



2026



# BENEFIT GUIDE

January 1 - December 31, 2026



# Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work full-time. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the 1st of the month following date of hire.  
  
If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2026.

## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse or child
- ▶ You lose coverage under your spouse's plan
- ▶ You gain access to state coverage under Medicaid or CHIP

## Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

# Inside

- Medical
- Voluntary Benefits
- Dental
- Vision
- Life and AD&D Insurance
- Disability Insurance
- Employee Assistance Program (EAP)
- Valuable Extras
- Contact Information

# Enrollment

Go to <https://employeeenavigator.com/benefits/Account/Register>. There, you will find detailed information about the plans available to you and instructions for enrolling.

**Required Information**—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.



Blue Cross Blue Shield of Illinois HDHP HSA

The High-Deductible Health Plan (HDHP) works similarly to a traditional PPO:

- ▶ You may see any health care provider and still receive coverage, but will maximize your benefits and lower your out-of-pocket costs if you see an in-network provider.
- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ **HSA Option 1 (\$6,500 Deductible) / HSA Option 2 (Family Plan - \$3,400 Deductible):** You pay the full cost of non-preventive health care services until you meet the annual deductible. ***NOTE:** If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL IN A FAMILY deductible (up to the family limit) before the plan starts to pay expenses for that individual.*

Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year. ***NOTE:** If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL IN A FAMILY out-of-pocket maximum (up to the family limit) before the plan starts to pay covered services at 100 percent for that individual.*

- ▶ **HSA Option 2 (Self-Only Plan - \$3,000 Deductible):** You pay the full cost of non-preventive health care services until you meet the annual deductible. ***NOTE:** If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.*

Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year. ***NOTE:** If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL IN A FAMILY out-of-pocket maximum (up to the family limit) before the plan starts to pay covered services at 100 percent for that individual.*

- ▶ **HSA Option 3 (\$2,000 Deductible):** You pay the full cost of non-preventive health care services until you meet the annual deductible. ***NOTE:** If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.*

Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year. ***NOTE:** If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100 percent for any one individual.*

The HSA

The HDHP comes with a type of savings account called a health savings account, or HSA. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

Here’s how the HSA works:

- ▶ You contribute pre-tax funds to the HSA through automatic payroll deductions.
- ▶ In addition, we will contribute \$1,000 annually to your HSA if you enroll in employee-only coverage and \$1,000 annually if you enroll yourself and one or more family members.
- ▶ Your contributions, in addition to the company’s contributions, may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2026
Employee Only	\$4,400
Family (employee + 1 or more)	\$8,750
Catch-up (age 55+)	\$1,000

- ▶ You can withdraw HSA funds tax-free to pay for current qualified health care expenses, or save them for the future, also tax-free. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

Important Notes:

- ▶ You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) must not be enrolled in Medicare and d) cannot be claimed as a dependent on another person’s tax return. For more information, please refer to IRS Publication 969.
- ▶ For a complete list of qualified health care expenses, refer to IRS Publication 502.
- ▶ Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

Blue Cross Blue Shield of Illinois PPO

This plan gives you the freedom to seek care from any provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.

- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the **annual deductible**. You may also have to pay a fixed dollar amount (**copay**) for certain services.
- ▶ Once you meet the deductible, you pay a percentage of certain health care expenses (**coinsurance**) and the plan pays the rest.
- ▶ Once your deductible, copays and coinsurance add up to the **out-of-pocket maximum**, the plan pays the full cost of all qualified health care services for the rest of the year.

