

2026 Benefits Guide

January 1, 2026—December 31, 2026



HUWA

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 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your registered domestic partner (RDP) and/or his/her children, where applicable by state law
- 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 first of the month following or coinciding with the 30 day waiting period.

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 1st of the following year.

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, registered domestic partner (RDP), or child
- You lose coverage under your spouse's/registered domestic partner (RDP)'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 30 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.

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.

Inside

- Medical Plans
- Dental Plans
- Vision Plans
- Life and AD&D Insurance
- Disability Insurance
- Employee Assistance Program (EAP)
- Voluntary Benefits
- Cost of Benefits
- Contact information

Enrollment

TWO EASY WAYS TO ENROLL:

BENEFITS CALL CENTER

1. Review the provided benefit materials
2. When ready, phone the Benefits Call Center, SMBO (If possible, be in front of a computer when calling)
3. The SMBO representative will then enroll you over the phone

OR

BENEFITS ONLINE PORTAL

1. Login to the benefits portal, enter your username: Social Security Number & password: last 4 Social + last 2 digits of year of birth

www.huwabenefits.com

877-282-0808

Monday - Friday: 7:00am - 5:00pm (CST)

Medical Plans

We are proud to offer you a choice of two different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Cigna PPO (Copay) Plan

This 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 Cigna network. The calendar-year deductible must be met before certain services are covered.

Cigna HDHP / HSA Plan

Like the PPO plan, a High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Cigna network. In addition, the HDHP allows you to open a health savings account (HSA). With an HSA, you can use pre-tax dollars¹ to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drugs, dental and vision expenses. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf

Here's how the plan works:

- **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses.
- **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year.



Health Savings Account (HSA)

Health Savings Account (HSA): The HSA is through **Rocky Mountain Reserve (RMR)**. You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. **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.**

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

The money is yours to spend or save, regardless of whether you change health plans², retire or leave the company. There is no “use it or lose it” rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents’ doctor’s visits, prescriptions, braces, glasses—even laser vision correction surgery.

¹ Tax free under federal tax law; state taxation rules may apply

² You must be enrolled in a qualified health plan to contribute to an HSA.



Medical Plans (Cont'd)

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

Cigna Open Access Plus Network	Cigna PPO Plan		Cigna HDHP / HSA Plan	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$1,000 / \$2,000	\$2,000 / \$6,000	\$3,400 / \$6,800	\$7,000 / \$14,000
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$3,500 / \$7,000	\$6,000 / \$12,000	\$3,400 / \$6,800	\$14,000 / \$28,000
Covered Services				
Office Visits (physician/specialist)	\$30 / \$60 copay	50%*	0%*	50%*
Routine Preventive Care	No charge	Not Covered	No charge	Not Covered
Outpatient Diagnostic (lab/X-ray)	20%*	50%*	0%*	50%*
Imaging	20%*	50%*	0%*	50%*
Chiropractic	\$60 copay	50%*	0%*	50%*
Ambulance	20%*		0%*	
Emergency Room	\$250 copay, waived if admitted		0%*	
Urgent Care Facility	\$60 copay	50%*	0%*	50%*
Inpatient Hospital Stay	\$250 copay then 20%*	50%*	0%*	50%*
Outpatient Surgery	20%*	50%*	0%*	50%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3)				
Retail Pharmacy (30-day supply)	\$10 / \$35 / \$70	50%	0%*	0%*
Mail Order (90-day supply)	\$25 / \$88 / \$175	Not covered	0%*	Not covered
Weekly Contribution	Huwa Contribution	Employee Contribution	Huwa Contribution	Employee Contribution
Employee Only	\$157.49	\$39.48	\$157.49	\$17.50
Employee & Spouse	\$253.74	\$159.91	\$253.74	\$113.75
Employee & Child(ren)	\$236.24	\$138.01	\$236.24	\$96.25
Employee & Family	\$332.49	\$258.43	\$332.49	\$192.49

Virtual Care through MDLIVE

When you enroll in a Cigna medical plan, you and your covered dependents have access to high-quality healthcare. This is available through MDLIVE. Services include:

- Primary Care—easy, fast appointments, referrals, prescriptions, lab work and diagnostic tests
- Urgent Care—On-demand 24/7 or schedule a time that works for you
- Dermatology—Fast, customized care for skin, hair, and nail conditions—no appointment required
- Behavioral Care—Talk therapy and psychiatry from the privacy of home, with no waiting rooms

Login to mycigna.com or use the myCigna app and locate the “Talk to a Doctor” button.

