AMERICAN UNIVERSITY
WASHINGTON, DC

Support for **Every Step**

2027 Benefits and Enrollment Guide

COBRA Edition



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WELCOME TO YOUR 2027 BENEFITS GUIDE

At American University, we work hard to provide great benefits with access to top quality care, and plans that fit the needs of your family and lifestyle.

Our philosophy is simple: we're in this together, providing the best care we can, and building toward stability.

We're always thinking about how to keep our benefits competitive and here for the long haul. We do that by offering a variety of plan designs which provide choices so you can determine what is best for you and your family. This year we have an increased focus on communication and education to help you get the care you need and pay for it in a way that works for you.

Every change we make serves one goal: protecting the value of what you and your family rely on. And no one has to figure it out alone. We'll explain what's changing, show you your options, and give you the resources to help you choose with confidence.



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American University makes every effort to ensure the accuracy of the information in this guide. However, if there are discrepancies between the guide and the legal documents governing a plan or program (the "plan documents"), the plan documents will always govern. American University reserves the right to amend or terminate any benefit plan at its sole discretion at any time, for any reason.

Terms to Know

Premium
The amount you pay from your paycheck each pay period to have benefits coverage.

Annual Deductible
The amount you pay out-of-pocket for covered services before your plan starts to share costs. On your medical plan, some services like preventive care, may be covered before you meet the deductible.

Out-of-Pocket Maximum (OPM)
The OPM is the most you will pay out-of-pocket for covered services during the plan year. Once you reach this amount, your medical plan will pay 100% of covered services for the rest of the plan year.

Embedded Deductible
With an embedded deductible, one family member can begin paying coinsurance by meeting the plan's individual deductible before the entire family deductible is reached.

Embedded Out-of-Pocket Max (OPM)
With an embedded OPM, one family member who may have higher healthcare costs can meet the individual OPM for the plan and be covered at 100% even though the full family OPM has not yet been met.

In- and Out-of-Network
In-network providers have contracted with your plan and typically cost less. Out-of-network providers have not contracted with your plan, so care may cost more or may not be covered except in certain situations.

Copayment (copay)
A fixed dollar amount you pay for a covered service, such as a doctor's office visit or prescription.

Coinsurance
The percentage of the cost of care you pay out-of-pocket for covered services after you meet your deductible. Your plan covers the remaining amount.

Health Savings Account (HSA)
A tax-advantaged savings account available to individuals enrolled in a qualified High Deductible Health Plan (HDHP). An HSA allows you to contribute pre-tax dollars, which can be used for eligible healthcare expenses or invested for future medical and retirement needs.

Flexible Spending Account (FSA)
A tax-advantaged account that allows you to set aside pre-tax money from your paycheck to pay for eligible expenses during that plan year. There are multiple types of FSA.

Allowed Amount / Allowed Benefit
The maximum amount your plan will recognize or pay toward a covered service. If a provider charges more than the allowed amount, you may be responsible for the difference.

Coverage Tiers
This is the level of coverage you have based on who you choose to enroll. Your premiums are based on this tier. Individual coverage covers the employee only. Family coverage typically refers to employee + spouse/domestic partner, employee + children, and employee + family coverage tiers.

Statement of Health
Also known as Evidence of Insurability (EOI), this is a health questionnaire used by an insurance company to review and approve certain insurance enrollments or increases in coverage.

Beneficiary
Your primary beneficiary is the person, organization, trust, or entity you choose to receive a benefit upon your death. A contingent beneficiary receives the benefit if your primary beneficiary is deceased.



Eligibility

To be eligible for COBRA continuation coverage, you must:

- Experience a qualifying event that results in the loss of group health plan coverage
- Be covered under the health plan on the day before the qualifying event occurs

Eligible dependents

Eligible dependent	Eligibility details
Spouse	Eligible dependent
Domestic partner	Domestic partners and their children may be added to the plan as long as you meet eligibility requirements and have a valid Affidavit of Domestic Partnership on file in the Office of Human Resources.
Children under age 26	Includes your children, stepchildren, legally adopted children, children placed with you for adoption, and children for whom you have been appointed legal guardian. Dependent children are eligible to stay on your plan until the end of the year they turn 26.
Disabled children of any age	Children who are incapable of supporting themselves due to a mental or physical disability, provided that the disability occurred before the child reached age 26.

