CROWN CASTLE

2014

EMPLOYEE BENEFITS INFORMATION

YOUR GUIDE TO MAKING INFORMED HEALTHCARE DECISIONS

BENEFITS **PHILOSOPHY**

Crown Castle's benefits are a key element of your total rewards. We define total rewards to include a comprehensive compensation structure and benefits package which encompasses all of our benefits programs including medical coverage, dental coverage, vision coverage, life and disability coverage, personal time off, EAP, and our 401(k) program.

Our benefits philosophy creates a culture focused on total well-being with plans that balance the rising cost of health care with quality care and financial stability. Crown Castle wants to put you in the driver's seat of your own health care choices.

- You decide where and when to get health care services and how to spend health care dollars.
- You remain involved in the quality and cost of your health care, including making smarter choices.

The goals of our PPO Plans are to:

- Provide choices, allowing you to choose your doctors or specialists directly;
- Control costs, both for the employee and Crown Castle; and
- Guard against major health care expenses.

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ENROLLMENT AND ELIGIBILITY

ALL EMPLOYEES must enroll online using the Self Service Application of JDEdwards.

EMPLOYEES

Regular, full-time employees, working 15 hours or more per week are eligible. You may elect to enroll in the medical (including vision), dental, supplemental life insurance, spouse life, additional long-term disability, flexible spending accounts and accidental death and dismemberment plans.

You are automatically enrolled in the Basic Life Insurance, Disability Coverage and the Employee Assistance Program because the cost is fully paid by Crown Castle.

QUALIFYING LIFE EVENT

If you have a qualifying life event, you must notify Human Resources within 30 days of the event to change your benefits as needed.

Examples of a qualifying life event include: marriage, birth or adoption of a child, divorce, legal separation, ineligibility or death of dependent child, death of spouse, or if your spouse's employment changes in a way that affects your benefits and the benefits of your dependents.

DEPENDENTS

Dependents include your legal spouse and children to age 26. Your child does not have to be a full-time student, a tax dependent or unmarried to be covered by Crown Castle's medical and dental plans. Dependent children may continue to be covered until the end of the calendar month in which they attain age 26.

If any of your dependent children are mentally or physically handicapped, coverage may be extended beyond the age limits stated above. Details are available from the Human Resources Department.

Failure to answer truthfully and accurately, including without limitation to certification of eligible dependents, will adversely impact your benefits availability, including denial of coverage.

If you have a new dependent as a result of marriage, birth, or adoption, you are able to enroll your new dependent in your plan, **provided you request enrollment within 30 days of the event.**

If you are adding dependents you will need to go to the Dependent/Beneficiary section of JDEdwards and add your dependents prior to electing coverage for those dependents.

Crown Castle contributes a significant portion of the cost for the medical, vision and dental plans. Additionally, Crown Castle has established these plans as Section 125 plans. This allows you to make your medical and dental contributions on a pre-tax basis. In other words, the payroll deduction for these benefits reduces your taxable income, therefore creating a tax savings and increased take home pay for you. However, once an election is made on a pre-tax basis, **it cannot be changed until the next annual Open Enrollment unless you have a Qualifying Life Event.**

Need help selecting your employee benefits?

Meet alex®

ALEX® is YOUR personal benefits counselor.
Available 24/7, wherever you've got Internet access.

Using simple-to-understand terms, ALEX will explain the likely costs and advantages for each plan available to YOU, based on YOUR needs - so that you can make the best decision for you and your family.

Access Alex online by visiting www.alexforcrowncastle.com/2014.

CHOOSE **YOUR MEDICAL PLAN**

WHICH PLAN SHOULD I CHOOSE?

There are two types of Medical Plans to choose from: **The Consumer Driven Health Plan (CDHP PPO), and the Premier PPO Plan.** Choosing a medical plan requires a balance of quality services and costs. You decide which level of coverage and associated costs work best with your budget and your health care needs.

Need a hand figuring out which benefit plan to choose? Talk to Alex, the Crown Castle benefits expert, online at **www.alexforcrowncastle.com/2014.**

Consider what plan works best for your situation and any anticipated health care expenses for the coming calendar year. Factor in bi-weekly payroll deductions, deductible levels, copays, and other out-of-pocket payments to your annual health care budget.

- **Both plans are administered by Highmark BCBS.**
- **Both plans use the same PPO network.**

I Consumer Driven Health Plan (CDHP PPO)

LOWEST PREMIUM PAYROLL DEDUCTIONS, HIGHEST DEDUCTIBLE

The benefit of choosing a plan with a higher deductible and lower premium is that you have greater control over your money. You pay less for premiums (via payroll deductions), and therefore keep the dollars to cover your health care expenses. You manage your health care costs and the use of any extra dollars. If you are enrolled in the Health Savings Account (HSA), any unused funds can be kept in the account for future health care expenses.

While a higher deductible means a lower premium, you will be responsible for all out-of-pocket expenses until you meet the deductible and calendar year out-of-pocket maximum.

The CDHP PPO does not begin to cover eligible expenses until you meet the in-network deductible (except for certain preventive care services). As a reminder, the deductible is the amount that you must pay before the plan begins sharing expenses with you. You are responsible for having funds available to pay 100% of the medical expenses until you reach your plan's deductible. Once you reach the deductible, you and the plan share the cost of eligible medical expenses (coinsurance). As a reminder, the CDHP PPO pays 90% after the deductible and you pay 10% in most situations (except for certain preventive care services).

The out-of-pocket maximum protects you from catastrophic medical expenses you may experience during the year.

› To help offset the deductible:

If you completed a Health Risk Assessment and annual physical in 2013, Crown Castle will contribute $1,000 to your Health Savings Account if you enroll in employee only coverage and $2,000 to your Health Savings Account if you enroll dependents. Otherwise, Crown Castle will contribute $500 and $1,000, respectively.

› After you meet the $1,500 deductible if you cover just yourself, or the $3,000 deductible if you cover any dependents:

The plan pays 90% and you pay 10% as long as you are seeing a participating provider, up to a maximum calendar year out-of-pocket of $500 (individual) or $1,000 (family) in-network.

› There are no copays associated with this plan:

All services except for Preventive Services and Medications are subject to the calendar year deductible.

› There is no charge for preventive services from a participating provider:

The insurance plan pays 100% and you pay $0 for preventive services such as a routine physical exam, well-woman exam, well-child exam, immunizations and diagnostic tests related to your preventive exam (Pap test, mammogram, etc.).

› There is no charge for Preventive Medications (as defined by Highmark BCBS):

This list includes medications that can prevent blood clots, anti-seizure medications, asthma medications, cardiovascular and cholesterol lowering medications for the prevention of complications from high blood pressure and high cholesterol. This list also includes contraceptives and medications to prevent the worsening of Parkinson's symptoms and medications used to stimulate red and white blood cell counts after chemotherapy. Please consult Highmark BCBS for specific medications included on this list.

If you elect this plan, we suggest that you use your premium savings (the difference between the Premier PPO payroll deduction compared to the CDHP PPO payroll deduction) to contribute to a HSA for future out-of-pocket medical costs.

CONTROLLING COSTS

Crown Castle offers the CDHP PPO to help control sharply increasing medical costs. The design encourages you to be a savvy consumer of your medical dollars. Just as you would shop for price and quality for other products and services, you should do the same for prescription drugs and medical services. In the end, it will save both you and Crown Castle money for the same outcome.

Preventive care is an essential factor in reducing overall health care expenses. Preventive care (such as routine physical exams, well-woman exams, well-child exams, immunizations and mammograms) are provided at no cost to you under the CDHP PPO when you receive services from a provider that participates in the plan.

2 Premier PPO

HIGHEST PREMIUM PAYROLL DEDUCTIONS, LOWEST DEDUCTIBLE

With a higher premium (via payroll deductions), you commit more money for premiums, which lowers the deductible level.

