



Prepare Benefits
Enrollment Professionals



2026

Benefits Guide

Welcome 2026 Benefits

At Prepare Benefits, we strive to provide our employees with a comprehensive benefit package. We appreciate the talented people we have working here, their extraordinary effort, and uncompromised commitment. We reward this hard work and dedication with the quality and flexibility you deserve in your insurance benefits.

If you are a full-time employee working 30 hours or more per week, you are eligible for all benefits outlined in this summary. Eligible employees may elect to cover a spouse, dependent child(ren), or your entire family. Dependent child(ren) can be covered until the adult child reaches the age of 26. New employees are eligible for benefits the first of the month following their date of hire.

Please take time to review this overview of the plan options available to you prior to making your selections. Consider each benefit and the associated costs carefully and choose the benefits package that will best meet the needs of you and your family throughout the year. All plans listed in this guide are effective from March 1, 2026 to February 28, 2027.

All employees must complete their election or waiver in the secure Employee Navigator benefits site: <https://upswing.employeenavigator.com> Company Identifier: [Prepare Benefits](#)

You may make changes to your coverage elections (outside of your initial eligibility or Open Enrollment period) only if you experience a Qualifying Event such as: the birth/adoption/legal custody of a child; marriage; divorce; death of covered dependent; eligibility change in work hours or location for yourself or your spouse; loss of any other coverage for you or your dependents. If there is a status change, please contact Human Resources. Your request for coverage changes must be made within 30 days of the event.



Medical Plan FloridaBlue

Your company is pleased to offer medical benefits administered by FloridaBlue that meet the health care needs of you and your covered dependents.

- Comprehensive medical and prescription drug coverage;
- Open Access: see any provider you want, no referrals needed;
- Free preventive care services/prescriptions;
- HDHP Medical is eligible for a Health Savings Account with Employer Contribution;
- Telemedicine through BlueVirtualCare for 24/7 access to a medical provider.

Coverage Summary	HDHP 16202	PPO 16004
Coverage Network	<i>BlueOptions</i>	<i>BlueOptions</i>
In-Network Benefits	<i>You Pay In-Network</i>	<i>You Pay In-Network</i>
Calendar Year Deductible(CYD) (Individual / Family)	\$4,100 / \$8,200	\$2,000 / \$4,000
Coinsurance (Carrier / Member)	90% / 10%	100% / 0%
Physicians Office Visit	CYD +10%	\$20 copay
Telemedicine	CYD +10%	\$0 - \$45 copay
Specialist Office Visit <i>Open Access</i>	CYD +10%	\$45 copay
Inpatient Hospital	CYD +10%	Option 1: CYD +\$350 per day (\$1,050 max copay per admit) Option 2: CYD +\$450 per day (\$1,350 max copay per admit)
Physician Services – Hospital & ER	CYD +10%	\$55 copay
Out-Patient Surgery	CYD +10%	Hospital: \$250 copay Surgery Center: \$100 copay
Out-Patient Major Diagnostic (e.g. MRI, MRA, PET, CT)	CYD +10%	\$200 copay
Emergency Room	CYD +10%	CYD +\$350 copay per visit
Urgent Care Center	CYD +10%	\$50 copay
Prescription Drugs		
Rx Deductible	CYD (Tier 3, 5, 6, 7)	N/A
Retail (30 day supply)	\$0 / \$4 / \$10 / \$15 / \$30 / \$50 / \$150	\$0 / \$4 / \$10 / \$15 / \$30 / \$50 / \$200
Mail Order (90 day supply)	2x retail	2.5x retail
Out of Pocket Maximum (Individual / Family)	\$7,300 / \$14,600	\$6,500 / \$13,000
Out-of-Network Benefits	<i>You Pay Out-of-Network</i>	<i>You Pay Out-of-Network</i>
Out-of-Network Deductible (OON CYD) (Individual / Family)	\$8,200 / \$16,400	\$4,000 / \$8,000
Out-of-Network Emergency Room	CYD + 50%	CYD +\$350 copay per visit
All other Out-of-Network Services	OON CYD +10%	OON CYD +50%
Out-of-Network Out of Pocket Maximum (Individual / Family)	\$14,600 / \$29,200	\$13,000 / \$26,000
Premium Summary	<i>Employee Semi-Monthly Premiums</i>	
Employee	\$43.26	\$52.61
Employee + Spouse	\$475.88	\$578.65
Employee + Child(ren)	\$410.99	\$499.75
Employee + Family	\$843.60	\$1,025.79