Enrollment

When You Can Enroll or Change Your Benefits

As a COBRA participant, you can only change your medical, dental, and vision elections during an enrollment window. There are two types of enrollment window for COBRA participants:

During Open Enrollment

Each year in the fall, you have the opportunity to review, change, or update your benefit elections for the next year. Coverage is effective January 1 - December 31, 2027.

After a Qualifying Event

Outside of open enrollment, you can only modify your benefits if you experience a qualifying event or an event covered by HIPAA special enrollment.

Qualifying events include:

- Marriage, divorce, or legal separation
- Death of a spouse or dependent
- Birth, adoption, or gaining legal custody of a new dependent
- A change in a dependent's eligibility status (e.g., exceeding lifetime limits under another employer's plan)
- A change in your or your spouse's employment status
- A change in residence (only pertinent if the move causes you to reside outside of your medical plan's network service area)

HIPAA special enrollment notice

If you initially decline enrollment for your dependents because they have other health insurance coverage, you may be able to enroll your dependents in AU's plan during the year under HIPAA's special enrollment rights.

There are two types of special enrollment.

1. Loss of eligibility for other coverage: you initially declined coverage for your dependents due to other health coverage and then your dependents lose eligibility or lose employer contributions; or
2. Qualifying life event: you have a new dependent as a result of marriage, birth, adoption, or placement for adoption.

Supporting documentation

If you have a qualifying event or HIPAA special enrollment and wish to change your benefits, you must submit supporting dated documentation and a benefits enrollment form within 30 days of the qualifying event. Contact Optum Financial at 877-292-4040. The benefit change must be consistent with the event.

Alternative Health Insurance Options

COBRA allows you to continue your current health insurance coverage, but it may not always be the most cost-effective option.

To help you explore more affordable health insurance options, American University has partnered with Gallagher, a national health insurance advisory firm. Gallagher's team of licensed advisors provides personalized assistance, at no cost to you, to help you make informed decisions about your health coverage.

To get started:

- Call: 833-218-8772
- Website: ahs-partner-us.ajg.com/American-University

Spouse and Domestic Partner Surcharge

If you enroll your spouse or domestic partner in an American University medical plan while they have access to other employer-sponsored medical coverage through their own employer or a retiree health plan, an additional $125 monthly surcharge will apply. Optum will administer the surcharge and will provide the form to participants.

The surcharge will not apply if your spouse or domestic partner:

- Is not employed and does not have access to employer-sponsored medical coverage
- Is employed but not eligible for medical coverage through their employer
- Is enrolled in or eligible for Medicare or Medicaid and is not offered retiree medical coverage through a former employer
- Is not enrolled in your American University medical coverage

Medical and Prescription Coverage

You have three medical plan options each built to support different ways of balancing your needs. There's no wrong choice—just different trade-offs between when you pay for care, flexibility, and how your care is coordinated.

Note: If you are enrolled in Medicare, TRICARE, or someone else claims you as a dependent on their taxes, you cannot choose the CareFirst HDHP. You may only choose the CareFirst PPO or the Kaiser HMO.

As a COBRA participant, there will be some restrictions to the Health Savings Account if you choose the CareFirst HDHP. Learn more on page 14.

