



2026

Employee Benefit Guide

Atlas MedStaff, LLC
Travelers





About Your Benefits

At Atlas MedStaff, LLC., we are committed to providing a comprehensive and affordable benefits package to you and your family. Review this guide to learn about your options so you can make the most of your Atlas MedStaff, LLC. benefits. If you have any questions, feel free to reach out to Kendra Kripal at **402.445.6214** or kkripal@atlasmedstaff.com.



Table of Contents	
About Your Benefits	2
Medical Coverage	4
Prescription Drug Coverage	5
Health Savings Accounts	7
Dental Coverage	10
Vision Coverage	11
Dependent Care Spending Account	12
Life, AD&D and Disability Insurance	13
Additional Benefits	14
Voluntary Benefits	15
Coverage Costs	16
Contact Information	17

Eligibility and Enrollment

You are eligible to participate in Atlas MedStaff, LLC.'s benefits if you are a full-time employee working at least 30 hours per week. If you enroll for benefits, you may also cover your:

- Legal spouse
- Children up to age 26
- Unmarried children of any age who are mentally or physically disabled

You have 30 days from your hire date to log on to Paycom and enroll. Your benefits begin on the first of the month following your hire date.

Making Changes to Your Benefits

Each year, you can make changes to your benefits during open enrollment. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent's eligibility status
- Change in employment status for you or your dependents resulting in the loss/gain of coverage
- A significant change in the cost or coverage of your dependent's benefits
- Change in the cost of dependent care (for dependent care flexible spending accounts only)
- Death of a dependent

You have 30 days from the date of the event to log on to Paycom and make the change. Keep in mind, the changes you make must be directly related to the event.

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.

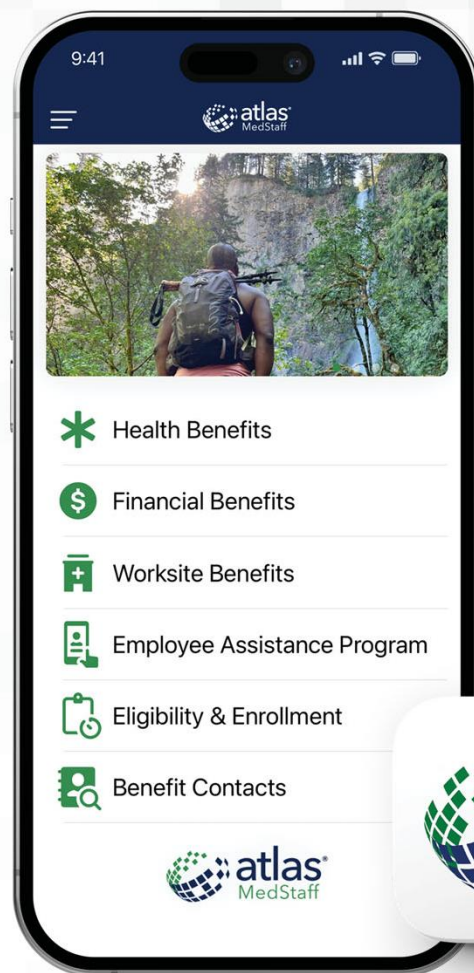


Download The Atlas Life App Today!

Available to all Employees
at Atlas MedStaff.



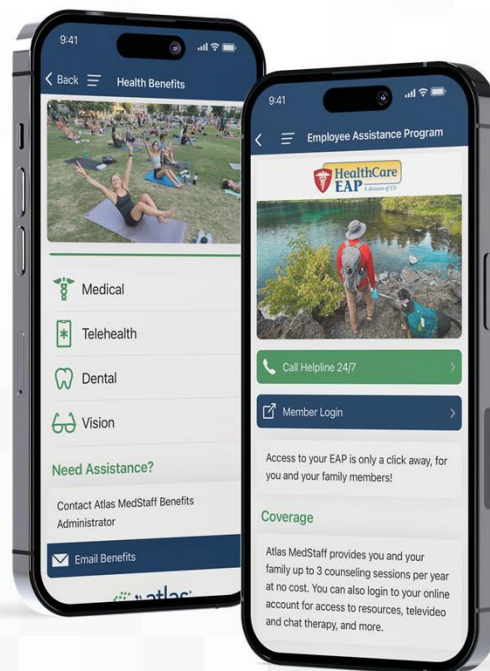
Scan the QR code to download
our app to your smartphone.