# Medical (Cont'd)

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Blue Cross Blue Shield of Illinois HSA Option 1 (\$6,500 Deductible) HDHP HSA			Blue Cross Blue Shield of Illinois HSA Option 2 (Self-Only Plan - \$3,000 Deductible) HDHP HSA			Blue Cross Blue Shield of Illinois HSA Option 2 (Family Plan - \$3,400 Deductible) HDHP HSA		
	Tier 1 BCO Provider In-Network	Tier 2 PPO Provider In-Network	Tier 3 Out-of- Network¹	Tier 1 BCO Provider In-Network	Tier 2 PPO Provider In-Network	Tier 3 Out-of- Network¹	Tier 1 BCO Provider In-Network	Tier 2 PPO Provider In-Network	Tier 3 Out-of- Network¹
Deductible (per calendar year)									
Individual / Family	\$6,500 / \$13,000	\$6,500 / \$13,000	\$14,000 / \$28,000	\$3,000 (Self-Only)	\$3,000 (Self-Only)	\$6,000 (Self-Only)	\$3,400 / \$6,000	\$3,400 / \$6,000	\$6,000 / \$12,000
Out-of-Pocket Maximum (per calendar year)									
Individual / Family	\$7,000 / \$14,000	\$7,000 / \$14,000	\$14,500 / \$29,000	\$6,000 (Self-Only)	\$6,000 (Self-Only)	\$12,000 (Self-Only)	\$6,000 / \$12,000	\$6,000 / \$12,000	\$12,000 / \$24,000
Company Contribution to Your Health Savings Account (HSA) (per calendar year; prorated for new hires/newly eligible)									
Individual / Family	\$1,000 / \$1,000			\$1,000 / \$1,000			\$1,000 / \$1,000		
Covered Services									
Office Visits (physician/specialist)	20%*	40%*	50%*	20%*	40%*	50%*	20%*	40%*	50%*
Virtual Visits	20%*	40%*	50%*	20%*	40%*	50%*	20%*	40%*	50%*
Routine Preventive Care	No charge		50%*	No charge		50%*	No charge		50%*
Outpatient Diagnostic (lab/X-ray)	20%*	40%*	50%*	20%*	40%*	50%*	20%*	40%*	50%*
Complex Imaging	20%*	40%*	50%*	20%*	40%*	50%*	20%*	40%*	50%*
Chiropractic	20 visits per calendar year			20 visits per calendar year			20 visits per calendar year		
Ambulance	20%*			20%*			20%*		
Emergency Room	20%*			20%*			20%*		
Urgent Care Facility	20%*	40%*	50%*	20%*	40%*	50%*	20%*	40%*	50%*
Inpatient Hospital Stay	20%*	40%*	50%*	20%*	40%*	50%*	20%*	40%*	50%*
Outpatient Surgery	20%*	40%*	50%*	20%*	40%*	50%*	20%*	40%*	50%*
Prescription Drugs	(Generic / Preferred Brand / Non-Preferred Brand / Specialty)						(Tier 1 / Tier 2 / Tier 3 / Tier 4)		
Retail Pharmacy (30-day supply)	20%*		Member pays 25% additional charge after applicable ded. & coins.	20%*		Member pays 25% additional charge after applicable ded. & coins.	20%*		Member pays 25% additional charge after applicable ded. & coins.
Mail Order (90-day supply)	20%*		Not covered	20%*		Not covered	20%*		Not covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

# Medical (Cont'd)

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Blue Cross Blue Shield of Illinois HSA Option 3 (\$2,000 Deductible) HDHP HSA			Blue Cross Blue Shield of Illinois PPO Option 4 (\$1,000 Deductible)		
	Tier 1 BCO Provider In-Network	Tier 2 PPO Provider In-Network	Tier 3 Out-of-Network¹	Tier 1 BCO Provider In-Network	Tier 2 PPO Provider In-Network	Tier 3 Out-of-Network¹
Deductible (per calendar year)						
Individual / Family	\$2,000 / \$4,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$2,000 / \$4,000
Out-of-Pocket Maximum (per calendar year)						
Individual / Family	\$4,000 / \$8,000	\$4,000 / \$8,000	\$8,000 / \$16,000	\$3,500 / \$7,000	\$3,500 / \$7,000	\$7,000 / \$14,000
Company Contribution to Your Health Savings Account (HSA) (per calendar year; prorated for new hires/newly eligible)						
Individual / Family	\$1,000 / \$1,000			N/A		
Covered Services						
Office Visits (physician/specialist)	0%*	20%*	40%*	\$30 / \$50 copay	\$50 / \$100 copay	50%*
Virtual Visits	0%*	20%*	40%*	\$30 copay	\$50 copay	50%*
Routine Preventive Care	No charge		40%*	No charge		50%*
Outpatient Diagnostic (lab/X-ray)	0%*	20%*	40%*	20%*	40%*	50%*
Complex Imaging	0%*	20%*	40%*	20%*	40%*	50%*
Chiropractic	30 visits per calendar year			40 visits per calendar year		
Ambulance	0%*			20%*		
Emergency Room	10%*			\$150 copay		
Urgent Care Facility	0%*	20%*	40%*	20%*	40%*	50%*
Inpatient Hospital Stay	0%*	20%*	\$300 copay, then 40%*	20%*	40%*	\$250 copay, then 50%*
Outpatient Surgery	0%*	20%*	40%*	20%*	40%*	50%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4)						
Retail Pharmacy (30-day supply)	20%*	20%*	Member pays 25% additional charge after applicable ded. & coins.	\$15 / \$25 / \$40 / \$175		Member pays 25% additional charge after copay
Mail Order (90-day supply)	20%*	20%*	Not covered	2x Retail		Not covered

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. For the PPO plan, there is a separate Rx Out-of-Pocket Maximum of \$1,000 for Individual and \$3,000 for Family.