With the Premier PPO plan there is no deductible to meet. The plan pays 100% of most services. You are responsible for a $20 copay for most office visits and copays from $10 to $40 for each and every prescription. You are responsible for the cost difference if a generic drug is available when you or your doctor specify a brand name drug.

If you typically have a certain lower level of medical expenses (i.e., you don't meet the deductible or out-of-pocket maximum under the CDHP PPO) you may potentially overpay in premiums under the Premier PPO, as compared to the CDHP PPO.

- **No In-network Deductibles:**

  There is no deductible for in-network services and in-network services (other than office visits and prescriptions) are generally paid in full by Highmark BCBS.

- **There are copays associated with this plan:**

  You will pay a $20 copay for every office visit with a participating provider excluding office visits for preventive care.

  You will pay a $10 copay per generic prescription, a $20 copay for preferred brand name medications and a $40 copay for non-preferred brand name medications, at participating pharmacies. You are responsible for the difference when a generic drug is available anytime you or your doctor specifies a brand drug.

MEDICAL PLAN SUMMARY

Highmark BlueCross Blueshield
800.811.0391
www.highmarkbcbs.com

	CDHP PPO		PREMIER PPO	
	PPO	Non-PPO[1]	PPO	Non-PPO[1]
Lifetime Maximum Benefit	Unlimited	**Unlimited**	Unlimited	**Unlimited**
Crown Castle Annual Contribution to Health Savings Account (HSA)				
Employee	$1,000	$1,000	None	None
Family	$2,000	$2,000	None	None
Calendar Year Deductible				
Individual	$1,500	$3,000	None	$300
Family	$3,000[4]	$6,000[4]	None	$600[4]
Hospital Admission				
Inpatient	90% after deductible	70% after deductible	100%	80% after deductible
Calendar Year Out-of-Pocket Max[2]				
Individual	$500	$1,000	None	$2,500
Family	$1,000	$2,000	None	$5,000
Coinsurance Percent	90% after deductible	70% after deductible	100%	80% after deductible
Office Visits	90% after deductible	70% after deductible	$20 copay	80% after deductible
Preventive Care				
Routine Physical Exam	100%	Not covered	100%	Not covered
Routine GYN Exam and PAP Test	100%	70% deductible waived	100%	80% deductible waived
Mammography	100%	70% after deductible	100%	80% after deductible
Adult Immunizations	100%	70% after deductible	100%	80% after deductible
Pediatric Routine Physical Exam	100%	Not covered	100%	Not covered
Pediatric Immunizations	100%	70% deductible waived	100%	80% deductible waived
Emergency Room	90% after deductible	90% after deductible	$100 copay	$100 copay
Diagnostic Testing (lab, x-ray)	90% after deductible	70% after deductible	100%	80% after deductible
Ambulance	90% after deductible	90% after deductible	100%	100%
Physical, Speech, Occupational Therapy, Spinal Manipulation (see policy for limitations)	100% after deductible	70% after deductible	$20 copay	80% after deductible
Prescription Drugs	**At Participating Pharmacies**	**At Participating Pharmacies**	**At Participating Pharmacies**	**At Participating Pharmacies**
Retail Pharmacy				
Preventive	100%, deductible waived	100%, deductible waived	N/A	N/A
Generic	10% after deductible	10% after deductible	$10 copay	$10 copay
Brand Name	20% after deductible[3]	20% after deductible[3]	$20 copay[3]	$20 copay[3]
Non-formulary Brand	30% after deductible[3]	30% after deductible[3]	$40 copay[3]	$40 copay[3]
Mail Order - 90-day supply	Same as Retail	Same as Retail	2x Retail copay[3]	2x Retail copay[3]

1 Out-of-Network charges are subject to UCR (usual, customary, and reasonable) limitations.

2 Calendar Year Out-of-Pocket Maximum does not include deductibles, copays, Rx copays, penalties, amounts over UCR and exclusions.

3 You are responsible for the difference when a generic drug is available anytime you or your doctor specifies a brand drug.

4 The entire family deductible must be met before benefits are payable for anyone in the family if a member elects to cover dependents.

SEEKING URGENT MEDICAL ATTENTION

It's second nature for many of us to go straight to the emergency room if we're suddenly sick or injured – a smart idea in many cases. But what if you have an urgent, but non-life threatening medical issue like a broken arm, sprained ankle, cut that needs stitches or strep throat? If you don't want a long ER wait time or a hefty hospital bill, there are quicker and more affordable treatment options available at your local urgent care center or walk-in clinic.

Many of the urgent care centers or walk-in clinics are open 7 days a week – even nights, weekends and holidays – with no appointment necessary. That makes them a convenient option for common ailments and accidents. Plus, when you opt for care from an urgent care or walk-in clinic, the savings in time and money can really add up!

REASONS TO TRY URGENT CARE OR WALK-IN CLINICS

- **No appointment needed:** Just walk right in!
- **Convenient hours:** Some clinics are open seven days a week with extended evening and weekend hours.
- **Quicker care:** The average ER wait time tops 3 hours, while clinic visits are generally 1 hour or less.
- **Lower prices:** Clinics give you an affordable alternative to the ER. It is not unusual to have an ER visit cost up to 7 times the cost of an Urgent Care visit.

FINDING AN URGENT CARE OR WALK-IN CLINIC

Get familiar with the urgent care or walk-in clinics in your neighborhood before you need them. Here's how to get a list of participating providers:

- Go to **www.Highmarkbcbs.com**
- Click **Find A Doctor, Hospital or Other Medical Provider.**
- Click on **I Want to Find** tab and select **Urgent Care Center and Retail Clinic.**
- Enter your Zip Code or City and how many miles away from that location that you want to search.
- Under **Do You Have a Community Blue Plan** select **No.**
- Under **Select a Plan** select **BCBS PPO.**
- Click **Submit.**

CALL 911 FOR EMERGENCIES

If your medical need is critical – for example, chest pain, trouble breathing, excessive bleeding or other symptoms that are serious or put your life at risk – you should call 911 or immediately go to your local hospital Emergency Room.

MANAGING **YOUR HEALTHCARE EXPENSES**

Crown Castle medical plans focus on a balance between looking out for your financial well-being while providing a safety net to minimize any financial hardship. It is important to set aside money for both expected and unexpected health care costs because you will pay for a portion of your health care expenses with money out of your own pocket on whichever health plan you choose. Crown Castle provides savings and spending plans for this purpose: the Health Savings Account (HSA) for those enrolled in the CDHP PPO, and the Health Care Flexible Spending Account (FSA) for those enrolled in the Premier PPO plan.

The CDHP PPO is different than the traditional Premier PPO plan. This means that you have the benefit of protection against unforeseen events while avoiding higher payroll deductions that essentially "pre-pay" for health care services that may or may not actually be used. On the CDHP PPO you will see savings from lower payroll deductions compared to the Premier PPO. It is a good idea to use your payroll deduction savings to contribute to a HSA. Contributing to the HSA allows you to capture savings for future health care expenses and pay for day-to-day medical expenses with pre-tax dollars. Crown Castle will also make a significant contribution to your HSA in the amount of $1,000 if you enroll in employee only coverage, or $2,000 if you enroll dependents.

The payroll deductions for traditional insurance plans, such as our Premier PPO, include charges for medical services that you may or may not use. When you don't use those services, you don't get your payroll deductions back. Our Premier PPO plan is similar to your car insurance or your homeowner's insurance. You pay the same payroll deduction whether or not you file a claim.

Health Savings Accounts (HSAs)

IMPORTANT FACTS TO CONSIDER ABOUT HSAs

A Health Savings Account (HSA) enables you to save on taxes and save and invest your health care dollars. An HSA may be an effective financial choice for you in 2014.

ELIGIBILITY

You can only enroll in the HSA if you are enrolled in the Crown Castle CDHP PPO in 2014.