Medical Plan Options

	Kaiser HMO	CareFirst PPO		CareFirst HDHP	
	In-Network(*)	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	N/A	**EE Only:** $1,500 **Embedded Individual:** $1,500 **Family:** $3,000	**EE Only:** $3,000 **Embedded Individual:** $3,000 **Family:** $6,000	**EE Only:** $3,000 **Embedded Individual:** $3,500 **Family:** $6,000	**EE Only:** $6,000 **Embedded Individual:** $6,000 **Family:** $12,000
Annual Out-of-Pocket Max	**EE Only:** $2,250 **Embedded Individual:** $2,250 **Family:** $4,500	**EE Only:** $4,500 **Embedded Individual:** $4,500 **Family:** $9,000	**EE Only:** $6,750 **Embedded Individual:** $6,750 **Family:** $13,500	**EE Only:** $6,000 **Embedded Individual:** $6,000 **Family:** $12,000	**EE Only:** $12,000 **Embedded Individual:** $12,000 **Family:** $24,000
Coinsurance	N/A	20% of allowed benefit	35% of allowed benefit	20% of allowed benefit	40% of allowed benefit
HSA Eligible?	Not eligible	Not eligible		Yes	
Cost of Care (what you pay)					
Preventive Care	$0	$0	35% after deductible for dependent children only	$0	40% after deductible for dependent children only
Primary Care Visit	$30 copay	$25 copay after deductible(**)	35% after deductible	20% after deductible	40% after deductible
Specialist Visit	$40 copay	$50 copay after deductible(**)	35% after deductible	20% after deductible	40% after deductible
Referral needed for Specialist Care?	Yes	No	No	No	No
Retail Health Clinic	N/A	$25 copay after deductible	35% after deductible	20% after deductible	40% after deductible
Urgent Care	$40 copay for in-network and non-plan providers if out of the service area	$50 copay, deductible does not apply		20% after deductible	40% after deductible
Emergency Room Visit	$250 copay, waived if admitted	$250 copay, waived if admitted, deductible does not apply		20% after deductible	20% after deductible
Hospital Facility Fee	$500 copay per admission	$250 copay after deductible per admission, then 20% coinsurance	35% after deductible	20% after deductible	40% after deductible
Inpatient Hospital Physician / Surgeon Fee	No charge	20% after deductible	35% after deductible	20% after deductible	40% after deductible

*Kaiser HMO provides in-network coverage only except for in certain emergency situations
**If at a Hospital Facility, you pay 20% after deductible

Prescription Plan Details (In-Network Coverage Only)

	Kaiser HMO	CareFirst PPO	CareFirst HDHP
RX Deductible	N/A	None	Prescriptions count towards medical plan deductible and OPM, except for medication on the Express Scripts preventive medication list*
RX Out-of-Pocket Max (OPM) (individual / family)	Combined with medical OPM	$4,500 / $9,000 separate OPM than the medical plan OPM	
Maintenance Medication coverage	Applicable generic, preferred, and non-preferred copayment.	After the first three retail prescription fills for maintenance drugs, you pay 100% of the cost of the drug if not filled through mail service. That cost does not apply toward the script OPM.	After the first three retail prescription fills for maintenance drugs, you pay 100% of the cost of the drug if not filled through mail service. That cost does not apply toward the script deductible and OPM.
Cost of Prescriptions (Retail 30-day supply / Mail Order 90-day supply)			
Generic	**Kaiser retail:** $15 **Mail order:** $30 **Other participating pharmacies:** $25	**Retail:** $10 **Mail order:** $25	After deductible, **Retail:** $10 **Mail order:** $25
Preferred Brand	**Kaiser retail:** $35 **Mail order:** $70 **Other participating pharmacies:** $55	30% coinsurance, **Retail:** $25 min to $70 max **Mail order:** $65 min to $175 max	After deductible, 30% coinsurance **Retail:** $25 min to $70 max **Mail order:** $65 min to $175 max
Non-Preferred Brand	**Kaiser retail:** $60 **Mail order:** $120 **Other participating pharmacies:** $80	50% coinsurance, **Retail:** $100 min to $300 max **Mail order:** $250 min to $750 max	After deductible, 50% coinsurance, **Retail:** $100 min to $300 max **Mail order:** $250 min to $750 max
Specialty 30-day maximum supply	Applicable generic, preferred, and non-preferred copayment.	**Generic:** $10 **Preferred Brand:** 30% coinsurance, $25 min to $70 max **Non-Preferred:** 50% coinsurance, $100 min to $300 max	After deductible, **Generic retail:** $10 **Preferred Brand:** 30% coinsurance, $25 min to $70 max **Non-Preferred:** 50% coinsurance, $100 min to $300 max
Excluded Drugs	Per Kaiser formulary for excluded drug	Express Scripts Medications Excluded from the Formulary	Express Scripts Medications Excluded from the Formulary

