

A GUIDE TO YOUR
Benefits

JULY 1, 2023 – JUNE 30, 2024





About Your Benefits

The Archdiocese of Los Angeles offers employees comprehensive health care benefits and voluntary insurance plans. Our benefits program is designed to give you the flexibility to choose the benefits that are right for you and your family. We closely manage our health care benefits program so that we can keep costs reasonable without sacrificing the high quality of the covered services.

The Archdiocese of Los Angeles also offers a number of valuable insurance plans on a voluntary basis. These benefit plans can help protect your income and financial security. This section of the guide also contains the eligibility and enrollment information for these benefits.

This guide is intended to give you an overview of the benefits available to you. Because the selection of your benefits is important, please set aside some time to review the information in this guide.

The benefits program includes the following coverage:

- Medical/vision and prescription drug
- Dental
- Employee Assistance Program
- Voluntary benefits:
 - Life and accidental death & dismemberment (AD&D) insurance
 - Long-term disability insurance (includes short-term disability)
 - Short-term disability insurance

Notice

The Archdiocese of Los Angeles offers standardized health care plans for employees and religious members of the Archdiocese and their eligible family members. The Archdiocese of Los Angeles health plans are bound by the Ethical and Religious Directives for Catholic Health Care Services published by the National Conference of Catholic Bishops. The plans provide benefits that are in compliance with these Directives. The Directives can be reviewed at <http://www.usccb.org/about/doctrine/ethical-and-religiousdirectives>. If you are an Archdiocese health plan participant, even if you are not Catholic or even if you possess personal beliefs in contravention of these Directives, the Archdiocese health plans will still only provide benefits in compliance with these Directives. The Archdiocese of Los Angeles summary plan descriptions may contain language which may be argued to be inconsistent with the Directives; however, services which are contrary to the Ethical and Religious Directives for Catholic Health Care Services are specifically excluded by the Archdiocese health plans.

This booklet summarizes the key features of your benefit plans. It is only intended to provide the highlights of your benefits. See your plan document for full details. If any conflict ever arises between this booklet and the actual plan document, the terms of the plan document will govern in all cases. The Archdiocese of Los Angeles reserves the right to change, modify, or terminate the benefit plans at any time. This booklet is not a contract for purposes of employment or payment of benefits.



Health Insurance Benefits Overview

Eligibility for the Health Care Program

If you are a priest, religious or Archdiocesan lay employee working 30 or more hours per week, you are eligible for benefits. Archdiocesan lay employees have the option to enroll eligible dependents for medical/vision and dental benefits. Eligible dependents include:

- Your spouse
- Your dependent children, up to age 26, regardless of student status
- Any dependent child you claim on your federal tax return who is incapable of self-support because of a medical or physical disability

If You Are a New Employee

Your coverage will be effective the first of the month following one month of continuous employment. If you are a new employee, you must enroll in the Archdiocesan health care benefits program within 31 days of your date of hire. Otherwise, you will have to wait until the next scheduled Open Enrollment period. If you are working 20 or more hours per week, you are also eligible to enroll in the voluntary plans offered through The Hartford during your first 31 days of employment. **Your elections will remain in effect until the next Open Enrollment unless you experience a qualifying "change in status".**

NOTE: All employees regardless of class, including teachers are subject to the same waiting period as all employees, which is the first of the month following 31 days of continuous full time service.

Making Changes to Your Benefits

Each year, you have the opportunity to make changes to your health care benefit elections during the scheduled Open Enrollment period. All elections and/or changes you make during this period are effective July 1.

Your elections will remain in effect until the next Open Enrollment unless you have a qualifying "change in status." In order to make adjustments to your benefit elections outside of the initial eligibility period and Open Enrollment, the IRS requires you to have a qualifying change in status. Events that are considered qualifying changes in status include:

- Marriage, legal separation or divorce
- Termination of spouse's employment
- Birth, adoption or custody change of an eligible dependent
- A change in benefit eligibility due to a reduction or increase in hours of employment for either you or your spouse
- Death of an eligible dependent

If you have a qualifying change in status, you can make changes to your benefits by notifying your Location Administrator within 31 days of the change. If your change in status is not listed above or if you need clarification on whether your change in status qualifies you to change your benefit election, please contact your Location Administrator.



Medical Benefits

Administered by Anthem Blue Cross & Kaiser

The Archdiocese of Los Angeles gives you a choice of three medical options: **PPO, EPO, and Kaiser**. Each medical option includes vision care benefits.

