

# BENEFITS GUIDE

2022



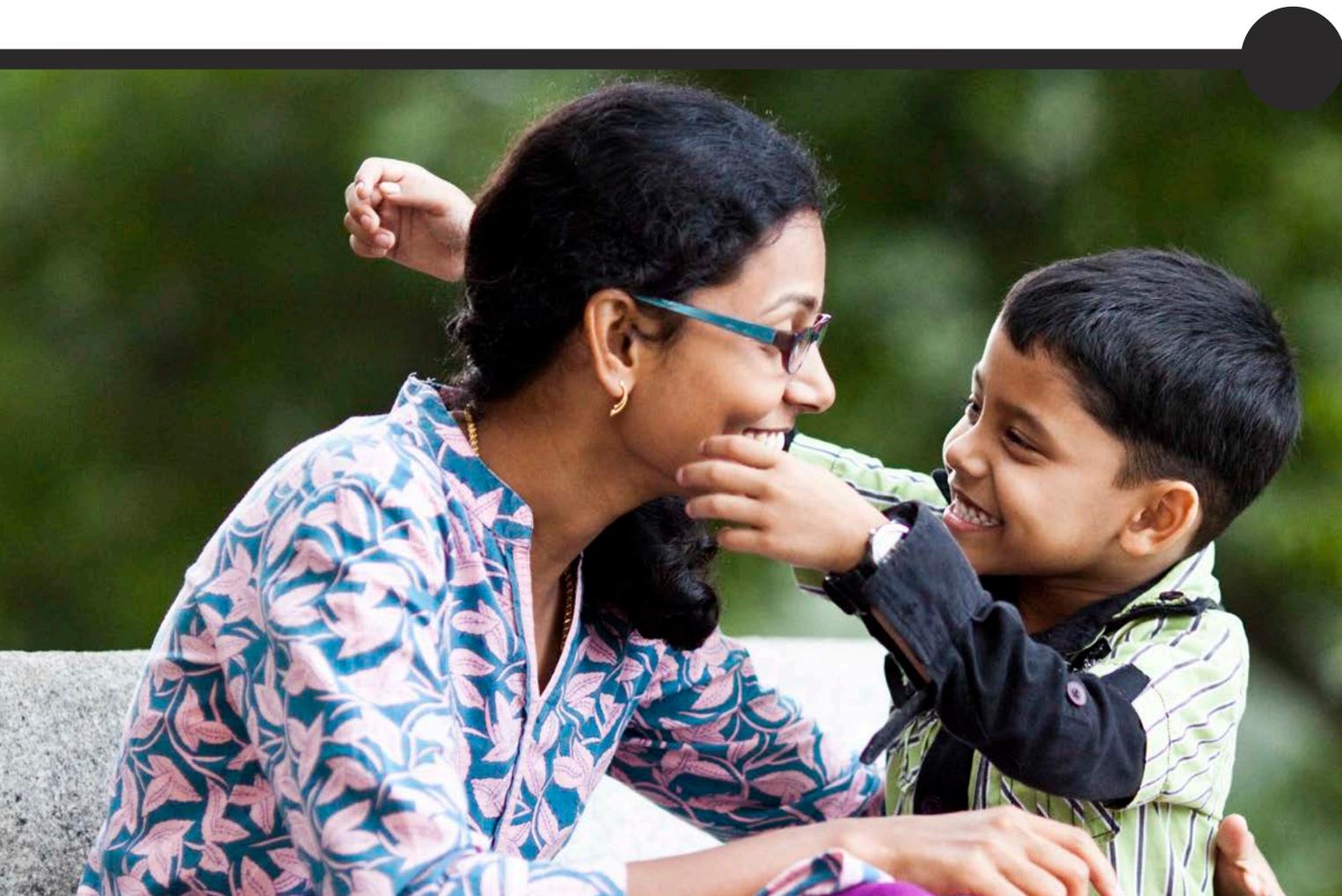


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## Your 2022 Benefits Guide

At Jordan Valley Community Health Center, we offer our employees a competitive and comprehensive benefits program to recognize how important you are to the company. This benefits guide summarizes our program in a quick and easy-to-understand way. Please review your plan documents for more details.