Infusion Care Services

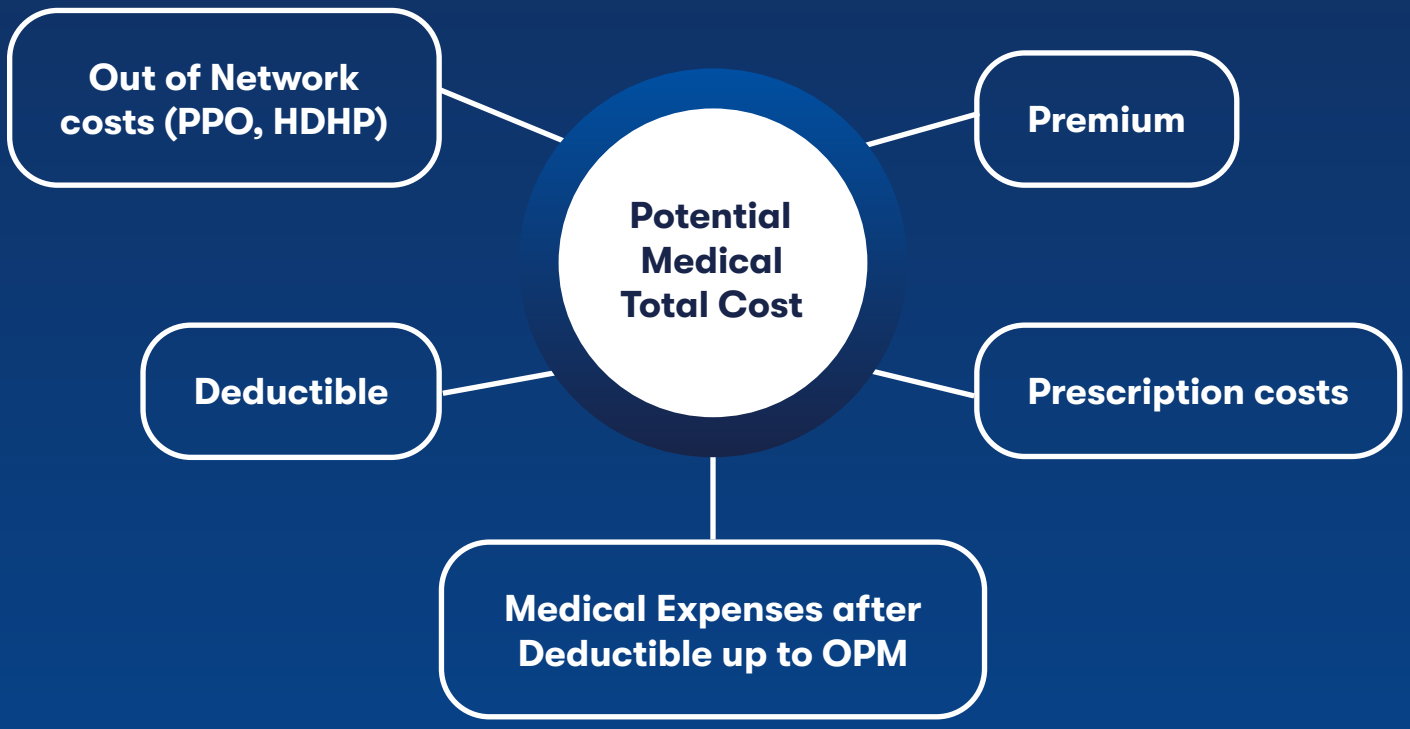
For CareFirst Medical Plans, infusion care services may require prior authorization. Infusion pharmacy services are managed by CareFirst through CVS Specialty, while the provider administers the medication. Your provider is responsible for ordering and coordinating the medication. These medications are covered under both the CareFirst PPO and HDHP plans. Some medications may require a specific site of care, and approval for a setting other than an outpatient hospital will be based on medical necessity criteria at the time of prior authorization. Generally, the deductible must be met, and employee costs will vary depending on the site of care. For additional information, members and providers can contact CareFirst at the information listed on the back of your ID card. **For Kaiser,** applicable cost shares will apply based on place and type of service.

