



2021 Employee Benefits

All Regular Help Teamsters General Unit and Social Services Workers Employees

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Individual Mandate to Have Health Coverage

Even though the Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been reduced to zero, if you are a taxpayer in California, you will still be required to have health coverage (unless you qualify for an exemption) or pay a penalty for the 2021 tax year. You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by Butte County or another group medical plan meeting the requirements for minimum essential coverage;
- Purchase coverage through a health insurance marketplace;
- Enroll in coverage through a government-sponsored program if eligible.

However, if you choose to purchase coverage through the marketplace, because Butte County's medical plans are considered affordable and meet minimum value under the Affordable Care Act, you may not be eligible for a subsidy, and you may not see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.

For more information, go to www.healthcare.gov.

About Your Benefits

Benefits Eligibility

Employee Eligibility

Regular help who work at least 20 hours per week qualify for all of the benefits described in this brochure. The effective date of coverage varies by plan; please refer to individual benefit descriptions found within this benefit guide.

Dependent Eligibility

You may choose to enroll your eligible dependents which include:

- Your spouse/domestic partner
- Your child(ren) up to age 26 (“Children” includes natural children, legally adopted children, stepchildren and your domestic partner’s children) and minor children up to age 18 who are in permanent legal guardianship of the employee by court order
- Certain certified disabled dependent child who is incapable of self-support because of a mental or physical disability

Making Changes To Your Benefits

You can make changes to your healthcare plan once a year during Open Enrollment or with a Qualifying Event (QE). All changes and coverages you select during the annual Open Enrollment period are effective January 1 through December 31.

Medical Plan QE Criteria

If you have a change in family status, you may change your benefit selections before Open Enrollment. These qualifying events include the following:

- Marriage or divorce (mandatory at finalization of divorce decree)
- Change of residence that impacts eligibility in a plan
- Birth, adoption or Legal Guardianship change of an eligible dependent
- Death of a spouse/qualified domestic partner or dependent
- Dependent ceases to satisfy dependent eligibility requirements
- An involuntary change in spouse’s/qualified domestic partner’s employment resulting in a loss of coverage

Not all qualifying events apply to all plans. Delta Health Systems (DHS) administers qualifying events in accordance with the Trust’s rules for the medical plans. Please see Summary Plan Description (SPD) for specific rules for the plans you are requesting to change.

Medical QE: Employees have 31 days to report an event, with the exception of birth of a child, in which you have up to 180 days to report. Please review the Summary Plan Document, SPD, for further clarification on qualifying events.

Non-Medical: If you have a change in family status and you want to change benefits, you must notify HR within 30 days (60 days allowed for changes involving Medi-Cal) of the event. All changes are effective on the first of the month following the event date unless otherwise noted.

Enrollment

Employees who wish to enroll, make changes to benefit elections or who have a qualifying family status change should contact HR.Benefits@buttecounty.net. For NCGTSF medical, you will be required to submit documentation for qualified dependents directly to DHS, Trust Administrator for Northern California General Teamsters Security Fund (NCGTSF), and to the County.

Medical Benefits

Medical Plan Options

All Employees of the General Unit and Social Services Workers: NCGTSF provides regular, full time and part time (50% with at least 20 hours) employees with two medical plans (one with a Kaiser option) to choose from. See the following pages for highlights of each plan. Rates for the plan options can be found when enrolling through Ease or visit the County website for rate sheets. Employees have 30 days from their date of hire in which to enroll. The effective date of coverage will be the first of the month following 30 days of employment. County contribution toward benefits is based on hours compensated the last two pay periods prior to the month premiums are collected.

The Anthem Blue Cross PPO Plans

Each of the Anthem Blue Cross Preferred Provider Organization (PPO) plans utilize a PPO network through Anthem Blue Cross of California. A PPO plan provides for both in-network and out-of-network benefits. Employees and their

The Benefits of Using In-Network Providers for the PPO Plans

There are significant advantages to using in-network providers for your medical care, such as negotiated rates (up to 30% – 40% discounts), no balance billing, self-referrals to in-network specialists and no claim forms required.