A Better Experience for Everything You Need.

Now available on your smartphone

- ✓ Access Your Resources 24/7
- ✓ Health Benefits
- ✓ EAP: 24/7 Helpline
- ✓ Worksite Benefits
- ✓ ...and more!





Medical Coverage

You have a choice of three medical plans through BlueCross BlueShield of Nebraska - the **PPO and two HDHP plans**. Review the chart below for the amount you will pay for the medical service listed.

	PPO \$2,250	HDHP \$3,400 WITH HSA Option	HDHP \$6,000 WITH HSA Option
	In Network	In Network	In Network
Calendar Year Deductible (Individual / Family)	\$2,250/\$4,500	\$3,400/\$6,800	\$6,000/\$12,000
Coinsurance	20%	20%	20%
Calendar Year Out-of-Pocket Maximum (Individual/Family)	\$5,000/\$10,000	\$6,400/\$12,800	\$8,000/\$16,000
Preventive Care	No cost to you!	No cost to you!	No cost to you!
Office Visits Telemedicine Primary Care Urgent Care Specialist	\$0 copay* \$30 copay \$75 copay \$60 copay	\$0 copay* 20% after deductible 20% after deductible 20% after deductible	\$0 copay* 15% after deductible 15% after deductible 15% after deductible
Emergency Room	\$200 copay, then 20%	20% after deductible	15% after deductible

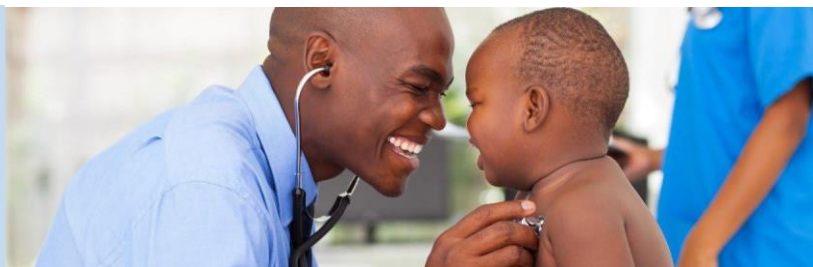
Only in-network benefits are shown. Please see the SBC or SPD for out-of-network benefits

Terms to Know

- **Copay** - A set dollar amount you pay for a covered health care service, usually when you receive the service.
- **Deductible** - What you pay out of pocket for health care services before the plan begins to pay a portion.
- **Coinsurance** - Your share of the costs of covered health care services after you reach the deductible. You pay the percentage noted in the table above, and the medical plan pays the rest.
- **Out-of-pocket Maximum** - What you must pay before the plan pays 100% of your covered costs.
- **Network** - The facilities and providers the medical plan has contracted with to provide health care services. In-network providers typically provide services at a lower negotiated rate.

Finding In-network Providers

You save the most money when you choose in-network doctors, facilities and pharmacies. Log on to www.nebraskablue.com or call **844.201.0763** to find providers in the BlueCross BlueShield of Nebraska network. Your network is **Network BLUE**.





Prescription Drug Coverage

Prescription drug coverage through Prime Therapeutics is included with our medical plans through Blue Cross and Blue Shield of Nebraska. Review the chart below for the amount you will pay for the prescription drug service listed.