MAXIMUM ANNUAL CONTRIBUTION

For 2014 the annual maximum HSA contribution is $3,300 for employee coverage and $6,550 for family coverage. Family coverage means you cover one or more dependents. For individuals age 55 & older, there is a catch-up contribution allowed for 2014 in the amount of $1,000. The contribution limits include both contributions made by the employee and by Crown Castle. These limits are updated on an annual basis by the IRS.

PRETAX CONTRIBUTIONS

HSA contributions lower your taxable income. You will save federal, state (if applicable) and FICA taxes. For your convenience, payroll deductions can be set up to automatically allocate funds to your HSA. In addition, you are not taxed on the HSA contributions that Crown Castle makes to the HSA on your behalf.

STARTING, STOPPING OR CHANGING YOUR HSA CONTRIBUTIONS

You may start, stop, increase or decrease automatic payroll contributions on a monthly basis.

ACCOUNT BALANCE

You can spend up to the balance in your account at all times. There are no overdrafts. If you need a medical service that costs more than you have in your account, you will have to pay for it with other funds. You can later seek reimbursement for funds paid out from another source once the HSA has added funding.

DEPENDENTS

You may use your HSA for qualified medical, dental and vision expenses for dependents who meet the definition of a dependent for IRS tax purposes.

Highmark BlueCross Blueshield

800.811.0391

www.highmarkbcbs.com

USE CAUTION WHEN COORDINATING TWO MEDICAL COVERAGES

You must be enrolled in a Qualified High Deductible Health Plan, like the CDHP PPO offered by Crown Castle, to be eligible to contribute to a HSA, and have no other coverage. The only exception to other coverage is another Qualified High Deductible Health Plan. Having dual medical coverage (which includes a FSA) may invalidate your tax exempt status for your HSA. Contact a qualified tax advisor for additional advice on this subject.

MEDICARE IMPACT ON HSAS

When you enroll in Medicare you are no longer eligible to make contributions or receive contributions into a HSA. However, any funds remaining in your HSA may still be used to pay for eligible medical expenses.

FUND REQUESTS

You have more convenience and control over how you obtain money from your account. You can choose from these options:

- Use the Highmark website to identify claims you are responsible for paying, then simply click to submit the claims electronically to your account for reimbursement.
- Elect to have all claims automatically submitted electronically to your account for reimbursement, with payment directly to your provider of service if you wish–no further action is required on your part.
- Use a debit card to withdraw funds from your account to pay for your health care expenses.
- Submit an online claim to withdraw funds out of your HSA for dental or vision expenses.

ACCOUNT PORTABILITY

HSAs are fully portable which means that you keep the account funds even if you change medical plans, retire or leave Crown Castle.

BALANCE ROLLOVER

Money deposited into your HSA remains in the account and rolls over from one year to the next. This means you may use the HSA as a long-term health care savings plan if you don't need the money for immediate health care needs. Once the balance in your HSA account reaches $500 you may invest the balance in excess of $500 in a variety of mutual funds.

TAX AND REPORTING

Withdrawals you make from your HSA are not taxed as long as the funds are used to pay for eligible health care and dental and vision services as defined by the IRS. Make sure you save all receipts in case you are ever asked to verify your expenses for tax purposes.

PRETAX PAYROLL CONTRIBUTIONS

Payroll deductions are taken on a pre-tax basis, which lowers your taxable income (so you pay less in taxes). You will save federal, state and FICA taxes.

DOCUMENTATION

Make sure to save your receipts in case you are asked to verify your expenses for tax purposes. There are tax penalties if your HSA funds are used for non-qualified expenses.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to set aside pretax dollars to pay for eligible expenses. If you are enrolling for the first time or are changing your contribution amount to either FSA, you must complete the entire enrollment process. **You are not eligible to enroll in the Health Care FSA if you are enrolled in the CDHP PPO with Crown Castle.** Please see below for 2014 maximum allowable contribution. There are 2 types of Flexible Spending Accounts:

HEALTH CARE (MEDICAL) FSA

The Health Care (Medical) FSA covers eligible out-of-pocket health care costs for you and your family. Copays, deductibles, and coinsurance and other approved items that are not covered by your medical plan, dental plan or vision plan are eligible for reimbursement.

The maximum contribution allowed for 2014 is $2,500. If both you and your spouse work for Crown Castle then each of you can enroll in separate accounts with a combined maximum of $5,000. You can use the account to cover expenses for any dependents you claim on your income tax return.

You can participate in the Medical FSA even if you do not participate in the Crown Castle Medical and Dental plans; however, if you are not enrolled in the Crown Castle Premier PPO plan, you will not be able to use the BennyCard for prescription purchases. The BennyCard is a pre-authorized debit card that you can use for medical and dental copays. There is no charge for the BennyCard. **The Medical FSA may not be used with the CDHP PPO.**

Over-the-counter drugs are eligible for reimbursement through a Medical FSA only with a doctor's prescription and if a paper claim is filed. Additional program information can be located on the CCIshare homepage.

If you are electing to participate in the Medical FSA for Orthodontic services in 2014, please plan carefully and complete the Orthodontic worksheet located on CCIshare with payment and services information for your Orthodontic provider prior to enrolling. The use of a Medical FSA for Orthodontic services can only be reimbursed under the Medical FSA plan as the expenses are incurred. Your FSA cannot be used to pay for services up front and/or before services are incurred and billed.

Account Balance
Your entire annual contribution is available beginning January 1st, or the first day you become benefit eligible.

DEPENDENT CARE FSA

The Dependent Care FSA is not for covering medical expenses for your dependents. The **Dependent Care FSA** lets you set aside pre-tax dollars from each paycheck to pay for eligible expenses for your children or other dependents who need care while you and your spouse are at work. **For 2014, the maximum contribution limit is $5,000.** A dependent is a child under age 13 who qualifies as a tax dependent, children 13 or older with a disability, or any tax dependents, including your spouse or parents, who have a physical or mental inability to care for themselves. You can be reimbursed for dependent care necessary for you to be able to work if:

- You are single with eligible dependents.
- You are married and your spouse is a wage earner, a full-time student for at least five months during the year, or disabled and unable to provide for his or her own care.

Account Balance
Funds in this account are available in a pay-in/pay-out basis. You only have access to the current balance in your account.

IMPORTANT FACTS TO CONSIDER ABOUT FSAs

DEPENDENTS

You may use Medical FSA funds for medical expenses of dependents who meet the definition of a dependent for IRS purposes.

PRETAX PAYCHECK CONTRIBUTIONS

Payroll deductions are taken on a pre-tax basis, which lowers your taxable income (so you pay less in taxes). You will save federal, state and FICA taxes.

CHANGING CONTRIBUTIONS

You cannot change the amount you contribute to your FSA during the year unless you experience a qualifying life event. The life event must be consistent with the change you are requesting.

USE IT OR LOSE IT

There is no balance roll-over. It is a "use it or lose it" account. Funds that are not used by the end of the year will be forfeited, so be careful when choosing the amount you want to contribute. Be sure to note the Year-End Submission Guidelines listed under Account Balance.

YEAR-END SUBMISSION GUIDELINES

Claims against your 2014 balance must be incurred between January 1, 2014 and March 15, 2015. These claims must be submitted for reimbursement no later than May 15, 2015 to be used against your 2014 account balance.

VISION PLAN

Davis Vision
800.999.5431
www.davisvision.com

Summary

The Vision Plan, administered by Davis Vision, is included as part of the Medical Plan benefits and offers a large network of providers across the country.

The plan pays a specified amount for covered vision expenses when you receive in-network vision care. In-network providers have agreed to provide services to participants at reduced or contracted fees.

- **Annual eye exams are covered at 100%.**
- **Annual replacement of spectacle lens, frames, and contact lenses (in lieu of glasses) are covered up to certain allowances.**
- **Value-added features include one-year breakage warranty and laser vision correction discount.**
- **All participants will receive a Davis Vision ID card.**
- **Out-of-network services should be paid out-of-pocket and a claim form filed for reimbursement.**
- **A Davis Vision claim form can be located on the CCIshare Human Resources page.**

The plan will pay the same amount to an out-of-network provider. However, out-of-network providers have not agreed to the reduced fees, therefore, the remaining balance is the participant's responsibility.

