

# 2024 Benefits Guide



STERLING  
CAPITAL

# Welcome to Your Benefits

Our most important asset is our people. That's why Sterling Capital Management offers a comprehensive benefits program to meet all your needs. Review this guide to learn about all the benefits you are offered and determine which benefits are best for you and your family. You will find many resources available during enrollment and throughout the year to help you make the most of your benefits plans and answer your questions.

The health care coverage you elect begins with your initial eligibility date and continues through the end of the enrollment year. You may also enroll or change your benefits during the annual Open Enrollment period.



# Benefits Overview

## Benefits-eligible full-time teammates may enroll in:

- Medical
- Dental
- Vision
- HSA and FSAs
- Supplemental teammate and dependent life insurance
- Buy-up disability
- Optional Benefits: Critical Illness, Accident, Hospital Indemnity

## In addition, you have the following company-paid benefits:

- Basic life and business travel accident insurance
- Core disability
- Journey Mobile App: Well-being program tracking and rewards





# Medical Benefits

Sterling Capital employees have the choice between three medical plans offered through Aetna: one PPO plan and two High Deductible Health Plans (HDHPs) that are compatible with a Health Savings Account (HSA). These plans offer services on the AETNA network.

HDHP participants are eligible to open a Health Savings Account to set aside pre-tax dollars to pay for their deductible and other out-of-pocket health care costs.

All plans offer preventive care visits covered at 100%, an out-of-pocket maximum to protect you should a catastrophic event occur, and out-of-network coverage if needed. Although out-of-network coverage is available, using in-network providers will save you money. You can find Aetna network providers online at [aetna.com](http://aetna.com).

In-Network	\$500 PPO	\$2,500 HDHP	\$4,000 HDHP
<b>Deductible</b> Individual / Family	\$500 / \$1,000	\$2,500 / \$5,000	\$4,000 / \$8,000
<b>Out-of-Pocket Max</b> Individual / Family	\$1,500 / \$3,000	\$4,000 / \$8,000	\$5,500 / \$11,000
<b>Coinsurance</b>	Plan pays 90%	Plan pays 80%	Plan pays 80%
<b>Preventive Care</b>	Covered in full	Covered in full	Covered in full
<b>Copays</b> Primary / Specialist	\$30 / \$40	N/A	N/A

## Preventive Care

All medical plans include preventive care services 100% covered under your medical insurance, meaning no copays or deductibles will apply when an in-network provider delivers the covered services. Preventive exams can detect if you are at risk for a chronic disease that may be preventable. Talk to your health care provider to determine which screenings are recommended for you and when you need them.



# Prescription Benefits

When you enroll in a medical plan, you are automatically enrolled in prescription drug coverage. If you regularly take the same medications, a mail order program may allow you to get a 90-day supply for a lower cost, saving you trips to the pharmacy and time waiting in line. Prescription delivery filled through CVS. Specialty medications are filled through CVS Specialty Pharmacy.

Certain preventive medications are covered at 100% with no deductible. Also, check with your pharmacy to determine if any special programs are available, and discuss lower-cost alternatives with your physician. Check the insurance company's website for a complete drug list at [aetna.com](http://aetna.com).



In-Network	\$500 PPO	\$2,500 HDHP	\$4,000 HDHP
<b>Preventive</b>	\$0	\$0	\$0
<b>Retail</b> (30 day supply)			
Tier 1 - Generic	\$10	20% after deductible	20% after deductible
Tier 2 - Preferred Brand	\$30		
Tier 3 - Non-preferred	\$70		
Tier 4 - Specialty	20% to \$150 max		
<b>Mail Order</b> (90 day supply)			
Tier 1 - Generic	\$20	20% after deductible	20% after deductible
Tier 2 - Preferred Brand	\$60		
Tier 3 - Non-preferred	\$140		

# Medical Plan Resources

## Aetna Member Website

Aetna.com is the secure member website where you can check your coverages and claims, locate network providers, access health programs, manage your prescriptions, print or request an ID card, and more. To get started, log on to aetna.com and complete the registration process.