How the Anthem Preferred Provider Organization (PPO) Works

A PPO is a network of doctors and health care facilities that provide services to members at lower rates. You can go to any doctor you like within the Anthem Blue Cross Prudent Buyer PPO network, including specialists; you do not have to select a primary care physician. If you decide you'd rather go to a doctor or health care facility that does not belong to the PPO network, you are free to do so—but your out-of-pocket costs will be higher.

PPO Network Providers

When you go to a PPO network provider:

- Your coinsurance and out-of-pocket maximum will be lower.
- Preventive care will be covered in full.
- You will never pay more than the discounted PPO rate—no matter what the provider might charge non-PPO patients.
- The deductible does not apply to certain services, such as physician office visits and prescriptions drugs. When you receive these services from a PPO network provider, you will pay a flat copay and nothing else.
- There are no claim forms to fill out.

Out-of-Network Providers

Except in the case of an emergency, if you go to an out-of-network provider:

- Your coinsurance and out-of-pocket maximum will be higher.
- Anthem will pay benefits only up to the “maximum allowed amount” for a particular health care service in your geographic area. ***If your non-network provider charges more than the maximum allowed amount, you will have to pay all charges over that amount.***
- If you use a non-network provider Anthem will issue a check to the member and it will be your responsibility to pay the provider directly.

How the Anthem Exclusive Provider Organization (EPO) Works

The EPO uses the Anthem Blue Cross Prudent Buyer provider network to closely manage your medical care and control your out-of-pocket costs. You do not have to select a primary care physician. ***Unless it's an emergency, you may only go to doctors and health care facilities in Prudent Buyer PPO network. Out-of-network care is not covered.***

How the Kaiser Exclusive Provider Organization (EPO) Works

Kaiser Permanente provides medical care through its own hospitals and health care facilities. All Kaiser members are encouraged to select a personal physician for preventive care, treatment of illness, and referral to a specialist when needed. You may change or choose your personal physician at any time. ***Except in the case of an emergency, you must go to Kaiser facilities and see only Kaiser doctors. Out-of-network care is not covered.***

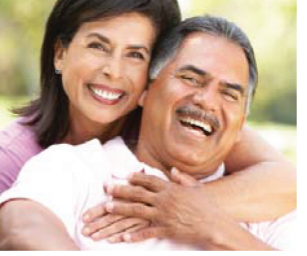
The chart on the following page shows the highlights of your medical benefits. Please see the Evidence of Coverage (available on www.myenroll.com) for complete information on the benefits, exclusions, and limitations. See page 5 for the definition of some common medical terms.



	Anthem Blue Cross PPO	Anthem Blue Cross EPO	Kaiser Permanente EPO
Choice of Doctor/Facility (the doctors and facilities you choose to use will affect the payment of benefits)	You may use any doctor you wish; you will save money when you use Anthem PPO network providers	In order for benefits to be paid, you must use Anthem PPO network providers	In order for benefits to be paid, you must use Kaiser doctors and hospitals
Coinsurance Percentage (Network/Non-network)	10% in / 30% out	Most eligible benefits covered at 10%	Most eligible benefits covered without coinsurance
Office Visit Copay	\$20 copay in / 30% out	\$25 copay	\$25 copay
Hospitalization	10% in / 30% out; \$500 deductible per non-preauthorized admission	10%	\$250 copay per admission
Emergency Room	\$100 copay (waived if admitted); 10% in and out	10%	\$150 copay; waived if admitted
Annual Deductible			
Individual	\$500	\$500	None
Family	\$1,000	\$1,000	None
Annual Out-of-Pocket Maximum			
Individual	\$5,000 / \$15,000	\$2,000	\$1,500
Family	\$10,000 / \$30,000	\$4,000	\$3,000
Mental Health			
Inpatient	10% in / 30% out	10%	\$250 copay
Outpatient	\$20 copay / 30% out	\$25/visit	\$25 copay for individual visits; \$12 for group therapy
Chemical Dependency/Alcoholism Treatment	Combined with Mental Health Care	Combined with Mental Health Care	\$25 copay for individual visits; \$5 for group therapy; \$100 per admission for inpatient detoxification
Chiropractic	\$20 copay in / 30% out; Limit 24 visits per calendar year	\$25 copay; Limit 24 visits per calendar year	\$15 copay; Limit 20 visits per calendar year
Allergy Visit and Serum	\$20 copay in / 30% out	\$25 copay	\$25 copay for testing; \$5 copay for injection
Skilled Nursing Facility	10% / 30% out; 120 days per calendar year	10%; 120 days per calendar year	No charge up to 100 days per benefit period
Routine Preventive Care	No charge / 30% out	No charge	No charge
Outpatient Surgery	10% in / 30% out	10%	\$25 copay
Well-Baby Care	No charge / 30% out	No charge	No charge
Prescription Drugs		Prescription by Optum RX	Kaiser
Retail – 30-day supply	\$10/\$30/\$50	\$10/\$20/\$30	\$10/\$20 – 30 days 2x copay for 31 – 60 days 3x copay for 60 – 100 days
Mail Order – 90-day supply	\$20/\$60/\$100	\$20/\$40/\$60	2x copay for 31 – 100 days
*RX Out of Pocket Maximum	\$500 Ind/\$1,000 Fam	\$500 Ind/\$1,000 Fam	Does not apply