You can locate a participating provider at the Davis Vision website at **www.davisvision.com** or call **1-800-999-5431.**

FASHION ADVANTAGE PLAN

Eye Exam - One per calendar year (with dilation and contact lenses evaluation and fitting)	Included
Spectacle Lenses - every 12 months	Included
Frame - every 12 months	
In-Network Retail Allowance	$150
Exclusive Collection of Frames (in lieu of Frame Allowance)	
Fashion (up to $100 retail value)	Included
Designer (up to $175 retail value)	$20
Premier (up to $200 retail value)	$40
Contact Lenses - every 12 months (in lieu of eyeglasses)	
Elective Allowance	$150[1]
1 Pair of Standard Contact Lenses	Included
Medically Necessary (with prior approval)	Included
Value Added Features	
One year Breakage Warranty	Included
Lens 1-2-3 Membership	Included
Laser Vision Correction Discount	Included
Low Vision Coverage	Included

1 Can be applied toward disposable or specialty contact lenses (including extended wear, hard/soft bifocal and gas permeable lenses).

2 Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions[3] +/-6.00 diopters.

SPECTACLE LENS OPTIONS

May be selected at the point-of-service and are available at fixed, significantly discounted prices.

Fashion and Gradient Tinting of Plastic Lenses	$15
Glass-Grey #3 Prescription Sunglasses	$15
Ultraviolet Coating	$15
Scratch Resistant Coating	$20
Polycarbonate Lenses[2]	$0 or $35
Blended Segment Lenses	$20
Intermediate Vision Lenses	$30
Standard Progressive Addition Lenses (PALs)	$65
Premium PALs (Varilux™, etc.)	$105
Corning™ Photochromic Lenses	$20
Plastic Photsensitive Lenses	$70
Polarized Lenses	$75
Standard Anti-Reflective Coating (ARC)	$40
Premium ARC	$55
Hi-Index Lenses	$60

DENTAL PLAN

Cigna
800.CIGNA24
www.mycigna.com

Summary

The Dental PPO Plan, administered by CIGNA, offers you the largest network of providers in the country. The Plan pays a specified amount for covered dental expenses when you receive dental care in-network. In-network providers have agreed to provide services to participants at reduced or contracted fees.

- **The Crown Castle group number is 3217116.**
- **No ID cards are needed, use only your Social Security number.**

  If you wish to have an ID card with a unique member ID, you can access and print this ID card at www.mycigna.com.
- **Preventative care is covered at 100%.**
- **Basic restorative is covered at 80% after deductible.**
- **Major restorative is covered at 50% after deductible.**
- **Deductible is $50 individual/$150 family.**
- **Calendar year maximum is $2,000 per person.**
- **Orthodontia maximum is $2,000 per covered member per lifetime.**
- **A CIGNA Dental claim form can be located on the CCIshare Human Resources page.**

The Plan will pay the same amount to an out-of-network provider. However, out-of-network providers have not agreed to the reduced fees, therefore, the remaining balance is the participant's responsibility.

You can locate a participating provider at the CIGNA website at **www.mycigna.com** or call **1-800-CIGNA24.**

PPO DENTAL PLAN

	In-Network	Out-of-Network
Calendar Year Maximum – Class I, II, and III Expenses	$2,000	$2,000
Calendar Year Deductible Individual Family	 $50 per person $150 per family	 $50 per person $150 per family
Class I Expenses – Preventive & Diagnostic Care Oral Exams; Cleanings (2 per Calendar Year) Full Mouth X-rays (1 complete set per every 3 Calendar Years) Bitewing X-Rays (2 per Calendar Year) Panoramic X-Rays (1 per every 3 Calendar Years) Fluoride Application (1 per Calendar Year for persons under age 19) Sealants (limited to posterior teeth only for persons under age 14) (limited to 1 per tooth every 3 Calendar Years) Space Maintainers (limited to non-orthodontic treatment for persons under age 19) Emergency Care to Relieve Pain	100%; No Deductible	100%; No Deductible Emergency services are paid at In-Network levels.
Class II Expenses – Basic Restorative Care Fillings; Root Canal Therapy; Osseous Surgery; Periodontal Scaling and Root Planing; Denture Adjustments and Repairs; Extractions; Anesthesia; Oral Surgery	80% After Deductible	80% After Deductible
Class III Expenses – Major Restorative Care Crowns; Dentures; Bridges	50% After Deductible	50% After Deductible
Class IV Expenses – Orthodontia Orthodontia is covered for both adults and children Lifetime Maximum	 50% After Deductible $2,000	 50% After Deductible $2,000
Missing Tooth Provision	Individual is not covered until insured for 24 months; thereafter covered as a Class III expense.	
Pretreatment Review	Available on a voluntary basis when extensive dental work in excess of $200 is proposed.	

INCOME PROTECTION BENEFITS

All Life, AD&D, and Disability coverages are with Lincoln Financial Group.

BASIC LIFE INSURANCE

- Cost is paid entirely by Crown Castle.
- Benefit is 1 ½ times your base annual earnings up to a maximum of $750,000.
- Benefit reduces to 65% of your coverage amount at age 65 and 50% of your coverage amount at age 70.
- Coverage is intended to supplement, not replace, other life insurance coverage you might have.

SUPPLEMENTAL LIFE INSURANCE

- Cost is paid entirely by you on an after-tax basis.
- Rates are based on your age and are located on page 18 in this booklet.
- You can purchase this coverage in increments of $10,000 to a maximum of the lesser of 5 times your base annual earnings or $500,000 rounded to the next lower $10,000.
- Benefit reduces to 65% of your coverage amount at age 65 and 50% of your coverage amount at age 70.
- A health questionnaire is required if you are not currently enrolled in this coverage OR if you are increasing your coverage during the Open Enrollment period.
- The payroll deduction (or increased payroll deduction) will not be adjusted until approved by Lincoln Financial Group.

SPOUSE LIFE INSURANCE

- You must be enrolled in Supplemental Life with a minimum of 1 times your annual salary in order for your spouse to be enrolled in this coverage.
- Cost is paid entirely by you on an after-tax basis.
- Rates are based on age and are located on page 18 in this booklet.
- You can purchase coverage on your spouse in increments of $5,000 not to exceed 50% of the employee's supplemental life insurance coverage amount. In no case may your spouse have more than $125,000 in coverage.
- Benefit reduces to 65% of the coverage amount at age 65 and coverage terminates when your spouse turns 70.
- A health questionnaire is required if your spouse is not currently enrolled in this coverage OR if your spouse is increasing coverage during the Open Enrollment period.
- The payroll deduction (or increased payroll deduction) will not be adjusted until approved by Lincoln Financial Group.

CHILD LIFE INSURANCE

- You must be enrolled in Supplemental Life with a minimum of $10,000 in order for your child to be enrolled in this coverage.
- Cost is paid entirely by you on an after-tax basis.
- Rates are located on page 18 in this booklet. The rate is the same without regard to the number of children insured.
- You can purchase coverage on your child or children in the amount of $5,000 or $10,000. This benefit amount would be paid out provided your child is between 6 months to 26 years (up to 26 years as long as the child is not working full time themselves, married or in the military).
- The benefit for children from age 14 days to 6 months is $250.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

- You pay 100% of the cost of this coverage on an after-tax basis.
- You can purchase coverage on yourself in increments of $10,000 up to a maximum of the lesser of 10 times your base annual earnings or $500,000.
- The coverage will provide a benefit in the event of an accident that results in your death or dismemberment.
- The cost of this coverage is $0.02 per $1,000 of coverage.
- This insurance is not payable for self-inflicted occurrences nor for death in the course of a felony or act of war.
- Rates are located on page 18 in this booklet.