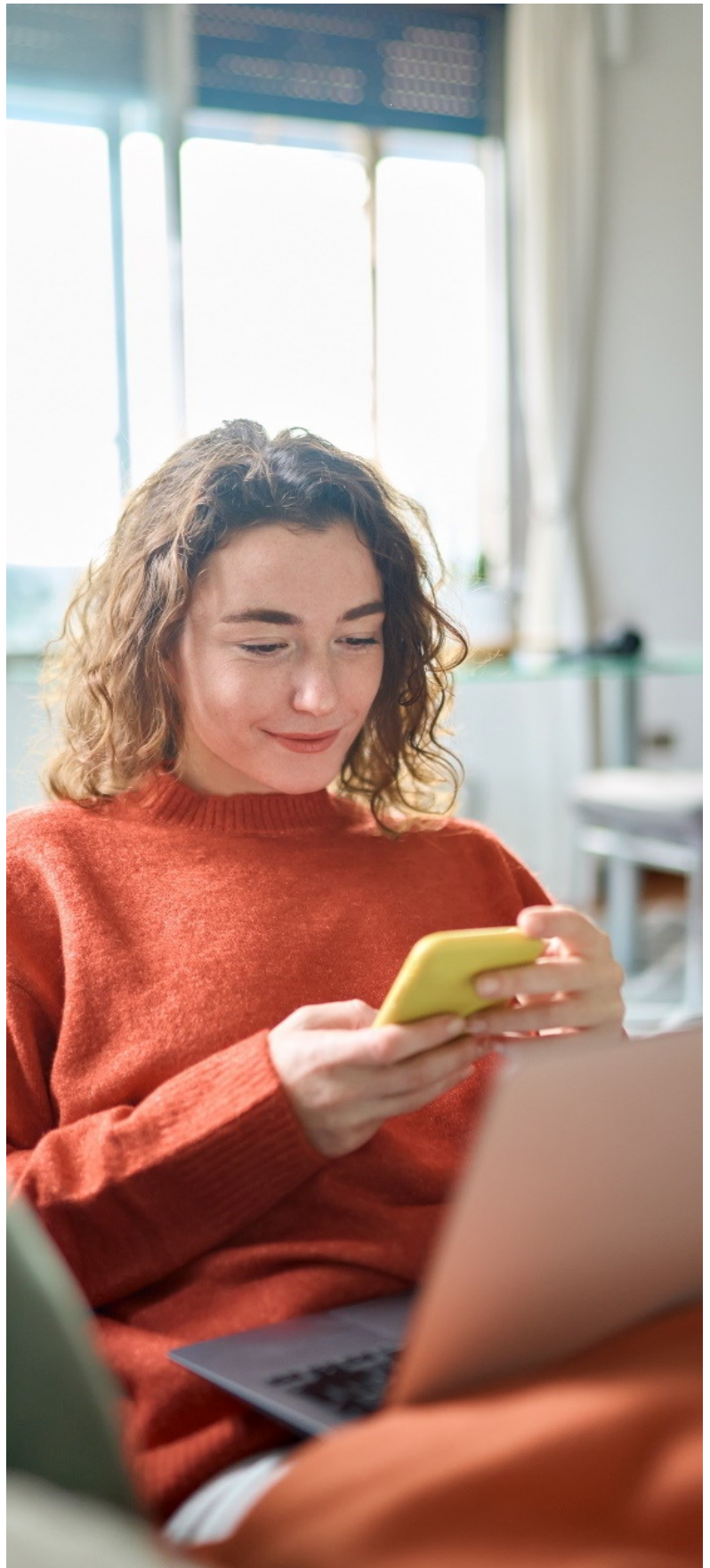
## Aetna Health<sup>SM</sup> Mobile App

The Aetna Health app can help you stay organized and in control of your health anytime, anywhere. Search your mobile device's app store to download, and log in from your mobile device to access your account.

## Teladoc Virtual Visits

See and talk to a doctor from a mobile device or computer without an appointment, 24/7 with Teladoc. Most visits take 10-15 minutes, and virtual visits are a part of your health benefits.

Telemedicine doctors can diagnose and treat many non-emergency medical conditions and provide services such as writing a prescription if needed. Common conditions treated with virtual care include allergies, cough, fever, headaches, sinus problems, skin rashes, pink eye, bladder infections, and more. To get started, visit [teladoc.com](https://www.teladoc.com) or download the app.






