



HIGHLAND
VENTURES

Employee Benefits Overview – 2023



Benefits Overview



Highland Ventures is proud to offer a comprehensive benefits package to eligible, full-time employees who work a minimum of 38 hours per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical, dental and vision), and Highland Ventures provides other benefits at no cost to you (life, accidental death & dismemberment). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

Benefits Offered

- Medical
- Dental
- Vision
- Flexible Spending Account (FSA)
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and AD&D Insurance
- Short Term Disability
- Long Term Disability
- Voluntary Plans
- Additional Programs

Eligibility

You and your dependents are eligible for Highland Ventures benefits on the 1st of the month following 60 days of employment. Eligible dependents are your spouse, children under age 26 and disabled dependents of any age.

If you are a part time employee, we comply with the ACA with regard to offering of health insurance. The Affordable Care Act (ACA) requires employers to offer health insurance to employees working at least 30 hours per week. You must be employed with the company for at least 12 months and then we will review your hours worked and notify you if you are eligible to enroll.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days. A qualifying event is defined as loss or gain of health coverage through another plan, marriage or divorce, having a baby or adopting a child, and death in the family.

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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.





Highland Ventures offers both a Low/Basic & High/Premium coverage Medical benefit.

Medical Benefits – High/Premium Plan



Administered by Blue Cross and Blue Shield of Illinois

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

HIGH / PREMIUM PLAN		
	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited	
Annual Deductible	\$1,000 Single / \$3,000 Family	\$2,000 Single / \$6,000 Family
Annual Out-of-Pocket Maximum	\$3,000 Single / \$9,000 Family	\$8,000 Single / \$24,000 Family
Coinsurance	20%	40%
Doctor's Office		
Primary Care Office Visit	\$40 copay per visit	40% after deductible
Virtual Visit (provided by Teladoc)	No Charge	No Charge
Specialist Office Visit	\$60 copay per visit	40% after deductible
Wellness Care (immunizations, screening)	0%	40% after deductible
Prescription Drugs¹ (2x Retail for Mail Order supply)		
RX Out-of-Pocket Expense Limit	\$1,000 Single / \$3,000 Family	
Retail – Generic Drugs (34 day supply)	\$15 copay per prescription	\$15 copay per prescription
Retail – Preferred Brand Drugs (34 day supply)	\$30 copay per prescription	\$30 copay per prescription
Retail – Non-Preferred Brand Drugs (34 day supply)	\$50 copay per prescription	\$50 copay per prescription
Specialty Drugs (30 day supply)	\$50 copay per prescription	Not covered
Hospital Services		
Emergency Room (copay waived if patient admitted)	\$300 copay per visit	
Inpatient	20% after deductible	40% after deductible plus \$300 copay per admission
Outpatient Surgery	20% after deductible	40% after deductible
Other Services		
Muscle Manipulation Services (30 visit limit)	Covered	Covered

¹ For Out-of-Network drug provider, you are responsible for 25% of the eligible amount after the copayment.



Medical Benefits – Low/Basic Plan

Administered by Blue Cross and Blue Shield of Illinois

Highland Ventures offers both a Low/Basic & High/Premium coverage Medical benefit.

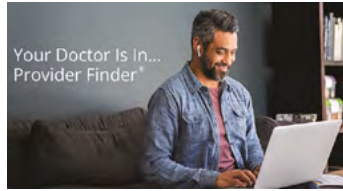
LOW / BASIC PLAN		
	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited	
Annual Deductible	\$7,000 Single / \$13,000 Family	\$14,000 Single / \$26,000 Family
Annual Out-of-Pocket Maximum	\$7,700 Single / \$14,400 Family	\$15,400 Single / \$28,800 Family
Coinsurance	20%	40%
Doctor's Office		
Primary Care Office Visit	\$40 copay per visit	40% after deductible
Virtual Visit (Provided by Teladoc)	No Charge	No Charge
Specialist Office Visit	\$60 copay per visit	40% after deductible
Wellness Care (immunizations, screening)	0%	40% after deductible
Prescription Drugs¹ (2x Retail for Mail Order supply)		
RX Out-of-Pocket Expense Limit	\$1,000 Single / \$3,000 Family	
Retail – Preferred Generic Drugs (30 day supply)	\$0 copay per prescription	\$0 copay per prescription
Retail – Non-Preferred Generic Drugs (30 day supply)	\$10 copay per prescription	\$10 copay per prescription
Retail – Preferred Brand Drugs (30 day supply)	\$50 copay per prescription	\$50 copay per prescription
Retail – Non-Preferred Brand Drugs (30 day supply)	\$100 copay per prescription	\$100 copay per prescription
Specialty Drugs (30 day supply)	\$150 copay per prescription	Not covered
Hospital Services		
Emergency Room (copay waived if patient admitted)	\$250 copay per visit	
Inpatient	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible
Other Services		
Muscle Manipulation Services (30 visit limit)	Covered	Covered

¹ For Out-of-Network drug provider, you are responsible for 25% of the eligible amount after the copayment.