Medical Benefits FloridaBlue



When it comes to your health, you want the support of an experienced team that understands your needs, budget and goals. With Florida Blue, you get a network of local experts—a community of doctors, hospitals, clinics, specialists, health coaches and nutritionists—striving to improve every aspect of your health care experience. Whether you're healthy, at risk or have a serious health condition, you'll get access to the right care—where, when and how you need it.



Learn ways your health plan connects you to care in your neighborhood

You may have questions about how your plan works. Or need help finding doctors, wellness programs or community resources. You can get one-on-one support from a Florida Blue Center nurse, community specialist or local sales and service specialists.

Visit floridabluecenters.com or call 877-353-5830 to talk with a member of your local Florida Blue Center team.



Get your health questions answered 24/7

If you need answers right away to a general question or concern, a health coach is standing by. Nurse line is available 24/7. Simply call 877-789-2583.



Enjoy a wellness program tailored to you

Live healthier with help from Better You Strides, an online health and wellness program, personalized to your needs. You'll get tips and an action plan that will help you eat better, move more and feel happier. As you get healthier, you can earn rewards.

Find the Better You Strides program under Health and Wellness when you log in to your member account at floridablue.com.



Moms-to-be learn what to expect

If you're a mom-to-be, let the Healthy Addition® Prenatal Program be your go-to resource. Nurses will walk you through the steps of a healthy pregnancy, birth and baby and supply you with materials and gifts. This educational program is especially important if you have a high-risk pregnancy.

Call 800-955-7635 (option 6) to learn more.



Advanced illness care and planning

If you're dealing with an advanced illness, a trained clinical specialist can help you lay out your advanced directives to ensure your care aligns with your wishes. You'll also get hospice and palliative care services, should you need them.

Reach out to the Florida Blue Care Team at 844-730-2583 to learn more.



Navigate a health issue

Perhaps you've had a sudden change in your health from an accident or illness. Or maybe you need extra support to get the care you need. A care consultant can guide you through it. When you contact the Care Consultant Team, they will:

- Show you how your benefits work to manage costs.
- Help you find the doctors, programs and community services you need to get well.

Call the Care Consultation and Advocacy program at 888-476-2227.



Support for serious and chronic health conditions

If you're facing a complex health problem or a chronic condition, it can be hard to manage all you need to do. We have condition programs that can help you stay on track and let you choose how you want to engage with us:

- Nurses and other care professionals from our Care Team will work hand in hand with you and your doctors to keep you on the path to achieve your health goals. Between consultations with your doctor, your nurse care manager will track your progress and stay in touch with you by phone and email.
- You can also connect digitally with your nurse care manager through a secure mobile app called BlueForMe.3 Our digital program allows you to interact through secure messaging and have daily engagement, so you stay on track with a health program designed just for you.

Get education and referrals to clinical and social services to support you through medical conditions and complex needs, like:

- Organ transplant
- Cancer treatment
- High-risk pregnancy
- Neonatal intensive care
- Diabetes
- Asthma
- Chronic obstructive pulmonary disease
- Coronary artery disease
- Heart failure

Call your Florida Blue Care Team at 844-730-2583.

Medical Benefits FloridaBlue

Immediate Medical Needs – Know where to go

When you are unable to see your regular physician, you have the option to choose between going to the emergency room, urgent care clinic, convenience care clinic and telemedicine. Before you make that decision, you should evaluate what level of care is needed and the differences between each option.