# Enrollment Details

## New Hire Enrollment

Newly hired employees are eligible for benefits on the first of the month following 30 consecutive days of employment. If you do not enroll in benefits during your new hire period, you will not be eligible to enroll in benefits until annual enrollment, unless you experience a qualifying life event.

All benefit elections become effective on the first day of the month following 30 days, provided online enrollment is submitted within 30 days.

## Open Enrollment

Open enrollment is your annual opportunity to review your current elections and make benefit changes for the upcoming plan year. During open enrollment, you can add, change, or decline coverage. In addition, you can change who is covered with you under each plan. Outside of open enrollment, you may not change your benefits unless you have a qualifying event.

This year's open enrollment will be November 12 through November 24. All election changes should be made through Paylocity. This year's open enrollment will be a passive enrollment. Unless you want to make a change to your current election, no action is needed, with the exception of your FSA and HSA election. New elections are required for 2022.

## Qualifying Life Event

A qualifying event is a change in your personal life or employment which may impact your eligibility or dependent's eligibility for benefits.

Examples of some qualifying events include the following.

- Change of legal marital status (e.g., marriage or divorce)
- Change in number of dependents (e.g., birth, adoption, death of dependent)
- Change in employment or job status

Please note you have 30 days from the date of your qualifying event to notify HR and make a change to your election. Changes cannot be accepted outside of the 30 day special enrollment period.

### Benefits Eligibility

#### Employee Eligibility

You may enroll in the benefits program if you are a regular full-time employee who is actively working an average of 30 hours per week. See your Human Resources Team with any questions.

#### Dependent Eligibility

Eligible dependents include your legally married spouse and children up to age 26. Children may include natural, adopted, step-children, as well as children obtained through court-appointed legal guardianship.



# Medical and Prescription Drug Coverage

Jordan Valley offers a robust medical and prescription drug program to our employees. We partner with UMR, a UnitedHealthcare company, to administer the medical insurance and RxBenefits to administer the prescription drug plan, on behalf of Express Scripts.

Our medical plan utilizes UnitedHealthcare's Choice Plus network. The Choice Plus network is a national network that includes most local and regional providers, including Cox and Mercy. Our prescription drug program utilizes Express Scripts' National Plus network.

## What is a Network?

A network is a group of providers your plan contracts with at discounted rates. You will almost always pay less when you receive care in-network.

If you choose to see an out-of-network provider, you may be balance billed, which means you will be responsible for charges above UMR's reimbursement amount.

## Important Insurance Terms

- **Premium:** the amount you pay for health insurance every month
- **Deductible:** the amount of money you are responsible for paying up-front before your plan shares your costs
- **Coinsurance:** the percentage you and the plan pay; in our plans, you pay a smaller percentage and the plan pays a larger percentage
- **Copay:** a fixed amount for certain services you pay in some of our plans
- **Out-of-pocket maximum:** the limit on your expenses; once you reach this limit, the plan covers all eligible expenses for the remainder of the plan year
- **Formulary:** the set list of medications covered under your health plan
- **Preauthorization:** the review of services prior to them being rendered to determine if the services are eligible under the plan
- **Pre-certification:** the review of hospital admissions prior to the admission date

## Plan Highlights

You have the option of choosing one of three plans:

- Buy-up plan—\$1,500 deductible
- Base plan—\$3,500 deductible
- High deductible plan—\$5,000 deductible

The deductibles and out-of-pocket maximums vary on each plan, as well as the premium you pay from your paycheck. Please review the plan highlights carefully when choosing which plan best meets your personal and family needs.

## Finding a Medical Provider

When you receive in-network care, you benefit from UMR's negotiated discounts for healthcare services. Please follow the below steps if you need to locate an in-network provider or facility.