Highland Ventures offers both a Low/Basic & High/Premium coverage Medical benefit.

Medical Benefits – BCBSIL Provider Finder



BlueCross BlueShield of Illinois

It's now easier to find a provider and manage health care expenses

Provider Finder from Blue Cross and Blue Shield of Illinois (BCBSIL) is a fast, easy-to-use tool that improves members' experience when looking for in-network health care providers. Plus, it can help manage out-of-pocket costs.

The updated Provider Finder platform provides a better experience that will help members be smarter consumers of health care.

By going to **bcbsil.com**, members can login or create an account on Blue Access for MembersSM (BAMSM) and use Provider Finder to:

- Find in-networks providers, clinics, hospitals and pharmacies
- Search by specialty, ZIP code, language spoken, gender and more
- See clinical certifications and recognitions
- Compare quality awards for doctors, hospitals and more
- Read or add reviews for providers
- Estimate the out-of-pocket costs for more than 1,700 health care procedures, treatments and tests*
- Find cost savings opportunities using the Medication Finder tool



Go Mobile with BCBSIL

Even on the go members can manage their ID cards and stay on top of claims activity, coverage information and prescription refill reminders. It's easy: Log into or create a BAMSM account at **bcbsil.com** or text BCBSIL to 33633** to download our mobile app.

* Not all plans provide this information.

** Message and data rates may apply. Terms and conditions and privacy policy are available at bcbsil.com/mobile/text-messaging.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

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Highland Ventures offers both a Low/Basic & High/Premium coverage Dental benefit.

Dental Benefits – High and Low Plans



Administered by Equitable

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems, so keep your teeth healthy and your smile bright.

Regular dental care is an important way to protect your overall health, though the cost of care can add up with preventive cleanings, exams, and more serious procedures. Dental insurance can help. Going in-network helps more! The Equitable Dental Network provides convenient access and comprehensive dental coverage to more than 117,000 unique dentists at 84,000 dental practice locations nationwide. You can find an in-network provider at www.equitable.com/finddentist.

SERVICE	LOW PLAN In-Network and Out-of-Network PPO	HIGH PLAN In-Network and Out-of-Network PPO
Annual Deductible	\$50 Per Person; \$150 Family Limit	\$50 Per Person; \$150 Family Limit
Annual Benefit Maximum	\$1,250	\$2,000
Preventive Dental Services (Periodic and comprehensive oral evaluations, limited evaluations, professional consultations, professional office visits, treatments: routine dental prophylaxis, fluoride treatment, sealants - child, bitewing x-rays, complete series or panoramic x-rays; labs and tests: tests - brush biopsy, adjunctive pre-diagnostic, HBAIC and pulp vitality, labs - accession of tissue and laboratory accession of sample, space maintainers and recementation of space maintainers)	100%	100%
Basic Dental Services (Periapicals and other x-rays, emergency palliative treatment, basic restorative services (amalgam fillings on all teeth, resin based composite fillings on anterior teeth), basic restorative services (resin based composite fillings on posterior teeth), simple extractions, surgical extractions and removal of impacted teeth, oral surgery, surgical endodontics, non-surgical endodontics, periodontal maintenance, non-surgical periodontics, surgical periodontics, anesthesia)	80% after deductible	80% after deductible
Major Dental Services (Inlays/onlays/crowns, dentures - complete, partial, overdenture, (upper and lower), implants, bridges, other dental prosthetics, adjustments, repairs, reline and rebase of dentures)	50% after deductible	50% after deductible
Orthodontia Services	(Children to age 19) 50% to \$1,000 lifetime maximum	(Children to age 19 and Adults) 50% to \$2,000 lifetime maximum
Teeth Whitening Services	Not covered	50% - Not to exceed \$200 every 2 years



Vision Benefits



Administered by Equitable

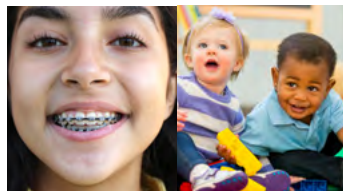
Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Find a Vision Provider- Visit www.equitable.com/findvision. Choose from 37,000 unique providers at 78,000 locations. If you have any questions, please don't hesitate to contact us at 1.866.274.9887.