	PPO \$2,250	HDHP \$3,400 with HSA Option	HDHP \$6,000 with HSA Option
	In Network	In Network	In Network
Retail (30-Day Supply)			
Generic	\$10 copay	20% after deductible	15% after deductible
Preferred Brand	\$30 copay	20% after deductible	15% after deductible
Non-Preferred Brand	\$50 copay	20% after deductible	15% after deductible
Mail-order (90-day Supply)			
Generic	\$25 copay	20% after deductible	15% after deductible
Preferred	\$75 copay	20% after deductible	15% after deductible
Non-Preferred	\$125 copay	20% after deductible	15% after deductible
Specialty	\$200 copay	20% after deductible	15% after deductible

Generic Drugs

Generic drugs are FDA-approved and shown to be just as safe and effective as their more expensive brand-name counterparts. If you choose a brand-name drug when a generic drug is available, you will pay the brand-name copay plus the cost difference between the generic equivalent and the brand-name drug.

Preferred Drugs

BlueCross BlueShield of Nebraska regularly reviews the latest prescription drugs on the market and maintains a list of preferred drugs that are clinically effective and not cost-restrictive. These drugs are available at a lower price than those not included on the list, which are called non-preferred drugs. You can find information on whether your medication is generic, preferred or non-preferred at [NebraskaBlue.com/Pharmacy](https://www.nebraskablue.com/pharmacy). Your network is the **Broad C Network** and your Prescription Drug List (PDL) is **NetResults Select**.

Specialty Drugs

Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring. If you take a specialty medication, you must purchase this medication through a designated specialty pharmacy after two fills. For more information, visit [NebraskaBlue.com/Pharmacy](https://www.nebraskablue.com/pharmacy) or contact Member Services using the phone number on your ID card.





Medical Coverage

How the Plans Work

All plans use the BlueCross BlueShield of Nebraska network and cover 100% of the cost for preventive care services like calendar year physicals and routine immunizations. The way you pay for care is different with each plan.

With the **HDHPs**, you pay the full negotiated cost for medical services and prescription drugs until you meet your calendar year deductible. If you meet the deductible, you and the plan share the costs (coinsurance) until you reach the calendar year out-of-pocket maximum. After that, the plan pays for 100% of your claims for the rest of the year. Your paycheck deductions for this plan are lower than the PPO plan.

The **PPO plan** has set copays for some services and a deductible and coinsurance for others. Copays do not apply toward your deductible, so you will pay copays until you reach your calendar year out-of-pocket maximum. This plan has higher paycheck deductions than the HDHP.

	PPO \$2,250	HDHP \$3,400 with HSA Option	HDHP \$6,000 with HSA Option
Per Paycheck Cost for Coverage	Highest	Lower	Lowest
Calendar Year Deductible	Lowest	Higher	Highest
Calendar Year Out-of-Pocket Maximum	Lowest	Higher	Highest
Using the Plan	Pay the most with each paycheck and the least when you need care	Pay less with each paycheck and more when you need care	Pay the least with each paycheck and the most when you need care
Spending Account Options	Health Savings Account	None	None



Telemedicine

Getting to the doctor when you're sick is never easy. That's why Atlas MedStaff offers telemedicine through Telescope. You can connect with a U.S. board-certified doctor 24 hours a day, seven days a week by phone or video chat. To get started, visit www.nebraska.com and register with your member ID number (found on the back of your medical ID card).



Health Savings Accounts

Available for HDHP \$3,400 and HDHP \$6,000 Only

Atlas MedStaff offers a Health Savings Account (HSA) for employees enrolled in the HDHP \$3,400 and HDHP \$6,000. HSAs allow you to put aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. What are the benefits of an HSA?

- **Tax Savings:** HSA's provide triple tax savings! Contributions made to your HSA are 100% tax free, as well as earnings made through investments and money that you withdrawal for qualified expenses!
- **It's Your Money:** You own your HSA, and it is yours to keep! If you have money in your account at the end of the year – no worries! It rolls over to the next year. Even if you change health plans or jobs, your HSA is still yours!
- **Plan for Tomorrow:** Your HSA is also a great way to save for future health care expenses. Did you know you can use your HSA funds for health-related costs during retirement? It's a great way to plan for your future!