1. Go to [www.umar.com](http://www.umar.com)
2. Select "Find a Provider"
3. Select "Medical"
4. Select your network: UnitedHealthcare Choice Plus

## Telemedicine Program

Our medical plans include access to Teladoc's telemedicine services. No appointments, no driving, and no waiting at an urgent care center. Teladoc lets you talk face-to-face with a doctor through your mobile device or a computer with a webcam. Teladoc can be used for common health concerns like colds, flu, fevers, rashes, infections, and allergies, as well as a visit with a mental health provider. It's faster, easier, and more convenient than a visit to an urgent care center.

For additional information or to schedule an appointment, visit [www.teladoc.com](http://www.teladoc.com), call **1.800.Teladoc**, or download their app.

## UMR Member Site

Visit [www.umar.com](http://www.umar.com) to take advantage of all the helpful tools and resources available including the following:

- Temporary ID cards and means to order another ID card
- Detailed benefit information
- Information regarding claims, including your Explanation of Benefits (EOB)
- Price estimator tools for hundreds of healthcare services and treatment options





## Plan Details

	Buy-Up Plan		Base Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Calendar Year Deductible</b>				
	Embedded		Embedded	
Individual	\$1,500	\$2,500	\$3,500	\$5,000
Family	\$4,500	\$7,500	\$10,500	\$15,000
<b>Out-of-Pocket Maximum (includes deductible)</b>				
	Embedded		Embedded	
Individual	\$3,000	\$4,500	\$6,000	\$8,000
Family	\$6,000	\$9,000	\$12,000	\$16,000
<b>Physician Office Visits</b>				
Preventive Care	Covered at 100%	50% after deductible	Covered at 100%	50% after deductible
Primary Care	Jordan Valley: \$15 All Other: \$30	50% after deductible	Jordan Valley: \$15 All Other: \$30	50% after deductible
Specialist	\$50 copay	50% after deductible	\$50 copay	50% after deductible
Urgent Care	\$50 copay	\$150/visit + 30% coinsurance	\$50 copay	\$150/visit + 30% coinsurance
<b>Hospital Services</b>				
Inpatient	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Outpatient	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Emergency Room	\$150 copay + 30% coinsurance	\$150 copay + 30% coinsurance	\$150 copay + 30% coinsurance	\$150 copay + 30% coinsurance
<b>Prescription Drugs (out-of-pocket maximum)</b>				
Individual	\$4,100	N/A	Combined with medical	N/A
Family	\$8,200	N/A		N/A
<b>On-Site Pharmacy</b>				
Generic	\$4 copay	Not covered	\$4 copay	Not covered
Preferred Brand	\$20 copay	Not covered	\$20 copay	Not covered
Non-Preferred Brand	\$40 copay	Not covered	\$40 copay	Not covered
Specialty	20% to \$150	Not covered	20% to \$150	Not covered
<b>Retail Pharmacy</b>				
Generic	\$10 copay	Not covered	\$10 copay	Not covered
Preferred Brand	\$35 copay	Not covered	\$35 copay	Not covered
Non-Preferred Brand	\$60 copay	Not covered	\$60 copay	Not covered
Specialty	20% to \$200	Not covered	20% to \$200	Not covered
<b>Mail Order Pharmacy</b>				
	2x retail	Not covered	2x retail	Not covered
<b>Preventive Medication</b>				
	ACA required drugs are covered at 100%		ACA required drugs are covered at 100%	