We encourage all employees to locate an in-network provider for you and for your family members. Establishing a relationship with your provider through routine annual check-ups assists your doctor in managing your overall care and well-being. We also encourage you to locate the nearest urgent care facilities to your home. Knowing where to access the most convenient and cost effective care before a situation arises can save you both time and money.

How to Locate In-Network Providers

To locate Anthem Blue Cross providers, visit www.anthem.com/ca/find-care/

Kaiser Permanente HMO Plan

NCGTSF members also have access to a Kaiser Permanente HMO plan option. Kaiser requires employees and their dependents to reside or work within 30 miles of their service area in order to enroll in their plan. Most Butte County zip codes do not qualify for Kaiser access, however, if you believe your zip code falls within a Kaiser service area, contact DHS at **800-417-8923**. If you would like to know more about this benefit plan, please contact Kaiser directly at **800-464-4000**.



Medical Plan Terms

Medical plan terms can be confusing, For a quick, entertaining video to help better understand them, visit <http://video.burnhambenefits.com/terms>.

Medical Benefits

NCGTSF Select Plus Plan

Utilizes the Anthem Blue Cross Prudent Buyer PPO Network

	In-Network	Out-of-Network ¹
Provisions		
Calendar Year Deductible	None	
Out-of-Pocket Maximums Medical ² Pharmacy	Individual: \$1,000; Family: \$2,000 Individual: \$7,150; Family: \$14,300	Unlimited Unlimited
Lifetime Maximum	Unlimited	
Medical Benefits		
	You Pay	You Pay
Doctor's Office Visits Primary Care (Family Practice, General Practice, Internal Medicine, OB/GYN and Pediatric)	\$20 (not subject to deductible)	50% ¹
All Other Providers	20% of the first \$5,000, then 0%	50% ¹
Routine Physical Exams/ Preventive Care	No charge	Not covered
Chiropractic Care (\$1,500 Calendar Year Maximum)	20% of the first \$5,000, then 0%	50% ¹
Physical Therapy (24 Visits/Calendar Year Combined)	20% of the first \$5,000, then 0%	50% ¹
Diagnostic X-Ray & Lab	20% of the first \$5,000, then 0%	50% ¹
Prescription Drug Benefits (WellDyne Rx)		
	You Pay	You Pay
Retail (30-Day Supply)	\$10 Generic/\$20 Preferred Brands \$40 Non-Preferred Brands/ \$50 Specialty Medications	Not covered
Mail Order (100-Day Supply)	\$20 Generic/\$40 Preferred Brands \$80 Non-Preferred Brands/ \$100 Specialty Medications	Not covered
Hospital Benefits		
	You Pay	You Pay
Inpatient/Outpatient Facility Charges	No charge	50% ¹ when PPO Hospital is available)
Outpatient Surgery Centers	No charge	Not covered
Acute Care Benefits		
	You Pay	You Pay
Emergency Room Facility	100% covered with \$100 copay (waived if admitted)	
Urgent Care	20%	50% ¹
Telemedicine Visits ³	No charge	Not covered

¹ Subject to deductible. Out-of-Network benefits are payable at 50% of Reasonable and Allowed; amounts above Reasonable and Allowed will not be paid.

² Includes medical deductible, coinsurance amounts and copays. The Out-of-Pocket Maximum Pharmacy for prescription drugs is a separate out-of-pocket maximum.

³ Through PlushCare

Medical Benefits

NCGTSF Plan E (High Deductible Health Plan)

Utilizes the Anthem Blue Cross Prudent Buyer PPO Network

	In-Network ¹	Out-of-Network ²
Provisions		
Calendar Year Deductible	Individual: \$1,400; Family: \$2,800	
Out-of-Pocket Maximum	Individual: \$2,500; Family: \$5,000 ³	Unlimited
Lifetime Maximum	Unlimited	
Medical Benefits		
	You Pay	You Pay
Doctor's Office Visits	20% ¹	50% ²
Routine Physical Exams/ Preventive Care	No charge (not subject to deductible)	Not covered
Chiropractic Care (\$1,500 calendar year maximum)	20% ¹	50% ²
Physical Therapy (24 Visits/Calendar Year Combined)	20% ¹	50% ²
Diagnostic X-Ray & Lab	20% ¹	50% ²
Prescription Drug Benefits (WellDyne Rx)		
	You Pay	You Pay
Retail (100-Day Supply)	20% ¹ Generic/30% ¹ Brand	Not covered
Mail Order (100-Day Supply)	20% ¹ Generic/30% ¹ Brand	Not covered
Hospital Benefits		
	You Pay	You Pay
Inpatient/Outpatient Facility Charges	No charge (after deductible)	50% ²
Outpatient Surgery Centers	No charge (after deductible)	Not covered
Acute Care Benefits		
	You Pay	You Pay
Emergency Room Facility	No charge after deductible	
Urgent Care	20% ¹	50% ²
Telemedicine Visits ⁴	No charge (Plushcare)	Not covered