	HSA
What medical plan can I choose?	HDHP \$3,400 and HDHP \$6,000
What expenses are eligible?	Medical, Prescription Drug, Dental, and Vision
When can I use the funds?	As soon as the funds are contributed to your account from your paycheck.
Can I roll over funds each year?	Yes, funds roll over from year to year and are yours to keep even if you leave the company or retire
How do I pay for eligible expenses?	With your Wex debit card or you can submit for reimbursement online at www.wexhealth.com
How much can I contribute each year?	For 2026, you can contribute up to \$4,400 for individual coverage or \$8,750 for family coverage.
Can I change my contributions throughout the year?	Yes, you can change your per-paycheck contributions at any time by logging into www.paycom.com .

See IRS Publication 502 for additional information on eligible expenses.



What are the Tax Implications of an HSA?

Contributions to your HSA reduce your taxable income and qualified medical expenses are never taxed. All money set aside in an HSA grows tax-deferred until you reach age 65. At age 65, funds can be withdrawn for any purposes at ordinary tax rates or are available tax-free for medical expenses.

You may contribute additional funds to your HSA (\$1,000 per tax year) if you will be 55 years or older by December 31.

Quality care **when** you need it, **where** you need it



What do sinus infections, earaches and twisted ankles have in common? They generally don't conveniently happen during regular office hours.

Or if they do, you probably don't want to sit in a busy waiting room full of sneezes, coughs and germs.

With your Blue Cross and Blue Shield of Nebraska health care coverage, you can access telehealth services anytime, day or night. A simple video chat or phone call connects you to our innovative telehealth service, where board-certified physicians are ready to assist with unexpected health issues or guide you on treating sudden injuries.

Consider using your telehealth benefit for situations like:

- A toddler who comes home from daycare with a rash and a sudden fever
- Your teenaged track runner is worried they've pulled a hamstring
- You've been fighting off a cold, but you're concerned it's becoming something more serious
- You are not feeling like yourself – maybe anxious or depressed



Connecting to a telehealth doctor is easy! You can scan the code or visit myNebraskaBlue.com to log into your online account, or call the telehealth number on the back of your new member ID card.



**24/7 care delivered on
your schedule**



**Average wait time is
under six minutes**

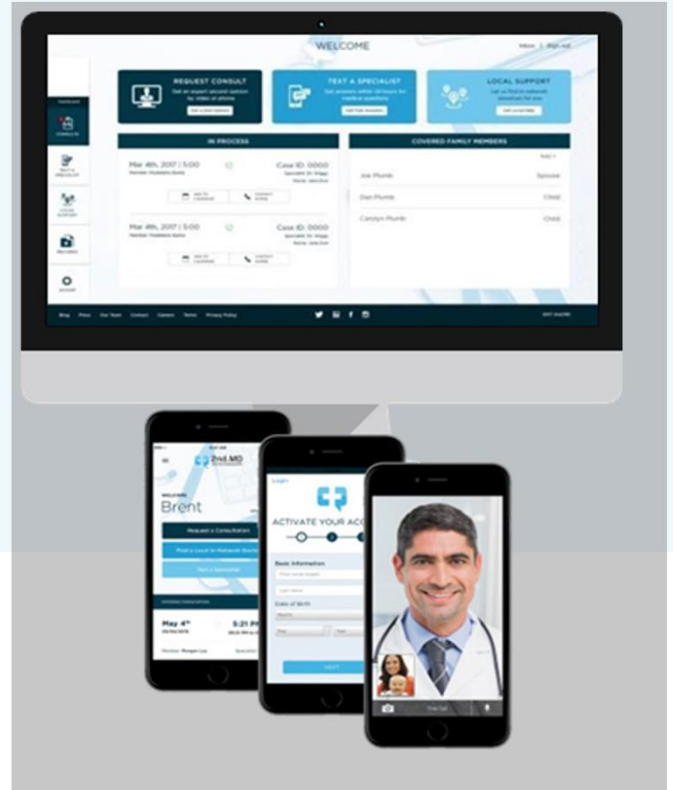


**Around-the-clock access to
board-certified physicians**

Second opinion services

Blue Cross and Blue Shield of Nebraska (BCBSNE) offers virtual second medical opinion services powered by 2nd.MD.