# Where to Go For Care

The cost for care and time you wait can vary greatly depending on where you go. Below is a simple guide to choosing the right place to go for health care. In addition to clinical settings, you have access to virtual visits through Teladoc.


	Cost	Appointment Needed?	Wait Time	Severity	Conditions Treated
Virtual Visit/ Telemedicine	\$	No	🕒	⊕	Minor health concerns such as cold and flu symptoms, allergies, sinus and ear infections, family health questions, rashes or skin conditions, minor burns, and vaccinations
Convenience Care Clinic	\$\$	No	🕒 🕒	⊕	Routine or preventive care, track medications and get refills, or get a referral to see a specialist
Primary Care Physician	\$\$	Yes	🕒 🕒	⊕	Nausea and diarrhea, headaches, minor cuts and broken bones, back and joint pain
Urgent Care	\$\$\$	No	🕒 🕒 🕒	⊕ ⊕ ⊕	Trouble breathing, heart attack and stroke, sudden illness and serious accidents, and severe bleeding
Emergency Room	\$\$\$\$	No	🕒 🕒 🕒 🕒	⊕ ⊕ ⊕ ⊕	

**If you need PRESCRIPTION MEDICATIONS**  
Choose generic medications whenever possible to keep your medication costs lower.



TIER 1


TAKE THIS



TIER 3


NOT THAT

**If you need to SEE A DOCTOR**  
Remember, the bigger the building, the bigger the bill. Where you go makes a big difference.



DOCTOR'S OFFICE

GO HERE



HOSPITAL

NOT THERE

**If you need AFTER HOURS CARE**  
For after hours care or non-life-threatening emergencies, visit a convenience care clinic or an urgent care center.



URGENT CARE


GO HERE



HOSPITAL


NOT THERE

**If you need OUTPATIENT IMAGING**  
Visit an outpatient imaging center versus the hospital to save money when you need a CT or MRI.



IMAGING CENTER

GO HERE



HOSPITAL

NOT THERE

# Health Savings Account

When you enroll in a High Deductible Health Plan (HDHP), you are eligible to open a Health Savings Account (HSA) through McGriff Flexible Benefit Services. This account lets you put pre-tax money aside for qualified health care expenses. Because your contributions are deducted pre-tax, you can save up to an estimated 25% or more on out-of-pocket costs.

## Who Can Enroll

To participate in an HSA, you must meet the following requirements:

- Be enrolled in a qualified HDHP
- Not be covered by any other non-HSA qualified health plan
- Not be enrolled in Medicare
- Not eligible to be claimed as a dependent on someone else's taxes
- Not enrolled in a standard Health care FSA while actively contributing to your HSA

## How It Works

You determine the amount you wish to be deducted from each paycheck. The funds are automatically deposited into your account. Unused funds carry over from year to year and can build over time. HSAs are portable; if you leave Sterling Capital, you can take the account and all the funds in it.

In addition to your contributions, Sterling Capital will contribute up to \$1,000 annually:

- Individual coverage: \$500
- All other coverage levels: \$1,000

## Contribution Limits

The Internal Revenue Service (IRS) sets the annual contribution levels for HSAs. It is your responsibility to monitor the amounts deposited not to exceed the maximum limit, keeping in mind that any funds contributed by Sterling Capital also count towards the maximum amount.

The 2024 contribution limits are:

- Individual coverage: \$4,150
- Family coverage: \$8,300

Eligible individuals aged 55 and older may contribute an additional \$1,000 annually. You have until the following year's tax filing deadline to contribute in the current plan year.

## Eligible Expenses

Use your HSA funds to pay for health care items such as copays, prescriptions, home care, medical supplies and equipment, and other out-of-pocket expenses your insurance may not cover. You may also use these funds for dental and vision expenses, counseling, chiropractic care, physical therapy, certain OTC medications, and more. Visit [irs.gov/forms-pubs/about-publication-502](https://www.irs.gov/forms-pubs/about-publication-502) to see a complete list of IRS-qualified expenses.