SHORT TERM DISABILITY

- Employees are eligible to participate six (6) months after their date of hire.
- Benefits begin on the 8th day of disability (after a 7 day waiting period) for either a non-job related illness or accident.
- Pays you 60% of your basic weekly earnings for up to 26 weeks.
- This benefit is offset by any state provided disability benefits for which you may be eligible.
- Crown Castle provides this benefit to employees at no charge.

LONG TERM DISABILITY

- Benefits begin after you have been disabled for 26 weeks (180 days).
- Pays you 50% of your basic monthly earnings up to a monthly maximum of $12,500.
- Pays you up to age 65 depending on the severity of your disability.
- Maximum benefit period is reduced if you become disabled after age 60.
- Benefits are offset by any Social Security benefit for which you may become eligible.
- Crown Castle provides this benefit to employees at no charge.

ADDITIONAL LONG TERM DISABILITY

- Pays you an additional 20% of your basic monthly earnings up to a monthly maximum of $17,500.
- Brings your total income replacement to 70% of your basic monthly earnings.
- Cost is 100% paid by the employee on an after-tax basis.
- Rates are located on page 18 in this booklet.

401(K) RETIREMENT PLAN

Plan is administered through Charles Schwab.

 800.724.7526

 www.schwab.com/workplace

- Employees must be 21 years of age and have completed 3 months of service in order to be eligible to participate.
- Employees can enroll and make adjustments to their 401(k) plan contribution monthly throughout the year.
- For 2014 the IRS limit is anticipated to be $17,500 for employees under age 50 and $23,000 for employees age 50 & older. The Crown Castle limit is based on the IRS limit. If the 2014 limits are increased by the IRS, Crown Castle will modify our limits to the IRS maximums.
- The Plan includes a 100% **base match** on the first 3% of your 401(k) salary deferral. The base match, on your first 3%, is automatic and is made with each payroll contribution you make to the plan.
- The Plan includes the potential for a **discretionary match** based on annual Board approval. The discretionary match (if approved) will match 100% on the second 3% of your salary deferral. The discretionary match is made in a lump sum to applicable 401(k) accounts following Board approval in the first quarter of each calendar year.
- We strongly encourage our employees to invest in their retirement future and to contribute at least 6% to the 401(k). By contributing 6% to the 401(k) you could be saving a total of 12% (your contribution, the base match and the possible discretionary match).
- The company match vests 33% after one year of service; 67% after 2 years of service; and 100% after 3 years of service.
- The Plan offers 14 investment options and the Personal Choice Retirement Accounts, providing access to the thousands of individual trades stocks or funds in Charles Schwab's menu of investments.
- Changes to your contributions can be made monthly at **www.schwab.com/workplace** or by calling a Customer Service Representative at **1-800-724-7526 (800-SCH-PLAN).**
- If you have not completed a salary deferral agreement by the time you become eligible to make 401(k) contributions, Crown Castle will automatically withhold 3% of your compensation from your paycheck each payroll period and will contribute that amount to the plan as a 401(k) contribution. If you elect to defer 0% you will not be subject to automatic enrollment.

529 COLLEGE SAVINGS PLAN

Plan is offered through Alliance Bernstein Investments.

 888.324.5057

 www.collegeboundfund.com

- This plan is an investment option that allows you to save via payroll deductions for qualified educational expenses for your children or grandchildren.
- Your investment earnings are tax-deferred and become tax-free when used to pay for qualified educational expenses.
- Alliance Bernstein offers the largest number of investment options available, a great website and the highest contribution limit.
- You have a choice of 5 portfolio options that vary in terms of aggressiveness and age emphasis (number of years until the beneficiary is of college age).
- For more information go to **www.collegeboundfund.com.**

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Plan is administered through Guidance Resources.

800.272.7255

www.guidanceresources.com

All Crown Castle employees and their dependents have access to an Employee Assistance Program (EAP). Your EAP offers professional and confidential counseling services designed to help address the personal concerns and life issues you may be facing. This service, staffed by experienced clinicians, is available to you by calling 1-800-272-7255, a toll-free phone line 24 hours a day, seven days a week. A clinician is available anytime to listen to your concerns and refer you to either local resources in your home community or other expert counselors that can address your issues. Your EAP can help you deal with a variety of personal concerns, including but not limited to:

- Alcohol and drug abuse
- Grief and loss
- Child care/Elder care
- Job pressures
- Depression
- Legal issues
- Eating disorders
- Marital/Family conflicts
- Financial questions
- Stress and anxiety
- Tobacco cessation

There is also a website available for you and your dependents to access information on the subjects mentioned above: **www.GuidanceResources.com.** The Crown Castle Web ID is CCSL112. There is no cost to employees for this benefit. The EAP is entirely sponsored by Crown Castle and is **completely confidential.**

BENEFICIARY CONNECT SERVICES

800.580.0576

Lincoln Financial BeneficiaryConnect Services provides confidential grief counseling, related legal and financial counseling services to life insurance beneficiaries and those receiving an accelerated death benefit and their immediate family members at no cost. This free service provides unlimited telephonic grief counseling for up to one year with Masters Degree level professionals. BeneficiaryConnect also provides unlimited telephonic advice for grief related legal questions and up to six (6), 30 minute face-to-face sessions. The legal services provided can include a simple will, living will, medical directive or durable power of attorney for health care. If additional services are required, network attorneys offer a 25% reduction in customary legal fees.

Additional BeneficiaryConnect services include:

- Providing financial education materials.
- Assisting with planning a funeral or memorial service.
- Assisting with locating support services such as household repairs and child and elder care referrals.

This service is available by calling 1-800-580-0576. There is no additional cost to employees for this benefit. This program is entirely sponsored by Crown Castle. Additional program information can be located on the CCIshare Human Resources page.

YOUR COSTS PER PAYCHECK

MEDICAL AND VISION COVERAGE

	CDHP PPO	PREMIER PPO
Employee Only	$26.43	$50.89
Employee and Child(ren)	$66.36	$125.26
Employee and Spouse	$73.24	$139.18
Family	$82.79	$158.52
Employee and Working Spouse	$133.24	$199.18
Family and Working Spouse	$142.79	$218.52

CHILD(REN) DEPENDENT LIFE

COVERAGE LEVEL	BI-WEEKLY FLAT RATE
$5,000	$0.32
$10,000	$0.65

ADDITIONAL LONG TERM DISABILITY BUY-UP COVERAGE

	MONTHLY RATE PER $100 OF BUY-UP COVERAGE
20% Additional (70%)	$0.30

DENTAL COVERAGE

	PPO
Employee Only	$3.30
Employee and Child(ren)	$8.20
Employee and Spouse	$11.00
Family	$21.00

SUPPLEMENTAL LIFE – EMPLOYEE AND SPOUSE RATES

AGE	MONTHLY COST PER $1,000
under age 30	$0.08
30 - 34	$0.09
35 - 39	$0.10
40 - 44	$0.13
45 - 49	$0.22
50 - 54	$0.36
55 - 59	$0.66
60- 64	$1.02
65 - 69	$1.85
70 - 74	$3.31

SURCHARGES

WORKING SPOUSE SURCHARGE

Providing employee benefits is a significant cost of doing business. As the cost of providing medical benefits escalates, it becomes critical that each employer is responsible for the cost of providing medical benefits to its own employees.

In an effort to ensure that costs are assigned to the correct employer, and if your spouse is employed on a full time basis by an employer who offers medical insurance to its employees, your spouse must be enrolled in that employer's medical insurance.

The Working Spouse Surcharge is mandatory. If your spouse is employed full-time and coverage at his/her employer is available but not utilized, you will be charged a working spouse surcharge of $60 per pay to your employee contribution. We recognize that this answer is voluntary. However, falsification of your spouse's working status may result in denial of coverage for medical services.