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.

Choosing the Right Healthcare Provider

A trip to the ER can easily cost three times as much as a visit to an urgent care or convenience clinic, and your wait time will likely be considerably longer. Follow the guidelines shown here to help you determine where to go first to get care.



GO TO THE DOCTOR'S OFFICE FOR:

- Annual exams and general health issues
- Cold and flu symptoms (e.g., stuffy nose, cough, fever)
- Minor aches and pains
- Vaccinations



ACCESS TELEHEALTH FOR:

- Allergies
- Anxiety issues
- Back problems
- Bronchitis
- Cold and flu symptoms (e.g., stuffy nose, cough, fever, sore throat)
- Diarrhea and constipation
- Ear infections
- Headaches and migraines
- Rash and skin problems
- Sprains and strains
- Urinary tract infections



GO TO A RETAIL HEALTH CLINIC (E.G., A WALGREENS HEALTH CARE CLINIC OR A CVS MINUTECLINIC) FOR:

- Common conditions such as pink eye and strep throat
- Minor wounds, abrasions and skin conditions (e.g., rash from poison ivy)



GO TO AN URGENT CARE CENTER FOR:

- Diagnostic X-rays and laboratory tests
- Minor broken bones (e.g., fingers, toes)
- Minor infections and rashes
- Sprains, strains and cuts
- Stomach pain



GO TO THE EMERGENCY ROOM (ER) FOR:

- Chest pain, shortness of breath and other symptoms of heart attack or stroke
- Heavy bleeding
- Major broken bones (e.g., arms, legs)
- Major lacerations and burns

SAVE MONEY USING IN-NETWORK PROVIDERS

Your insurance company develops networks by contracting with doctors, hospitals, labs and other providers that have agreed to provide health care services to members at negotiated or discounted rates. You'll generally pay less out of pocket when you use providers in your plan's network, commonly referred to as in-network providers.

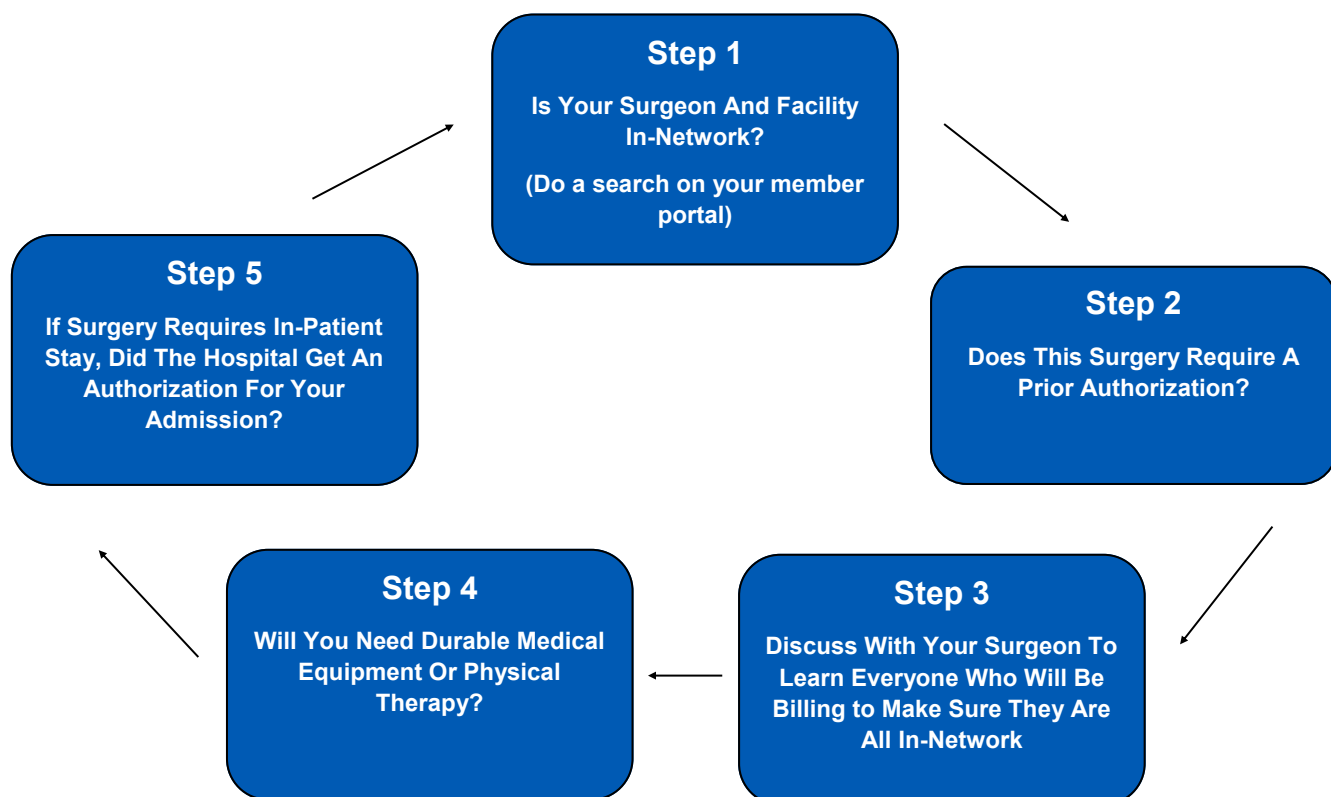
Use in-network providers whenever possible to get the lowest rate. To find in-network providers in your area or to find out whether your current provider is in your plan's network, visit [mycigna.com](https://www.mycigna.com).