## IECC Medical Reimbursement Plan (MRP)

If an employee waives coverage provided by IECC and enrolls under a spouse's plan or private insurance, IECC will reimburse up to \$3,500 in medical out-of-pocket expenses (not including insurance premiums) per employee per year. This MRP is not automatic, so please see HR for more details.

# Dental

We are proud to offer you a dental plan.

## Delta Dental DPPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental network.

Following is a high-level overview of the coverage available.

Key Dental Benefits	Delta Dental DPPO		
	DD PPO <sup>1</sup>	DD Premier <sup>2</sup>	Out-of-Network <sup>3</sup>
<b>Deductible</b> (per calendar year)			
Individual / Family	\$50 / \$150	\$50 / \$150	\$50 / \$150
<b>Benefit Maximum</b> (per calendar year; preventive, basic, and major services combined)			
Per Individual	\$1,000	\$1,000	\$1,000
<b>Covered Services</b>			
<b>Preventive Services</b>	No charge	No charge	No charge of Usual & Customary
<b>Basic Services</b>	20%*	20%*	20%* of Usual & Customary
<b>Major Services</b>	50%*	50%*	50%* of Usual & Customary
<b>Orthodontia</b> (Child & Adult)	50% up to a lifetime maximum of \$1,000	50% up to a lifetime maximum of \$1,000	50% up to a lifetime maximum of \$1,000

Coinurance percentages shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. For members using Delta Dental PPO providers, members will not be balance billed for charges exceeding the Delta Dental PPO allowable fee.
2. For members using the Delta Dental Premier network, members will not be balance billed for charges exceeding Delta Dental Maximum Plan Allowance (MPA).
3. For members using an out-of-network provider, members will be balance billed for charges exceeding Delta Dental Usual & Customary Allowance (UCR).

# Vision

We are proud to offer you a choice of vision plans.

The **EyeMed** vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the EyeMed network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	EyeMed Low Vision Plan		EyeMed High Vision Plan	
	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
<b>Exam</b> (once every 12 months)	\$10 copay	Up to \$40	\$10 copay	Up to \$40
<b>Lenses</b> (once every 12 months) Single Vision Bifocal Trifocal	\$10 copay	Up to \$30	No charge	Up to \$30
		Up to \$50	No charge	Up to \$50
		Up to \$70	No charge	Up to \$70
<b>Frames</b>	\$130 allowance, then 20% discount (once every 24 months)	Up to \$91	\$175 allowance, then 20% discount (once every 12 months)	Up to \$123
<b>Contact Lenses</b> (once every 12 months in lieu of lenses)	Disposable - Up to \$40 exam copay, then \$130 allowance	Up to \$130	Disposable - Up to \$40 exam copay, then \$175 allowance	Up to \$175



# Life and AD&D

**Life insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

**Accidental Death and Dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Reliance Standard.

Benefit Amount	
Employee	1x basic annual salary to a maximum of \$200,000

## Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Reliance Standard for yourself and your eligible family members.

	Benefit Option	Guaranteed Issue <sup>1</sup>
Employee	\$10K increments to a maximum of \$750,000	\$150,000 (under age 70)
Spouse	\$10K increments to a maximum of \$750,000	\$100,000 (under age 60)
Child(ren)	Choice of \$2,500, \$5,000, \$7,500 or \$10,000 (for children ages 6 months to 26 years of age)	All amounts

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

# Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through AllOne Health.

The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

## EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to three (3) in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

# Disability

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Voluntary Long-Term Disability	
Provided at an affordable group rate through Reliance Standard	
Benefit Percentage	65%
Monthly Benefit Maximum	\$8,000
When Benefits Begin	91st day
Maximum Benefit Duration	Social Security Normal Retirement Age or Duration of Benefits Schedule outlined in the contract



# Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Reliance Standard are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents. You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

## Accident Insurance

Accident Insurance pays benefits to the insured to help reduce out-of-pocket expenses associated with an accidental injury. Benefits are paid in addition to other coverage and can assist the insured in paying out-of-pocket expenses, such as deductible, copays, coinsurance or increased out-of-network costs for care. Benefits are available for treatment of everyday injuries, such as burns, lacerations, broken bones, dislocations, and more.