## 2022 Employee Monthly Premium Contributions

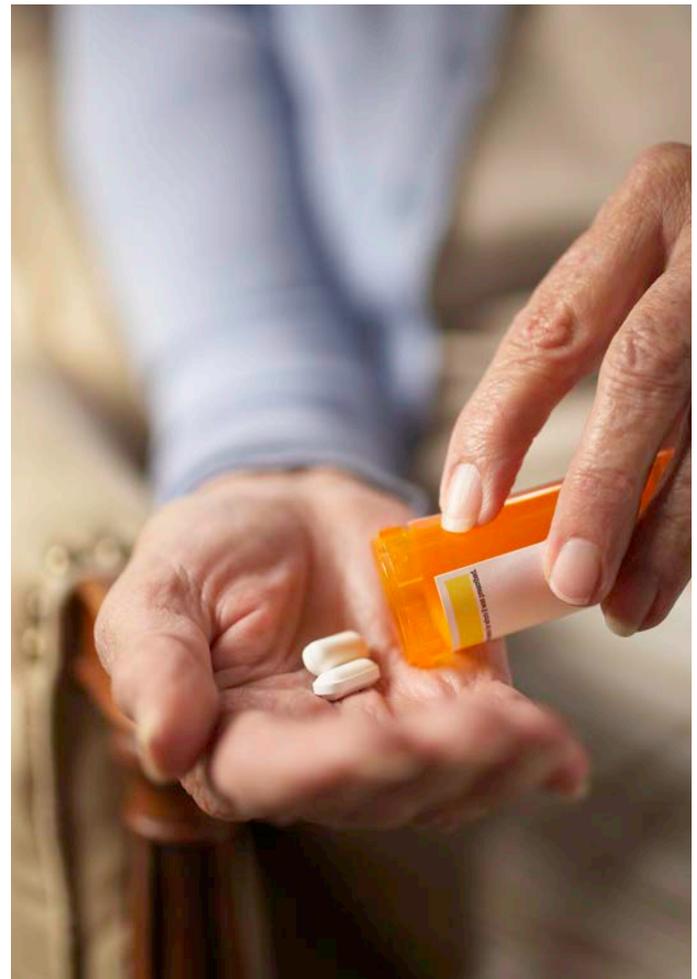
	Buy-Up Plan	Base Plan	HDHP Plan
Employee Only	\$231.00	\$101.85	\$31.50
Employee + Spouse	\$740.25	\$515.55	\$367.50
Employee + Child(ren)	\$491.40	\$279.30	\$160.65
Employee + Family	\$1,153.95	\$782.25	\$530.25

### Deductible Note

With family coverage in embedded plans, the individual deductible and out-of-pocket maximum still applies to each individual on the plan. You can satisfy the individual limit and the plan begins covering your eligible expenses. Additionally, once a combination of family members satisfies the full family deductible and out-of-pocket maximum, the plan begins covering all family members eligible expenses.

High Deductible Plan	
In-Network	Out-of-Network
Embedded	
\$5,000	\$5,250
\$11,250	\$15,000
Embedded	
\$6,250	\$10,000
\$12,500	\$30,000
Covered at 100%	50% after deductible
10% after deductible	50% after deductible
10% after deductible	50% after deductible
10% after deductible	50% after deductible
10% after deductible	50% after deductible
10% after deductible	50% after deductible
10% after deductible	50% after deductible
10% after deductible	10% after deductible
Combined with medical	N/A
	N/A
\$4 copay after deductible	Not covered
\$20 copay after deductible	Not covered
\$40 copay after deductible	Not covered
20% to \$150 after deductible	Not covered
\$10 copay after deductible	Not covered
\$35 copay after deductible	Not covered
\$60 copay after deductible	Not covered
20% to \$200 after deductible	Not covered
2x retail after deductible	Not covered

ACA required drugs are covered at 100% and additional drugs on the ESI Preventive Therapy list bypass the deductible and are subject to the above copays





# Health Savings Account

A health savings account (HSA) is a tax-favored savings account which works in conjunction with your health plan coverage. HSA dollars can be used to pay for qualified expenses such as deductibles, copays, dental, and vision care. You can use the money in your account on your medical, dental, and vision out-of-pocket expenses, as well as your spouse or dependents, even if they are not covered under the same plan as you.