Pre-Surgery Checklist

If your doctor or specialist recommends you have a surgery/procedure you want to make sure you are prepared. Your focus might be pain, but without proper planning you might end up dealing with expensive services that are not covered. Below is a checklist to help you advocate for yourself **BEFORE** a procedure.

- **IS MY SURGEON/FACILITY IN NETWORK?** Do not assume your provider is sending you to an in-network facility or surgeon. It is your responsibility to make sure they are in-network. To find out, sign in to your member portal and search the provider and facility by name. Print out the search results for your records.
- **DOES THIS SURGERY REQUIRE A PRIOR AUTHORIZATION?** While it is the surgeon's responsibility to get a prior authorization, the claim might deny or apply penalties if an authorization is required and not requested. Ask to make sure this step is not skipped.
- **CONFIRM ALL SURGEONS/PROVIDERS ARE IN-NETWORK** There are many providers who might attend to you during your surgery. If they are out-of-network, depending on your plan, you could be responsible for the entire cost or the difference between the billed amount and what your insurance allows. Examples of these providers are: Anesthesiologist, Radiologist, Pathologist, Labs, X-Rays, Assistant Surgeons, Neuromonitors/Neurologists. Find out as much as possible and make sure they are in-network.
- **WILL DURABLE MEDICAL EQUIPMENT (DME) BE REQUIRED?** Many a sling, walking boot, walker, oxygen or other forms of Durable Medical Equipment post-surgery are required. Find out ahead of time what will be needed and do your best to get it from in-network providers before the surgery/procedure. Many DME items require prior authorization. Those authorizations are usually required over a certain dollar amount/level. Read your plan documents to find out if there is a prior authorization requirement and if there is, make sure an in-network supplier gets the prior authorization.
- **IF YOUR OUT-PATIENT SURGERY TURNS INTO AN IN-PATIENT STAY** Most carriers require in-patient stays to be authorized, so make sure the facility gets the authorization for your stay. It's always best to make sure the authorization is in place ahead of time.

While this list is not exhaustive, it is a good starting point to help guide you through the healthcare billing process, and to know what should be required for your surgery. We want you to get the maximum benefit from your plan, and not be surprised by unexpected bills. If you have questions, Take notes of whom you speak with, the date and ask for a reference/event number.



Dental Plan

The Cigna dental 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 network.

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

Cigna Plan	Cigna DPPO	
	In-Network Only	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$25 / \$75	
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)		
Per Individual	\$2,000	
Covered Services		
Preventive Services	No charge	
Basic Services	No charge*	
Major Services	60%*	
Orthodontia (Child only, Up to age 19)	50%; \$1,000 Max. Benefit	
Weekly Contribution	Huwa Contribution	Employee Contribution
Employee Only	\$7.57	\$0.84
Employee & Spouse	\$11.70	\$4.97
Employee & Child(ren)	\$14.21	\$7.48
Employee & Family	\$19.81	\$13.08

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



Vision Plan

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

Cigna PPO Network	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	Up to \$45
Materials Copay	\$25	N/A
Lenses (once every 12 months)		
Single Vision	No charge after materials copay	Up to \$40
Bifocal		Up to \$65
Trifocal		Up to \$75
Frames (once every 12 months)	Covered up to \$150	Up to \$83
Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$150	Up to \$120
Weekly Contribution	Huwa Contribution	Employee
Employee Only	\$1.52	\$0.17
Employee & Spouse	\$2.20	\$0.85
Employee & Child(ren)	\$2.21	\$0.86
Employee & Family	\$3.03	\$1.68

Life and AD&D Insurance

LIFE/AD&D INSURANCE

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 The Hartford.