# Flexible Spending Accounts

Sterling Capital offers Flexible Spending Accounts (FSAs) through McGriff Flexible Benefit Services. FSAs help you pay for eligible medical, dental, vision, and dependent care out-of-pocket costs by allowing you to set aside pre-tax contributions. Health Care FSA funds are available to use as of July 1st, even money you have not contributed yet. Dependent Care funds are only available as you contribute. Employees enrolled in the HDHP + HSA may only participate in a **Limited Purpose Health Care FSA**, which means funds can only be used for qualified dental and vision expenses, not medical. All employees are eligible for a Dependent Care FSA.

## How It Works

You determine the amount you wish to have deducted from each paycheck, and the funds are automatically deposited to your account(s). You may only use Health Care FSA money for health care expenses and Dependent Care FSA for funds for dependent care expenses. You can not mix funds from one account to another. You must re-enroll each year to continue funding the account(s), and you can incur expenses only during the plan year you are enrolled. Unused health care amounts over \$640, and all unused dependent care funds will be forfeited, so estimate wisely.

## Contribution Limits

The Internal Revenue Service (IRS) sets the annual contribution levels for FSAs. You are responsible for monitoring the amounts deposited into your accounts not to exceed the maximum annual limits.

For 2024, the FSA contribution limits are as follows:

- Health Care FSA: \$3,200
- Dependent Care FSA: \$5,000 per household (\$2,500 if married, filing separately)

## Eligible Expenses

Use your Health Care FSA funds to pay for out-of-pocket medical, dental, hearing, and vision expenses such as copays, prescriptions, , and some OTC items. Visit [irs.gov/forms-pubs/about-publication-502](https://www.irs.gov/forms-pubs/about-publication-502) to see a complete list of IRS-qualified health care expenses.

Use Dependent Care FSA funds to pay for qualified daycare expenses for children aged 12 and younger and a spouse or an adult dependent incapable of self-care. Including daycare, preschool, elder care, and in-home aids. Visit [irs.gov/publications/p503](https://www.irs.gov/publications/p503) to see a complete list of IRS-qualified dependent care expenses.

### Transportation Account

You can enroll in a TSA to have pretax dollars deducted from your paycheck to assist with the cost of parking and transit cards/passes. You can elect an amount to be announce the IRS per month for parking and transit for the TSA card. (The mass transit FSA and parking FSA are separate elections in Benefitfirst.)

# Dental Benefits

Sterling Capital offers two dental plans through Aetna: a PPO plan and a DMO plan. The PPO plan allows you to use in-network or out-of-network benefits. However, you will be responsible for paying the difference between the allowed amount and what the dentist may charge, also known as "balance billing," when you visit an out-of-network provider.

The Aetna DMO plan provides benefits only when you get care from dentists who are part of the Aetna network. No out-of-network benefits are available, and there is no annual deductible or benefit maximum.

To find in-network providers, go to [aetna.com](https://www.aetna.com). Select "Dental PPO/PDN with PPO II and Extend" to search for network dentist. The chart below provides a brief overview of the plan. Refer to the full plan description for detailed coverage information.

In-Network	Aetna Dental PPO	Aetna Dental DMO
Deductible	\$50 / \$150	\$0
Annual Benefit Maximum	\$1,500	None
Preventive Services	Covered in full	Covered in full
Basic Services	20% after deductible	Copays based on fee schedule
Major Services	50% after deductible	Copays based on fee schedule
Orthodontia	Children to age 19 only	Children and adults

## Visit Your Dentist Regularly

Regular dental visits are more than maintaining a great smile because poor dental hygiene is not limited to bad breath, gum disease, and tooth decay.

Serious medical conditions such as cancer, heart disease, and diabetes have been linked to poor oral health. Take advantage of your preventive dental benefits at no cost to you, including routine exams and cleanings.



# Vision Benefits

Sterling Capital offers two vision plans through VSP. These plans allow you to use in-network or out-of-network providers. However, when using out-of-network providers, you will pay expenses at the time of service and file a claim for reimbursement.

To find in-network providers visit [vsp.com](http://vsp.com) and enter your search criteria. The chart below provides a brief overview of the plan. Refer to the full plan description for detailed coverage information.