Note: if you take a maintenance drug, (such as blood pressure or cholesterol medication), you are **required** to use the mail order service. You will be allowed two fills at the pharmacy. The third and subsequent fills will not be covered if filled at the pharmacy.

*Rx Out of Pocket Maximum is calculated every calendar year.



Anthem Members Only

HEAL – (limited availability area)

HEAL lets you schedule On-Demand doctor house calls. Book a doctor house call at home, work or anywhere, on your schedule.

The service is available 7 days a week from 8am to 8pm. You can see a doctor using HEAL for the same cost as your regular, in-network doctor visits: \$20 for PPO members and \$25 for EPO members. Schedule appointments either online at: www.heal.com or call: (844) 644-4325

Families use HEAL in place of Emergency Room, Urgent Care, Primary and Preventative care. Convenient evening and weekend hours.

LiveHealth Online

LiveHealth Online lets you talk with and get treatment from a doctor online, either at the www.livehealthonline.com website or on your smartphone or tablet using the free app. It is secure, easy to use, and affordable.

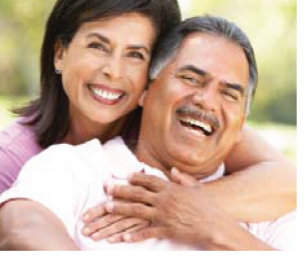
This service is available seven days a week, 24 hours a day, 365 days a year. You can see a doctor using LiveHealth Online for the same cost as your regular, in-network doctor visits: \$20 for PPO members and \$25 for EPO members. You just have to enroll for free at www.livehealthonline.com or on the app. (If you don't enroll, Anthem won't be able to cover your visit.)

Use LiveHealth Online for a range of medical issues. The most common are cold and flu symptoms, fevers, allergies, infections, and other similar illnesses. Sometimes there's just no substitute for going to the doctor in person. But other times, the convenience of having a doctor a click away can help you get the care you need when you need it. You can download your LiveHealth Online app for free from the Apple App Store or Google Play. For more information, contact customersupport@livehealthonline.com (include your e-mail address and phone number) or call (855) 603-7985.



Medical Terms You Should Know

Copay	The flat dollar amount you pay for certain services, such as office visits and prescription drugs, when you go to a network provider.
Coinsurance	The percentage of your medical costs you have to pay for most covered services. You will begin paying coinsurance after you have met your deductible.
Deductible	The dollar amount you pay for most services each calendar year before benefits are paid.
Exclusive Provider Organization (EPO)	A network of doctors and health care facilities that closely manage your care to control your out-of-pocket costs. In an EPO, you must go to network providers for all your non-emergency care.
Explanation of Benefits (EOB)	A document sent to you by your insurance company after you have received medical benefits. The EOB shows what the insurance company paid on your behalf, as well as how much you owe (if applicable)
Maximum Allowed Amount	<p>The most the PPO will pay for a particular medical service in your area.</p> <ul style="list-style-type: none">■ PPO network providers have agreed to accept this amount as reimbursement for covered services—they will never bill you more than the maximum allowed amount.■ If you go to an out-of-network provider, you will be responsible for the difference between the maximum allowed amount and what that provider charges you.
Out-of-Pocket Maximum	The maximum amount of copays and coinsurance you have to pay each calendar year.
Preferred Provider Organization (PPO)	A network of doctors and health care facilities that provide services to members at negotiated rates. In a PPO, you have the option to go to network providers and out-of-network providers.