¹ Subject to deductible.

² Subject to deductible. Out-of-Network benefits are payable at 50% of Reasonable and Allowed; amounts above Reasonable and Allowed will not be paid.

³ Includes medical deductible, coinsurance amounts and copays. The Out-of-Pocket Maximum is combined for Medical and prescription drugs.

⁴ Through PlushCare

Enrolling in Plan E also includes access to a Health Savings Account, partially funded by NCGTSF, which you can use to set aside money on a pre-tax basis to pay for eligible medical expenses. Contact Delta Health Systems direct at **800-417-8923** for more information.

Medical Benefits

Kaiser Permanente HMO

Employee Must Reside or Work in a Kaiser Permanente Service Area

In-Network Only

Provisions

Calendar Year Deductible	Not applicable
Annual Out-of-Pocket Maximum Medical	Individual: \$1,500; Family: \$3,000
Lifetime Maximum	Unlimited

Medical Benefits

You Pay

Doctor's Office Visits	
Primary Care Visits	\$20
Specialist	\$40
Routine Physical Exams/ Preventive Care	No charge
Acupuncture (20 Visits/Calendar Year)	\$20
Physical Therapy	\$20
Diagnostic X-Ray & Lab	No charge

Prescription Drug Benefits

You Pay

Plan Pharmacy and Mail Order (100-Day Supply)	\$10 Generic/\$20 Preferred Brand
Plan Pharmacy Specialty (30-Day Supply)	\$20

Hospital Benefits

Inpatient	\$100
Outpatient Surgery	\$20 per procedure

Acute Care Benefits

You Pay

Emergency Room Facility	\$75 (waived if admitted)
Urgent Care	\$20
Telemedicine Visits (through Kaiser)	No charge

Vision Benefits

Routine Eye Exam	No charge
Eyeglasses or contact lenses every 12 months	Amount in excess of \$100 Allowance



Dental Benefits

Delta Dental PPO Dental Plan

Butte County offers you two dental options through the Delta Dental PPO Dental Plan. Employees are eligible to enroll on the first of the month following 30 days of employment. When you obtain services from participating PPO dentists, your out-of-pocket costs are lower. PPO dentists agree to discount their charges and benefit payments are based on the discounted fees. When you obtain services from dentists who do not participate in the PPO network, eligible expenses are paid based on Reasonable and Customary (R&C) fees, and your annual maximum is reduced, which can be significant. Since the expenses are not discounted, your out-of-pocket expenses may be greater.

You can locate Delta Dental providers at www.deltadentalins.com or by calling 800-765-6003.

Provisions	Delta Dental PPO Plan A		Delta Dental PPO Plan B (Premier)	
	PPO Dentists ¹	Premier and Out-of-Network Dentists ¹	PPO Dentists ¹	Premier and Out-of-Network Dentists ¹
Providers	You may select any provider you wish for your dental care. When you obtain services from providers in the PPO network, you receive greater coverage.		You may select any provider you wish for your dental care. When you obtain services from providers in the PPO network, you receive greater coverage.	
Annual Deductible	Individual: \$25; Family; \$75		Individual: \$25; Family; \$75	
Calendar Year Maximum Benefit	\$1,500	\$500	\$1,100	\$1,000
Orthodontia Lifetime Maximum Benefit	\$1,500		\$1,000	
Dental Benefits	You Pay	You Pay	You Pay	You Pay
Preventive (X-Rays, Cleanings, Exams)	\$0; deductible waived	50% plus any amount over R&C fees (deductible waived)	20% plus any amount over R&C fees (after deductible)	
Basic (Fillings, Extractions)	\$0 (after deductible)	50% plus any amount over R&C fees (after deductible)	20% plus any amount over R&C fees (after deductible)	
Major (Bridges, Dentures, Crowns)	40% (after deductible)	50% plus any amount over R&C fees (after deductible)	50% plus any amount over R&C fees (after deductible)	
Orthodontia Benefits	You Pay	You Pay	You Pay	You Pay
Orthodontia Coverage for Adults and Children	20% (deductible waived)		20% (deductible waived)	

