



This summary is designed to give you an outline of the health benefit programs offered through Kankakee SD 111. Contained in the summary are tips for you on using the plans.

Your 2025 Benefit Summary provides information on your district's benefit plans, including:

- BCBS Member Resources
- Medical Options—PPO
- Dental Plans
- Vision Plan
- Medical Plans Comparison
- Dependent Eligibility Audit

BCBS Member Resources

Blue Access for Members

To access the many resources available to Blue Cross and Blue Shield members, register to participate in Blue Access for Members at bcbsil.com. To register, click on "Log In" tab located on the right side of the homepage and click on "Register Now" for new users. Be sure to have your BCBS ID card handy.

Blue Access is available 24 hours a day, 7 days a week, 365 days a year.

Blue Access Features

- Cost Estimator
- Claim status
- View your personal information
- Locate a provider
- Access to health and wellness information
- Compare hospitals and physicians
- Receive email alerts
- Print a temporary ID card or order a replacement card
- View and print Explanation of Benefits (EOB)

Teladoc Diabetes and Hypertension Management (PPO only)

The Teladoc for Diabetes and Hypertension management programs provide 24/7 personalized coaching, connected blood glucose meter, connected blood pressure monitor and app to help manage chronic conditions. Services are covered as preventative care with no out-of-pocket cost to members. The program is provided to all HDHP members as well as covered family members with diabetes or hypertension. Join today at teladochealth.com/smile/ebc or call (800) 835.2362. Use registration code: EBC

Benefits Value Advisor (PPO only)

Call a Benefits Value Advisor to help you compare costs for your next procedure!

The BVA is a personal concierge service that will help you choose doctors, providers, and facilities while helping you to maximize your benefits.

A Benefits Value Advisor can:

- Help you compare costs at different providers near you
- Help you schedule appointments
- Share online educational tools

Call **800.458.6024** before your next procedure!

BCBS Member Rewards (PPO only)

Earn **CASH REWARDS** when you choose a high-caliber, low-cost provider for certain services and procedures. The program uses Provider Finder® —a database of independently contracted providers, which can help members:

- Compare costs and quality providers for numerous procedures
- Estimate out-of-pocket costs
- Assist in making treatment decisions with their doctors

Using this resource to shop for services based on price and location, as well as quality metrics, allows you to earn cash for selecting lower-cost care. The result puts extra cash in your pocket. **Please note, all rewards are taxable to the member.**

Hinge Health (PPO only)

Hinge Health's Virtual Physical Therapy Program

Hinge Health offers a comprehensive Digital MSK Clinic with dedicated programs across the MSK continuum of care. If you suffer from back, knee, neck, shoulder, or hip pain, Hinge Health may be able to help. You'll complete an online screening questionnaire to determine which program best fits your needs, whether preventive, acute, chronic or post-surgery. Through education, exercise therapy, and digital coaching, you can discover health alternatives to help manage your pain. You can participate in Hinge Health at no cost. It includes:

- Physical therapy through digital delivery with motion sensors, online education, and cognitive behavioral therapy to address the causes of chronic pain over time.
- 12-week, coach-led, digital platform for chronic back and knee pain.
- Exercise therapy—Wearable sensors and tablet for real-time movement feedback.

Sign up by visiting hinge.health/ebc.

Wondr

Digital Weight Loss Program

If you are enrolled in one of the district's medical plans, you and your covered dependents over the age of 18 will have access to Wondr, an online behavioral weight loss program (no dieting) to promote long-term weight loss with no out-of-pocket cost to you as services are covered as preventive. You can earn points along your wellness journey to be redeemed for items in the Wondr Store. Sign up by visiting wondrhealth.com/EBc.

Teladoc

Your district offers virtual care, through Teladoc, to you and your dependents enrolled in medical coverage through the district. With Teladoc, members can connect with a doctor in minutes. Plus, you can get care from anywhere in the US: at home, the office, or on the road!