## Critical Illness Insurance

Critical Illness Insurance pays the insured a lump-sum benefit upon the diagnosis of a covered critical condition. Benefits are paid in addition to other coverage and can be used to pay for out-of-pocket expenses, experimental or homeopathic treatment, travel for treatment, second opinions or even living expenses if the insured needs to take time away from work to recover.

## Hospital Indemnity Insurance

Hospital Indemnity Insurance pays a benefit to the insured if the insured is hospitalized due to a covered illness (including maternity) or injury to help reduce their out-of-pocket expenses. Benefits are paid in addition to other coverage and can assist the insured in paying out-of-pocket expenses, such as deductible, copays, coinsurance or increased out-of-network costs for care.

## Identity Theft

Identity theft can be emotionally devastating and take years to resolve without help from an experienced professional. Replacing documents, cutting through red tape, and untangling fraud is daunting. But with help from IDShield's experienced team, available 24/7, restoration takes place quickly and effectively, giving customers peace of mind. This benefit is paid entirely by you.

# Valuable Extras

We also offer the following additional benefits:

► **Wondr Health:** Wondr is a behavioral counseling program for metabolic syndrome reversal and weight management. This program teaches the science behind eating habits allowing you to continue to enjoy your favorite foods, lose weight, sleep better, stress less and so much more. Members will learn simple behavioral skills that are clinically proven to improve health. This program is free to members. To learn more, go to [wondrhealth.com/BCBSIL](http://wondrhealth.com/BCBSIL)

► **Livongo:** Livongo provides coaching services for individuals with Diabetes and High Blood Pressure. The program combines a connected monitor, one-on-one coaching, and personalized support. Members can receive:

- » Real-time personalized messaging
- » Certified diabetes educators available 24/7/365
- » Instant interventions when blood glucose readings are out of range
- » Notifications for high blood pressure readings and reminders to check blood pressure
- » Tools and resources to help monitor blood pressure, better manage nutrition and understand blood pressure reading trends

This program is free to members. To learn more, visit, [get.livongo.com/WELL-BCBSIL/register](http://get.livongo.com/WELL-BCBSIL/register) or call 800-945-4355

► **Hinge Health:** Hinge Health is a digital, coach-led musculoskeletal program. Based on proven, non-surgical care guidelines, Hinge Health provides unlimited annual access to exercise therapy, a dedicated physical therapist, a health coach, and education in all 5 digital care pathways: back, hip, knee, neck, and shoulder. The program includes exercise therapy, behavioral support, and personalized education. This program is free to members, and Hinge Health will reach out to eligible members with program details and next steps.

► **Employee Discounts through BenefitHub:** BenefitHub offers access to exclusive discounts with over 10,000 brands including deals from your favorite local businesses. There are over 20 categories to search from and you can earn up to 20% cash-back rewards on nearly all vendors. Visit [iecc.benefitHub.com](http://iecc.benefitHub.com) for more information.

► **BCBS Learn to Live:** Your mental health is just as important as your physical health, and likewise needs preventative care and maintenance. The Learn to Live program offers you access to self-guided modules that help to improve mental health wellness, focusing on:

- » Depression
- » Stress, Anxiety, and Worry
- » Social Anxiety
- » Insomnia
- » Substance Use

This program is free and can be accessed through your Blue Access for Members (BAE) account at [www.bcbsil.com](http://www.bcbsil.com).



# Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Blue Cross Blue Shield of Illinois	800-828-3116	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
Dental	Delta Dental	800-323-1743	<a href="http://www.deltadentailil.com">www.deltadentailil.com</a>
Vision	EyeMed	866-800-5457	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>
Life/AD&D and Disability	Reliance Standard	800-351-7500	<a href="http://www.reliancestandard.com">www.reliancestandard.com</a>
Voluntary Benefits	Reliance Standard	800-351-7500	<a href="http://www.reliancestandard.com">www.reliancestandard.com</a>
Employee Assistance Program (EAP)	AllOne Health	855-775-4357	<a href="http://allonehealth.com/reliance-matrix">http://allonehealth.com/reliance-matrix</a>
ID Shield	IDShield	888-807-0407	<a href="http://www.idshield.com">www.idshield.com</a>

## Benefits Website

Our benefits website <https://employeenavigator.com/benefits/Account/Register> can be accessed anytime you want additional information on our benefits programs.

## Questions?

If you have additional questions, you may also contact:

Amy Lemke  
618-395-5299 ext. 5510  
[lemkea@iecc.edu](mailto:lemkea@iecc.edu)



**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.