Dental Care Coverage

The Archdiocese of Los Angeles offers dental care coverage, either in conjunction with medical coverage or as a separate election. The Archdiocese is contracted with Cigna Dental to provide you with their dental network. This network is a list of dentists who have agreed to reduce their fees to our members. This means you will save money when you visit a dentist in the Cigna network.

You can search for a dentist in your area by calling Cigna at 1-800-564-7642, or by visiting their website at <http://hcpdirectory.cigna.com/web/public/providers>

Archdiocese of Los Angeles Dental Plan			
Plan Provisions			
Annual Deductible	\$50 per individual; \$150 per family (Deductible must be first satisfied prior to receiving all services).		
Annual Maximum Benefit	\$1,500 per individual		
Preventative Services (Routine exams, cleanings, and X-rays) Deductible Waived	DPPO Advantage 90%	DPPO 80%	Out-of-Network 80%
Basic Services (Fillings, oral surgery, Endodontics and Periodontics)	DPPO Advantage 90%	DPPO 80%	Out-of-Network 80%
Major Dental Services (Crowns, inlays, onlays, bridge and dentures)	DPPO Advantage 60%	DPPO 50%	Out-of-Network 50%
*Orthodontia is excluded			

Vision Care Coverage

Vision care benefits are available to employees who enroll in the Archdiocesan medical benefits program.

	Anthem Blue Cross* PPO & EPO Coverage offered through Eye Med	Kaiser Permanente EPO**
Vision Exam with Dilation as Necessary-Every 12 months	\$10 copay	Covered at 100% after \$25 copay
Frames-Every 24 months	\$0 copay \$130 allowance, 20% off balance over \$130	Frames covered every 24 months
Prescription Lenses- One pair of lenses per calendar year.	Limited to the following amounts: Single: \$10 copay Bifocal: \$10 copay Trifocal: \$10 copay Lenticular: \$10 copay	Limited to \$175 allowance for frames, lenses, and/or contact lenses once every 24 months*
Contact Lenses- One pair of lenses per calendar year in lieu of frames and lenses.	Limited to the following amounts: Elective lenses: \$0 copay \$100 allowance; 15% off balance over \$100 Medically necessary lenses: 5% off balance over \$140	Benefit is available per calendar year (January through December)

* You are highly encouraged to utilize a network provider as your benefits will be richer when you remain within the Eye Med Insight Network. To find a provider the Eye Med network, please go to www.eyemedvisioncare.com and select the Insight Network or you can call (866) 800-5457.

**If you currently participate in the Kaiser EPO plan your vision benefits are provided through the Kaiser Permanente EPO. You must use Kaiser doctors and facilities to receive benefits.



Voluntary Life and AD&D Insurance

The Archdiocese of Los Angeles offers voluntary life and accidental death and dismemberment (AD&D) insurance through The Hartford, to help you protect your loved ones if something should happen to you. This plan is offered to all active lay employees who work at least 20 hours per week.

You may enroll in this plan within 31 days of your date of employment or during a qualifying life event; otherwise you must wait until the next scheduled open enrollment.

If you die while covered under this plan, your beneficiary will receive the life insurance benefit amount in force on the date of your death. The plan also pays an AD&D benefit, equal to your core life insurance amount, if you die as a result of a covered accident. Benefits are also payable if you suffer certain severe injuries in an accident, including loss of limb, sight, or paralysis.

Please Note: If you are electing a beneficiary to your life insurance someone other than your spouse, your spouse must sign the spousal consent in the beneficiary form.

You have three benefit options:

Option 1	Option 2	Option 3
1 times your annual earnings, to a maximum benefit amount of \$75,000	1½ times your annual earnings, to a maximum benefit amount of \$100,000	2 times your annual earnings, to a maximum benefit amount of \$200,000

The cost of your coverage is based on your age and the benefit option you select.

NOTE: At age 70 the amount of your life insurance will decrease by 50% on July 1st. (plan year renewal) which occurs on or after the date you attain age 70.