In-Network	Premier Plan	Base Plan
<b>WellVision Exam</b>	Covered in full	\$10 copay
<b>Frames</b>	\$180 allowance + 20% discount on balance; \$200 allowance for featured frame brands; \$100 allowance at Costco frames	\$20 copay; \$150 allowance + 20% discount on balance; \$170 allowance for featured frame brands; \$80 allowance at Costco
<b>Eyeglass Lenses</b> Single vision, lined bifocal, lined trifocal; Polycarbonate lenses for children	Covered in full	\$20 copay
<b>Contact Lenses</b>	Up to \$60 copay; \$180 allowance*	Up to \$60 copay; \$150 allowance*
<b>Diabetic Eyecare Program</b>	\$20 copay as needed; Services related to diabetic eye disease, glaucoma, and age-related macular degeneration. Retinal screening for eligible members with diabetes. Ask your doctor for details.	
<b>Frequency of Services</b>	Eye exam: every calendar year Eyeglass frames & lenses: every calendar year Contact lenses: every calendar year in lieu of glasses	

\*Copay does not apply.



# Life and AD&D Insurance

## Basic Life Insurance

Sterling Capital provides each teammate with Basic Life and Accidental Death & Dismemberment insurance through The Hartford and pays for the full cost of coverage. Eligible employees receive 1x your Benefits Annual Rate (BAR) rounded to the next highest \$1,000 up to \$700,000 in coverage. In addition, eligible employees receive Business Travel Accident insurance in the amount of 4x BAR rounded to the next highest \$1,000.

## Designating a Beneficiary

While you are automatically enrolled in Basic Life Insurance, you'll be required to designate a beneficiary to receive your benefit in the event of your death. The beneficiary election also applies to any elected supplemental life insurance coverage. You should review your beneficiaries each year during annual enrollment in Benefitfirst.

## Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance

Sterling Capital employees may supplement their company-paid Basic Life insurance by purchasing additional coverage through The Hartford. In addition, you may purchase coverage for a spouse and child(ren) after electing coverage for yourself.

The Guarantee Issue (GI) amount is the highest amount of coverage that you or your dependents may elect without completing an Evidence of Insurability (EOI) form. If you elect an amount above the GI limit or wish to increase your benefit amount at a future date, the coverage amount over the GI level will not go into effect until your EOI has been reviewed and approved and payroll deductions have begun. For full details, refer to the Certificate of Coverage.

You may purchase the following amounts for yourself and your dependents. Refer to Benefitfirst to calculate your coverage cost.

Vol Life/AD&D	Teammate	Spouse/DP	Child(ren)
<b>Voluntary Life</b>	Increments of \$10,000 up to - 8x BAR up to a maximum of \$2 million (Basic & Supplemental combined) Guarantee Issue: Up to \$300,000	Increments of \$10,000 up to \$100,000 maximum or 50% of Basic Teammate Life + Supplemental Teammate Life Guarantee Issue: \$100,000	Increments of \$2,500 to \$15,000 maximum
<b>AD&amp;D</b>	1x-10x BAR, up to a maximum of \$1 million		

# Disability Insurance

Whether you are disabled and unable to work due to an accident or illness, Sterling Capital offers Short- and Long-Term Disability benefits options through The Hartford. Disability is insurance for your paycheck should you become disabled due to an off-the-job injury or illness. This coverage will provide a percentage of your salary once you satisfy the waiting period. Refer to the Plan Summaries for details.

## Company-Paid Core Disability Plans

Sterling Capital offers two Core Disability plans and pays the full cost of coverage.

Core Short-Term Disability	Core Long-Term Disability
Replaces 50% of your BAR, up to a weekly benefit maximum of \$8,077	Replaces 50% of your BAR, up to a maximum monthly benefit of \$20,000

Subject to pre-existing conditions.

## Voluntary Buy-Up Disability Plans

Sterling Capital offers employees the option to purchase additional coverage to replace a greater portion of your income. Your cost for coverage can be calculated on Benefitfirst when you make your benefit elections.

Buy-Up Short-Term Disability	Buy-Up Long-Term Disability
Replaces 60% of your BAR, up to a weekly benefit maximum of \$8,077	Replaces 60% of your BAR, up to a maximum monthly benefit of \$20,000

Subject to pre-existing conditions.



# Supplemental Benefits

Sterling Capital offers employees the option to purchase benefits to supplement your medical coverage including Hospital Indemnity, Accident, and Critical Illness provided through Unum. In addition, you have the option to cover your spouse and child(ren) after electing coverage for yourself. The premiums for elected benefits are deducted from your paycheck post-tax.

## Hospital Indemnity Plan

A hospital admission can result in significant financial hardship. You may have a large deductible to meet in addition to other hospital-related charges for surgery, anesthesia, radiology, and more. A hospital indemnity policy provides a lump sum cash benefit paid directly to you to help offset those expenses not covered by your major medical insurance.

- Pays \$500 per covered person per year for hospital admission and \$100 per day for a stay, up to 365 days.
- Additional payments are based on the length of time you are hospitalized and level of care required.

## Accident Insurance

Where most medical plans only pay a portion of the bills, accident insurance can help pick up where other insurance leaves off. This policy provides a cash benefit to cover expenses if you or a covered dependent experience an eligible event.

- Pays a schedule of benefit for a wide variety of services, such as ambulance, emergency room treatment, and hospitalization.
- The amount you receive depends on your treatment and injuries.
- \$50 Wellness benefit per covered family member

## Critical Illness Insurance

Critical illness insurance pays a lump sum cash benefit when you or a covered family member is diagnosed with a serious illness, such as a heart attack, stroke, major organ failure, or cancer. You may use this benefit in any way you choose to pay for expenses that are not medical but have occurred due to the diagnosis, such as lost wages, family care, rehabilitation, or transportation. Pays a benefit in the event of hospitalization and in some cases, for treatment received for an accident or sickness.

- Pays in elected increments of \$5,000—\$50,000. All Guarantee Issue.
- \$50 Wellness benefit per covered family member



# Employee Assistance Program



All eligible employees are automatically provided access to the Employee Assistance Program (EAP) via The Hartford powered by Guidance Resources at no cost to you. The program is a confidential resource available 24/7/365 to help you deal with a variety of life stages and concerns, including:

- Depression, stress, and anxiety
- Relationship difficulties
- Financial and legal advice
- Family issues and parenting
- Child and elder care support
- Dealing with domestic violence
- Substance abuse and recovery
- Work-related issues
- Loss and grief
- Eating disorders

**Call for Assistance**

**24/7/365**

**800-964-3577**

Or visit  
[guidanceresources.com](https://www.guidanceresources.com)  
for more information.

The program includes up to three face-to-face emotional counseling sessions per occurrence per year with licensed counselors.

# Wellness Program

Sterling Capital emphasizes wellness by encouraging employees and covered spouses to keep up to date with routine preventive care. You will have an opportunity to participate in the Wellness Contribution Incentive Program every year. This program offers discounted employee medical premiums by meeting the wellness goal.

## Wellness Goal

You and your covered spouse must have a routine physical with labs (lab work to be determined by doctor based on age of patient) every year. A form will be provided for your doctor to complete

## Proof of Physical

Each year you must provide proof of your physical and your covered spouse's physical to Human Resources or upload your proof in Benefitfirst. Acceptable forms of proof include:

- A copy of your receipt or bill from the physician's office (Please DO NOT submit results of physical)
- A confirmation letter from your physician's office or Proof of Physical form located on the Benefitfirst Resource Center
- A copy of your Explanation of Benefits (EOB) from carrier showing annual wellness visit

## Wellness Advantages

- Save money on your medical premiums
- Receive valuable feedback on your health
- Contribute to lower health care costs for you and your family
- Develop a relationship with your primary care physician
- Early detection of health conditions to enable proactive treatment at a lower costs
- No out of pocket cost to you- preventive care is covered at 100%



# Terms to Know

**Deductible:** The amount an teammate pays out of pocket before the insurance company pays a percentage of the provider charges.

**Coinsurance:** The amount of payment split between the teammate and the insurance company. Example: The insurance company pays 80%, and the teammate pays 20% of the charges after you meet the deductible.

**Out-of-Pocket Maximum:** The maximum amount an teammate is responsible for paying out of pocket in any calendar year before the insurance company pays the entire eligible amount for the remaining calendar year.