Service	In-Network (Any VSP Provider)	Out-of-Network
Eye Exam – Once every 12 months	\$10 copay	Up to \$45
Lenses – Once every 12 months		
Single Vision Lenses	\$25 copay	Up to \$30
Lined Bifocal Lenses	\$25 copay	Up to \$50
Lined Trifocal Lenses	\$25 copay	Up to \$65
Lenticular Lenses	\$25 copay	Up to \$100
Frames– Once every 24 months	\$150 allowance	Up to \$70
Contact Lenses – Once every 12 months if you elect contacts instead of Lenses/Frames		
Elective Contact Lenses (in lieu of prescription eyeglasses)	\$150 allowance; Fitting & Evaluation: \$60 allowance	Up to \$105
Necessary Contact Lenses (in lieu of prescription eyeglasses)	Covered in full after \$25 copay	Up to \$210



Flexible Spending Account



Administered by Flex

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

Your 2022 Spending Limits:

Healthcare Spending Limit	\$3,050
Dependent Care Spending Limit	\$5,000



Life Insurance Benefits



Life and Accidental Death & Dismemberment Insurance – Insured by Equitable

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by Highland Ventures. The company provides basic life insurance of \$50,000 at no cost to you. Be sure to complete the enrollment and list who you would like to be your beneficiary.

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Highland Ventures provides AD&D coverage of \$50,000 at no cost to you. This coverage is in addition to your company-paid life insurance described above if you participate in the medical plans offered by Highland Ventures.

Voluntary Life and Accidental Death & Dismemberment Insurance – Insured by Equitable

You may purchase life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to \$200,000 and up to \$25,000 for your spouse) without answering medical questions if you enroll when you are first eligible.

Employee – Up to five times basic annual earnings in increments of \$10,000; \$500,000 maximum amount

Spouse – Up to \$200,000 in increments of \$5,000 not to exceed 50% of employee amount

Children – Live Birth to less than 15 days: \$500; 15 days to 26 years: \$10,000



Disability Insurance



Administered by Equitable

Highland Ventures also provides disability insurance through Equitable. No one plans on becoming disabled, but a serious illness or injury can strike anyone at any time, and at any age, taking away your ability to earn a paycheck. Nearly 25% of Americans will experience a disabling illness or injury and will be disabled for a period of time before they retire.

Disabilities can result not just from accidents, but illnesses such as a heart attack, cancer and stroke. How long can you live on your savings if you became disabled?

You can choose a weekly STD benefit between \$100 and \$1,500, up to 60% of your weekly earnings. Benefits begin on the first day following an accident, or on the 8th day of illness, and may be paid for up to 13 weeks.

You can also choose an LTD benefit of 60% of your monthly income up to \$6,000. This benefit would pay until retirement age as long as you were disabled.

	How It Works
Short-Term Disability	You receive 60% of your income up to \$1,500 per week. Benefits begin after 0 calendar day for injury and 7 calendar days for sickness of absence from work and continue for up to 13 weeks
Long-Term Disability	You receive 60% of your income up to \$5,000 per month. Benefits begin after 90 calendar days of absence from work and continue until ADEA1 with Social Security Normal Retirement Age



Voluntary Plans



Universal Life With Long Term Care Benefit – Offered by Trustmark

- \$25,000 Universal Life policy to help take care of your loved ones if tragedy happens.
- Use funds for funeral/burial costs, rent/mortgage, tuition/loans, credit card bills, or medical expenses.
- Collect up to 4% of your Universal Life death benefit per month for up to 25 months to use on long-term care services.
- Locked-in age rate at the age of purchase.
- Cover your spouse, child(ren), or grandchildren.

Critical Illness – Offered by MetLife

- Pays a lump-sum of \$5,000-\$25,000 upon first verified diagnosis of a specified covered condition, with a lump-sum payment ranging between \$500-\$12,500 upon second diagnosis to use as you deem fit.
- A Recurrence benefit is available if an Initial benefit for the same condition was already paid, however there is a Benefit Suspension period that applies to the Recurrence benefit.
- Covered condition categories can include cancers, childhood diseases, functional losses, infectious diseases, kidney or major organ failure, as well as progressive diseases such as ALS, MS, or Alzheimer's.
- Spouse can be enrolled and dependent children are automatically covered when enrolling yourself.