Emergency Room	Urgent Care	Convenience Care	Telemedicine
To treat severe or life-threatening injuries or conditions	Focuses on diagnosing and treating non-life-threatening conditions (that cannot wait for your regular physician)	Focuses on diagnosing and treating non-life-threatening conditions (that cannot wait for your regular physician)	Focuses on diagnosing and treating non-life-threatening conditions (that cannot wait for your regular physician)
When you cannot wait for physician's office or urgent care clinic to open; emergency rooms are open 24/7	Has extended evening and weekend hours (but not open 24/7)	Has extended evening and weekend hours (but not open 24/7)	Providers are available 24/7/365 via phone or video consultation; often with little to no wait time
Offer the full-range of services and specialties	Generally, provide more services than a doctor's office	Generally, provide similar services to a doctor's office	Generally, provide similar services to a doctor's office
<ul style="list-style-type: none"> ▪ Highest cost ▪ No appointment needed ▪ Wait times may be long 	<ul style="list-style-type: none"> ▪ Costs lower than emergency room (ER) ▪ No appointment needed ▪ Wait times vary 	<ul style="list-style-type: none"> ▪ Same or lower than provider's office ▪ No appointment needed 	<ul style="list-style-type: none"> ▪ Costs the same or less than a visit with your primary care provider (PCP) ▪ Appointments typically in an hour or less ▪ No need to leave home or work

Telemedicine – BlueVirtualCare

FloridaBlue BlueVirtualCare makes it easy to be treated by a doctor. With a Teladoc virtual care visit, you can talk — by phone or video — to a doctor who can diagnose common medical conditions and even prescribe medications, if needed.

General Medicine (as low as \$0 cost share)

Everyday health issues like sore throat, cough, allergies, nausea, rash or flu symptoms.

Behavioral/Mental Health (as low as \$0 cost share)

Confidential counseling and management for depression, anxiety, stress, marital or family issues, and more.

Dermatology (specialist copay/cost share)

Specific questions about skin, hair and nails – upload a photo and receive an evaluation within 72 hours.

Access this benefit:

- Sign in at floridablue.com
- Download the [FloridaBlue app](#)



Find a Provider BlueCross / BlueShield (FloridaBlue)

To find a doctor, hospital, lab and other providers in your network on FloridaBlue.com, follow these steps:

In Florida:

1. Visit <https://providersearch.floridablue.com/> and scroll down to the middle of the page.
2. Enter your search location and select **BlueOptions** from the plan network list.
3. Search by provider name, specialty facility and more.
4. Continue to refine your search as needed.

Outside Florida:

1. Visit <https://providersearch.floridablue.com/> and scroll down to the middle of the page.
2. Click **Search for Providers Outside of Florida**.
3. Enter your location and prefix **XJB**.
4. Search by provider name, specialty facility and more.
5. Continue to refine your search as needed.



Health Savings Account (HSA) WEX

A Health Savings Account (HSA) is a type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses. By using untaxed dollars in a Health Savings Account (HSA) to pay for deductibles, copayments, coinsurance, and some other expenses; you may be able to lower your overall health care costs.

While you can use the funds in an HSA at any time to pay for qualified medical expenses, you may contribute to an HSA only if you have a High Deductible Health Plan (HDHP) — generally a health plan that only covers preventive services before the deductible.

Employees who enroll into the HDHP medical plan will have a Health Savings Account opened on their behalf. **Prepare Benefits is providing an employer contribution with an annual contribution of \$1,500.** Contributions are prorated and made on a semi-monthly basis. Contribution limits are subject to the IRS maximum allowable contributions.

For 2025, the IRS maximum allowable contribution from all sources is \$4,400 for self-only and \$8,750 for family coverage. Members 55 and over can contribute an additional \$1,000 “catch-up” contribution. HSA funds roll over year to year if you don't spend them. An HSA may earn interest or other earnings, which are not taxable.

IRS Regulations

- Must be enrolled in an IRS-qualified High Deductible Health Plan.
- You cannot be covered by any other medical plan, entitled to Medicare* benefits or be eligible to be claimed as a dependent on another person's tax return.
- You cannot contribute to an HSA and a Health Care Flexible Spending Account (FSA) in the same plan year. You may enroll in a Limited Purpose FSA.
- See Publication 502 at www.IRS.gov for eligible expenses.
- For proof of expense eligibility, save receipts.

*Members 64.5 and older, who are interested in enrolling into Medicare will want to consult with their tax adviser and a Medicare specialist for potential tax penalties.