**You are eligible to contribute to a health savings account if you enroll in the HDHP plan and meet all eligibility requirements set by the IRS.**

## Major HSA Benefits

- All contributions, both employee and employer, always belong to you
- Your account balance rolls over year to year, there is no “use it or lose it” rule
- Your contribution lowers your taxable income

## HSA Triple Tax Savings

- Tax deduction when you contribute toward your account
- Tax-free earnings through investment
- Tax-free withdrawal for qualified medical expenses

### HSA Eligibility Requirements

Because there are so many tax advantages with the HSA, there are a few eligibility requirements which you must meet in order to open and contribute to an HSA. To contribute to an HSA, you must meet the following criteria.

- You must be enrolled in a qualified high deductible health plan, like our HDHP plan
- You must not be covered by any other health plan which is not a qualified high deductible health plan
- You must not be covered by a healthcare FSA for the tax year in which you will claim your HSA deposits as tax deductions
- You must not be eligible to be claimed as a dependent on someone else’s tax return
- You must not be enrolled in Medicare, TRICARE, or TRICARE for Life
- You must not have received veterans administration benefits within the past three months (exception for service related disabilities)

## Employer Seed Money

- Employees opening their HSA prior to the 1st payroll will receive \$200 in employer seed money.
- Jordan Valley will also match employee contributions up to \$32 per pay period and \$1,000 annually.

## Opening an HSA

We partner with UMB Bank for our HSA program. Please contact HR for instructions on how to open an account.

2022 HSA Funding Limits	
Coverage Level	Limit
Individual Coverage	\$3,650
Family Coverage	\$7,300
Age 55 or Older	Additional \$1,000

Note: The IRS limit is a combined employer and employee contribution limit.

# Flexible Spending Account

A flexible spending account (FSA) allows you to set aside pre-tax dollars from your paycheck to cover qualified expenses that you would normally pay out of your pocket. Our FSA plan administrator is WEX. We offer two types of flexible spending account programs.

## Healthcare FSA

The healthcare FSA helps you pay for certain IRS-approved healthcare expenses not covered by your insurance plan with pre-tax dollars. The maximum contribution to the healthcare FSA for 2022 is \$2,750 per plan year.

You are eligible to contribute to the healthcare FSA if you enroll in the Buy-up plan, Base plan, or no benefit plan at Jordan Valley.

Funds you elect to contribute are available in full on the first day of the plan year. You'll continue to pay for the election pre-tax from your paycheck throughout the plan year.

## Dependent Care FSA

The dependent care FSA lets you set aside pre-tax dollars to use toward qualified dependent care. The maximum amount you may contribute to the dependent care FSA is \$5,000 (or \$2,500 if married and filing separately) per plan year. Funds you contribute to the dependent care FSA function like a debit card, you need to accumulate the funds before you can use them.

You are eligible to contribute to the dependent care FSA regardless of your medical plan enrollment.

## Use It or Lose It

Carefully consider your FSA contribution amounts for the plan year. Any remaining funds at the end of the 2.5 month grace period will not be rolled over into the next plan year. There is a use it or lose it rule.

## Eligible Expenses

### Healthcare FSA

- Doctor's visit copays
- Prescription drug copays
- Medical and dental deductibles
- Over-the-counter medications (with a written prescription)
- Vision expenses

### Dependent Care FSA\*

- Cost of child or adult daycare
- Nursery school
- Preschool (excluding kindergarten)

\* An eligible dependent is a tax dependent child under age 13 or a tax dependent spouse, parent, or child unable to care for themselves.