How to Choose a Plan

Understanding Your Total Costs

When choosing your medical plan, remember, your premium deductions are only one part of your total costs. You'll want to consider both what your total cost might look like in an average year and also the maximum you might have to pay in the worst-case scenario.

Here's a quick guide to estimating your annual costs.



When choosing a plan, make sure you are comfortable with both the expected costs and the worst-case scenario.

Understanding Embedded Deductibles & OPMs

Embedded deductibles and OPMs are a feature of EE + child, EE + spouse, and family coverage where one person's individual deductible or OPM can be met before the full family amount is reached. This protects individual family members by helping them access coverage more quickly.

How it Works with Your Plans

Kaiser HMO (Embedded)	CareFirst PPO and HDHP (Embedded)	
No Deductible **Embedded Out-of-Pocket Max** 1. Each plan member contributes to their individual OPM. 2. When a plan member meets their individual OPM, their future care is fully covered. Other members of the family continue to pay towards the family OPM. 3. Once the family OPM is met, care is fully covered for all family members.	**Embedded Deductible** 1. Each plan member contributes to their individual deductible. 2. Coverage begins for a plan member when they meet their individual deductible. Other members of the family continue to pay towards the family deductible. 3. Once the family deductible is met, coverage begins for all family members.	**Embedded Out-of-Pocket Max** 1. Each plan member contributes to their individual OPM. 2. When a plan member meets their individual OPM, their future care is fully covered. Other members of the family continue to pay towards the family OPM. 3. Once the family OPM is met, care is fully covered for all family members.

HDHP Plan Example

Dean and Sarah are married with a one year-old, Zoe, and enrolled in the CareFirst HDHP plan. Because they are enrolled in EE + Family coverage, they can benefit from the plan's embedded deductibles and OPMs in a year they had significant claims expenditure.

Deductible: Embedded Individual $3,500 / Family $6,000

OPM: Embedded Individual $6,000 / Family $12,000

	Dean	Sarah	Zoe
Annual Total Medical Bills	$20,000	$1,500	$25,000
Individual Deductible met?	Yes	No	No - Family Deductible Met
Individual OPM met?	Yes	No	No - Family OPM Met
Deductible Paid	$3,500	$1,500	$1,000
Coinsurance Paid	$2,500	$0	$3,500
Total Paid	**$6,000**	**$1,500**	**$4,500**

After meeting his deductible, Dean paid 20% coinsurance on the remaining $16,500 he owed. Together his deductible and coinsurance totaled $6,800, which is over his individual OPM. His plan paid the $800 balance after his OPM was met.

Sarah only had $1,500 of expenses, so she did not meet the family deductible and have the plan coinsurance start to pay on her claims.

Zoe's claims led the family to meet their total family deductible of $6,000 ($3,500 + $1,500 + $1,000). After this, the family paid 20% coinsurance on the balance of Zoe's claims until they met the overall family OPM of $12,000 ($6,000 in deductible spend + $2,500 + $3,500).

See it in Action

Choosing a medical plan is a personal decision; there is no one-size-fits all recommendation. Consider your health, lifestyle, everyday budget and ability to pay for unexpected or large bills. See examples below of how three individuals chose the best fit for their needs.

Priya's Story

After leaving her job, Priya elected COBRA coverage to maintain access to her current doctors and treatment plan. She has a chronic condition that requires regular specialist visits, ongoing prescription medications, and she expects at least one hospital stay in the coming year. While the **CareFirst PPO** has a higher monthly COBRA premium, Priya chose it because its lower out-of-pocket maximum and broad provider network help protect her from significant medical expenses while ensuring continuity of care during her transition.



Devon's Story

Devon recently experienced a qualifying event and wants to maintain health coverage while exploring his next career opportunity. Since he and his spouse are generally healthy and only use preventive care and occasional medical services, they chose the **CareFirst HDHP**. They appreciate its lower COBRA premium compared to the PPO and value the flexibility of a national network and out-of-network coverage while they may be traveling or relocating. Because they have emergency savings set aside, they feel comfortable with the higher deductible and can use their existing HSA funds for eligible healthcare expenses if needed.