Dental Plan Lincoln Financial Group

Your company offers you the option to enroll in dental coverage administered by Lincoln Financial Group. The Dental PPO provides you the ability to visit any doctor you like but you enjoy deeper discounts, and the claim is filed for you when you visit contracted network providers.

Coverage Summary	Dental PPO	
	In-Network	Out-of-Network*
Annual Deductible (Individual / Family)	\$50 / \$150	\$50 / \$150
Annual Benefit Maximum (per member per calendar year)	\$1,000*	
Diagnostic & Preventive Care • Exams • X-rays • Cleaning/Prophylaxis • Fluoride Treatments • Space Maintainers • Sealants	100%	100%*
Basic Restorative Care • Palliative Treatment • Fillings • Crowns • Repair & Maintenance of Crowns, Bridges & Dentures • Anesthesia	90%	80%*
Major Restorative Care • Extractions • Periodontics • Endodontics • Bridges and Dentures • Inlays / Onlays / Veneers • Dental Implants & Related Services	60%	50%*
Premium Summary	Employee Semi-Monthly Premiums	
Employee	\$15.10	
Employee + Spouse	\$28.87	
Employee + Child(ren)	\$33.71	
Employee + Family	\$51.52	

* Out-of-network provider fees over the Plan's reasonable and customary limits are your responsibility.

Additional Benefits

MaxRewards® lets you and your covered family members roll a portion of unused dental benefits from one year into the next, so you have extra benefit dollars available when you need them most.

- Eligible Range (claim threshold): \$500
- Rollover Amount: \$250 per calendar year
- Rollover Amount with Preferred Provider: \$350 per calendar year
- Maximum Rollover Account Balance: \$1,000



PROVIDER DIRECTORY

Make the most of your dental plan by visiting in-network providers.

- Visit www.lincolffinancial.com/findadentist
- Enter your search information – location, provider name or provider office and refine your search as needed.

Vision Plan Lincoln Financial Group

Your company offers vision coverage, administered by Lincoln Financial Group, to help cover the cost of eye examinations and other vision care expenses. The Plan offers coverage when visiting any provider, with deeper discounts and service guarantees when you choose a provider in the network.

Coverage Summary	Vision	
	In-Network	Out-of-Network Reimbursement
Annual Eye Exam	\$10 copay	Up to \$40
Eyeglass lenses • Single • Bifocal • Trifocal • Lenticular	\$25 copay	Up to \$40 – \$80
Frames	\$130 allowance + 30% off balance at participating providers	Up to \$45
Contact Lenses* • Elective Contacts • Medically Necessary	\$125 allowance Covered in full	Up to \$125 Up to \$210
	Benefit Frequency	
Examination	12 months	
Lenses or Contact Lenses	12 months	
Frame	24 months	
Premium Summary	Employee Semi-Monthly Premiums	
Employee	\$3.06	
Employee + Spouse	\$5.78	
Employee + Child(ren)	\$6.78	
Employee + Family	\$9.54	

*Contact lenses are in lieu of eyeglass frames and lenses.



PROVIDER DIRECTORY

Make the most of your vision plan by visiting in-network providers.

- Visit www.lvc.lfg.com
- Enter your search information – location, provider name or provider office and refine your search as needed

Life and AD&D Insurance Lincoln Financial Group

Basic Life and AD&D Insurance

Life insurance can help provide for your loved ones if something were to happen to you. It provides full-time employees **with group life and accidental death and dismemberment (AD&D) insurance.**

Your company pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums. **Complete and update your beneficiary information in the enrollment site.**

*This coverage has an age reduction schedule which begins at age 65.

Voluntary Life and AD&D Insurance

While your company offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (e.g., college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary group term life insurance, you are responsible for paying the full cost of coverage through payroll deductions. You can purchase coverage **for yourself in \$10,000 increments with a \$200,000 maximum benefit, not to exceed five times your annual salary or for your spouse in \$5,000 increments with a \$100,000 maximum benefit. Children can be covered with a \$20,000 policy.**

Coverage Summary	Coverage Amount	Guarantee Issue	Benefit Maximum
Employee	Increments of \$10,000	\$100,000	\$300,000
Spouse*	Increments of \$5,000	\$25,000	\$100,000
Child(ren)*	\$20,000	\$20,000	\$20,000

*Voluntary Spousal Life and Voluntary Child(ren) life coverage may not exceed 50% of the Voluntary Employee Life election.