# HSA vs. FSA

	Health Savings Account (HSA)	Flexible Spending Account (FSA)
What is It?	An HSA is an individually-owned bank account which helps you save, meet your deductible, and/or pay for qualified expenses. You must be enrolled in the HDHP plan and meet all eligibility requirements outlined on page 8 before contributing to a Health Savings Account.	<ul style="list-style-type: none"> <li>● An FSA is an account which reimburses you for qualified expenses.</li> <li>● A healthcare FSA reimburses you for eligible health (medical, dental, and vision) expenses.</li> <li>● A dependent care FSA reimburses you for qualified dependent care.</li> </ul>
Who Owns It?	You own the account and the funds belong to you.	Jordan Valley owns the account, but the funds are yours.
Who Funds the Account?	You and Jordan Valley fund your HSA.	You fund your FSA.
How is the Account Funded?	<ul style="list-style-type: none"> <li>● You can elect contributions to be deducted tax-free from your paycheck and deposited into your HSA.</li> <li>● You may also make deposits to your HSA just like a regular bank account.</li> <li>● Jordan Valley will deposit \$200 into their HSA if the account is set up prior to the first payroll. In addition, Jordan Valley will match employee contributions up to \$32 per pay period up to an annual maximum of \$1,000.</li> </ul>	You can elect contributions toward your FSA from your paycheck. Your FSA contributions will be deducted, tax-free, and deposited into your FSA.
What is the Annual Contribution Limit?	<ul style="list-style-type: none"> <li>● The IRS-mandated annual contribution limit for 2022 is \$3,650 if you are only covering yourself on the medical plan and \$7,300 if you are covering yourself and one or more dependents on the medical plan.</li> <li>● If you are age 55 (or turning 55 in 2022) or older, you can contribute an additional \$1,000 to your HSA as a catch-up contribution.</li> <li>● These limits include the employer contributions.</li> </ul>	<ul style="list-style-type: none"> <li>● The maximum annual contribution amount allowed by the IRS for each type of FSA are as follows.               <ul style="list-style-type: none"> <li>○ Healthcare FSA = \$2,750.</li> <li>○ Dependent care FSA = \$5,000 (or \$2,500 if you are married and filing taxes separately).</li> </ul> </li> </ul>
What Happens to Leftover Funds in the Account at the End of the Year?	<ul style="list-style-type: none"> <li>● Your HSA funds automatically rollover.</li> <li>● Leftover funds in your HSA can earn interest, if in an interest bearing account.</li> </ul>	Your FSA is a “use it or lose it” account—any funds not used will be forfeited, if not used by the end of the grace period, which is March 15.
What Happens if I Retire or Leave the Company?	You take your HSA and its funds with you.	Any unused funds in your FSA will be forfeited.

# Dental Coverage

We partner with Cigna to offer you and your family members dental insurance. Visit [www.cigna.com](http://www.cigna.com) and navigate to the DPPO network to find in-network providers and access a variety of online tools and programs.

	In-Network DPPO Network	Out-of-Network
<b>Calendar Year Deductible</b>		
Per Covered Person	\$50	\$50
<b>Calendar Year Maximum</b>		
Year 1	\$1,250	\$1,250
Year 2	\$1,500	\$1,500
Year 3	\$1,750	\$1,750
Year 4	\$2,000	\$2,000
<b>Coinsurance (Plan Pays)</b>		
Preventive	100% no deductible	100% no deductible
Basic	90% after deductible	80% after deductible
Major	60% after deductible	50% after deductible
<b>Orthodontia</b>		
Coinsurance	50% no deductible	
Lifetime Maximum	\$1,000	
Benefit Applies To	Dependent Children to age 19	

Note: All deductible, plan maximums and service specific maximums cross accumulate between in and out-of-network. Benefit frequency limitations are based on the date of service.

2022 Employee Monthly Premium Contributions	
Employee Only	\$0
Employee + Spouse	\$42.06
Employee + Child(ren)	\$51.59
Employee + Family	\$93.30

## Find an In-Network Provider

Remember to visit in-network dentists to receive the deepest level of discount on your services.

To find a participating in-network dentist in your area, go to [www.cigna.com](http://www.cigna.com) or call **800.244.6224**. Our plan utilizes the DPPO network.

If you visit an out-of-network dentist, you may be subject to balance billing.

## Calendar Year Maximum

The calendar year maximum is the maximum amount of dental services you can receive in given year. The maximum will increase each year of coverage, provided you receive your preventive services in the years prior.