BCBSNE members can count on 2nd.MD to provide secure and confidential virtual consultations with expert medical specialists to confirm a diagnosis and affirm treatment options – resulting in lower costs and better health outcomes.



➡ 2nd.MD expert physicians can answer questions about:

- A new or existing diagnosis
- Medications and treatment plan
- Possible surgery or procedure
- Other major medical decisions

A second opinion can change the course of your treatment or life, giving you peace of mind knowing you are getting the best treatment plan.

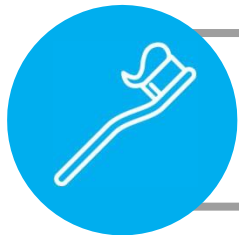
➡ With 2nd.MD, you will have access to:

- Consultations via phone or video from the comfort of your home, including evenings and weekends
- More than 1,000 U.S. board-certified expert physician specialists
- Diagnosis and treatment support



To activate your **2ND MD** account, visit **2nd.MD/Activate**.

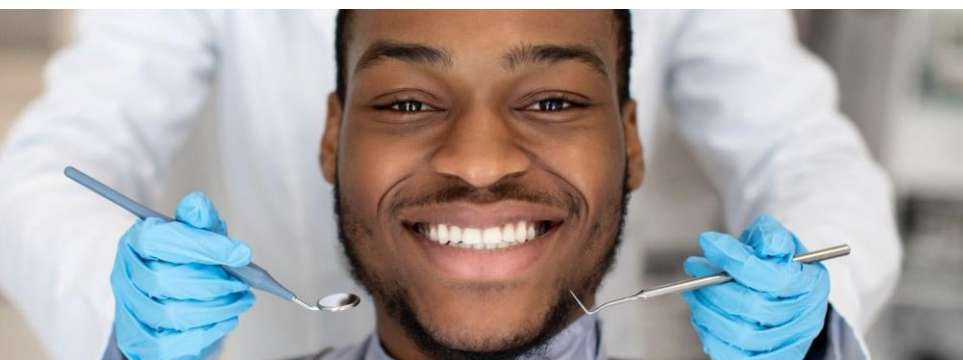
2nd.MD is an independent company that provides virtual second medical opinion services for Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross Blue Shield Association. 60-230 (10-02-23)



Dental Coverage

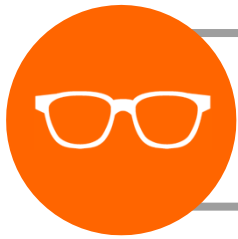
Atlas MedStaff, LLC. offers one dental plan through Ameritas. Review the chart below for the amount Ameritas will pay for the dental service listed.

	Dental Plan	
	In Network	Out of Network
Calendar Year Deductible (Individual/Family)	\$50/\$150	\$50/\$150
Calendar Year Maximum (Per Person)	\$1,250	\$1,250
Preventive Care (Routine Cleaning and X-rays)	100%	100%
Basic Services (Fillings, Basic Root Canals)	80% after deductible	80% after deductible
Major Services (Extractions, Crowns)	50% after deductible	50% after deductible
Orthodontia (Child Only)	50%	50%
Orthodontia Lifetime Maximum (Per Person)	\$1,500	\$1,500



Finding In-network Dentists

You pay less for services when you use a dentist in the Ameritas network. You can find an in-network dentist by visiting www.ameritas.com/employee-benefits or calling 800.487.5553.