^Benefit age reduction schedule begins at age 65.



Monthly Rate / \$10,000		
Employee Age	Employee Rate	Spouse Rate*
<26	\$1.07	\$1.07
26 – 30	\$1.07	\$1.07
30 – 34	\$1.18	\$1.18
35 – 39	\$1.55	\$1.55
40 – 44	\$2.09	\$2.09
45 – 49	\$3.12	\$3.12
50 – 54	\$4.98	\$4.98
55 – 59	\$7.61	\$7.61
60 – 64	\$10.37	\$10.37
65 – 69	\$19.87	\$19.87
70+	\$37.09	\$37.09

*Spouse rate based on Employee's age

Monthly Rate / \$20,000	
Child Age	Child(ren) Rate
<26	\$2.74

Disability Income Benefits Lincoln Financial Group

Your company offers full-time employees with voluntary short- and employer sponsored long-term disability income benefits through Lincoln Financial Group. Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness.

If you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income.

Voluntary Short-Term Disability (STD)

You have the option to purchase Voluntary Short-Term Disability coverage for yourself as a post-tax benefit. If you do not enroll when you first become eligible for this benefit, all future requests for enrollment outside of Open Enrollment will require completion of Evidence of Insurability (EOI) health questionnaire and will be subject to underwriting approval.

Benefits Begin	On the 8 th day of disability
Benefit Amount	60% of pre-disability earnings, up to \$1,000 weekly benefit
Benefit Duration	Up to 13 weeks
Pre-existing conditions	3-month look back; 12-month exclusion

Employee Age	Monthly Rate / \$10 of Weekly Indemnity
<25	\$0.228
25 – 29	\$0.228
30 – 34	\$0.228
35 – 39	\$0.325
40 – 44	\$0.325
45 – 49	\$0.314
50 – 54	\$0.499
55 – 59	\$0.499
60 – 64	\$0.531
65 – 69	\$0.531
70+	\$0.531

Long-Term Disability (LTD)

Your company provides Long-Term Disability (LTD) coverage at no cost to you.

Benefits Begin	On the 91 st day of disability
Benefit Amount	60% of pre-disability earnings, up to \$7,500 monthly benefit
Benefit Duration	Up to Social Security Normal Retirement Age
Pre-existing conditions	3-month look back; 12-month exclusion

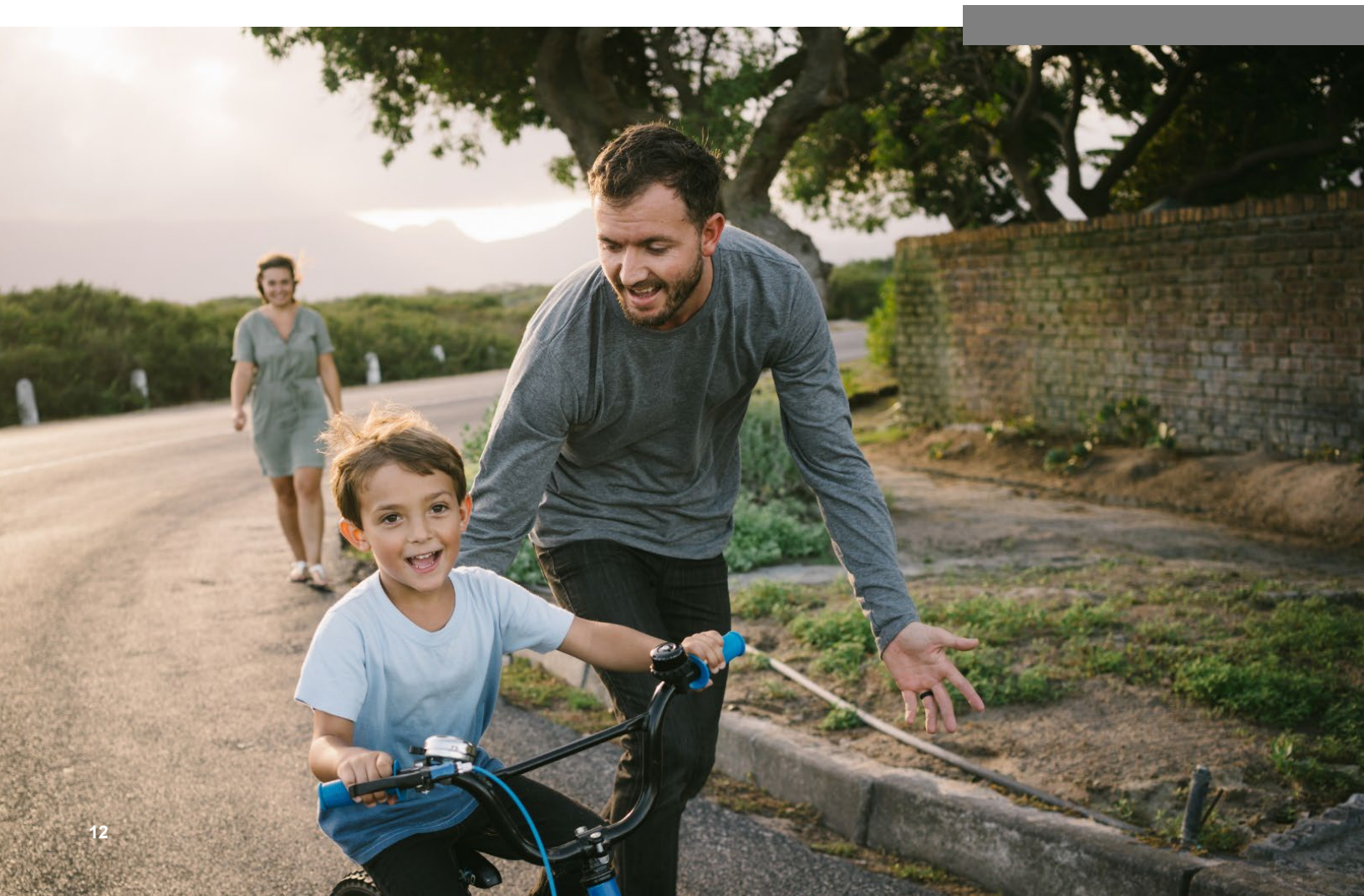


Supplemental Benefits Allstate

Allstate Benefits

You can customize your benefit package by choosing the plans that best fit your individual needs. Supplemental benefits are available for purchase on an after-tax basis.

- **Accident:** Provides support when life's most unexpected moments arrive. Supplemental accident insurance is meant to be purchased in addition to your primary policy. It helps pay the bills that your major medical insurance doesn't completely cover.
 - Benefits include accident injury Emergency Room, Urgent Care and Provider treatment. Hospitalization and surgery benefits. Accident follow-up treatment and therapy and so much more.
- **Critical Illness:** Assists with the treatment costs of life-changing illnesses and health events, so you can stay focused on recuperation.
 - Benefits include initial diagnosis, additional diagnosis and reoccurrence benefits.
- **Whole Life with Long Term Care:** Provides security through a life policy that builds cash value and additional piece of mind for the unexpected expenses that can arise with long term care needs.

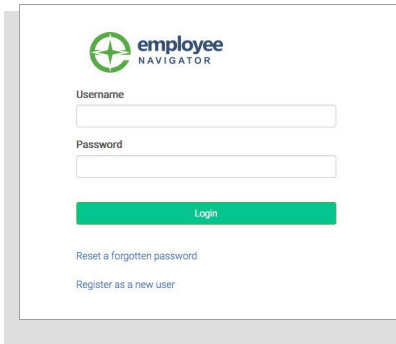


Contact List

BENEFIT	ADMINISTRATOR	WEBSITE / E-MAIL	PHONE
Medical	FloridaBlue	www.floridablue.com	866.352.2583
Telemedicine	FloridaBlue	www.floridablue.com	866.352.2583
Health Savings Account	WEX	www.wexinc.com	866.451.3399
Dental	Lincoln Financial Group	www.lfg.com	800.423.2765
Vision	Lincoln Financial Group	www.lvc.lfg.com	800.440.8453
Life Insurance	Lincoln Financial Group	www.lfg.com	800.423.2765
Disability	Lincoln Financial Group	www.lfg.com	800.423.2765
Supplemental Benefits	Allstate	https://mybenefits.allstate.com	888.282.2550