## Orthodontia Services Note

The lifetime maximum illustrated is different from the calendar year maximum. For orthodontia services, this limit does not reset each year, this is the most your plan will cover for your services for the lifetime of your participation in this program.

## Examples of Services

- Preventive—exams, cleanings, fluoride, x-rays, space maintainers, and sealants
- Basic—fillings, extractions, repairs, endodontics, periodontics, and simple oral surgery
- Major—complex oral surgery, crowns, bridges, dentures, inlays, dentures





# Vision Coverage

We partner with EyeMed to offer you and your family members vision insurance. Visit [www.eyemed.com](http://www.eyemed.com) to find in-network providers and access a variety of online tools and programs.

## Finding In-Network Providers

- Remember to visit in-network providers to receive the deepest level of discount on your services.
- To find a participating in-network provider in your area, go to [www.eyemed.com](http://www.eyemed.com) and select the Insight network or call **866.804.0982**.



	In-Network Insight Network	Out-of-Network Reimbursement
<b>Copay</b>		
Exam	\$10 copay	Up to \$40
<b>Lenses</b>		
Single	\$25 copay	Up to \$30
Bifocal	\$25 copay	Up to \$50
Trifocal	\$25 copay	Up to \$70
Lenticular	\$25 copay	Up to \$70
<b>Frames</b>		
	\$0 copay; \$130 allowance then 20% off balance over \$130	Up to \$91
<b>Contact Lens Fit and Follow Up</b>		
Standard	Up to \$55	N/A
Premium	10% off retail	N/A
<b>Contact Lenses</b>		
Conventional	\$0 copay; \$130 allowance then 15% off balance over \$130	Up to \$130
Disposable	\$0 copay; \$130 allowance plus balance over \$130	Up to \$130
Medically Necessary	Covered in full	Up to \$210
<b>Frequency</b>		
Exam		12 months
Frame Lenses or Contact Lenses		12 months
Frames		12 months

Note: Benefit frequency is based on dates of service. They do not reset on January 1.

2022 Employee Monthly Premium Contributions	
Employee Only	\$6.93
Employee + Spouse	\$13.89
Employee + Child(ren)	\$11.76
Employee + Family	\$19.39

# Additional Coverages

All coverages outlined on this page are offered through New York Life. Contact HR for premium information.

## Basic Life/AD&D Insurance

Jordan Valley provides life insurance and accidental death and dismemberment (AD&D) insurance equal to 1x the employee’s salary with a minimum amount of \$50,000 and a maximum of \$150,000, at no additional cost to you.

## Voluntary Life/AD&D Insurance

You have the option to purchase voluntary term life insurance for you and your dependents. You must purchase voluntary life/AD&D for yourself in order to purchase for your dependents. Coverage is outlined in the table below. Evidence of insurability is required for all election changes outside of your initial new hire eligibility period.

For Yourself	You can purchase additional benefits of \$10,000 increments up to a maximum of the lesser of 5x annual earnings or \$500,000.
For Your Spouse	You can purchase coverage in increments of \$5,000 up to a maximum of 50% of the employee elected amount or \$250,000.
For Your Child(ren)	You can purchase \$500 for a child birth to 14 days, \$1,000 for a child 15 days to 6 months, and increments of \$1,000 to a maximum of \$10,000 for a child 6 months to 26 years of age.

## Voluntary Short Term Disability

Short term disability insurance replaces a portion of your paycheck when you are unable to work due to an accident or injury. The plan covers 60% of your pre-disability earnings to a weekly maximum of \$1,000 for up to 26 weeks total. There is a 14-calendar day waiting period for illnesses and accidents. There is a pre-existing condition limitation, meaning the plan will not cover any ailment you have received treatment for 3 months prior to the policy effective date until you have been covered for 12 months.

## Long Term Disability

Jordan Valley provides full-time employees with long term disability insurance at no additional cost. Long term disability replaces a portion of your paycheck if you are unable to work due to a non-work related injury or sickness. The plan covers 60% of your pre-disability earnings to a maximum monthly benefit of \$10,000 once you have been out of work for 180 days. The benefit could last until your Social Security Normal Retirement Age, provided you continue to meet the definition of disability.