¹ Reimbursement is based on PPO Contracted fees for PPO dentists

When selecting the dental plan, employees are choosing to enroll for two years. You must remain enrolled in the dental plan during this two year commitment unless you experience a qualifying event, such as obtaining coverage through a spouse's employer plan. If you elect to cancel your plan during open enrollment, you will not be allowed back on the plan for two years.

Vision Benefits

Vision Service Plan

Butte County offers you vision care coverage through Vision Service Plan (VSP). Employees are eligible to enroll on the first of the month following 30 days of employment. When you receive vision care services, glasses and frames through the VSP network, a broad network of optical specialists, you will receive richer benefits. If you utilize an out-of-network provider, you will be responsible to pay all charges at the time of your appointment and will be required to file an itemized claim with VSP.

You can locate VSP providers by visiting www.vsp.com or by calling **800-877-7195**.

Vision Service Plan

	In-Network	Out-of-Network
Vision Wellness	You Pay	You Pay
Exam (once every 12 months)	\$0	Amount over \$45 allowance
Glasses	You Pay	You Pay
Lenses (once every 12 months)		
– Single Vision	\$10	Amount over \$30 allowance
– Bifocal	\$10	Amount over \$50 allowance
– Trifocal	\$10	Amount over \$65 allowance
– Lenticular	\$10	Amount over \$100 allowance
– Polycarbonate lenses (children to age 26)	\$0	Not covered
– Anti-Reflective Coating	\$40	Not applicable
Frames (once every 24 months)	Amount over \$175 allowance (\$100 allowance at Costco)	Amount over \$70 allowance
Contact Lenses	You Pay	You Pay
Once every 12 months		
– Cosmetic/Elective	Amount over \$150 allowance and up to \$60 for fitting and evaluation	Amount over \$105 allowance
– Medically Necessary	\$0	Amount over \$210 allowance
Laser Vision Correction	You Pay	You Pay
Services	Discounts averaging 10 – 20% off or 5% off a promotional offer through VSP-contracted laser centers on PRK, LASIK and Custom LASIK procedures	Not covered

Discounts

Discounts are available from participating VSP providers for cosmetic extras, such as tints, coatings and other add-on charges to standard lenses, after covered services are rendered. The discount may be applied to charges for the frame or contact lenses (except disposable or replacement contact lenses) over the stated allowances. Discounts also apply to additional pairs of glasses and/or pairs of standard contact lenses. To determine whether a provider offers discounts,

When selecting the vision plan, employees are choosing to enroll for two years. You must remain enrolled in the vision plan during this two year commitment unless you experience a qualifying event, such as obtaining coverage through a spouse's employer plan. If you elect to cancel your plan during open enrollment, you will not be allowed back on the plan for two years.

Income Protection Benefits



MetLife Basic Life Insurance

Butte County provides regular full time employees and their dependents with Basic Life Insurance. You are automatically enrolled on the first of the month following 30 days of employment. There is no cost to you for this benefit.

If your death occurs while you are covered under the plan, your beneficiary will receive a benefit amount of \$25,000. Spousal coverage and child coverage is \$500. Child(ren) coverage is effective to age 26.

NCGTSF Basic Life Insurance

Members of the NCGTSF program who are enrolled in a NCGTSF Medical plan also receive \$10,000 in Term Life Insurance and \$10,000 in Accidental Death and Dismemberment insurance.