Vision Coverage

Atlas MedStaff, LLC.'s vision plan through VSP covers routine eye exams and helps you pay for glasses or contact lenses. Review the chart below for the amount you will pay for the vision service listed.

	Vision Base Plan	
	In Network	Out-of-Network Network
WellVision Eye Exam (Once per Calendar Year)	\$10 copay	Reimburse up to \$45
Lenses (Once per Calendar Year) Single / Bifocal / Trifocal / Lenticular	\$20 copay	Reimburse up to \$30 / \$50 / \$65 / \$100
Lense Enhancements (In-Network) (Every Calendar Year) Standard Progressive Premium Progressive Custom Progressive	Other enhancements average 30% savings \$0 \$95-\$105 \$150-\$175	
Frames* (Once every 24 months) Featured Frames Other Frames	\$170 allowance + 20% off \$150 allowance + 20% off	Not applicable Reimburse up to \$70
Contact Lenses (Once every 12 months) Elective Medically Necessary	\$130 allowance \$25 copay	Up to \$105 Up to \$210
Additional Savings (In-Network) Non-Prescription blue light glasses Glasses and Sunglasses Retinal Screening Laser Vision Correction	\$20 copay 20% savings on additional pairs of glasses or sunglasses, including lens enhancements No more than a \$39 copay on routine retinal screening Average 15% discount off regular price or 5% off promotional price	

* The allowance for Walmart is \$150 and the allowance for Costco is \$80

The Premier Plan includes all the benefits of the Base Plan, with extra savings outlined below.

	Vision Buy-Up Plan (Premier) Enhancements
Frames Allowance	Frames available every calendar year
Contact Lenses Allowance	\$150 allowance
VSP EasyOptions (Once per Calendar Year)	Choose one of the following upgrades: <ul style="list-style-type: none"> • Additional \$100 frame allowance • Fully covered premium or custom progressive lenses • Fully covered light-reactive lenses • Fully covered anti-glare coating

Finding In-network Providers

You can find an in-network eye doctor in the VSP network by visiting www.vsp.com or calling 800.877.7195. Your network is VSP Choice.





Dependent Care Spending Accounts

Paying for Dependent Care

You can contribute pre-tax dollars into a dependent care FSA to pay for eligible child or elderly care expenses.

This does NOT apply to medical expenses. This benefit is available through Wex.

	Dependent Care FSA
What is it?	An account that allows you to set aside pre-tax dollars from each paycheck to pay for eligible child or elderly care expenses while you and your spouse work full time
Why should I consider it?	You can lower your taxable income to save some money while you take care of your daycare expenses
What expenses are eligible?	Daycare expenses for your children under age 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents)
When can I use the funds?	Funds are available as you contribute to the account with each paycheck
Can I roll over funds each year?	No, you will lose any funds remaining in your account at the end of the year
How do I pay for eligible expenses?	With your Wex debit card (you can also submit claims for reimbursement online at customerservice@wexhealth.com)
How much can I contribute each year?	You can contribute \$7,500 to your dependent health care FSA in 2026



Important Note

The dependent care FSA has a use-it-or-lose-it rule. You will lose any unused funds at the end of the year.





Voluntary Life and AD&D Insurance

Life and AD&D Insurance

Atlas provides Voluntary Life Insurance through New York Life. If you want coverage for yourself, your spouse, or your children, you can purchase voluntary coverage at our group rates.

	How it Works	Voluntary Life and AD&D (Employee-paid benefit)
Life	Your beneficiaries receive this benefit if you pass away	You: Increments of \$10,000 up to \$500,000, not to exceed 5x your annual salary Your spouse: Increments of \$5,000 up to \$50,000, not to exceed 50% of the employee amount Your child(ren): Increments of \$1,000 up to \$10,000, not to exceed 50% of the employee amount
AD&D	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	You: Increments of \$10,000 up to \$500,000, not to exceed 5x your annual salary Your spouse: Increments of \$5,000 up to \$50,000, not to exceed 50% of the employee amount Your child(ren): Increments of \$1,000 up to \$10,000, not to exceed 50% of the employee amount

Coverage amounts for age 65 and over reduce to due age reduction. See contract for further details.



Keep Your Beneficiaries Up to Date

You must log on to Paycom to designate a beneficiary (the person who will receive the benefit) for your life and AD&D insurance. Make sure to keep this person's information updated so your benefit is paid according to your wishes.



Additional Benefits

Employee Assistance Program

To help you with personal issues and concerns, Atlas MedStaff provides you and your family with an employee assistance program (EAP) at no cost to you for up to 3 sessions. Call HealthCare EAP 24/7 for confidential assistance with personal matters like family, finances, health and work. Experienced consultants are available to listen and help you find solutions. They can also set up in-person sessions with local behavioral health counselors if needed. Your calls are always confidential. Atlas MedStaff does not receive information about who uses this benefit or for what reason. Find more information at www.healthcareeap.com or by calling **800-225-2527** or **800-252-4555**.



Retirement Savings Plan

Atlas MedStaff, LLC. offers a 401(k) plan with a generous employer match and wide variety of investment options to help you prepare for retirement. You are eligible to participate in the Atlas 401(k) on the first of the month following six months of employment. Your 6 months of employment does have to be continuous, but you must have at least six months of employment within a rolling calendar year. You will receive an email from Principal approximately 90 days prior to your eligibility date.

- **Your Contributions** - You can contribute up to 90% of your salary and/or commission/bonus to the Atlas MedStaff, LLC. 401(k) plan. You contribute a percentage of your total income to your plan through pre-tax payroll deductions. Log on to www.principal.com/nextsteps at any time to choose or increase your contributions.
- **Atlas MedStaff, LLC.'s Contributions** - Atlas MedStaff matches your contribution according the schedule below.
- **Vesting** - You are immediately vested in all your contributions and any earnings your contributions make. The contributions Atlas MedStaff, LLC. makes to your 401(k) are subject to the following vesting schedule:

Atlas MedStaff's Matching Contribution Schedule	
Employee Contribution	Atlas Contribution
1%	1%
2%	2%
3%	3.5%
4%	4%





Voluntary Benefits

While you can't predict life's unexpected events, you can plan for them by choosing benefits that help protect what's important to you.

Accident

Administered by Sun Life Financial

The Accident plan provides cash payments directly to you to help cover out-of-pocket costs, such as deductibles or coinsurance when you receive care related to an accidental injury. The full schedule of benefits payable include initial/follow-up treatment, ambulance trips, medical imaging, surgeries, concussion, dislocations and fractures, hospital stays, AD&D, and health screening benefits. Benefits are only available for off the job accidents only. Some benefits are payable once per covered accident, while others are once per plan year. See the Sun Life Benefit Summary for detailed information and schedule of benefits and exclusions.

Critical Illness

Administered by Sun Life Financial

Critical illness insurance provides a lump-sum payment for an insured person diagnosed with certain critical illnesses, like cancer, end-stage renal failure, heart attack, stroke or paralysis. You can select from \$10,000 to \$40,000 (in \$10,000 increments) for you and \$5,000-\$20,000 (in \$5,000 increments) for your spouse. Child(ren) can be covered at 50% of the employee amount. This coverage includes a \$50 wellness screening benefit per insured per calendar year! See Benefit Summary for detailed information and schedule of benefits and exclusions.

Hospital Indemnity

Administered by Sun Life Financial

Hospital indemnity coverage eases the financial impact of an employee's hospitalization by providing a lump sum payment to help cover the costs associated with a hospital stay. Hospital indemnity coverage can be used to supplement medical insurance to help handle additional out-of-pocket costs that add up after a hospital stay. This can include copayments, coinsurance, deductibles, and incidental hospital expenses or other expenses such as transportation and lodging needs. This coverage includes a hospital admission benefit of \$1,000 one per calendar year, as well as a daily hospital confinement benefit of \$200 per day for up to 14 days per stay or \$400 per day for up to 14 days per stay in the critical care unit. See Benefit Summary for detailed information and schedule of benefits and exclusions.

Savings & Discount Program

Administered by PerkSpot

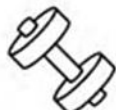
As an employee of Atlas MedStaff, you have access to savings and discounts through PerkSpot. PerkSpot includes exclusive discounts, including local and national offers. You can access PerkSpot through your computer, table or phone.

Start today by signing up at gallaghermarketplace.perkspot.com! Access at home or on-the-go and browse thousands of discounts. Keep an eye out for the new featured discounts in your weekly email.

Receive Discounts on the types of items listed below!



TRAVEL



GYMS



CELL PHONES



RESTAURANTS



AUTO



APPAREL



ELECTRONICS



Coverage Costs

Below is an overview of your benefit coverage costs.

52 Per-paycheck Cost for Medical, Dental and Vision Coverage

Coverage Tier	PPO \$2,250	HDHP \$3,400 WITH HSA	HDHP \$6,000 WITH HSA
Employee Only	\$105.27	\$64.05	\$31.95
Employee + Spouse	\$289.61	\$205.59	\$149.59
Employee + Child(ren)	\$230.96	\$160.55	\$112.16
Employee + Family	\$406.91	\$295.65	\$224.46

Coverage Tier	Dental Plan
Employee Only	\$4.23
Employee + Spouse	\$12.39
Employee + Child(ren)	\$17.87
Employee + Family	\$25.49

Coverage Tier	Vision Base Plan	Vision Premier Plan
Employee Only	\$1.93	\$3.23
Employee + Spouse	\$3.09	\$5.56
Employee + Child(ren)	\$3.16	\$5.28
Employee + Family	\$5.09	\$8.51

52 Per-paycheck Cost for Accident and Hospital Indemnity

Coverage Tier	Accident Plan
Employee Only	\$1.83
Employee + Spouse	\$2.90
Employee + Child(ren)	\$3.41
Employee + Family	\$4.48

Coverage Tier	Hospital Plan
Employee Only	\$3.24
Employee + Spouse	\$6.00
Employee + Child(ren)	\$5.20
Employee + Family	\$7.95

Voluntary Life & Critical Illness

The rates for these coverages vary depending on your age and election amount. To view pricing information, please visit Paycom.



Contact Information

Benefit	Vendor	Phone	Website or Email
Medical	BlueCross BlueShield of Nebraska	844-201-0763	www.nebraskablue.com
Telemedicine	Telescope	833-513-7272	www.nebraskablue.com
Second Opinion Services	2nd.MD	866-841-2575	www.2nd.MD/bcbsne
Dental	Ameritas	800-487-5553	www.ameritas.com/employee-benefits
Vision	VSP	800-877-7195	www.vsp.com
Voluntary Life	New York Life	888-842-4462	www.mynylgbs.com
EAP	HealthCare EAP	800-225-2527	www.healthcareeap.com
HSA & Dependent FSA	Wex	866-451-3399	customerservice@wexhealth.com
Voluntary Benefits	Sun Life Financial	800-862-6266	www.sunlife.com/us/en/plan-members-and-families/
401(k)	Principal	800-547-7754	www.principal.com/nextsteps
Human Resources	Kendra Kripal	402-445-6214	kkripal@atlasmedstaff.com





Notes

This summary of material modification ("SMM") describes changes to the Atlas MedStaff Health and Welfare Plan ("Plan") and supplements the Summary Plan Description ("SPD") for the Plan. The effective date of each of these changes is indicated above. You should read this SMM very carefully and retain this document with your copy of the SPD for future reference.

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 the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee 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. Questions regarding specific issues should be directed to your Human Resources/Benefits Department. Please note that out-of-network charges could be subject to provider balance billing.

This benefit summary prepared by



Insurance | Risk Management | Consulting