This benefit will be paid through a gross up and deduction of your salary. This is done in order to avoid taxes on the benefit.





## Employee Assistance Program (EAP)

We partner with New Directions to provide an employee assistance program (EAP) to help you and your family members find solutions and resources to tackle life’s challenges. From simple questions such as quick ways to destress or how to find more time in your schedule, to more difficult issues such as finding support after the loss of a loved one, your program is there to work with you and offer suggestions, options, and information.

The comprehensive range of our EAP program makes it possible for employees and their family members to resolve most issues without cost to them and without a referral to their medical plan. For emergency and crisis situations, New Directions offers access to a licensed clinician 24-hours a day, seven days a week. For routine appointments, employees may request an appointment with a counselor from New Directions’ diverse provider network based on gender, language, religious, or cultural preference.

Face to face visits and calls are limited to 3 per presenting issue.

### Accessing the EAP

- Phone consultations: **800.624.5544**  
Company Code: Jordan Valley
- Mobile app: New Directions EAP
- Website: [eap.ndbh.com](http://eap.ndbh.com)

There are strict standards of confidentiality in place to protect your privacy. Treatment information is not shared with anyone without your written permission.

### Counseling and Work Life Services

- Stress management
- Anxiety
- Work and home relationships
- Depression and grief
- Alcohol and substance abuse
- Child, adult, and elder care
- Legal and financial consultations
- Parenting concerns
- Marital conflict
- Anger management
- Domestic violence
- Mood swings
- Communication problems
- Health challenges
- Family issues

## Voluntary Critical Illness

Critical illness insurance is designed to help employees offset the financial effects of a catastrophic illness with a lump sum benefit if an insured is diagnosed with a covered critical illness. Examples: cancer, heart attack, coronary artery, stroke, and renal failure. Employee benefit options are \$5,000, \$15,000, or \$30,000.

## Voluntary Accident

Accident insurance is designed to help cover out-of-pocket expenses associated with accidents. Benefits are paid in lump sum payments depending on the severity of the accident.

## Holidays and Retirement

Jordan Valley offers generous paid time off as well as nine paid holidays. As an employee, you can immediately participate in our pre-tax and Roth 403(b) retirement plans with a 5% match after one year of service and 1,000 hours worked.



# Contact Information



## Medical

UMR  
Claims: **800.826.9781**  
Prior Authorization: **866.494.4502**  
[www.UMR.com](http://www.UMR.com)



## Prescription Drug

RxBenefits, Express Scripts  
**800.334.8134**  
[www.express-scripts.com](http://www.express-scripts.com)



## Vision

EyeMed  
**866.939.3633**  
[www.eyemed.com](http://www.eyemed.com)



## Dental

Cigna  
**800.244.6224**  
[www.cigna.com](http://www.cigna.com)



## Health Savings Account

UMB Bank  
**866.520.4HSA**  
[hsa.umb.com](http://hsa.umb.com)



## Flexible Spending Accounts

WEX  
**866.451.3399**  
Email:  
[customerservice@discoverybenefits.com](mailto:customerservice@discoverybenefits.com)  
[www.wexinc.com](http://www.wexinc.com)



## Life and Disability

New York Life  
Life: **800.238.2125**  
Disability: **888.842.4462**  
[www.newyorklife.com](http://www.newyorklife.com)



## Voluntary Accident and Critical Illness Coverage

Cigna  
**800.754.3207**  
[www.cigna.com](http://www.cigna.com)



## Employee Assistance Program

New Directions  
**800.624.5544**  
[eap.ndbh.com](http://eap.ndbh.com)



# BENEFITS GUIDE

2022



This benefits guide is only intended to highlight some of the major benefit provisions of the company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's summary plan descriptions for further detail. Should this guide differ from the summary plan descriptions, the summary plan descriptions prevail.