MetLife Supplemental Life and AD&D Insurance

Butte County gives you the opportunity to increase your Basic Life and AD&D Insurance coverage by purchasing Supplemental Life Insurance and/or Supplemental AD&D Insurance. You can purchase insurance for yourself and your eligible dependents on the first of the month following 30 days of employment. If you or your spouse/domestic partner do not enroll in the Supplemental Life Insurance Plan when you are first eligible, you may enroll at a later date. However, all Supplemental Life Insurance coverage amounts will require proof of good health and are subject to

Income Protection Benefits

MetLife Supplemental Life and AD&D Insurance, continued

Supplemental Life Insurance

Employees: You may purchase additional life insurance in increments of \$10,000, from a minimum amount of \$10,000 to a maximum amount of \$250,000. Coverage amounts over \$100,000 require proof of good health and are subject to approval by MetLife.

Spouses/Domestic Partners: You may purchase life insurance for your spouse/domestic partner in increments of \$10,000, from a minimum amount of \$10,000 up to \$100,000. Coverage amounts over \$20,000 require proof of good health, are subject to approval by MetLife, and cannot exceed the amount of life insurance purchased by the employee.

Child(ren): You may purchase life insurance for your child(ren) from live birth to age 26. Coverage is available in increments of \$2,000, from a minimum amount of \$2,000 to a maximum amount of \$10,000.

Cost Per \$10,000 of Coverage

Age	Employee	Spouse/Domestic
Under Age 20	\$0.66	\$0.65
20 – 24	\$0.66	\$0.65
25 – 29	\$0.81	\$0.70
30 – 34	\$0.99	\$1.00
35 – 39	\$1.17	\$1.10
40 – 44	\$1.71	\$1.70
45 – 49	\$2.70	\$2.70
50 – 54	\$4.50	\$4.50
55 – 59	\$6.75	\$6.40
60 – 64	\$10.17	\$10.40
65 – 69	\$14.58	\$14.70
70 – 74	\$22.41	\$20.60
74+	\$22.41	\$20.60
Child(ren)	\$0.49 per \$2,000 of coverage.	

Rates are based upon your age, or your spouse's age, as of January 1st of each year.

Supplemental AD&D Insurance

You may purchase Accidental Death & Dismemberment (AD&D) insurance for yourself, your spouse/domestic partner and your children. Employees may purchase in increments of \$25,000 up to the lesser of 10 times your annual pay or \$250,000. If you choose to enroll your dependents, your spouse will automatically receive 50% of the employee amount and your dependent children will automatically receive 15% of the employee election.

Cost Per \$25,000 of Coverage

Coverage For	Rates
Employee Only	\$0.90
Employee and Dependents	\$1.20

Income Protection Benefits

MetLife Long Term Disability Insurance

Regular help employees are automatically enrolled in LTD benefits on their date of hire. If you become disabled, you must be disabled for the time specified in the Benefit Waiting Period before benefits become payable. If you are eligible for income from other sources such as Social Security and/or Workers' Compensation, LTD benefits are adjusted so that the maximum monthly benefit you receive from all sources does not exceed the percentage of pre-disability earnings shown in the table below. If you are totally disabled before age 62, your benefits will continue to age 65. If you are totally disabled after age 62, your benefits will continue through a specified period based on your age. Refer to your Summary Plan Description for specific plan details.

	LTD Benefits
Class Definition	All active, full-time or part-time employees regularly working a minimum 50% or 20 hours per week, excluding department heads and law enforcement
Percentage of Wages Protected	60% of monthly covered earnings
Maximum Monthly Benefit	\$5,000
Maximum Benefit Period	To age 65*
Benefit Waiting Period	180 days
Survivor Benefit	Lump sum payment equal to 3 times the monthly benefit amount
Premiums and Taxation	Enrollment is automatic. Premiums for this coverage are deducted through payroll on an after-tax basis. Any benefits received while disabled will not be subject to standard income taxes.

* Employees becoming disabled on or after age 60 should refer to Plan Document for a modified benefit duration.



Employee Assistance/Tax Savings Benefits

Claremont Employee Assistance Program

Butte County provides all regular, full-time employees with coverage through the Claremont Employee Assistance Program (EAP). This coverage is paid entirely by Butte County and starts the first day of your employment. If you or a family member needs assistance balancing life's demands or require help with personal or family issues, you can contact the EAP for confidential assistance. Covered benefits include short-term counseling (eight consultations per incident per member per 12-month period) and referrals to help you deal with a variety of issues. EAP benefits are available to you 24/7. To access your EAP benefits, visit www.claremonteap.com and register with the company name, Butte County, or call **800-834-3773**.