Accident Insurance – Offered by MetLife

- Cash benefit coverage for various medical expenses in the event of an accident.
- Benefits are paid directly to you for any covered expenses you might incur to be used as you deem fit.
- There is both a Low plan and a High plan option that provide payment on various levels.
- Benefit categories include accidental death, basic/catastrophic dismemberment/loss, paralysis, and benefits for hospital admission, hospital confinement, as well as inpatient hospital rehabilitation.

Hospital Indemnity – Offered by MetLife

- In the event of hospitalization, this benefit pays a cash benefit for an overnight hospital stay as well as a daily cash benefit to be used as long as you are hospitalized (subject to plan maximums on duration).
- These payments are in-addition, regardless of any other payments received by medical insurance plans.
- There is both a Low plan and a High plan option that provide payment on various levels.
- Hospital benefits include admissions, confinement benefits, confinement for newborn nursery care, as well as Health Screening benefits once per calendar year.

Detailed benefit summaries on all listed coverages are available at <https://bit.ly/HVEnroll>

Additional Programs



Legal/Law Assistance - Offered by MetLife

- Legal experts to provide assistance on some of your most frequently needed personal matters.
- Choose an expert from a network of prequalified attorneys, or receive some cash-back reimbursement when you choose an attorney of your choice outside the network.
- Legal experts can guide you through money matters, home & real estate, estate planning, family & personal endeavors including wills, civil lawsuits, elder-care issues, and vehicle & driving incidents.



Pet Insurance - Offered by MetLife

- No payroll deduction - Direct billing to employee. Contact MetLife for Pet Insurance quote.
- Help cover the cost of pet visits to the Veterinarian or Specialist, including accidents, illness, and more.
- Flexible product offerings, straightforward pricing options, customizable limits, and deductible savings.
- Quick 3-step enrollment process with most pet insurance claims being processed within 10 days.



Employee Assistance Program (EAP) - Offered by Equitable

- No-cost, confidential support you can access for life's challenging moments.
- Choose to receive confidential guidance for emotional support, work-life balance solutions, financial resources and legal guidance, identity theft services, and online will preparation.
- Receive support through online resources including articles/podcast/slideshows, or phone/live support.



Emergency Travel Assistance Program (ETAP) - Offered by Equitable through Axa Assistance USA

- Global provider network to support travel, emergency medical transportation, and concierge services.
- Take advantage of Medical/Dental referrals, prescription dispatch, lost documents or luggage, emergency cash and bail assistance, as well as ID theft assistance and general travel information help.



Cyber Security & Identity Protection - Offered by Norton LifeLock

- Enroll today to opt-in to cyber security for your devices, online privacy, home & family, and identity.
- *Essential* and *Premier* plans available for employee-only, as well as employee and families, to cover securities such as secure VPNs, credit monitoring, data breach notifications, and LifeLock Identity alert.



Medical Concierge Service/Open Enrollment Assistance - Offered by TouchCare

- Voluntary/Ancillary/Prescription benefit support, services for benefit navigation and appointment scheduling, billing review & negotiation, as well as transparency tools and cost comparison reports.
- Dedicated 30-minute benefit sessions where advocates research the company's benefit offerings and can compare to individual member needs, here specific benefit questions can be answered completely.

Detailed benefit summaries on all listed coverages are available at <https://bit.ly/HVEnroll>

Employee Contributions For Benefits

BENEFIT PLAN	ALL BI-WEEKLY RATES
Medical High/Premium Plan 2 (\$1000 Deductable)	
Employee	\$140.00
Employee + Spouse	\$260.00
Employee + Child(ren)	\$250.00
Family	\$310.00
Medical Low/Basic Plan 1 (\$7000 Deductable)	
Employee	\$54.50
Employee + Spouse	\$400.00
Employee + Child(ren)	\$580.00
Family	\$580.00

Highland Ventures encourages our employees to refrain from the use of tobacco products in order to live a healthier life. If you or anyone covered on your medical insurance benefits uses tobacco products, you will pay an additional amount of \$50 per month per person. You will be required to sign a declaration when enrolling on our insurance enrollment portal. If your tobacco use changes for at least 3 months during the year, you can contact human resources to sign a new declaration. If the documentation is found to be falsified information, you could lose coverage or be penalized.