SMOKER SURCHARGE

Employees who smoke cigarettes, cigars, pipes, or chew smokeless tobacco will be charged a $15 Smoker Surcharge each pay. Employees who smoke and elect to participate in a smoking cessation program sponsored by Crown Castle in 2014 will not have to pay the Smoker Surcharge.

Crown Castle implemented the Smoker Surcharge for the following key reasons:

- To incent employees who smoke to quit smoking and be healthier.
- To offset the estimated $3,400 in additional medical costs to cover a smoker as compared to a non-smoker.

CONTACT NUMBERS

2014 PLAN PROVIDERS

PLAN	PROVIDER	MEMBER SERVICE
Medical Care **CDHP PPO and Premier PPO**	Highmark Blue Cross Blue Shield	1-800-811-0391 www.highmarkbcbs.com
Express Scripts Prescription **Mail Order Service**	Highmark Blue Cross Blue Shield	1-800-903-6228 www.express-scripts.com
Dental Care	CIGNA PPO	1-800-CIGNA24 (1-800-244-6224) www.mycigna.com
Vision Care	Davis Vision	1-800-999-5431 www.davisvision.com
401(k)	Charles Schwab	1-800-SCH-PLAN (1-800-724-7526) www.schwab.com/workplace
Life Insurance and Disability Coverage	Lincoln Financial Group	Call Human Resources 724-416-2446
Beneficiary Connect	Lincoln Financial Group	1-800-580-0576
Flexible Spending Accounts/Benny Card **Health Savings Accounts**	Highmark FSA/Benny Card Balance HSA Account Balance	1-800-811-0391 www.highmarkbcbs.com
Employee Assistance Program	ComPsych Company ID: CCSL112	1-800-272-7255 www.GuidanceResources.com
529 College Savings Plan	Alliance Bernstein	1-888-324-5057 www.collegeboundfund.com

HUMAN RESOURCES CONTACTS

Director of Benefits and HRIS	Heather Wynnik 724-416-2307
Benefits and HRIS Supervisor	Jennifer Alward 724-416-2559
HRIS Staffing Administrator	Kristina Kletch 724-416-2661
HR Administrator	Joy Abram-Braden 724-416-2446

MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the following page, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at **www.askebsa.dol.gov** or by calling toll-free **1-866-444 -EBSA (3272).**

If you live in one of the States listed on the following page, you may be eligible for assistance paying your employer health plan premiums. The list of States is current as of July 31, 2012. You should contact your State for further information on eligibility.

To see if any more States have added a premium assistance program since July 31, 2012, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565

ALABAMA – Medicaid Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	**NEW HAMPSHIRE – Medicaid** Website: www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
ALASKA – Medicaid Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	**NEW JERSEY – Medicaid and CHIP** Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
ARIZONA – CHIP Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	**NEW YORK – Medicaid** Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
COLORADO – Medicaid and CHIP Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943	**NORTH CAROLINA – Medicaid** Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
FLORIDA – Medicaid Website: https://www.flmedicaidtplrecovery.com/ Phone: 1-877-357-3268	**NORTH DAKOTA – Medicaid** Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604
GEORGIA – Medicaid GEORGIA – Medicaid Website: http://dch.georgia.gov/ - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150	**OKLAHOMA – Medicaid and CHIP** Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
IDAHO – Medicaid and CHIP Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588	**OREGON – Medicaid and CHIP** Website: http://www.oregonhealthykids.gov http://hijosaludablesoregon.gov Phone: 1-877-314-5678
INDIANA – Medicaid Website: http://www.in.gov/fssa Phone: 1-800-889-9948	**PENNSYLVANIA – Medicaid** Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462
IOWA – Medicaid Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	**RHODE ISLAND – Medicaid** Website: www.ohhs.ri.gov Phone: 401-462-5300
KANSAS – Medicaid Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884	**SOUTH CAROLINA – Medicaid** Website: http://www.scdhhs.gov Phone: 1-888-549-0820
KENTUCKY – Medicaid Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	**SOUTH DAKOTA - Medicaid** Website: htts://dss.sd.gov Phone: 1-888-828-0059
LOUISIANA – Medicaid Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447	**TEXAS – Medicaid** Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493
MAINE – Medicaid Website: http://www.maine.gov/dhhs/ofi/public-assistance/ Phone: 1-800-977-6740 TTY: 1-800-977-6741	**UTAH – Medicaid and CHIP** Website: http://health.utah.gov/upp Phone: 1-866-435-7414
MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	**VERMONT– Medicaid** Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
MINNESOTA – Medicaid Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 800-657-3629	**VIRGINIA – Medicaid and CHIP** Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	**WASHINGTON – Medicaid** Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-800-562-3022 ext. 15473
MONTANA – Medicaid Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084	**WEST VIRGINIA – Medicaid** Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 1-800-383-4278	**WISCONSIN – Medicaid** Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
NEVADA – Medicaid Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	**WYOMING – Medicaid** Website: http://www.health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531

IMPORTANT INFORMATION ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

IMPORTANT NOTICE FROM CROWN CASTLE USA, INC. ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Crown Castle and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

Crown Castle has determined that the prescription drug coverage offered by Highmark BCBS is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your Crown Castle coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under Highmark BCBS is creditable (e.g. as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Crown Castle prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Crown Castle and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage, Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Crown Castle changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage, More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage,

- Visit **www.medicare.gov.**
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call **1-800-MEDICARE (1-800-633-4227).** TTY users should call **1-877-486-2048.**

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov,** or call them at **1-800-772-1213 (TTY 1-800-325-0778).**

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicaredrug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 10/01/2013
Name of Entity/Sender: Crown Castle USA, Inc.
Contact/Office: Heather Wynnik
Address: 2000 Corporate Drive, Canonsburg, PA 15317
Phone Number: 724-416-2307

SPECIAL NOTICES

WOMEN'S HEALTH ACT

The Women's Health and Cancer Rights Act of 1998 requires that all health insurance plans that cover mastectomy also cover the following medical care:

- Reconstruction of the breast on which the mastectomy was performed,
- Surgery and reconstruction of the other breast to produce a symmetrical appearance,
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas, and mastectomy bras and external prostheses limited to the lowest cost alternative available that meets the patient's physical needs.

CONTINUATION REQUIRED BY FEDERAL LAW FOR YOU AND YOUR DEPENDENTS

The Continuation Required by Federal Law does not apply to any benefits for loss of life, dismemberment or loss of income. Federal law enables you or your Dependent to continue health insurance if coverage would cease due to a reduction of your work hours or your termination of employment (other than for gross misconduct). Federal law also enables your Dependents to continue health insurance if their coverage ceases due to your death, divorce or legal separation, or with respect to a Dependent child, failure to continue to qualify as a Dependent. Continuation must be elected in accordance with the rules of your Employer's group health plan(s) and is subject to federal law, regulations and interpretations.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Federal law (Newborns' and Mothers' Health Protection Act of 1996) prohibits the plan from limiting a mother's or newborn's length of hospital stay to less than 48 hours for a normal delivery or 96 hours for a Cesarean delivery or from requiring the provider to obtain preauthorization for a stay of 48 or 96 hours, as appropriate. However, federal law generally does not prohibit the attending provider, after consultation with the mother, from discharging the mother or her newborn earlier than 48 hours for normal delivery or 96 hours for Cesarean delivery.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Crown Castle, in accordance with HIPAA, protects your Protected Health Information (PHI). Crown Castle will only discuss your PHI with medical providers and third party administrators when necessary to administer the plan that provides you your medical, dental, and vision benefits or as mandated by law. A copy of the Crown Castle Notice of Privacy Practices is available upon request in the Human Resources department.