Benefit Amount	Flat \$50,000
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SUPPLEMENTAL LIFE/AD&D (EMPLOYEE-PAID)

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

This benefit is paid for entirely by you. Contact HR for age-banded rates.

Provided through The Hartford.

	Benefit Option	Guaranteed Issue*
Employee	\$10,000 increments, up to 5x annual salary; \$500,000 max benefit	\$150,000
Spouse/RDP	\$5,000 increments; up to \$250,000 (not to exceed 50% of employee additional life coverage)	\$30,000
Child(ren)	\$10,000	\$10,000

*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.

Whole Term Life with Long Term Care

You have the option to elect into a Whole Life Insurance Policy which includes a Long Term care benefit. This benefit is a permanent life insurance policy and builds guaranteed cash values and is fully portable if you leave or retire from Huwa. You can elect any amount of insurance you need and how much you can afford. Once you elect coverage for yourself you will also be able to elect coverage for your spouse, children and grandchildren. You are guaranteed coverage with no medical questions, up to certain amounts.

This benefit is paid for entirely by you. Refer to the Personalized Benefit Guide for rates. Provided through Boston Mutual.

Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness. This benefit is available for employees only.

Short-Term Disability

Provided at **NO COST** through The Hartford

Benefit Percentage	60%
Weekly Benefit Maximum	\$2,500
When Benefits Begin	After 8th day of disability
Maximum Benefit Duration	13 weeks

Long-Term Disability

Provided at **NO COST** through The Hartford

Benefit Percentage	60%
Monthly Benefit Maximum	\$10,000
When Benefits Begin	After 90th day of disability
Maximum Benefit Duration	Social Security Retirement Age



Voluntary Benefits & Additional Programs

Our voluntary benefits are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. 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 — AFLAC

Accident insurance is 24/7 coverage, on an off the job. It can soften the financial impact of an accidental injury by paying a cash benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. The Accident plan also includes an annual wellness benefit, paying you and your covered dependents \$50 just for completing your annual wellness exam.

This benefit is employee-paid.

	Employee Weekly Cost
Employee Only	\$3.61
Employee & Spouse	\$5.30
Employee & Child(ren)	\$6.28
Employee & Family	\$7.96

Critical Illness — AFLAC

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000¹? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more. The Critical Illness plan also includes an annual wellness benefit, paying you and your covered spouse \$50 just for completing your annual wellness exam.

This benefit is employee-paid.

[Contact HR for age-banded rates](#)

Hospital Indemnity Insurance — AFLAC

When you or a dependent need to be hospitalized, your family deserves to focus on their well-being, not the stress of the average three-day hospital stay, which can cost you \$30,000⁴. Hospital Indemnity Insurance can help reduce costs by paying you or a covered dependent a benefit to help cover deductibles, coinsurance and other out-of-pocket cost due to a covered hospitalization. The Hospital Indemnity plan also includes an annual wellness benefit, paying you and your covered dependents \$50 just for completing your annual wellness exam.

This benefit is employee-paid.

	Employee Weekly Cost
Employee Only	\$5.57
Employee & Spouse	\$11.29
Employee & Child(ren)	\$8.83
Employee & Family	\$14.55

Legal Insurance — ARAG

Legal coverage isn't just for serious issues. It is for your everyday needs, too. A legal insurance plan from ARAG covers a wide range of legal needs and issues like the examples shown below:

Small claims court	Criminal Situations
Adoption	Name Changes
Divorce	Document Review & Preparation
Debt Collection	Bankruptcy
Student Loan Debt	Buying & Selling Property
Deeds and Property Disputes	Traffic Tickets
Wills & Trusts	IRS Tax Audits

Access Code: 19163hu

Employee Weekly Cost
\$5.63

Pet Insurance — PET PARTNERS

Pet care is expensive and veterinary costs only continue to rise. We've selected PetPartners to be your partner in pet protection. PetPartners can help you pay for your pets needs, including broken bones, diagnostics, prescriptions and more.