Teladoc does not replace your primary care physician. It is a convenient and affordable option for quality care:

- If you're considering the ER or urgent care center for a non-emergency issue
- On a vacation, a business trip, or away from home
- For short-term prescription refills when medically necessary

Set up your account by going to teladoc.com, calling **1.800.TELADOC** or downloading the Teladoc mobile app. Once you register and complete a medical history questionnaire, you will be granted access to speak with a doctor by phone or video on your mobile device, or computer.

Copay for PPO is \$0

Your Medical Options

Blue Cross and Blue Shield of Illinois

Blue Cross and Blue Shield of Illinois (BCBSIL) is the claims administrator for your district's medical plan(s).

Contact Blue Cross for questions regarding:

- Eligibility
- Plan benefits
- Status of claim payments

Please remember to present your insurance ID card to your healthcare provider at your appointment. This informs providers where they need to send your claims and identifies you as a BCBS member.

PPO Medical Plan

To find a contracting doctor or hospital, just go to **bcbsil.com** and use Provider Finder.

PPO Customer Service: **800.458.6024**
(8:00 a.m. to 6:00 p.m., Monday through Friday).

IL Network Provider Search: **800.458.6024** (8:00 a.m. to 6:00 p.m., Monday through Friday) or **bcbsil.com**.

PPO RX Information

Prime Therapeutics is the administrator of the PPO prescription drug program. They oversee retail and mail order prescriptions under this plan. Your medical ID card also serves as your prescription ID card. PPO members utilize the Balanced Drug List. To find a participating retail pharmacy or for more information on the Balanced Drug List, log into Blue Access for Members and click on the Prescription Drug link or visit **myprime.com**.

Prescription Drug Inquiry Unit

Phone: **800.423.1973** (Available 24 Hours Per Day, 7 Days Per Week) | Website: **myprime.com**

Home Delivery Customer Service

through Express Scripts
Phone: **833.715.0942** | Website: **express-scripts.com/rx**

Specialty Customer Service

through Accredo Pharmacy
Phone: **833.721.1619** | Website: **accredo.com**

Hearing Aid Benefit Coverage

Benefits will be provided for Hearing Aids for covered persons when a Hearing Care Professional prescribes a Hearing Aid to augment communications. Some related services are included, such as audiological examinations and selection, fitting and adjustment of ear molds to maintain optimal fit when Medically Necessary; Hearing Aid repairs will be covered when deemed Medically Necessary.



Prescription Utilization Management Programs

Step Therapy

Step therapy is a program for people who take prescription drugs **regularly to treat a medical condition**, such as arthritis, asthma or high blood pressure. It allows **you and your family to receive the affordable treatment you need** and helps your organization continue with prescription-drug coverage.

In step therapy, drugs are grouped in categories, based on treatment and cost:

Front-line drugs — the first step — are generic and sometimes lower-cost brand drugs proven to be safe, effective and affordable. In most cases, you should try these drugs first because they usually provide the same health benefit as a more expensive drug, at a lower cost.

Back-up drugs — Step 2 and step 3 drugs — are brand-name drugs that generally are necessary for only a small number of patients. Back-up drugs are the most expensive option.

What if I can't use the less expensive (front-line) drug?

With step therapy, more expensive brand-name drugs are usually covered as a back-up in the program if:

1. You've already tried the generic drugs covered in your step therapy program
2. You can't take a generic drug (for example, because of an allergy)
3. Your doctor decides, for medical reasons, that you need a brand-name drug

If one of these situations applies to you, your doctor can request an override or a "prior authorization" for you, allowing you to take a back-up prescription drug. Once the override is approved, you'll pay the appropriate copayment for this drug. If the override isn't approved, you will either have to pay full price for the back-up drug or take an alternative.

Prior Authorization

When your pharmacist tried to fill your prescription, the computer system indicated "prior authorization required." This means **more information is needed to determine if your plan covers the drug**.