GLOSSARY OF TERMS

BENEFIT TERMS	DEFINITION
Allowed Amount	Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate."
Base Match	Company match on your 401(k) plan.
Brand Non-Formulary	A brand name drug that is not on the insurance company's list of preferred drug list. You will pay a higher copay for a non-formulary medication.
Consumer Driven Health Plan (CDHP)	The concept of a CDHP is to return control of health care dollars to the person who uses them, the consumer. The consumer is given a financial incentive to control costs and as a result tend to become more directly involved in the selection and usage of health care services.
Co-Insurance	Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe.
Co-Pay	A fixed amount (for example, $20) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.
Deductible	The amount you pay for health care services before our health insurance begins to pay. Ths deductible may not apply to all services.
Dependent Care FSA	An account funded by employee salary reductions for reimbursement of eligible dependent care expenses. While this most commonly means child care, for children under the age of 13, it can also be used for children of any age who are physically or mentally incapable of self-care, as well as adult day care for senior citizen dependents who live with the person, such as parents or grandparents.
Discretionary Match	An additional contribution made by an employer to an employee's 401(k) plan. Employer discretionary contributions are made at the end of the plan year and may take the form of increased matching contributions or profit sharing contributions.
Drug Formulary	A list of prescription medications selected for coverage under a health insurance plan. Drugs may be included on a drug formulary based upon their efficacy, safety and cost-effectiveness. Medications on the drug formulary usually cost less for the patient.
Evidence of Insurability	When applying for an individual health insurance plan, an applicant may be asked to confirm his or her health condition in writing, through a questionnaire or through a medical examination.
Generic Drug	A drug which is exactly the same as a brand name prescription drug, but which can be produced by other manufacturers after the brand name drug's patent has expired. Generic drugs are usually less expensive than brand name drugs.
HSA (Health Savings Account)	A tax advantaged savings account to be used in conjunction with certain high-deductible (low premium) health insurance plans to pay for qualifying medical expenses. Contributions may be made to the account on a tax-free basis. Funds remain in the account from year to year and may be invested at the discretion of the individual owning the account. Interest or investment returns accrue tax-free. (Employee owned, portable).
In-Network	An in-network provider is one contracted with the health insurance company to provide services to plan members for specific pre-negotiated rates.
Medical FSA	An account funded by employee salary reductions for reimbursement of deductible or out-of-pocket health care (medical, dental, and /or vision) expenses.
Out-of-Network	Health care rendered to a patient outside of the health insurance company's network of preferred providers. In many cases, the health insurance company will pay some of the expenses but the patient would be financially responsible for the rest.
Out-of-Pocket Limit	The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount.
PPO	PPO means "Preferred Provider Organization." Like the name implies, with a PPO plan you'll need to get your medical care from doctors or hospitals on the insurance company's list of preferred providers if you want your claims paid at the highest level. You will probably not be required to coordinate your care through a single primary care physician, as you would with an HMO, but it's up to you to make sure that the health care providers you visit participate in the PPO. Services rendered by out-of-network providers may not be covered or may be paid at a lower level.
Premium	The amount that must be paid for your health insurance or plan. This amount is deducted from your pay check.
UCR (Usual, Customary and Reasonable)	The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

PRIVACY PRACTICES NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

SUMMARY OF OUR PRIVACY PRACTICES

The Crown Castle International Corp. Health and Welfare Plan ("we" or "us") may use and disclose your protected health information ("medical information"), without your permission, for treatment, payment, and health care operations activities. We may use and disclose your medical information, without your permission, when required or authorized by law for public health activities, law enforcement, judicial and administrative proceedings, research, and certain other public benefit functions.

We may disclose your medical information to your family members, friends, and others you involve in your care or payment for your health care. We may disclose your medical information to appropriate public and private agencies in disaster relief situations.

We may disclose to Crown Castle (as employer) whether you are enrolled or dis-enrolled in the health plans it sponsors. We may disclose summary health information to your employer for certain limited purposes. We may disclose your medical information to your employer to administer your group health plan if your employer explains the limitations on its use and disclosure of your medical information in the plan document for your group health plan.

Except for certain legally-approved uses and disclosures, we will not otherwise use or disclose your medical information without your written authorization.

You have the right to examine and receive a copy of your medical information. You have the right to receive an accounting of certain disclosures we may make of your medical information. You have the right to request that we amend, further restrict use and disclosure of, or communicate in confidence with you about your medical information.

You have the right to receive notice of breaches of your unsecured medical information.

Please review this entire notice for details about the uses and disclosures we may make of your medical information, about your rights and how to exercise them, and about complaints regarding or additional information about our privacy practices.

CONTACT INFORMATION

For more information about our privacy practices, to discuss questions or concerns, or to get additional copies of this notice, please contact our Contact Office.

Contact Office: **Human Resources**

Telephone: **724-416-2446**

Fax: **724-416-4446**

E-mail: **HR.Benefits@crowncastle.com**

Address: **Crown Castle**
2000 Corporate Drive
Canonsburg, PA 15317

HEALTH PLANS COVERED BY THIS NOTICE

This notice applies to the privacy practices of the health plans listed below. They may share with each other your medical information, and the medical information of others they service, for the health care operations of their joint activities.

- Highmark Medical Plan
- Cigna Dental Plan
- Highmark FSA

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your protected health information ("medical information"). We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information.

We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect **September 23, 2013**, and will remain in effect unless we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make any change in our privacy practices and the new terms of our notice applicable to all medical information we maintain, including medical information we created or received before we made the change.

USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

Treatment: We may disclose your medical information, without your permission, to a physician or other health care provider to treat you.

Payment: We may use and disclose your medical information, without your permission, to pay claims from physicians, hospitals and other health care providers for services delivered to you that are covered by your health plan, to determine your eligibility for benefits, to coordinate your benefits with other payers, to determine the medical necessity of care delivered to you, to obtain premiums for your health coverage, to issue explanations of benefits to the subscriber of the health plan in which you participate, and the like. We may disclose your medical information to a health care provider or another health plan for that provider or plan to obtain payment or engage in other payment activities.

Health Care Operations: We may use and disclose your medical information, without your permission, for health care operations. Health care operations include:

- health care quality assessment and improvement activities;
- reviewing and evaluating health care provider and health plan performance, qualifications and competence, health care training programs, health care provider and health plan accreditation, certification, licensing and credentialing activities;
- conducting or arranging for medical reviews, audits, and legal services, including fraud and abuse detection and prevention;
- underwriting and premium rating our risk for health coverage, and obtaining stop-loss and similar reinsurance for our health coverage obligations; and
- business planning, development, management, and general administration, including customer service, grievance resolution, claims payment and health coverage improvement activities, de-identifying medical information, and creating limited data sets for health care operations, public health activities, and research.

PRIVACY PRACTICES NOTICE, CONT.

We may disclose your medical information to another health plan or to a health care provider subject to federal privacy protection laws, as long as the plan or provider has or had a relationship with you and the medical information is for that plan's or provider's health care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

Your Authorization: You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we will not use or disclose your medical information for any purpose other than those described in this notice. We are required to obtain your written authorization in the following circumstances: (a) to use or disclose psychotherapy notes (except when needed for payment purposes or to defend against litigation filed by you); (b) to use your medical information for marketing purposes; (c) to sell your medical information; and (d) to use or disclose your medical information for any purpose not previously described in this Notice. We also will obtain your authorization before using or disclosing your medical information when required to do so by (a) state law, such as laws restricting the use or disclosure of genetic information or information concerning HIV status; or (b) other federal law, such as federal law protecting the confidentiality of substance abuse records.

Family, Friends, and Others Involved in Your Care or Payment for Care: We may disclose your medical information to a family member, friend or any other person you involve in your care or payment for your health care. We will disclose only the medical information that is relevant to the person's involvement.

We may use or disclose your name, location, and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your care in appropriate situations, such as a medical emergency or during disaster relief efforts.

We will provide you with an opportunity to object to these disclosures, unless you are not present or are incapacitated or it is an emergency or disaster relief situation. In those situations, we will use our professional judgment to determine whether disclosing medical information related to your care or payment is in your best interest under the circumstances.