Sam's Story

Following a reduction in work hours, Sam elected COBRA coverage to ensure she remained insured while evaluating her next health coverage option. With a limited budget and concern about unexpected medical expenses, Sam chose the **Kaiser HMO** plan. Although the plan requires her to use Kaiser network providers and obtain referrals for specialty care, she values the predictable copays and lower out-of-pocket maximum. Knowing what her healthcare costs are likely to be gives her greater confidence as she navigates this period of transition.



Dental Coverage

American University offers a choice between two dental plans from Delta Dental. Both plans cover diagnostic and preventive care, like routine cleanings and X-rays, at 100%. Compare plan premiums on page 15.

Delta Dental Basic[1]

- You must choose a dentist who is in the Delta Dental PPO network. The Basic plan does not cover services from Premier or out-of-network dental providers.
- Covers screenings, cleanings, fillings, and periodontics. Does not cover major dental services or orthodontics.
- Lower monthly premium than Delta Dental Comprehensive.

Delta Dental Comprehensive[2]

- You can see any licensed dentist. However, you pay the least out-of-pocket if you see a dentist in the Delta Dental PPO network.
- Covers everything in the Basic plan plus most necessary dental services and supplies, including orthodontia.
- Higher monthly premium than Delta Dental Basic.

Find a Provider

To find an in-network dentist, visit deltadentalins.com or contact your current dentist to find out if they are a Delta Dental provider.

Make sure you know what's covered

Predetermination of dental benefits tells you which procedures are covered and how much will be paid towards your treatment. This is especially important for extensive dental care. Ask your dentist to submit a claim form to Delta Dental for a predetermination.

Plan Details

	Basic		Comprehensive	
Provider Network	**Delta Dental – PPO dentists***	**Non-Delta Dental PPO dentists***	**Delta Dental – PPO dentists***	**Non-Delta Dental PPO dentists***
Deductible (Waived for diagnostic, preventive, and orthodontics)	$50 individual $150 family	Not covered	$50 individual $150 family	$50 individual $150 family
Annual Benefit Maximum	$1,000 per person		$2,000 per person	$2,000 per person
Lifetime Orthodontic Maximum	Not covered		$1,500 per person	$1,500 per person
Diagnostic & Preventive Services (D & P) (Exams, cleanings, x-rays and sealants)	100%		100%	100%
Basic Services (Fillings and posterior composites)	50%		80%	70%
Endodontics (root canals)	50%		80%	70%
Periodontics (gum treatment)	50%		80%	70%
Oral Surgery	50%		80%	70%
Major Services (Crowns, onlays and cast restorations)	0%		50%	40%
Prosthodontics (Bridges, dentures and implants)	0%		50%	40%
Orthodontic Benefits (Adults and dependent children)	N/A		50%	50%

Reimbursements are based on Delta Dental's maximum contract allowances, not necessarily each dentist's submitted fees. Limitations or waiting periods may apply for some benefits, and some services may be excluded from your plan.

[1]Basic Plan: Fees are based on PPO fees for Delta Dental PPO dentists. Services provided by Premier or non-Delta Dental dentists are not covered.
[2]Comprehensive Plan: Reimbursements are based on PPO contracted fees for Delta Dental PPO dentists, PPO contracted fees for Premier dentists, and PPO contracted fees for Non-Delta Dental dentists.
[3]Diagnostic and preventive services will not count toward the calendar year maximum. Fluoride treatment is covered only for children up to age 19.

Vision Coverage

American University offers two vision plans through CareFirst. The vision plans are available to all eligible staff and faculty, regardless of which medical plan you choose or if you waive medical coverage.

Compare plan rates on page 15. Visit carefirst.com to find a provider.

Considering the Kaiser HMO medical plan?

The Kaiser HMO includes comprehensive vision coverage for children under 19 years of age, including full coverage for necessary contact lenses and select glasses (once per year). Some services are also covered for adults.

See the Kaiser plan documents at american.edu/hr/benefits/health/kaiser.cfm for complete details.