Ask your doctor to call Express Scripts (PPO) — the company chosen to manage your pharmacy benefit — or to prescribe another medication that's covered by your plan. Only your doctor can give the information needed to see if your drug can be covered. If the information provided meets your plan's requirements, you pay the plan's copayment at the pharmacy.

You also have the option to pay full price for the prescription at your pharmacy.

Drug Quantity Management

Drug quantity management, also known as DQM, is a program in your pharmacy benefit that's designed **to make the use of prescription drugs safer and more affordable**. It provides the medication you need for your good health and the health of your family, while making sure you receive them in the amount — or quantity — considered safe.

Kankakee SD 111 Medical Plans Comparison

	Blue Cross and Blue Shield PPO Plan 1		Blue Cross and Blue Shield PPO Plan 2	
PPO Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible*				
Individual	\$2,000	\$15,000	\$500	\$1,000
Family (Embedded)	\$4,000	\$30,000	\$1,500	\$3,000
Out-of-pocket limit*	(deductible included in OOP Limit)		(deductible included in OOP Limit)	
Individual	\$2,000	\$30,000	\$1,000	\$2,000
Family (Embedded)	\$4,000	\$60,000	\$3,000	\$6,000
Lifetime Maximum	Unlimited		Unlimited	
Covered Expenses				
Hospital				
Inpatient Services	100%	60%	90%	\$300 admission copay, then 70% after program deductible is met
Outpatient Surgery	100%	60%	90%	70%
Emergency Room	100% after \$200 copay/visit (waived if admitted)		100% after \$150 copay/visit (waived if admitted)	
Physician				
Inpatient Services	100%	60%	90%	70%
Outpatient Surgery	100%	60%	90%	70%
Office Visit PCP	100% after \$25 copay	60%	100% after \$20 copay	70%
Office Visit Specialist	100% after \$50 copay	60%	100% after \$40 copay	70%
Other				
X-ray and Lab	100%	60%	90%	70%
Therapy–Speech, occupational or physical therapy	100%	60%	90%	70%
Mental/Nervous–Inpatient	100%	60%	90%	\$300 admission copay, then 70% after program deductible is met
Mental/Nervous–Outpatient	100%	60%	100% after \$20 copay	70%
Substance Abuse–Inpatient	100%	60%	90%	\$300 admission copay, then 70% after program deductible is met
Substance Abuse–Outpatient	100%	60%	100% after \$20 copay	70%
Wellcare	100%	60%	100%	70%
Rx Drugs	Prime Therapeutics		Prime Therapeutics	
Retail 30-Day supply	\$7 Generic \$50 Preferred Brand \$100 Non-Preferred Brand		\$10 Generic \$40 Preferred Brand \$60 Non-Preferred Brand	
Mail Order 90-Day supply	\$14 Generic \$100 Preferred Brand \$200 Non-Preferred Brand		\$20 Generic \$80 Preferred Brand \$120 Non-Preferred Brand	
Vision	EyeMed		EyeMed	
Vision	See Blue 365 Discount Program		See Blue 365 Discount Program	

Dependent Age: to 26 for all married or unmarried dependents and to age 30 for all unmarried military dependents who are Illinois residents.

Note: This is an outline of the benefit schedules. This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.

*Deductible and Out-of-Pocket amounts accumulate based on the benefit period of Jan 1 to Dec 31.

Kankakee SD 111 complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN (Spanish): si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **815.802.7710**.

UWAGA (Polish): Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **815.802.7710**.





Additional BCBS Resources

BCBS Global Core

BCBS Global Core provides members with access to doctors and hospitals in nearly 200 countries and territories around the world. Members can also search for providers, file a claim, translate medical terms, and much more.

To take advantage of the BCBS Global Core program, visit bcbsglobalcore.com or download the BCBS Global Core mobile app. The BCBS Global Core Service Center is available **24 hours a day, 7 days a week**, toll-free at **800.810.BLUE (2583)** or by calling collect at **804.673.1177**.

24/7 Nurseline — Around-the-Clock, Toll-Free Support (PPO only)

The 24/7 Nurseline can help you figure out if you should call your doctor, go to the ER or treat the problem yourself.

Health concerns don't always follow a 9-to-5 schedule. Fortunately, registered nurses are on call at **800.299.0274** to answer your health questions, wherever you may be, 24 hours a day, 7 days a week.

Seasons of Life

Seasons of Life is an outreach program that provides personalized claims resolution assistance to members and their families who are dealing with the death of a loved one. Seasons of Life ensures that members and their families receive compassionate help when they need it.

Fitness Program

The Fitness Program is an eight-tier membership program that gives you unlimited access to a nationwide network of fitness centers. With more than 13,000 participating gyms, you can work out at any location of your choosing at any time. To search for a gym, log in to Blue Access for Members or call **888.762.2583**.

Other program perks:

- No long-term contract required. Membership is month to month.
- Enroll in a tier that fits your budget and preferences with a one time **\$19 enrollment fee**.
(No enrollment fee for Digital Only option.)

Digital Only: \$10/month	Core: \$29/month	Elite: \$129/month	Signature: \$199/month
Base: \$19/month	Power: \$39/month	Pro: \$159/month	Premiere: \$239/month

- Automatic withdrawal of monthly fee.
- Online tools for locating gyms and tracking visits.
- Earn bonus Blue Points for joining the Fitness Program. Rack up more points with weekly visits.

Vision Program

PPO and HMO members can receive discounts on glasses, contact lenses, laser vision correction services, examinations and accessories through EyeMed providers. For a list of providers near you, go to eyemed.com, click **Find a Provider**, then choose the "Select Network" for HMO members and "Advantage Network" for PPO Members.

PPO EyeMed (Advantage Network): **866.273.0813** | HMO EyeMed (Select Network): **866.273.0813**

For more discount programs, sign up on the Blue365 website at blue365deals.com/BCBSIL

Well onTarget®

A Dynamic Wellness Program

Wellness is more than diet and fitness. It involves making healthy choices that enrich your mind, body and spirit. Well onTarget is designed to give you the tools and support you need to make these choices, while rewarding you for your hard work.

Well onTarget features:

Well onTarget Member Wellness Portal

The heart of Well onTarget is the member portal. It uses the latest technology to offer you an enhanced online experience. This engaging portal links to a suite of innovative programs and tools including self-directed courses, health and wellness content, tools and trackers, and the Blue Points program.

Blue Points

With the Blue Points program, you will be able to earn points by regularly participating in a range of healthy activities. You can then redeem your points for various gift cards to your favorite retailers or restaurants.

Navigate

Wellbeing Solutions

Your physical, financial, and emotional wellbeing are extremely important. In order to support, and offer you resources all in one place, the EBC has partnered with Navigate Wellbeing Solutions to provide a unified wellbeing engagement platform. Through the secure site, you will have access to group challenges, e-learning opportunities, health resources including workout videos and healthy recipes, and information on free programs the district provides, even if you are not enrolled in benefits. Visit ebcwellbeing.com to use these comprehensive online resources and step toward your healthiest, happiest self.

Dental Plan

Humana Dental Coverage

Your district offers dental PPO plans through **Humana**. Members must go to a Humana dentist in the Traditional Preferred Network in order to receive benefits.

Please visit Humana at www.Humana.com to conduct a provider search. Additionally, you can call Member Services:

PPO Member Services: **800.233.4013**

Dental Plans Comparison		
Benefit	PPO (Low) Plan 1	PPO (High) Plan 2
Deductibles (calendar year)	\$50 Individual \$150 Family (3)	
Copays	N/A	
Type A: Preventive Services (cleanings & exams)	Deductible waived, reimbursed at 100%	
Type B: Basic Services (fillings, endodontics, periodontics and oral surgery)	Deductible applies, reimbursed at 80%	
Type C: Major Restorative (crowns, bridges & dentures)	Deductible applies, reimbursed at 50%	
Orthodontics Lifetime Maximum*	\$1,000	
Annual Maximum Benefit	\$1,000	\$2,000

Dependent Age: to 26 for all unmarried dependents and to age 30 for all unmarried military dependents who are Illinois residents.
Please note: you have the option of having a higher Annual Maximum Benefit by selecting PPO Plan 2, but at a higher monthly premium.
*Child Orthodontia - Covers children through age 18. Plan pays 50% (no deductible) of the covered orthodontia services.



Vision Service Plan (VSP)

VSP Provider Network: VSP Choice			
Contact us. 800.877.7195 VSP.com			
Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every 12 months
Prescription Glasses		\$20	See frame and lenses
Frame	\$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance \$70 Costco or Walmart frame allowance	Included in Prescription Glasses	Every 24 months
Lenses	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every 12 months
Lens Enhancements	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements	\$0 \$95 - \$105 \$150 - \$175	Every 12 months
Contacts (instead of glasses)	\$130 allowance for contacts; copay does not apply. Contact lens exam (fitting and evaluation)	Up to \$60	Every 12 months
Extra Savings	Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam. Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.		
Your Coverage with Out-of-Network Providers			
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.			



Voluntary Life – Reliance

Build Your Benefit. With Reliance's Voluntary Term Life insurance, your employer gives you the opportunity to buy valuable life insurance coverage for yourself, your spouse and your dependent children – all at affordable group rates.

	EMPLOYEE	SPOUSE & CHILD	
	Employee	Spouse	Child*
Life Coverage: provides a benefit in the event of death. Schedules:	Increments of \$5,000	Increments of \$10,000	Birth, but less than 6 months - \$500; 6 months through Age 19 - \$10,000
Guarantee Issue (No EOI Required)	\$50,000	\$50,000	\$500; \$10,000
Overall Benefit Maximum (Subject to an EOI)	\$250,000*	\$100,000**	\$10,000
Employee Contribution	100%	100%	100%

*Not to exceed five (5) times earnings

**Not to exceed 100% of insured's amount

Any purchase or increase in benefits, which does not take place within 31 days of employee's or dependent's eligibility effective date is subject to evidence of insurability. Coverage is subject to approval by Reliance.

Employee & Spouse Rates		Employee & Spouse Rates	
Age of EE	Rate/\$1,000	Age of EE	Rate/\$1,000
18-24	\$0.069	60-64	\$0.725
25-29	\$0.069	65-69	\$1.35
30-34	\$0.080	70-74	\$2.21
35-39	\$0.092	75-79	\$7.28
40-44	\$0.15	80-84	\$7.28
45-49	\$0.253	85-89	\$7.28
50-54	\$0.38	90-94	\$7.28
55-59	\$0.644	95-99	\$7.28

Dependent Child Coverage Rates	
Per \$1,000	\$0.13

To request coverage:

1. Choose the amount of employee coverage that you want to buy.
2. Look up the premium costs for your age group for the coverage amount you are selecting on the chart below.
3. Choose the amount of coverage you want to buy for your spouse. Again, find the premium costs on the chart below.
Note: Premiums are based on your age, not your spouse's.
4. Choose the amount of coverage you want to buy for your dependent children. The premium costs for each coverage option are shown below.
5. Complete the enrollment process by visiting www.EBCcooperative.com. (If requesting amounts over the non-medical maximum, please complete the EOI link after making coverage election.)

Voluntary AD&D – Reliance

AD&D Coverage can provide a benefit in the event of death or dismemberment resulting from a covered accident.

