 6808
813 289 7996

Vero Beach, FL
772 469 2842

MIDWEST

Appleton, WI
414 259 8837

Chicago, IL
312 527 6482
312 621 4843
312 621 4704

Cleveland, OH
216 357 5921

Columbus, OH
614 326 4788

East Lansing, MI
517 349 3226

Grand Rapids, MI
248 735 7249

Green Bay, WI
414 259 8837

Milwaukee, WI
414 203 5248
414 259 8837

Minneapolis, MN
763 302 7131
763 302 7209

Moline, IL
309 764 9666

Pittsburgh, PA
412 645 8537
412 586 3524

Schaumburg, IL
847 517 3469

SOUTH CENTRAL

Amarillo, TX
806 376 4761

Austin, TX
512 651 1660

Dallas, TX
972 715 2194
972 715 6272

Denver, CO
303 765 1564
303 773 1373

Houston, TX
281 584 1672
281 584 1676
713 625 1017

McAllen, TX
956 682 9423

Mills, WY
307 266 6568

New Orleans, LA
504 581 6151

Oklahoma City, OK
405 232 0651

Overland Park, KS
913 498 4423
913 339 0800, ext. 108

San Antonio, TX
210 979 7470

Wichita, KS
316 263 3211

WESTERN

Aliso Viejo, CA
949 461 3996

Fresno, CA
559 256 6212

Las Vegas, NV
602 787 6235
602 787 6078

Los Angeles, CA
213 607 6300

Novato, CA
415 493 5210

Phoenix, AZ
602 787 6235
602 787 6078

Portland, OR
503 274 6224

Rancho/Irvine, CA
562 435 2259

San Diego, CA
858 535 1800
858 678 2130

San Francisco, CA
415 291 1567

San Jose, CA
408 436 7000

Seattle, WA
800 456 1415

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