Plan Details (In-Network)

Vision Service	CareFirst Vision Basic	CareFirst Vision Enhanced
Comprehensive eye exam	$10 copay, every 12 months	$10 copay, every 12 months
Frames	Every 24 months	Every 12 months
At Visionworks	Up to $150 + 20% off balance	Up to $230 + 20% off balance
At other providers	Up to $100 + 20% off balance	Up to $180 + 20% off balance
Lenses	Every 12 months	Every 12 months
Single vision lens	$20 copay	$25 copay
Bifocal lens	$20 copay	$25 copay
Trifocal lens	$20 copay	$25 copay
Lenticular lens	$20 copay	$25 copay
Standard progressive lenses	$50 copay	Covered in full
Contact lens fit and follow-up	15% discount, every 12 months	Up to $60 + 15% off balance, every 12 months
Elective single vision contact lenses	Up to $97 + 15% off balance	Up to $180 + 15% off balance
Elective multifocal contact lenses	Up to $127 + 15% off balance	Up to $180 + 15% off balance
Medically necessary contact lenses	Covered in full	Covered in full
Diabetic eyecare plus program	Additional exam per year at no cost	Additional exam per year at no cost



HSA and FSA Restrictions

Health Savings Account (HSA)

Health Savings Accounts have some restrictions for COBRA participants.

Contributions

Contributions to the HSA can be made through the Online Member Service Center at hellofurther.com.

- You can only contribute to the HSA on a post-tax basis.
- AU cannot make contributions to your HSA since you are not an active employee.

Get Started

Register an account with Further at hellofurther.com to view your balance, make one-time or recurring contributions, submit claims, pay providers and more.

Questions about your HSA can be directed to Further customer service at **800-859-2144**.

Flexible Spending Account (FSA)

COBRA participants can continue an **existing** AU Health Care Flexible Spending Account (HCFSA) through the end of the plan year, **but only if your account is underspent** (you have more money left in your election than you have claimed) **and you elect to keep paying for it with after-tax dollars plus a 2% administrative fee**.

COBRA Participants are not eligible for a Dependent Care Flexible Spending Account (DCFSA) through American University.

Don't forget to choose your beneficiary
Because your HSA is a personal savings account, it's important to designate a beneficiary and keep that information current.

Contact Information

Benefit	Vendor	Phone	Website/Email
Medical	CareFirst	833-798-1635	carefirst.com
	Kaiser Permanente	301-468-6000	kp.org
Prescription Drug	Express Scripts	877-486-5984	express-scripts.com
	Kaiser Permanente	301-468-6000	kp.org
Dental	Delta Dental	800-932-0783	deltadentalins.com
Vision	CareFirst	800-783-5602	carefirst.com
Health Savings Account	Further	800-859-2144	hellofurther.com
Flexible Spending Accounts	Optum Financial	877-292-4040	optumfinancial.com

Costs of Coverage

Use these premiums to compare what you'll pay for each coverage option based on the plans and coverage tiers you choose. The costs shown below are the COBRA rates for each plan and level of coverage.

For more information about the benefits in this guide, visit the American University Benefits website. Rates for active employees will vary from the COBRA rates presented here, but the plan benefits and design are the same.

Medical Coverage Monthly Rates

	Kaiser HMO	CareFirst PPO	CareFirst HDHP
Individual only	$801.00	$1,207.75	$806.33
Individual + spouse	$1,832.52	$2,717.43	$1,814.24
Individual + child(ren)	$1,472.87	$1,872.01	$1,249.82
Family	$2,330.89	$3,498.49	$2,335.70

Dental Coverage Monthly Rates

	Delta Dental Basic	Delta Dental Comprehensive
Individual only	$34.48	$43.38
Individual + spouse	$79.90	$100.52
Individual + child(ren)	$55.05	$69.25
Family	$99.96	$125.78

Vision Coverage Monthly Rates

	CareFirst Vision Basic	CareFirst Vision Enhanced
Individual only	$3.98	$6.75
Individual + spouse	$7.96	$13.52
Individual + child(ren)	$8.35	$14.20
Family	$11.64	$19.77

FSA Administrative Fee

All tiers	$2.95



BG_AU_MM_08476: 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