Take the Stress Out of Unexpected Vet Bills. Pet Insurance reimburses you for the cost of accidents and illnesses throughout your pet's life. Here's how it works:

1. Visit your vet (or any licensed vet or clinic)
2. Pay your vet then submit a claim
3. Get reimbursed for eligible expenses

This benefit is employee-paid.



¹. MetLife Accident and Critical Illness Impact Study, October 2013
². Costs for Hospital Stays in the United States, 2011. HCUP Statistical Brief #168, December 2013. Agency for Healthcare Research and Quality, Rockville, MD.
³. National Hospital Discharge Survey: 2010
⁴. Why Health Insurance is important: Protection from high medical costs. Healthcare.gov

Identity Theft — ALLSTATE

Your identity is made up of more than your Social Security number and your bank accounts. That's why Allstate Identity Protection Pro Plus does more than monitor your credit reports and scores. If something should happen, there is an in-house expert available 24/7 to monitor and help restore your identity. Identity Theft with Allstate can help with:

- Lost wallet Protection
- Date breaches
- Credit Assistance
- Financial Monitoring
- Dark web monitoring
- And more

	Employee Weekly Cost
Employee Only	\$2.49
Employee & Family	\$4.49

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 The Hartford Ability Assist, offered by CompPsych.

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 3 in-person sessions with a counselor per incident, per year, per individual
- Unlimited toll-free phone access (800-96-HELPS) and online resources

If you enroll in a Cigna plan, there is an additional EAP available that provides up to 3 in person sessions, per issue, per year. Go to mycigna.com for more information. There are also many other wellness programs available via mycigna.com.

Thriveworks

Premium counselling and psychiatry services in person and online to help manage challenges like depression, anxiety and relationship issues. In network with affordable self-pay rates. Specialties include:

- Trauma and PTSD
- Anxiety and depression
- Relationship issues
- Stress and life transitions
- Anger Management
- And More

It is designed around your needs. Below are a few of the benefits:

- Get convenient online care by video
- Work with the top 4% of providers
- Attend evening and weekend sessions

Retirement Benefits

A 401(k) plan is a retirement savings plan designed to allow eligible employees to supplement any existing retirement and pension benefits by saving and investing through a voluntary salary contribution. Contributions and any earnings on contributions are tax-deferred until money is withdrawn.

ELIGIBILITY

To enroll in the Plan and receive the Company Discretionary Match, employees must meet the following criteria:

- Age 21 or older
- Complete 3 months of service

HOW TO ENROLL

You can enroll into the 401(k) plan through the Huwa benefits website, www.huwabenefits.com.

COMPANY CONTRIBUTION

Huwa will match, dollar for dollar of your contribution, up to 3%. The match will go into effect after a 90 day waiting period.

CONTRIBUTION LIMITS

For 2026, the before tax amount is between 1% and 100% of your compensation up to a maximum of \$24,500. For participants turning age 50 or older in 2026, the IRS does allow additional limits.

Contact Empower Retirement:

Phone: 800-338-4015

Online: www.empowermyretirement.com



Contact Information

Benefit	Carrier	Phone #	Website/Email
Medical	Cigna	(866) 494-2111	www.mycigna.com
Dental		(800) 244-6224	
Vision		(888) 353-2653	
Life/AD&D	The Hartford	(800) 523-2233	www.thehartford.com
Disability		(800) 523-2233	
Voluntary Life/AD&D		(800) 523-2233	
Whole Life with Long Term Care	Boston Mutual	(877) 624-2249	www.bostonmutual.com
Employee Assistance Program (EAP)	The Hartford	(800) 964-3577	www.guidanceresources.com
Health Savings Account (HSA)	Rocky Mountain Reserve	(888) 722-1223	user.rmrbenefits.com
Accident, Critical Illness, Hospital Indemnity	Aflac	(800) 433-3036	voluntaryclaims@hubinternational.com
Identity Theft	Allstate	(855) 821-2331	www.allstateidentityprotection.com
Legal Insurance	ARAG	(800) 247-4184	www.araglegal.com/myinfo
Pet Insurance	Pet Partners	(866) 774-1113	www.petpartners.com
Retirement Benefits	Empower Retirement	(800) 338-4015	www.empowermyretirement.com

Questions?

If you have additional questions, you may also contact:

hr@huwaenterprises.com



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.

In Partnership on Your Benefits:

