



Employee Benefit Highlights

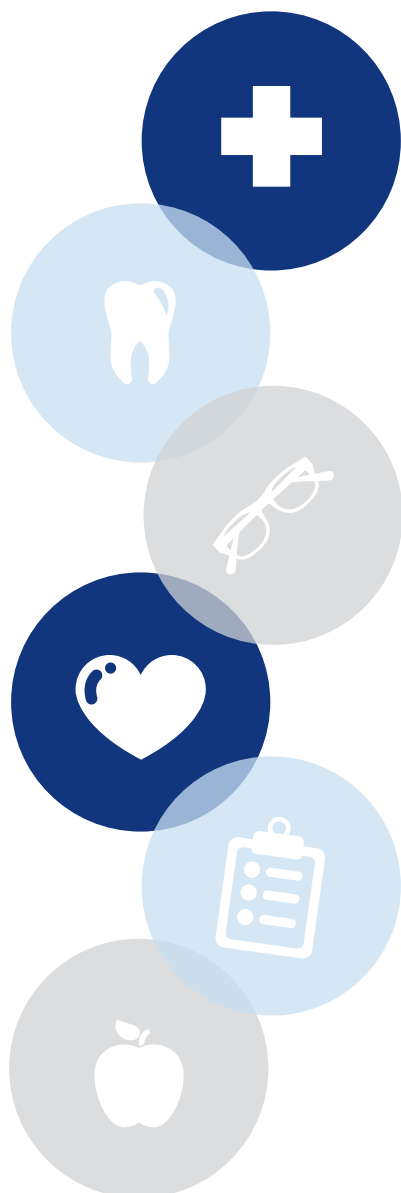
2026 - 2027





Table of Contents

Contact Information.....	1
Introduction.....	2
Online Benefit Enrollment.....	2
Group Insurance Eligibility.....	3-4
Qualifying Events and Section 125.....	4
Medical Insurance.....	5-6
Medical Plan Resources.....	5
Virtual Care.....	5
Cigna OAPIN Plan At-A-Glance.....	6
Dental Insurance.....	7-10
Cigna Dental Care DHMO Plan At-A-Glance.....	8
Cigna Dental PPO Plan At-A-Glance.....	10
Vision Insurance.....	11-12
EyeMed Vision Care Plan At-A-Glance.....	12
Flexible Spending Accounts.....	13-14
Basic Life and AD&D Insurance.....	15
Voluntary Life and AD&D Insurance.....	15
Voluntary Short Term Disability.....	16
Voluntary Long Term Disability.....	16
Employee Assistance Program.....	17
Mental Health Support.....	17
Wellness Program.....	17
Supplemental Benefits.....	18
Preferred Legal Plan.....	18
Optional Retirement Plans.....	19
Pension Plan.....	20
Claims, Billing & Benefit Assistance.....	20





Contact Information

Human Resources Department			Phone: (561) 586-1658 (561) 586-1674
	Online Benefit Enrollment	Bentek Support	Phone: (888) 5-Bentek (523-6835) Email: support@mybentek.com app.mybentek.com
	Medical Insurance	Cigna Healthcare	Phone: (800) 244-6224 www.mycigna.com
	Prescription Drug Coverage & Mail-Order Program	Express Scripts Pharmacy through Cigna Healthcare	Phone: (800) 835-3784 www.mycigna.com
	Virtual Care	MDLIVE through Cigna Healthcare	Phone: (888) 726-3171 www.mycigna.com
	Dental Insurance	Cigna Healthcare	Phone: (800) 244-6224 www.mycigna.com
	Vision Insurance	EyeMed	Phone: (866) 939-3633 www.eyemed.com
	Flexible Spending Accounts	UpSwing	Phone: (866) 676-3665 upswing.wealthcareportal.com
	Basic Life and AD&D Insurance	New York Life Group Benefit Solutions	Phone: (800) 362-4462 www.mynylgbs.com
	Voluntary Life and AD&D Insurance	New York Life Group Benefit Solutions	Phone: (800) 362-4462 www.mynylgbs.com
	Voluntary Short Term Disability Insurance	New York Life Group Benefit Solutions	Phone: (800) 362-4462 www.mynylgbs.com
	Voluntary Long Term Disability Insurance	New York Life Group Benefit Solutions	Phone: (800) 362-4462 www.mynylgbs.com
	Employee Assistance Program	Bree Health	Phone: (800) 327-2255 login.breehealth.com
	Mental Health Support	Sibly by Quarvis Health	www.QuarvisHealth.com
	Supplemental Benefits	Cigna Healthcare	Phone: (800) 754-3207 www.supphhealthclaims.com
		MissionSquare Retirement	Phone: (800) 669-7400 www.missionsq.org
	457 Deferred Compensation	Nationwide	Agent: Sharon Wilson Phone: (561) 301-8493 Email: Sharon.wilson@nationwide.com
		Preferred Legal	Agent: Brian J. Samuel Phone: (305) 379-8438 (954) 246-8438 Email: bjs@preferredlegal.com
	Pension Plan	The Resource Center	Phone: (800) 206-0116 www.resourcecenters.com
	Claims, Billing & Benefit Assistance	Gehring Group	Phone: (800) 244-3696 Email: geh-lakeworthbeach@bbrown.com



Introduction

The City provides group insurance benefits to eligible employees. The Employee Benefit Highlights Booklet provides a general summary of the benefit options as a convenient reference. Please refer to the City's Personnel Policies and/or Certificates of Coverage for detailed descriptions of all available employee benefit programs and stipulations therein. If employee requires further explanation or needs assistance regarding claims processing, please refer to the customer service phone numbers under each benefit description heading or contact the Human Resources Department.

Online Benefit Enrollment

The City offers employees convenient online benefits enrollment through Bentek®. Benefit eligible employees can enroll or make changes during the annual Open Enrollment period, New Hire Orientation, or following a Qualifying Life Event. Employees can log in to review detailed information about benefit plans, view current elections, and print summaries of coverage for themselves and dependents. Bentek also provides access 24 hours a day, year-round to important forms and carrier resources and enabling employees to update beneficiary designations.

Accessing Bentek

- ✓ Visit app.mybentek.com
- ✓ Sign in with email and password, or select "Create an Account."
- ✓ Need Password Help? Follow the link for a password reset.
- ✓ Once logged in, use the Launchpad icons to navigate.

Technical Support

For technical assistance related to using the platform, contact Bentek Support:

Email: support@mybentek.com

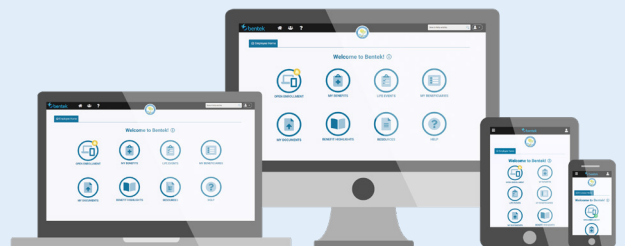
Phone: (888) 5-Bentek (523-6835)

Hours of Operation: Monday through Friday 8:30 am - 5:00 pm (EST)



Scan QR Code to Access Bentek

For the best experience, we recommend enrolling on a computer.





Group Insurance Eligibility



The City's group insurance plan year is October 1 through September 30.

Employee Eligibility

Employees are eligible to participate in the City's insurance plans if they are full-time employees working a minimum of 30 hours per week. Coverage will be effective the first of the month following date of hire. For example, if employee is hired on April 11, then the effective date of coverage will be May 1.

Separation of Employment

If employee separates employment from the City, insurance will continue through the end of month in which separation occurred. COBRA continuation of coverage may be available as applicable by law.

Dependent Eligibility

A dependent is defined as the legal spouse/domestic partner and/or dependent child(ren) of the participant or spouse/domestic partner. The term "child" includes any of the following:

- A natural child
- A stepchild
- A legally adopted child
- A newborn child (up to the age of 18 months) of a covered dependent (per Florida State Statute)
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse/domestic partner

Dependent Age Requirements

Medical Coverage: A dependent child may be covered through the end of the calendar year in which the child turns age 26. An over-age dependent (taxable dependent) may continue to be covered on the medical plan to the end of the calendar year in which the child reaches age 30, if the dependent meets the following requirements:

- Unmarried with no dependents; and
- A Florida resident, or full-time or part-time student; and
- Otherwise uninsured; and
- Not entitled to Medicare benefits under Title XVIII of the Social Security Act, unless the child is disabled

Dental Coverage: A dependent child may be covered through the end of the calendar year in which the child turns age 26.

Vision Coverage: A dependent child may be covered through the end of the calendar year in which the child turns age 26.

Please see Taxable Dependents if covering eligible over-age dependents.

Disabled Dependents

Coverage for a dependent child may be continued beyond age 26 if:

- Is physically or mentally disabled and incapable of self-sustaining employment (prior to age 26); and
- Unmarried and primarily dependent upon the employee for support; and
- Is otherwise eligible for coverage under the group's insurance plans; and
- Has been continuously insured.

Proof of disability will be required upon request. Please contact the Human Resources Department for more information.

Taxable Dependents

Employee covering adult child(ren) under employee's medical, dental and vision insurance plans may continue to have the related coverage premiums payroll deducted on a pre-tax basis through the end of the calendar year in which dependent child reaches age 26. Beginning January 1 of the calendar year in which dependent child reaches age 27 through the end of the calendar year in which the dependent child reaches age 30, the value of the coverage must be reported on the employee's W-2 for that entire tax year and will be subject to all applicable Federal, Social Security and Medicare taxes. Contact the Human Resources Department for further details if an adult dependent child will turn age 27 in the upcoming calendar year.

Please Note: There is no imputed income if adult dependent child is eligible to be claimed as a dependent for Federal income tax purposes on the employee's tax return.



Group Insurance Eligibility *(Continued)*

Domestic Partner Coverage

Domestic partners may be eligible to participate in the group insurance if officially registered as domestic partners. IRS guidelines state that employee may not receive a tax advantage on any portion of premiums paid related to domestic partner coverage. Employees covering domestic partners and/or child dependent(s) of a domestic partner are required to pay imputed income tax on subsidy amounts and should consult a tax advisor. Contact the Human Resources Department for more information.

Qualifying Events and Section 125

Section 125 of the Internal Revenue Code

Premiums for medical, dental, vision insurance, contributions to Flexible Spending Accounts (FSA), and/or certain supplemental policies are deducted pre-tax under a Cafeteria Plan established by Section 125 of the Internal Revenue Code. Under Section 125, changes to employee's pre-tax benefits can ONLY be made during the Open Enrollment Period unless the employee or qualified dependent(s) experience(s) a Qualifying Event and the request is submitted within 30 days.

Under certain circumstances, employee may be allowed to make changes to benefit elections during the plan year if the event affects the employee, spouse or dependent's coverage eligibility. An "eligible" Qualifying Event is determined by Section 125 of the Internal Revenue Code. Any requested changes must be consistent with and due to the Qualifying Event.

Examples of Qualifying Events:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse and/or other dependent(s)
- Loss or gain of coverage due to employee, employee's spouse and/or dependent(s) termination or start of employment
- An increase or decrease in employee's work hours causing eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with parent/guardian
- Change of coverage under an employer's plan
- Gain or loss of Medicare coverage
- Gain or loss of eligibility for State Medicaid or CHIP (including Florida Kid Care) program (60 day notification period)



IMPORTANT NOTES

If employee experiences a Qualifying Event, the **Human Resources Department must be contacted within 30 days of the Qualifying Event** to make changes to employee's coverage. Employee may be required to furnish valid documentation supporting a change in status or "Qualifying Event". If approved, changes may be effective the date of the Qualifying Event or the first of the month following the Qualifying Event. Newborns are effective on the date of birth. Qualifying Events will be processed in accordance with employer and carrier eligibility policy. Beyond 30 days, requests will be denied and employee may be responsible, both legally and financially, for any claim and/or expense incurred as a result of employee or dependent who continues to be enrolled but no longer meets eligibility requirements.



Medical Insurance

The City offers medical insurance through Cigna Healthcare to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the medical plan, please refer to the carrier's Summary of Benefits and Coverage (SBC) document or contact customer service.

Medical Insurance – Cigna OAPIN Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost	Employer Cost
Employee Only	\$0	\$443.16
Employee + Spouse	\$147.81	\$768.00
Employee + Child(ren)	\$121.45	\$710.43
Employee + Family	\$300.43	\$1,083.64

Cigna Healthcare | Phone: (800) 244-6224 | www.mycigna.com

Medical Plan Resources

Enrolled employees and dependents have access to additional services and discounts through value added programs. Resources such as in-network providers, benefits, deductibles, ID cards, claims, and more are easily accessed through the carrier portal and mobile app. For more details regarding medical plan resources, contact customer service.

Mobile App

Mobile app provides on-the-go access to the medical benefit account to view benefits, download ID card, locate providers, or view claims.

Virtual Care

Cigna provides access to Virtual Care services as part of the medical plan. MDLIVE is a convenient phone and video consultation company that provides immediate medical assistance for many conditions.

The benefit is provided to all enrolled members. Registration is required and should be completed ahead of time. This program allows members 24 hours a day, seven (7) days a week, on-demand access to affordable medical care via phone and online video consultations when needing immediate care for non-emergency medical issues. Virtual Care should be considered when employee's primary care doctor is unavailable, after-hours or on holidays for non-emergency needs. Many urgent care ailments can be treated with virtual care.

- ✓ Acne
- ✓ Allergies
- ✓ Cold and Flu
- ✓ Fever
- ✓ Headache/Migraine
- ✓ Rash
- ✓ Sore Throat
- ✓ Stomachache
- ✓ UTIs and More

Virtual Care doctors do not replace employee's primary care physician but may be a convenient alternative for non-emergent, urgent care and ER visits.

MDLIVE

Phone: (888) 726-3171 | www.mycigna.com

Summary of Benefits and Coverage

A **Summary of Benefits & Coverage (SBC)** for the Medical Plan is provided as a supplement to this booklet being distributed to new hires and existing employees during the Open Enrollment Period. The summary is an important item in understanding employee's benefit options. A free paper copy of the SBC document may be requested or is also available as follows:

From:	Human Resources Department
Address:	7 North Dixie Highway Lake Worth Beach, FL 33460
Phone:	(561) 586-1674
Website URL:	app.mybentek.com

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the group certificate of coverage can be reviewed by contacting the Human Resources Department.



Cigna OAPIN Plan At-A-Glance

Network	Open Access Plus
Calendar Year Deductible (CYD)	In-Network
Individual	\$2,000
Family	Individual: \$2,000 / Family: \$4,000
Coinsurance	
Member Responsibility	20%
Calendar Year Out-of-Pocket Maximum	
Individual	\$7,150
Family	Individual: \$7,150 / Family: \$14,300
What Applies to the Out-of-Pocket Maximum?	Deductible, Coinsurance, Copays and Rx
Physician Services	
Primary Care Physician (PCP) Office Visit	\$35 Copay
Specialist Office Visit	\$70 Copay
Non-Hospital Services; Freestanding Facility	
Clinical Lab (Bloodwork)*	20% After CYD
X-rays	20% After CYD
Advanced Imaging (MRI, PET, CT)	\$500 Copay
Outpatient Surgery at Surgical Center	20% After CYD
Physician Services at Surgical Center	20% After CYD
Urgent Care (Per Visit)	\$60 Copay
Hospital Services	
Inpatient Hospital (Per Admission)	20% After CYD
Outpatient Hospital (Per Visit)	20% After CYD
Physician Services at Hospital	20% After CYD
Emergency Room (Per Visit; Waived if Admitted)	\$350 Copay After CYD
Mental Health/Alcohol & Substance Abuse	
Inpatient Hospitalization (Per Admission)	20% After CYD
Outpatient Services (Per Visit)	20% After CYD
Outpatient Office Visit	\$70 Copay
Prescription Drugs (Rx)	
Generic	\$20 Copay
Preferred Brand Name	\$50 Copay
Non-Preferred Brand Name	\$100 Copay
Specialty Drug	\$20/\$50/\$100
90-Day Supply (Mail Order/Retail Pharmacy)	2.5x Retail Copay



Locate a Provider

To find a participating provider, contact customer service or visit www.mycigna.com. When searching, select the Open Access Plus network.



Plan References

*LabCorp or Quest Diagnostics are the preferred labs for bloodwork through Cigna. When using another lab, please confirm the lab is contracted with the plan's network before receiving services.



Important Notes

Services received by providers or facilities **not** in the Open Access Plus network, will not be covered.



Dental Insurance

Cigna Dental Care DHMO Plan

The City offers dental insurance through Cigna Healthcare to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact customer service.

Dental Insurance – Cigna Dental Care DHMO Plan

24 Pay Period Premium Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost	Employer Cost
Employee Only	\$0	\$9.99
Employee + Spouse	\$5.90	\$12.45
Employee + Child(ren)	\$8.66	\$13.84
Employee + Family	\$15.33	\$17.71

In-Network Benefits

This plan is an in-network only plan that requires all services be received by a Primary Dental Provider (PDP). Employee and dependent(s) may select any participating dentist in the Cigna Dental Care DHMO Access Plus network to receive covered services. There is no coverage for services received out-of-network.

The plan's schedule of benefits is set forth by the Patient Charge Schedule (fee schedule) which is highlighted on the following page. Please refer to the summary plan document for a detailed listing of charges and benefits.

Out-of-Network Benefits

The plan does not cover any services rendered by out-of-network facilities or providers.

Calendar Year Deductible

There is no calendar year deductible.

Calendar Year Benefit Maximum

There is no benefit maximum.

Mobile App

Mobile app provides on-the-go access to the dental benefit account to view benefits, download ID card, locate providers or view claims.

IMPORTANT NOTES

- Each covered family member may receive up to two (2) routine cleanings per plan year covered under the preventive benefit. Members can also receive two (2) additional cleanings at the charge of a copay.
- Prior authorization is not required for specialty referrals for Endodontic, Orthodontic and Pediatric Services.
- Waiting periods and age limitations may apply.

Cigna Healthcare

Phone: (800) 244-6224 | www.mycigna.com



Cigna Dental Care DHMO Plan At-A-Glance

Network	Access Plus	
Calendar Year Deductible (CYD)	In-Network	
Per Member	Does Not Apply	
Per Family		
Waived for Class I Services?		
Class I Services: Diagnostic & Preventive Care*	Code	In-Network
Routine Oral Exam (2 Per Year)	0120	Plan Pays: 100% Deductible Waived
Routine Cleanings (2 Per Year)	1110	
Complete X-ray (1 Every 3 Years)	0210	
Bitewing X-rays (2 Per Year)	0274	
Class II Services: Basic Restorative Care*		
Fillings (Amalgam)	2160	\$0
Fillings (Resin, 3 Surface Posterior)	2393	\$65
Simple Extractions (Erupted Tooth or Exposed Root)	7210	\$25
Root Canal Therapy (Molar)**	3330	\$195
Surgical Removal of Tooth (Impacted)	7240	\$80
Full Mouth Debridement	4355	\$35
Class III Services: Major Restorative Care*		
Crowns (Porcelain Fused to Metal)	6750	\$130
Bridges (Porcelain Fused to Metal)	6240	\$130
Dentures	5110/20	\$135 + Labs
Class IV Services: Orthodontia*		
Benefit - Child/Adult	8670	\$1,224 / \$1,728
Treatment Planning/Records	8660	\$85
Retention	8680	\$270



Locate a Provider

To find a participating provider, contact customer service or visit www.mycigna.com. When searching, select the Access Plus network.



Plan References

*Office visits are subject to a \$5 copay regardless of what service is rendered per visit.

** Excluding final restoration



Dental Insurance

Cigna Dental PPO Plan

The City offers dental insurance through Cigna Healthcare to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact customer service.

Dental Insurance – Cigna Dental PPO Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost	Employer Cost
Employee Only	\$5.95	\$10.33
Employee + Spouse	\$18.17	\$11.88
Employee + Child(ren)	\$27.75	\$13.14
Employee + Family	\$47.03	\$15.61

In-Network Benefits

This plan provides benefits for services received from in-network and out-of-network providers. It is also an open-access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the Cigna Total network. These participating dental providers have contractually agreed to accept Cigna's contracted fee or "allowed amount." This fee is the maximum amount a Cigna dental provider can charge a member for a service. The member is responsible for a Calendar Year Deductible (CYD) and then coinsurance based on the plan's charge limitations.

Please Note: Total network dental members have the option to utilize a dentist that participates in either Cigna's Advantage or Total network. However, members that use the Cigna Advantage network will see additional cost savings from the added discount that is allowed for using an Advantage network provider. Members are responsible for verifying whether the treating dentist is an Advantage dentist or Total dentist.

Out-of-Network Benefits

Out-of-network benefits are used when members receive services by a non-participating Cigna Total network provider. Cigna reimburses out-of-network services based on what it determines as the Maximum Reimbursable Charge (MRC). The MRC is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member may be responsible for balance billing. Balance billing is the difference between Cigna's MRC and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

Calendar Year Deductible

The Dental PPO plan requires a \$50 individual or a \$150 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive services.

Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the Dental PPO plan will pay for each covered member is \$1,000 for in-network and out-of-network services combined. All services, including preventive, accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next calendar year.

Mobile App

Mobile app provides on-the-go access to the dental benefit account to view benefits, download ID card, locate providers or view claims.

Cigna Healthcare

Phone: (800) 244-6224 | www.mycigna.com



Cigna Dental PPO Plan At-A-Glance

Network		Total	
Calendar Year Deductible (CYD)		In-Network	Out-of-Network*
Per Member		\$50	
Per Family		\$150	
Waived for Class I Services?		Yes	
Calendar Year Benefit Maximum			
Per Member		\$1,000	
Class I Services: Diagnostic & Preventive Care			
Routine Oral Exam (2 Per Year)		Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived (Subject to Balance Billing)
Routine Cleanings (2 Per Year)			
Complete X-ray (1 Every 3 Years)			
Bitewing X-rays (2 Sets Per Year)			
Class II Services: Basic Restorative Care			
Fillings		Plan Pays: 80% After CYD	Plan Pays: 80% After CYD (Subject to Balance Billing)
Simple Extractions			
Oral Surgery			
Anesthetics			
Class III Services: Major Restorative Care			
Endodontics (Root Canal Therapy)		Plan Pays: 50% After CYD	Plan Pays: 50% After CYD (Subject to Balance Billing)
Crowns			
Bridges			
Dentures			
Periodontal Services			
Class IV Services: Orthodontia			
Lifetime Maximum		\$1,500	
Benefit (Dependent Children Up To Age 19)		Plan Pays: 50% Deductible Waived	Plan Pays: 50% Deductible Waived (Subject to Balance Billing)
Class IX Services: Implants			
Benefit		50% After CYD	Plan Pays: 50% After CYD (Subject to Balance Billing)



Locate a Provider

To find a participating provider, contact customer service or visit www.mycigna.com. When searching, select the Total network.



Plan References

*Out-Of-Network Balance Billing:

For information regarding out-of-network balance billing that may be charged by an out-of-network provider, please refer to the Out-of-Network Benefits section on the previous page.



Important Notes

- Each covered family member may receive up to two (2) routine cleanings per calendar year covered under the preventive benefit.
- For any dental work expected to cost \$200 or more, the plan will provide a "Pre-Determination of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.
- Waiting periods and age limitations may apply.
- Benefit frequency limitations may apply to certain services



Vision Insurance

EyeMed Vision Care Plan

The City offers vision insurance through EyeMed to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to the carrier's summary plan document or contact customer service.

Vision Insurance - EyeMed Vision Care Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost	Employer Cost
Employee Only	\$0	\$2.85
Employee + Spouse	\$2.86	\$2.85
Employee + Child(ren)	\$1.99	\$2.85
Employee + Family	\$5.13	\$2.85

In-Network Benefits

The vision plan offers employee and covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, employee and covered dependent(s) may select any network provider who participates in the EyeMed Insight network. At the time of service, routine vision examinations and basic optical needs will be covered as shown on the plan's schedule of benefits. Cosmetic services and upgrades will be additional if chosen at the time of the appointment.

Out-of-Network Benefits

Employee and covered dependent(s) may choose to receive services from vision providers who do not participate in the EyeMed Insight network. When going out of network, the provider will require payment at the time of appointment. EyeMed will then reimburse based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered.

Calendar Year Deductible

There is no calendar year deductible.

Calendar Year Out-of-Pocket Maximum

There is no out-of-pocket maximum. However, there are benefit reimbursement maximums for certain services.

Mobile App

Mobile app provides on-the-go access to the vision benefit account to view benefits, download ID card, locate providers or view claims.

EyeMed

Phone: (866) 939-3633 | www.eyemed.com



EyeMed Vision Care Plan At-A-Glance

Network		Insight	
Services		In-Network	Out-of-Network
Eye Exam		\$10 copay	Up to \$40 Reimbursement
Contact Lens Exam <i>(Fit and Follow-Up)</i>	Standard Lens	Up to \$40 Allowance	Not Covered
	Premium Lens	10% Off Retail Price	Not Covered
Materials		\$25 Copay	Reimbursement Based on Type of Service
Retinal Imaging		Up to \$39 Copay	Not Covered

Frequency of Services

Examination	12 Months
Lenses	12 Months
Frames	24 Months
Contact Lenses	12 Months

Lenses

Single	No Charge After \$25 Materials Copay	Up to \$30 Reimbursement
Bifocal	No Charge After \$25 Materials Copay	Up to \$50 Reimbursement
Trifocal	No Charge After \$25 Materials Copay	Up to \$70 Reimbursement

Frames

Allowance	\$150 Retail Allowance 20% Off Balance Over \$150	Up to \$105 Reimbursement
-----------	--	---------------------------

Contact Lenses*

Non-Elective <i>(Medically Necessary)</i>		No Charge	Up to \$210 Reimbursement
Elective <i>(Lenses)</i>	Conventional	\$150 Allowance 15% Off Balance Over \$150	Up to \$150 Reimbursement
	Disposable	\$150 Allowance 100% Balance Over \$150	Up to \$150 Reimbursement



Locate a Provider

To find a participating provider, contact customer service or visit www.eyemed.com. When searching, select the Insight network.



Plan References

*Contact lenses are in lieu of spectacle lenses.



Important Notes

Member options, such as LASIK, UV coating, progressive lenses, etc. are not covered in full, but may be available at a discount.



Flexible Spending Accounts

The City offers Flexible Spending Accounts (FSA) administered through UpSwing. The FSA plan year is from October 1 through September 30.

If employee or family member(s) has predictable health care or work-related day care expenses, then employee may benefit from participating in an FSA. An FSA allows employee to set aside money from employee's paycheck for reimbursement of health care and day care expenses they regularly pay. The amount set aside is not taxed and is automatically deducted from employee's paycheck and deposited into the FSA. During the year, employee has access to this account for reimbursement of some expenses not covered by insurance. Participation in an FSA allows for substantial tax savings and an increase in spending power. Participating employee must re-elect the dollar amount to be deducted each plan year. There are two (2) types of FSAs:

Health Care FSA

This account allows participant to set aside up to an annual maximum of \$3,400. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. Participating employee can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).

Listed below are examples of common expenses that qualify for reimbursement.

Please Note: The entire Health Care FSA election is available for use on the first day coverage is effective.

Dependent Care FSA

This account allows participant to set aside up to an annual maximum of \$7,500 if single or married and file a joint tax return (\$3,750 if married and file a separate tax return) for work-related day care expenses. Qualified expenses include day care centers, preschool, and before/after school care for eligible children and dependent adults.

Please note, if family income is over \$20,000, this reimbursement option will likely save participants more money than the dependent day care tax credit taken on a tax return. To qualify, dependents must be:

- A child under the age of 13, or
- A child, spouse or other dependent who is physically or mentally incapable of self-care and spends at least eight (8) hours a day in the participant's household.

Please Note: Unlike the Health Care FSA, reimbursement is only up to the amount that has been deducted from participant's paycheck for the Dependent Care FSA.

A sample list of qualified Health Care expenses eligible for reimbursement include, but not limited to, the following:

- | | | |
|---|--|-------------------------------|
| ✓ Prescription/Over-the-Counter Medications | ✓ Physician Fees and Office Visits | ✓ LASIK Surgery |
| ✓ Menstrual Products | ✓ Drug Addiction | ✓ Mental Health Care |
| ✓ Ambulance Service | ✓ Experimental Medical Treatment | ✓ Nursing Services |
| ✓ Chiropractic Care | ✓ Corrective Eyeglasses and Contact Lenses | ✓ Optometrist Fees |
| ✓ Dental and Orthodontic Fees | ✓ Hearing Aids and Exams | ✓ Sunscreen SPF 15 or Greater |
| ✓ Diagnostic Tests | ✓ Injections and Vaccinations | ✓ Wheelchairs |
| ✓ Health Screenings | ✓ Alcoholism Treatment | ✓ Family Planning |

Log on to www.irs.gov/publications/p502/index.html for additional details regarding qualified and non-qualified expenses.



Flexible Spending Accounts *(Continued)*

FSA Guidelines

- Employee may carry over up to \$680 of unused Health Care FSA funds into the next plan year if the employee re-enrolls. Dependent Care funds cannot be carried over.
- A 90 day run out period allows reimbursement of eligible expenses incurred during the plan year.
- Any unused funds still remaining in the account will be forfeited.
- Enrollment is only available during the Open Enrollment Period, New Hire Orientation, or Qualifying Life Events.
- Funds cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Only expenses for services received are eligible for reimbursement.
- Reimbursed expenses cannot be covered by insurance or other compensation.
- Domestic partners' healthcare expenses are ineligible as they are not qualified dependents under Federal law.

Filing a Claim

Claim Form

Submit a completed claim form with a receipt by mail, fax, online, or via the mobile app. The IRS requires participant to keep documentation for a minimum of one (1) year.

Debit Card

FSA participants will receive a debit card. The card is accepted at many medical providers and pharmacies allowing direct payment instead of reimbursement requests. UpSwing may request supporting documentation for purchases; failure to provide supporting documentation when requested may result in card suspension. Please keep the issued card for use next year. Additional or replacement cards may be requested, however, a small fee may apply.

Mobile App

Mobile app provides on-the-go access to the FSA benefit account to view account activity, file a claim and upload receipts.

HERE'S HOW IT WORKS!



An employee earning \$50,000 elects to place \$1,000 into a Health Care FSA. The payroll deduction is \$41.66 based on a 24 pay period schedule. As a result, health care expenses are paid with tax-free dollars, giving the employee a tax savings of \$197.

	With a Health Care FSA	Without a Health Care FSA
Salary	\$50,000	\$50,000
FSA Contribution	-\$1,000	-\$0
Taxable Pay	\$49,000	\$50,000
Estimated Tax 19.65% = 12% + 7.65% FICA	-\$9,628	-\$9,825
After Tax Expenses	-\$0	-\$1,000
Spendable Income	\$39,372	\$39,175
Tax Savings	\$197	

Please Note: Be conservative when estimating health care and/or dependent care expenses. IRS regulations state that any unused funds remaining in an FSA after a plan year ends and after all claims have been filed cannot be returned or carried forward to the next plan year with the exception of the \$680 carry over that may be allowed for the Health Care FSA. **This rule is known as "use-it or lose-it."**

Claims Submission

Member Portal: upswing.wealthcareportal.com

Mail: UpSwing Compliance & Technology Solutions 2630 W Broward Blvd, Suite 203-675, Ft Lauderdale, FL 33312

Email: upswing_receipts@alegeus.com

UpSwing

Phone: (866) 676-3665 | upswing.wealthcareportal.com



Basic Life and AD&D Insurance

Basic Term Life Insurance

The City provides Basic Term Life insurance at no cost through New York Life for eligible employees with a benefit amount of \$25,000.

Accidental Death & Dismemberment Insurance (AD&D)

Accidental Death & Dismemberment (AD&D) insurance, will pay in addition and equal to the Basic Term Life benefit when death occurs as a result of an accident. Partial benefits may also be payable.

Age Reduction Schedule

Benefit amounts are subject to the following age reduction schedule:

- › Reduces to 65% of the benefit amount at age 65
- › Reduces to 50% of the benefit amount at age 70
- › Reduces to 25% of the benefit amount at age 75

Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through Bentek.

New York Life Group Benefit Solutions
Phone: (800) 362-4462 | www.mynylgbs.com

Voluntary Life and AD&D Insurance

Voluntary Employee Life and AD&D Insurance

Eligible employees may elect to purchase additional Life and AD&D insurance on a voluntary basis through New York Life. This coverage may be purchased in addition to the Basic Term Life and AD&D coverages. Voluntary Life insurance offers coverage for employee, spouse and/or child(ren) at different benefit levels.

2026-2027 Open Enrollment: Eligible employees have the opportunity to newly elect or increase Voluntary Employee Life and AD&D insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), not to exceed the Guaranteed Issue amount of \$100,000.

New Hires may purchase Voluntary Employee Life and AD&D insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of \$100,000.**

- Units can be purchased in increments of \$10,000 to the maximum of \$300,000.

Benefit amounts are subject to the following age reduction schedule:

- › Reduces to 65% of the benefit amount at age 65
- › Reduces to 50% of the benefit amount at age 70
- › Reduces to 25% of the benefit amount at age 75

Please Note: Voluntary life coverage increases made within the past two (2) years may not be fully eligible for benefits.

Voluntary Spouse Life and AD&D Insurance

2026-2027 Open Enrollment: Eligible employees have the opportunity to newly elect or increase Voluntary Spouse Life and AD&D insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), not to exceed the Guaranteed Issue amount of \$30,000.

New Hires may purchase Voluntary Spouse Life and AD&D insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of \$30,000.**

- Employee must participate in Voluntary Employee Life plan for spouse to participate.
- Units can be purchased in increments of \$5,000 to a maximum of \$100,000 not to exceed 50% of the employee's Voluntary Life coverage amount.

Benefit amounts are subject to the following age reduction schedule:

- › Reduces to 65% of the benefit amount at age 65
- › Reduces to 50% of the benefit amount at age 70
- › Reduces to 25% of the benefit amount at age 75

Voluntary Dependent Child(ren) Life Insurance

- Employee must participate in the Voluntary Employee Life plan for dependent child(ren) to participate.
- Employee may elect coverage in a flat amount of \$10,000.
- Child(ren) from birth to six (6) months may be covered for a maximum benefit of \$500.

Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through Bentek.

New York Life Group Benefit Solutions
Phone: (800) 362-4462 | www.mynylgbs.com



Voluntary Short Term Disability

The City offers Voluntary Short Term Disability (STD) insurance to all eligible employees through New York Life. The STD benefit pays employee a percentage of the weekly earnings if employee becomes disabled due to an illness or non-work related injury (Workers Compensation will apply to work-related injury or illness).

Voluntary Short Term Disability (STD) Benefits

- STD provides a benefit of 60% of employee's weekly earnings up to a benefit maximum of \$1,000 per week.
- Employee must be disabled for 14 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin on the 15th day after the employee is disabled due to non-work related injury or illness.
- The maximum benefit period is 13 weeks.
- Employee deemed unable to return to work after the STD 13 week maximum period is exhausted, may be transitioned to Long Term Disability (LTD).
- Benefits may be reduced by other income and may be taxable.

2026 - 2027 Open Enrollment: Eligible employees may newly elect Voluntary Short-Term Disability coverage without completing Evidence of Insurability (EOI). Pre-existing condition limitations may apply.

New York Life Group Benefit Solutions
Phone: (800) 362-4462 | www.mynylgbs.com

Voluntary Long Term Disability

The City offers Voluntary Long Term Disability (LTD) insurance to all eligible employees through New York Life. The LTD benefit pays a percentage of monthly earnings if employee becomes disabled due to an illness or injury.

Voluntary Long Term Disability (LTD) Benefits

- LTD provides a benefit of 60% of employee's monthly earnings up to a benefit maximum of \$5,000 per month.
- Employee must be disabled for 90 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin on the 91st day of disability.
- Employee may continue to be eligible for partial benefits if employee returns to work on a part-time basis.
- The maximum benefit period is determined based on age at the time of disability.
- Benefits may be reduced by other income and may be taxable.

2026 - 2027 Open Enrollment: Eligible employees may newly elect Voluntary Long-Term Disability coverage without completing Evidence of Insurability (EOI). Pre-existing condition limitations may apply.

New York Life Group Benefit Solutions
Phone: (800) 362-4462 | www.mynylgbs.com



Employee Assistance Program

The City cares about the well-being of all employees on and off the job and provides, at no cost, a comprehensive Employee Assistance Program (EAP) through Bree Health. EAP offers employee and each household family member access to licensed mental health professionals through a confidential program protected by State and Federal laws. EAP is available to help employee gain a better understanding of problems that affect them, locate the best professional help for a particular problem, and decide upon a plan of action. EAP counselors are professionally trained and certified in their fields and available 24 hours a day, seven (7) days a week.

What is an Employee Assistance Program (EAP)

An Employee Assistance Program offers covered employees and household family members/domestic partners free and convenient access to a range of confidential and professional services to help address a variety of problems that may negatively affect employee or family member's well-being. Coverage includes 8 visits with a specialist, per person, per issue, per year, telephonic consultation, online material/tools and webinars. EAP offers counseling services on issues such as:

- ✓ Child Care Resources
- ✓ Legal Resources
- ✓ Grief and Bereavement
- ✓ Stress Management
- ✓ Depression and Anxiety
- ✓ Work Related Issues
- ✓ Adult & Elder Care Assistance
- ✓ Financial Resources
- ✓ Family and/or Marriage Issues
- ✓ Substance Abuse

Are Services Confidential?

Yes. Receipt of EAP services are completely confidential. If, however, participation in the EAP is the direct result of a Management Referral (a referral initiated by a supervisor/manager, we will ask permission to communicate certain aspects of the employee's care (attendance at sessions, adherence to treatment plans, etc.) to the referring supervisor/manager. The referring supervisor/manager will not receive specific information regarding the referred employee's case. The supervisor/manager will only receive reports on whether the referred employee is complying with the prescribed treatment plan.

Bree Health

Phone: (800) 327-2255 | login.breehealth.com

Mental Health Support

The City also offers Sibly by Quarvis Health at no additional cost. Sibly offers confidential, 24/7 text-based coaching to help navigate stress, anxiety, relationships, work-life balance, and other everyday challenges.

- 24/7 access to live wellness coaches
- Unlimited confidential messaging
- No appointments required
- Support for employees and eligible family members
- Work/Life resources including articles, webinars, and training

Connect with a live coach in minutes through the Sibly mobile app anytime, anywhere

Mobile App

Mobile app provides on-the-go access to Sibly where live coaching is available 24/7.

Sibly by Quarvis Health

www.QuarvisHealth.com | Access Code: LWB-246

Wellness Program

The City of Lake Worth Beach is committed to wellness and good health. The goal is to promote wellness activities that will engage employees to develop or maintain a healthy lifestyle. The City will provide employees with resources and tools that will allow them to maximize their well-being and the overall health of their family.

Wellness is a state of well-being and process that applies to the "whole person". Human beings aren't one dimensional — our lives comprise many facets including social, physical, environmental, spiritual, psychological, occupational, behavioral and financial.

The City's wellness activities will include health related seminars and workshops on topics such as diabetes education, hypertension management, high blood pressure support and management, cholesterol education, healthy eating, exercise and weight management, in addition to other subjects including stress management, family/work life balance, retirement, financial and safety.



Supplemental Benefits

Cigna Healthcare offers a variety of voluntary supplemental benefit plans that may be purchased separately on a voluntary basis and premiums paid via payroll deduction. Cigna pays money directly to members, regardless of what other insurance plans they may have.

Group Accident Insurance

Helps to offset the unexpected medical expenses, such as emergency room fees, deductibles and copayments, that can result from a fracture, dislocation or other covered accidental injury. Off Job and On/Off Job coverage available.

Group Critical Illness Insurance

Compliments existing major medical coverage by providing a lump-sum benefit that can be used to pay the direct and indirect costs related to a covered critical illness, which can often be expensive and lengthy.

Group Hospital Indemnity Insurance

Provides a lump-sum benefit for a covered hospital confinement and a covered outpatient surgery to help offset the gaps caused by copayments and deductibles that are not covered by most major medical plans.

Cigna's coverage features:

- Group coverage is available for a members' spouse and children with most products.
- Benefits are paid directly to members, unless specified otherwise.
- With most plans, members will be able to continue group coverage when they retire or change jobs, with no increase in premium.
- With most plans, members will receive benefits regardless of any other insurance members may have with other insurance companies.

Cigna Healthcare

Phone: (800) 754-3207 | www.suphealthclaims.com

Preferred Legal Plan

City employees have the opportunity to enroll in a voluntary pre-paid legal program through Preferred Legal Plan. By enrolling in this plan, a participant will have direct access to attorneys who will provide legal assistance 24 hours a day / seven (7) days a week for a variety of situations such as those examples provided below. Additional services may also be provided at discounted rates.

The cost to the employee to participate in this legal plan is \$13.95 per month. This cost is the same for all employees regardless of the number of eligible dependents enrolled in the plan. All premiums will be payroll deducted on a post-tax basis for the employee's convenience.

Preferred Legal Plan service examples:

- | | |
|--------------------|-------------------|
| ✓ Civil Litigation | ✓ Traffic Defense |
| ✓ Family Law | ✓ Wills |
| ✓ Personal Injury | ✓ Real Estate |
| ✓ Bankruptcy | ✓ Contract Review |
| ✓ Criminal Defense | |

Preferred Legal Plan

Phone: (888) 577-3476 | www.preferredlegal.com

Email: info@preferredlegal.com

Agent: Brian J. Samuels

Phone: (305) 379-8438 | (954) 246-8438

Email: bjs@preferredlegal.com



Optional Retirement Plans

MissionSquare 457 Deferred Compensation Plan

The Deferred Compensation Plan administered by MissionSquare Retirement provides unique advantages over regular savings plans. Employee's Deferred Compensation deposits can grow faster than regular savings because their growth is deferred. That is, an employee does not pay any taxes on either the money saved or the earnings until they retire. These tax advantages make Deferred Compensation an ideal additional retirement savings plan, supplementing the City's Plan(s).

Employees are eligible to participate in the 457 plan with salary deferrals, immediately upon being hired. Employee may enroll anytime during the year; they do not need to wait upon open enrollment. Salary deferrals are allowed to the annual maximum limits imposed by the IRS. For 2026, the limit is \$24,500; Age 50 Catch Up is \$8,000.

Loans are not permitted.

New Features

Investment Menu

Anticipated to change as of October 1, 2025, the investment menu for the Deferred Compensation Plan is being enhanced with replacement investment options that have historically had good investment returns but charge lower fees than the Plan's current investment options. Each participant's Plan assets will be automatically mapped from the old investment options to the appropriate replacement investment options.

Roth Deferrals

Effective January 1, 2026, a Roth deferral component is being added to the Deferred Compensation Plan to allow employees to make contributions on an after-tax basis. Distributions of the principal amount of Roth contributions are not subject to income tax. Additionally, distributions of the investment earnings on a Roth contributions are income tax-free if certain requirements are met.

Super Catch Up Contributions

Effective January 1, 2026, participants who will turn age 60, 61, 62, or 63 in the year will have a higher "Super" Catch Up limit available to them instead of the Age 50 Catch Up limit (e.g., \$11,250 instead of \$8,000).

IRS-Required Roth Treatment for Certain Participants' Catch-Up Contributions

Effective January 1, 2026, new IRS rules will require that Age 50 and Super Catch Ups be treated as Roth (after-tax) contributions if the employee making the Catch Ups earned Social Security wages in the prior calendar year greater than \$145,000. An employee who meets this criteria will have the option to stop making Catch Ups altogether but will no longer have the option to make Catch Ups on a pre-tax basis.

Additional Features

Double Catch-Up

Eligible employees may participate in the "Double Catch-Up provision set by the IRS that allow participants who are within three (3) years of attaining the normal retirement age to contribute up to twice the annual contribution limit. Participants who use this catch-up limit cannot also use "Age 50" Catch Up limit in the same year.

Pay Out of Accrued Time

When an employee leaves their employment with the City, accrued eligible vacation and sick hours are considered eligible compensation and employee may have compensation paid out and applied to their 457 Deferred Compensation retirement account.

MissionSquare Roth Individual Retirement Account (IRA)

The Roth IRA are funded by after tax contributions of up to a maximum set by the IRS. The maximum contribution for 2026 is \$7,500 and the Age 50 Catch-Up limit is \$1,100 totaling \$8,600 (There is no Super Catch Up limit for IRAs). Because taxes are paid up front, distributions are tax free on the principal amount as well as the earnings.

Contributions can be made either by payroll deductions or deposits made by the employee directly into their account.

Loans are permitted.

For additional information, please contact MissionSquare Retirement at (800) 669-7400.

MissionSquare Retirement

Phone: (800) 669-7400 | www.missionsq.org

Nationwide 457 Deferred Compensation Retirement Plan

Eligible employees may choose to contribute their own dollars into the Nationwide 457(b) Deferred Compensation Plan. The 457(b) Deferred Compensation Plan can be utilized to help provide financial security at retirement. IRS regulates the maximum amount of deferral allowed annually in the 457 plan. A participant may not exceed that annual maximum amount of deferral. Employee becomes eligible on date of hire. Nationwide offers participating employees online retirement education and planning resources. For additional information, please contact:

Nationwide

Phone: (877) 677-3678 | www.nrsforu.com
Agent: Sharon Wilson | Phone: (561) 301-8493
Email: Sharon.wilson@nationwide.com



Pension Plan

Cash Balance Pension Plan (5/5/5)

The Defined Benefit Plan, administered by The Resource Center, combines elements of a traditional pension plan with the advantages of a defined contribution plan. All full-time employees are automatically enrolled in this plan, and all benefits are fully vested immediately upon their hire date. Both the employee and the employer contribute to the plan. Employees contribute 5% of their income, and the City matches this contribution with an additional 5% on a bi-weekly basis through payroll deductions. The plan offers a 5% annual interest rate. Please note that employees cannot alter their contribution amounts. Participants can access funds from the pension plan upon retirement, termination of employment, death, or disability. Several distribution options are available, and The Resource Center can provide further details to help participants determine the best choice for their needs. The available distribution options include a lump sum, a lifetime annuity, survivor benefit options, and a 10-year certain option. Please be aware that loans are not permitted. The Resource Center sends quarterly statements to the participant's mailing address on file.

The Resource Center

Phone: (800) 206-0116 | www.resourcecenters.com



Claims, Billing & Benefit Assistance

If employees have questions on claims, receive bills from providers which they do not understand or would like general information on any of the employee benefits provided, please contact the Gehring Group Service Team.

The Service Team works directly with the City and its employees to provide claims and benefits service and will assist employees with their concerns. Please remember this is in addition to the the City and is not replacing assistance employee may need from the Human Resources Department.

Contact a Claims Specialist

Email: geh-lakeworthbeach@bbrown.com

Please include your name, contact information and a brief description of the issue. A Claims Specialist will respond via email or phone call to gather additional information.

OR

Phone: (800) 244-3696

When calling, please identify yourself as an employee of the City of Lake Worth Beach and ask to speak to a Claims Specialist or another member of the City of Lake Worth Beachs designated team to assist with questions or concerns.

Office hours are Monday through Friday, 8:30 am - 5:00 pm (EST). If calling after office hours, please leave a message indicating you are a City of Lake Worth Beach employee who would like to speak to a Claims Specialist. Please leave full name, contact information and a brief message and a Claims Specialist will be in contact with you the following business day.

Our goal is to be your advocate and ensure issues are resolved as quickly as possible.



BROWN & BROWN PUBLIC SECTOR

3500 Kyoto Gardens Drive, Palm Beach Gardens, Florida 33410
Toll Free: (800) 244-3696 | Fax: (561) 626-6970 | www.gehringgroup.com

© 2018 Gehring Group, Inc., All Rights Reserved

To access benefit
booklet, use a
mobile device to
scan code.



FINAL
Last Modified: July 29, 2026 1:34 PM

This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the "plan documentation") for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual's rights under any employee benefit plan or program. Your employer reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.