Your medical information remains protected by us for at least 50 years after you die. After you die, we may disclose to a family member, or other person involved in your health care prior to your death, the medical information that is relevant to that person's involvement, unless doing so is inconsistent with your preference and you have told us so.

We may disclose to Crown Castle (as employer) whether you are enrolled or dis-enrolled in a health plan that Crown Castle sponsors.

We may disclose summary health information to Crown Castle (as employer) to use to obtain premium bids for the health insurance coverage offered under the group health plan in which you participate or to decide whether to modify, amend or terminate that group health plan (this is sometimes called "underwriting"). Summary health information is aggregated claims history, claims expenses or types of claims experienced by the enrollees in your group health plan. Although summary health information will be stripped of all direct identifiers of these enrollees, it still may be possible to identify medical information contained in the summary health information as yours. We are expressly prohibited from using or disclosing any health information containing your genetic information for underwriting purposes.

We may disclose your medical information and the medical information of others enrolled in your group health plan to Crown Castle (as employer) to administer your group health plan. Before we may do that, Crown Castle (as employer) must amend the plan document for your group health plan to establish the limited uses and disclosures it may make of your medical information. Please see your group health plan document for a full explanation of those limitations.

Health-Related Products and Services: We may use your medical information to communicate with you about health-related products, benefits and services, and payment for those products, benefits and services that we provide or include in our benefits plan. We may use your medical information to communicate with you about treatment alternatives that may be of interest to you.

These communications may include information about the health care providers in our networks, about replacement of or enhancements to your health plan, and about health-related products or services that are available only to our enrollees that add value to our benefits plans.

Public Health and Benefit Activities: We may use and disclose your medical information, without your permission, when required by law, and when authorized by law for the following kinds of public health and public benefit activities:

- for public health, including to report disease and vital statistics, child abuse, and adult abuse, neglect or domestic violence;
- to avert a serious and imminent threat to health or safety;
- for health care oversight, such as activities of state insurance commissioners, licensing and peer review authorities, and fraud prevention agencies;
- for research;
- in response to court and administrative orders and other lawful process;
- to law enforcement officials with regard to crime victims and criminal activities;
- to coroners, medical examiners, funeral directors, and organ procurement organizations;
- to the military, to federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody; and
- as authorized by state worker's compensation laws.

YOUR RIGHTS

Access: You have the right to examine and to receive a copy of your medical information, with limited exceptions. You should submit your request in writing to our Contact Office.

We may charge you reasonable, cost-based fees (including labor costs) for a copy of your medical information, for mailing the copy to you, and for preparing any summary or explanation of your medical information you request. Contact our Contact Office for information about our fees.

Your medical information may be maintained electronically. If so, you can request an electronic copy of your medical information. If you do, we will provide you with your medical information in the electronic form and format you requested, if it is readily producible in such form and format. If not, we will produce it in a readable electronic form and format as we mutually agree upon.

You may request that we transmit your medical information directly to another person you designate. If so, we will provide the copy to the designated person. Your request must be in writing, signed by you and must clearly identify the designated person and where we should send the copy of your medical information.

Disclosure Accounting: We will provide access, or will deliver copies to you, within 30 days of your request. We may extend the deadline by up to an additional 30 days. We will provide you with a written explanation of any denial of your request for access or copies. You may request an accounting of our disclosures of your medical information by submitting your request to the contact included in this notice. We will provide the accounting within 60 days of your request. We may extend the deadline by up to an additional 30 days. The accounting will exclude the following disclosures: (a) disclosures for "treatment," "payment," or "health care operations"; (b) disclosures to you or pursuant to your authorization; (c) disclosures to family members or close friends involved in your care or in payment for your care; (d) disclosures as part of a data use agreement; (e) incidental disclosures; and (f) disclosures made more than six years before your request. We will provide the first accounting during any 12-month period without charge. We may charge a reasonable, cost-based fee for each additional accounting during the same 12-month period. If there will be a charge, we will first contact you to determine whether you wish to modify or withdraw your request.

You should submit your request to the contact included in this notice. We will provide you with information about each accountable disclosure that we made during the period for which you request the accounting, except we are not obligated to account for a disclosure that occurred more than 6 years before the date of your request and never for a disclosure that occurred before the plan's effective date (if the plan was created less than six years ago).

Amendment. You have the right to request that we amend your medical information. You should submit your request **in writing** to the contact included in this notice. We will respond to your request within 60 days. We may extend the deadline by up to an additional 30 days. If we deny your request to amend, we will provide a written explanation of the denial. You would then have 30 days to submit a written statement explaining your disagreement with the denial. Your statement of disagreement would be included with any future disclosure of the disputed medical information.

We may deny your request only for certain reasons. If we deny your request, we will provide you a written explanation. If we accept your request, we will make your amendment part of your medical information and use reasonable efforts to inform others of the amendment who we know may have and rely on the un-amended information to your detriment, as well as persons you want to receive the amendment.

Restriction: You have the right to request that we restrict our use or disclosure of your medical information for treatment, payment or health care operations, or with family, friends or others you identify. We are not required to agree to your request, except for certain required restrictions, described below. If we do agree, we will abide by our agreement, except in a medical emergency or as required or authorized by law. You should submit your request to the contact included in this notice. We will notify you in writing within 30 days of your request whether we will agree to the requested restriction. We will agree to (and not terminate) a restriction request if:

1. the disclosure is to a health plan for purposes of carrying out payment or health care operations and is not otherwise required by law; and
2. the medical information pertains solely to a health care item or service for which the individual, or person other than the health plan on behalf of the individual, has paid the covered entity in full.

Confidential Communication: You have the right to request that we communicate with you about your medical information in confidence by means or to locations that you specify. **You should make your request in writing, and your request must represent that the information could endanger you if it is not communicated in confidence as you request.** You should submit your request **in writing** to the contact included in this notice.

We will accommodate your request if it is reasonable, specifies the means or location for communicating with you, and continues to permit us to collect premiums and pay claims under your health plan. Please note that an explanation of benefits and other information that we issue to the subscriber about health care that you received for which you did not request confidential communications, or about health care received by the subscriber or by others covered by the health plan in which you participate, may contain sufficient information to reveal that you obtained health care for which we paid, even though you requested that we communicate with you about that health care in confidence.

Breach Notification: You have the right to receive notice of a breach of your unsecured medical information. Notification may be delayed or not provided if so required by a law enforcement official. You may request that notice be provided by electronic mail. If you are deceased and there is a breach of your medical information, the notice will be provided to your next of kin or personal representatives if the plan knows the identity and address of such individual(s).

Electronic Notice: If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact our Contact Office to obtain this notice in written form.

Revisions to the Privacy Policy: We have the right to change this Notice or the privacy policy at any time. If the change would materially impact your rights, we will notify you of the change. Any change to the policies, procedures or this notice will apply to your medical information created or received before the revision.

COMPLAINTS

All of the rights described above may be exercised by your personal representative after the personal representative has provided proof of his or her authority to act on your behalf. Proof of authority may be established by (a) a power of attorney for health care purposes, or a general power of attorney, notarized by a notary public; (b) a court order appointing the person to act as your conservator or guardian; or (c) any other document which the contact, in its sole and absolute discretion, deems appropriate.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information, about amending your medical information, about restricting our use or disclosure of your medical information, or about how we communicate with you about your medical information (including a breach notice communication), you may complain to our Contact Office.

You also may submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201. You may contact the Office for Civil Rights' Hotline at 1-800-368-1019.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Please be aware that the Privacy Practices Notice can be viewed on **inSites** under **Human Resources/All Benefits Information/ Privacy Practices Notice.**

This guide summarizes the health care and income protection benefits that are available to Crown Castle employees and their eligible dependents. Official plan documents, policies, and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict within this guide, the official documents prevail. These documents are available upon request through the Human Resources Department. **Information provided in this guide is not a guarantee of benefits.**

CROWN CASTLE