**Network Providers:** Doctors, hospitals, and other health care providers with an agreement/contract with insurance companies agreeing to charge a discounted amount for services rendered.

**Pre-Authorization:** Certain procedures or hospitalizations may require that the provider receive authorization. The provider is typically the one to go through this process with the insurance company and obtain pre-authorization.

**Explanation of Benefits (EOB):** The EOB is mailed to the teammate after the insurance company receives and processes a claim. The EOB describes how the claim was processed and outlines what portion of the charges have been applied to the deductible, what amount the teammate is responsible for, and explains if there was a denial or error in processing the claim.

**Appeal:** If your health insurance company doesn't pay for a specific health care provider or service, you have the right to appeal the decision and have it reviewed by an independent third party.

**Guarantee Issue:** The maximum amount of voluntary life insurance you can choose when making your initial election that does not require the answering of medical questions.

**Evidence of Insurability (EOI):** The form containing medical questions you must answer if you decide to elect voluntary life insurance after you have previously declined coverage and wish to increase your current coverage later. The form may also be required if you add disability coverage after previously declined.



# Important Notices

A printed copy of the full versions of the below notices along with the plan summaries can be obtained from Human Resources or by logging in to Benefitfirst.

## **HIPAA PRIVACY AND SECURITY – NOTICE OF PRIVACY PRACTICES**

HHS regulations require that participants be provided with a detailed explanation of their privacy rights, the plan's legal duties with respect to protected health information, the plan's uses and disclosures of protected health information, and how to obtain a copy of the Notice of Privacy Practices.

## **HIPAA PORTABILITY – NOTICE OF SPECIAL ENROLLMENT RIGHTS**

This notice describes a group health plan's special enrollment rules including the right to special enroll within 30 days of the loss of other coverage or of marriage, birth of a child, adoption, or placement of a child for adoption, or within 60 days of a determination of eligibility for a premium assistance subsidy under Medicaid or CHIP.

## **COBRA – FIRST NOTICE OF COBRA RIGHTS**

This notice advises covered employees, covered spouses, and covered dependents of the right to purchase a temporary extension of group health coverage when coverage is lost due to a qualifying event.

## **PRESCRIPTION DRUG COVERAGE AND MEDICARE**

Entities that offer prescription drug coverage on a group basis to active and retired employees and to Medicare Part D eligible individuals – must provide, or arrange to provide, a notice of creditable or non-creditable prescription drug coverage to Medicare Part D eligible individuals who are covered by, or who apply for, prescription drug coverage under the entity's plan. This creditable coverage notice alerts the individuals as to whether or not their prescription drug coverage is at least as good as the Medicare Part D coverage.

## **MEDICAL PRE-TAX PREMIUMS PLAN**

Enrollment in a pre-tax premium plan authorizes premiums for group health plan benefits to be payroll deducted on a pre-tax basis.

## **CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT NOTICE (CHIPRA)**

This annual notice notifies employees of potential state opportunities for premium assistance to help pay for employer-sponsored health coverage.

## **WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE (WHCRA)**

Participants and beneficiaries of group health plans who are receiving mastectomy-related benefits can choose to have breast reconstruction following a mastectomy.

## **HEALTH CARE REFORM NOTICE: NOTICE OF EXCHANGE/ MARKETPLACE**

Employer must provide all employees with an Exchange Notice that includes a description of services provided by the Exchange. The notice must explain the premium tax credit available if a qualified health plan is purchased through the Exchange. The teammate must also be informed that they may lose the employer contribution to any benefit plans offered by the employer if a health plan through the Exchange is elected.

## **WELLNESS PROGRAM DISCLOSURE**

If it is unreasonably difficult due to a medical condition for you to achieve the standard for reward or if it is medically inadvisable for you to attempt to achieve the standard for reward under your employer's wellness program, please contact your employer's Human Resources representative to develop another way for you to qualify for the wellness program reward.

## **YOUR RIGHTS AGAINST SURPRISE MEDICAL BILLS**

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.



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*The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by your employer. The text contained in this Summary was taken from various summary plan descriptions and benefits information. While every effort was taken to report your benefits, discrepancies or errors accurately are always possible. In case of a discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this Summary, contact Human Resources.*

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