Dental High/Premium Plan PPO	
Employee	\$15.01
Employee + One	\$30.67
Employee + Child(ren)	\$42.78
Family	\$54.22
Dental Low/Basic Plan PPO	
Employee	\$10.38
Employee + One	\$21.19
Employee + Child(ren)	\$28.96
Family	\$36.51

Vision Rates	
Employee	\$2.82
Employee + One	\$5.63
Employee + Child(ren)	\$6.02
Family	\$9.62

MetLife Law	
Employee/Spouse/ Dependent Children	\$10.04/Bi-Weekly (\$21.75/Month)

BENEFIT PLAN	ALL BI-WEEKLY RATES	
Norton LifeLock	Benefit: Essential	Premier
Employee	\$3.46	\$4.61
Family	\$6.91	\$8.76

Universal Life Sample Rates	
Age (at Purchase)	\$25,000 Universal Life Policy
30 years old	From \$5.06 - \$6.27
40 years old	From \$7.42 - \$9.44
50 years old	From \$11.92 - \$15.44

Voluntary Life and AD&D Bi-Weekly Rates per \$1,000		
Age	Employee Tier	Spouse Tier
<25	\$0.035	\$0.036
25-29	\$0.026	\$0.035
30-34	\$0.030	\$0.026
35-39	\$0.042	\$0.030
40-44	\$0.063	\$0.042
45-49	\$0.099	\$0.063
50-54	\$0.150	\$0.099
55-59	\$0.222	\$0.150
60-64	\$0.222	\$0.222
65-69	\$0.445	\$0.222
70-74	\$0.906	\$0.445
75-79	\$2.153	\$0.906
80+	\$2.153	\$2.153
Child(ren)	\$0.018	
AD&D	\$0.009	

Voluntary Life Calculation Example:

30 yr. old Employee elects \$30,000 in Voluntary Life/AD&D coverage.

Bi-Weekly cost will be: \$0.90

40 yr. old Employee elects \$50,000 in Voluntary Life/AD&D coverage.

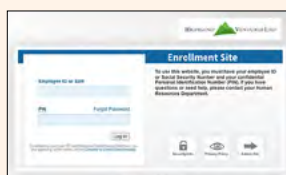
Bi-Weekly cost will be: \$3.15

Bi-Weekly Calculation Steps:

Select benefit coverage amount. Divide coverage amount by \$1,000. Multiply by Premium Rate for Age group & Tier

NOTE:

Employee bi-weekly rates for your selected benefit coverage, detailed summaries of all benefits offered and your personal information are available at <https://bit.ly/HVEnroll>



Login using your Social Security Number. Your confidential Personal Identification Number (PIN) is the last 4 digits of your Social Security Number and the last 2 digits of your birth year.

Contact Information



If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

Detailed benefit summaries on all listed coverages are available at <https://bit.ly/HVEnroll>

BENEFIT	ADMINISTRATOR	PHONE	WEBSITE/EMAIL
Medical	Blue Cross and Blue Shield of Illinois	1.800.828.3116	www.bcbsil.com
Teladoc	HealthPERX (Teladoc)	1.855.847.3627	www.mybenefitswork.com
Dental	Equitable	1.866.274.9887	www.equitable.com/finddentist
Vision	Equitable	1.866.274.9887	www.equitable.com/findvision
Flexible Spending Account	FLEX	1.888.345.7990	www.myflexaccount.com
Life and AD&D	Equitable	1.866.274.9887	www.equitable.com/employeebenefits
Voluntary Life and AD&D	Equitable	1.866.274.9887	www.equitable.com/employeebenefits
Short Term Disability	Equitable	1.866.274.9887	www.equitable.com/employeebenefits
Long Term Disability	Equitable	1.866.274.9887	www.equitable.com/employeebenefits
Identity Protection	Norton Lifelock	1.800.607.9174	
Pet Insurance	MetLife	1.800.438.6388	www.mybenefits.metlife.com
Critical Illness, Accident Hospital Indemnity	MetLife	1.800.438.6388	www.mybenefits.metlife.com
Legal/Law Assistance	MetLife	1.800.821.6400	www.mybenefits.metlife.com
Universal Life with Long Term Care	Trustmark Customer Care	1.800.918.8877	Customercare@trustmarkbenefits.com
Emergency Travel Assistance	Equitable	Within U.S. 1.885.327.1476 Outside U.S. 1.312.356.5980	http://accounts.travel-eye-axa.com/en/registration/axa-us
Employee Assistance Program	Equitable	1.833.256.5115	www.guidanceresources.com
TouchCare Health Advocate Service	Touchcare	1.833.482.7253	sales@touchcare.com
Highland Ventures Human Resources		1.847.904.9000	hr@highlandventuresltd.com



Gallagher

Insurance | Risk Management | Consulting

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.