Your Age	Monthly Rate per \$1,000 of Coverage	Calculating Your Cost	
Under 30	\$.082	Gross Annual Salary	\$ _____
30 – 39	\$.086	Multiply by Benefit Option	x _____
40 – 44	\$.137	(1, 1½, or 2)	
45 – 49	\$.214		= _____
50 – 54	\$.334		(round to nearest \$1,000)
55 – 59	\$.514		
60 – 64	\$.796	Your Coverage Amount	\$ _____
65 – 69	\$ 1.413	Divide by \$1,000	/ _____
70 – 74	\$ 2.44	Multiply by Rate for Your Age	x _____
75 – 80	\$ 3.87		
81+	\$ 6.095	Your Monthly Cost	\$ _____



Voluntary Disability Insurance

Please note: The Archdiocese of Los Angeles does not participate in the State Disability Program (SDI). This means that if you become disabled and unable to work due to a non-work-related illness, injury, or accident, you will NOT have any income protection (beyond your accrued sick time and vacation time) if you do not purchase voluntary coverage.

The financial consequences of a lengthy disability can be very serious. Disability insurance protects a portion of your income if you become ill or injured, to help you pay your bills until you can get back to work. You have two plan options:

- Option 1: Short-term disability insurance only
- Option 2: Long-term disability insurance, which includes short-term disability insurance

You may enroll in these plans within 31 days of your date of employment or during a qualifying life event; otherwise you must wait until the next scheduled open enrollment. You will pay the full cost of your coverage through after-tax payroll deductions. Any benefits you receive under these plans will be tax-free. The disability insurance plans are provided through the Hartford.

Option 1: Short-Term Disability (STD) Insurance

If you become disabled due to a maternity leave or unable to work due to a non-work related illness, injury or accident while covered under this plan, your STD benefits can help replace your lost income. This plan covers up to 60% of your gross weekly earnings, to a maximum weekly benefit amount of \$1,000. Benefits you receive under STD are non-taxable. If you are eligible for income from other sources such as Social Security and/or Workers' Compensation income you receive "from another employer" or "due to other employment" your STD benefits will be adjusted so that the maximum weekly benefit you receive from all sources does not exceed 60% of your pre-disability earnings.

Benefit payments begin after seven calendar days of disability and may continue for up to 104 weeks while you remain disabled and under a physician's care.

The cost of your STD coverage is \$0.914 times your gross monthly earnings. You would calculate your cost like this:

STD Insurance	
Gross Monthly Earnings	\$ _____
Multiply by Rate	X \$0.914 per \$100 in benefit
Your Monthly Cost	\$ _____

Example. Christopher earns \$35,000 per year. Here's how he calculates the monthly cost of his STD coverage:

- $\$35,000 \div 12 \text{ months} = \$2,917 \text{ per month (rounded)}$
- $\$2,917 \div \$100 \text{ in benefit} = \29.17
- $\$29.17 \times \$0.914 = \$26.66$

Christopher's STD coverage will cost \$26.66 per month.



Option 2: Long-Term Disability (LTD) Insurance (Includes STD)

If you purchase this option, you are covered under the STD plan as described above for up to two years. You then become eligible for LTD benefits if your disability continues beyond two years. The LTD plan pays 60% of your monthly earnings to a maximum monthly benefit of \$4,333. Benefits you receive under the LTD plan are non-taxable. If you are eligible for income from other sources such as Social Security and/or Workers' Compensation income you receive "from another employer" or "due to other employment," your LTD benefits will be adjusted so that the maximum monthly benefit you receive from all sources does not exceed \$4,333 of your pre-disability earnings.

If your disability begins prior to age 63, your LTD benefits may continue up to age 67 while you remain disabled and under a physician's care. If your disability begins at age 63 or after, your benefits will be payable as follows:

Age Reduction Schedule for LTD Benefits	
Age at Which Disability Begins	Duration of Benefit Payments
Age 63	36 months
Age 64	30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69+	12 months

Note: This policy will not provide coverage for any period of Disability beginning within the first 12 months of the effective date of Your coverage under this policy if the period of Disability is caused by or substantially contributed to by a Pre-existing condition or the medical or surgical treatment of a Pre-existing condition. The look-back period for a pre-existing condition is up to 6 months.

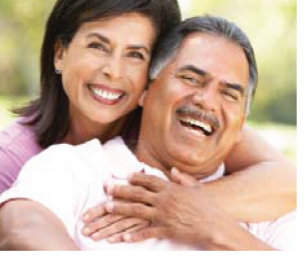
The cost of your LTD coverage, which includes STD, is \$1.227 times your gross monthly earnings. You would calculate your cost like this:

LTD Insurance (Includes STD Insurance)	
Gross Monthly Earnings	\$ _____
Multiply by Rate	X \$1.227 per \$100 in benefit
Your Monthly Cost	\$ _____

Example. Paula earns \$42,000 per year. Here's how she calculates the monthly cost of her LTD coverage:

- $\$42,000 \div 12 \text{ months} = \$3,500 \text{ per month}$
- $\$3,500 \div \$100 \text{ in benefit} = \35
- $\$35 \times \$1.227 = \$42.95$

Paula's combined STD and LTD coverage will cost \$42.95 per month.