ENROLL IN YOUR BENEFITS: One step at a time

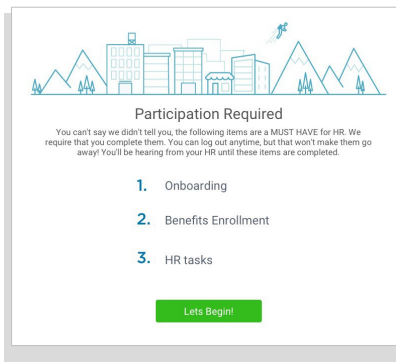


Step 1: Log In

Go to www.employeenavigator.com and click **Login**

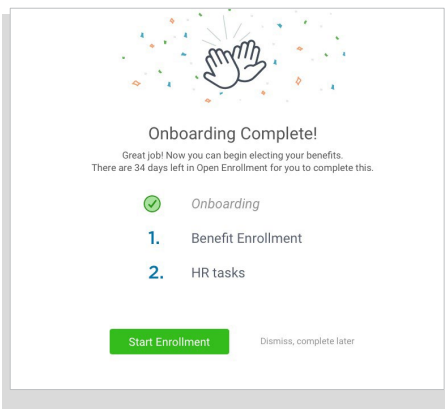
- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.

COMPANY IDENTIFIER: [Prepare Benefits](#)



Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.

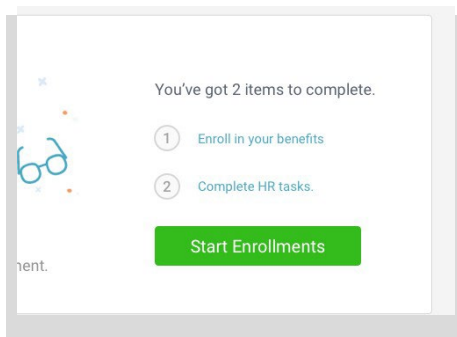


Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

if you hit "**Dismiss, complete later**" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "**Start Enrollments**"



Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

Who am I enrolling?

- Myself
- Elizabeth Reynolds (Spouse)
- Gwen Reynolds (Child)

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

The screenshot shows a benefit election interface. At the top, it displays a cost of \$138.46 per pay period, effective on 08/01/18 for an Employee. There are buttons for 'Compare', 'Details', and 'Selected'. Below this, a section titled 'How much will it cost?' shows a table with columns for Plan Cost, Employer Contribution, and My Cost. The Plan Cost is \$138.46, the Employer Contribution is \$138.46, and the My Cost is \$0.00. There is a 'View employer contributions summary' button. At the bottom right, there are buttons for 'Save & Continue' and 'Don't want this benefit?'.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

The screenshot shows an 'Enrollment Summary' page. It includes a warning box that says 'Enrollment Not Complete! Please complete the required highlighted steps from your enrollment progress menu.' Below this is a list of 'Enrolled Plans' with a 'Collapse' button. On the right, there is a progress bar labeled 'Progress 6 of 8' and a list of steps: 1. Personal Information, 2. Dependent Information, 3. Medical, 4. Dental (highlighted in yellow), 5. Vision, 6. HSA, 7. FSA, and 8. Enrollment Summary.

Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!

The screenshot shows a celebratory message: 'High Five! Enrollment Complete! You've only got one more item to complete.' Below this, there is a list of tasks: 'Enroll in your benefits' (with a green checkmark) and '1. HR Tasks'. A green 'Start Tasks' button is visible, along with a link to 'Dismiss, complete later'.



You can login to review your benefits 24/7



Prepare Benefits

Enrollment Professionals

About This Summary: This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the “plan documentation”) for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual’s rights under any employee benefit plan or program. Your employer reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.

Printed Copies: Contact Human Resources should you like printed copies of Summary Benefits and Coverage, Plan Summaries, Plan Documents and/or Annual Notices.