In addition to the assistance described above, your EAP provides many services to you and members of your family:

- **Legal & Mediation Services** – free 30 minute consultation (one per issue) with attorneys or mediators. You can also receive a free will-preparation kit.
 - **Financial & Tax Planning Services** – one 30 – 60 minute consultation is available per issue. Get help with credit counseling, debt and budgeting assistance, identity theft, estate planning, bankruptcy and foreclosure avoidance. You can also receive free credit reports and consultations.
 - **Work Life Services** – unlimited consultations, referrals and resources for many issues like Child Care & Parenting, Elder Care & Disabled Adult Care, Pet Care, Adoption Assistance, School Selection, College Assistance and Community Services.
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Flexible Spending Account (FSA) Plan

The Flexible Spending Account (FSA) Plan, administered by Discovery Benefits, allows you to pay certain qualifying expenses with pre-tax dollars. You are eligible to enroll in the FSA after completing 6 months of employment. Because deductions for these expenses are subtracted from your gross pay, your taxable income is reduced, less taxes are withheld, and your take-home pay may increase. Employees who enroll in the FSA Plan contribute to their account(s) throughout the 12-month Plan Year (January 1 – December 31). The FSA has two accounts in which you can participate:

Health Care Spending Account

The Health Care Spending Account allows you to set aside pre-tax dollars to pay for qualifying out-of-pocket medical, dental, vision and prescription drug expenses, including deductibles, coinsurance and copays for yourself or your dependents. The maximum amount you can contribute to the Health Care Spending Account for 2021 is \$2,750.

Dependent Care Spending Account

The Dependent Care Spending Account allows you to set aside pre-tax dollars to pay for eligible dependent care expenses to a maximum of \$5,000 per plan year per household. This includes child care, elder care, or other eligible dependent care.

Important IRS Rules

1. Butte County Health Care Spending Accounts allow \$550 per year rollover feature for the Health Care Spending Account. Plan carefully – any unused amounts in excess of \$550 remaining in your account as of December 31 will be forfeited. The rollover provision is not available for the Dependent Care Spending Account.
2. You cannot change or stop your FSA contributions during the year unless you have a qualifying change in status.
3. Money cannot be transferred between accounts. For example, you cannot use your Dependent Care FSA to

Benefit Plan Contact Information

	Phone	Website
Medical Benefits		
Delta Health Systems	800-422-6099	www.deltahealthsystems.com
Anthem Blue Cross of California Precertification Services	800-274-7767	www.anthem.com/find-care/
PlushCare Telemedicine	866-460-6205	www.plushcare.com
WellDyneRx (Prescription Drug Coverage for Anthem Blue Cross of California Plans)	888-479-2000	www.WellDyne.com
TARP (Drug and Alcohol Treatment for Anthem Blue Cross of California Plans)	800-522-8277	N/A
Kaiser Permanente HMO Member Services	800-464-4000	www.kp.org
Dental Benefits		
Delta Dental	800-765-6003	www.deltadentalins.com
Vision Benefits		
Vision Service Plan (VSP)	800-877-7195	www.vsp.com
Income Protection Benefits		
MetLife Basic Life/AD&D Insurance and Supplemental Life/AD&D Insurance	800-GET-MET-8 (800-438-6388)	www.metlife.com
Union Labor Life Insurance Company NCGTSF Life and AD&D Insurance	800) 458-8843	www.ullico.com
MetLife LTD Insurance	800-GET-MET-8 (800-438-6388)	www.metlife.com
Employee Assistance Benefits		
Claremont Employee Assistance Program (EAP)	800-834-3773	www.claremonteap.com
Tax Savings Benefits		
Discovery Benefits Flexible Spending Account Plan	866-451-3399	www.discoverybenefits.com
Sterling Administration HSA	800-617-4729	www.sterlingadministration.com





This brochure provides an overview of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern. In addition, the plans described in this brochure are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact Human Resources.