Additional Benefits

Employee Counseling Services

Because the Archdiocese cares about the well being of our employees, we provide an Employee Assistance Program to all employees and their families. These services are completely confidential, free and offer assistance in resolving those problems that may be interfering with your professional and/or personal life. Along with referrals, you may receive up to eight sessions per person per issue to help you deal with a variety of issues that can affect you at work or at home, such as:

- Parenting and child care
- Stress and anxiety
- Depression
- Coping with grief and loss
- Debt management and budgeting
- Addiction and recovery
- Living with a chronic condition

Offered through Optum, employee counseling services are provided primarily through phone based counselors, who are available to assist you 24 hours a day, seven days a week by calling (866) 248-4104, or by logging on to www.liveandworkwell.com, access code 11040.

HearUSA--Hearing Care Discount Program

HearUSA is an experienced network of hearing care professionals who have been providing hearing healthcare since 1987. We are committed to the highest quality service to members, at discounted prices. Discover why more than one million people have trusted us with their hearing!

Archdiocese employees and their dependents, even those who do not qualify for the Archdiocese's benefits, can take advantage of this HearUSA discount program and receive the following benefits:

- FREE Hearing Screening (\$39.00)
- Save up to 50% on digital hearing aids
- One-year unlimited services, including annual cleaning and maintenance
- 3-year warranty including one-time loss and damage coverage (deductible may apply)
- 1-year supply of hearing aid batteries with purchase of hearing aids
- 10% discount on hearingshop.com. Use code EARUSA
- 12 month no interest financing available (if eligible)

If you or someone in your family may have hearing loss, call to schedule a FREE hearing screening today: 1-855-835-5776

1. Identify yourself as **"Archdiocese of Los Angeles Discount Member"**.
2. HearUSA will make an appointment for you at the closest provider and send you a confirmation.
3. At your appointment, your Hearing Care Provider discusses your results with you and offers better hearing options.
4. You pay HearUSA the discounted allowable charges. Allowable charges vary according to the hearing aid technology level recommended by your hearing care provider.



Contact Information

If you have questions about your health care benefits or coverage, we encourage you to contact the carrier directly, using the contact information shown below.

Coverage	Member Services	Website
Anthem Blue Cross		
PPO & EPO	(855) 852-9995	www.anthem.com/ca
HEAL (limited availability area)	(844) 644-4325	www.HEAL.com
LiveHealth Online	(855) 603-7985	www.livehealthonline.com
Prescription Drugs (RxBenefits) Mail Order (OptumRx)	(800) 334-8134	www.rxbenefits.com www.optumrx.com
Vision Benefits (Eye Med)	(866) 800-5457	www.eyemedvisioncare.com
Kaiser Permanente		
EPO	(800) 464-4000	www.kp.org
Prescription Drugs and Vision Benefits	(800) 464-4000	www.kp.org
Chiropractic-American Specialty Health	(800) 678-9133	ashlink.com/ash/kp
Cigna Dental		
Dental Plan (Cigna Dental Plan PPO and EPO Network)	(800) 244-6224	www.mycigna.com
The Hartford		
Voluntary Term Life and AD&D Insurance Plan	(888) 563-1124	https://abilityadvantage.thehartford.com
Voluntary Short-Term and Long-Term Disability Plans	(888) 277-4767	https://abilityadvantage.thehartford.com
Employee Assistance Program		
Employee Assistance Program (Optum-EAP)	(866) 248-4104	www.liveandworkwell.com Access code = 11040
Hearing Discount Program		
HearUSA	(855) 835-5776	Identify yourself as: "Archdiocese of Los Angeles Discount Member"

For help with enrollment issues, call our plan administrator, BAS, at (888) 337-7785 between 5:30 a.m. and 5:00 p.m. Monday through Friday, or e-mail employeebenefits@basusa.com.

For more information about your benefits, you may also visit HR Connection at: www.hrconnection.com [user name = ADLAen]

Disclaimer: The benefits presented are a brief description, are to be used for informational purposes only and the policy or contact will govern. A copy of the policy is available upon request for review. Please refer to the policy/certificate for exact coverage details.