	Employee	Spouse & Child	
	Employee	Spouse	Child
Coverage Specifications	Increments of \$10,000	Up to 50% of ee benefit if no dependent child(ren) covered; up to 40% of ee benefit with dependent child(ren) covered	10% of ee benefit for each dependent child with spousal coverage; 15% of ee benefit for each dependent child if no spousal coverage
AD&D Maximum	\$250,000*	Based on ee benefit & child(ren) coverage	Based on ee benefit & spousal coverage
Employee Contribution	100%	100%	100%

*Not to exceed 10 times Earnings for amounts over \$150,000

Coverage Rates		
Class(es)	Employee Only Per \$1,000 Benefit	Family Per \$1,000 Benefit
All	\$0.024	\$0.038

Note: This is an outline of the benefit schedules. This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.

Employee Assistance Program

Kankakee SD 111 offers its employees and their families an employee assistance program at no cost through AllOne Health. A professional EAP counselor can provide confidential services related to emotional, personal and stress-related concerns, chemical dependency, prenatal care, child care, parenting, special needs, legal and financial matters, academic and financial aid referrals, convenience services (auto care, home repair, moving specialists, etc.) and pet care, elder care, health and wellness, pre-retirement lifestyle planning and marriage, family and relationship issues.

Contact AllOne Health at **855.775.4357** or Karen Johnston at **815.802.7740** for more information.

Online Enrollment

All open enrollment transactions, requests to change your benefits, and updates to your demographic information are completed online. Visit www.ebccoperative.com and log in by entering your user name and password.

If you are a first-time user, click on 'Register' to set up your user name, password and security questions. Our 'Company Key' is **ebc** (note: it's case sensitive).

Forgot your user name or password?

Click on the 'Forgot your user name or password?' link. Enter your social security number, company key (ebc) and date of birth. Answer your Security question and then enter and confirm your new password. Click 'Continue' to return to the login page and login.

Want to review your current plan?

You have year-round access to your benefit summary and specific benefit elections through the site. You can also find plan information and other benefit documents in the Reference Center.



Dependent Eligibility Audit

The EBC Board of Directors approved conducting an ongoing Dependent Eligibility Audit for all employees who newly cover dependents on their medical plans. The audit is mandatory for all EBC districts.

This audit will capture any new hires or employees experiencing a qualifying life event that add dependents. These employees will be required to upload documents that show proof of dependent eligibility status into a secure online portal managed by Impact Interactive.

Dependents will be dropped from the plan if a dependent is determined to be ineligible during the audit or, if an employee fails to submit documents for the dependent before the deadline. The date the dependent will be dropped is listed in the audit communication sent to individual employees via mailed and district email.

Dropped dependents are NOT eligible for COBRA.

Who are eligible dependents?

- Spouse
- Civil Union (all districts)
- Domestic Partner (some districts cover)
- Biological, adopted, step child
- Child under legal guardianship, foster child

What are examples of documents that will be required?

- The most recent tax return showing married filing jointly/separately
- Birth certificate
- Court documents that show legal guardianship
- Marriage certificate AND two financial statements, such as bank statements, insurance bills, rental/mortgage contracts

Making Changes to Your Benefits

Each year, you have the opportunity to make changes to your benefits during open enrollment. Any pre-tax benefit elections made during open enrollment must remain in effect until the following open enrollment period, unless you experience a qualifying life event (QLE) that may allow for an election change. Allowed election changes will depend on the QLE that is experienced.

Some examples of qualifying life events include:

- Marriage
- Change in dependent's eligibility or employment status
- Birth or adoption
- Divorce or legal separation

Please note, these are only a few examples. If you believe you experienced a qualifying event, please notify human resources immediately. You have 30 days* from the date of the qualifying event to make applicable changes. Keep in mind, the changes you make must be directly related to the event and you may be required to provide documentation.

*If you lose eligibility for Medicaid/CHIP or become eligible for a state premium assistance subsidy, you have 60 days from that qualified change in status to make changes.





Kankakee SD 111

Notes

Lined area for notes, consisting of multiple horizontal lines.

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across its entire width, providing a guide for handwriting or typing. The background is a clean, solid white color. There are no margins, text, or other markings present on the page.

Kankakee SD 111

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.