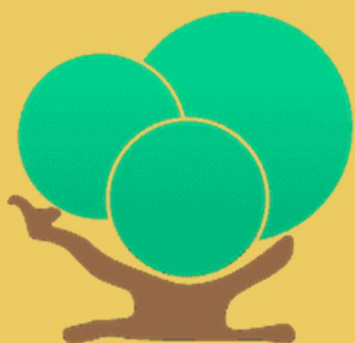




GREENBUSH
THE EDUCATION SERVICE CENTER



GREENBUSH HEALTH CAPTIVE

BENEFIT ENROLLMENT GUIDE

2026-2027

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A MESSAGE FROM HR

We recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution of each employee makes our accomplishments. Our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs, we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access, and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

KEY CHANGES & BENEFIT HIGHLIGHTS

- Your medical benefits will now be offered through UMR.

OPEN ENROLLMENT

This Open Enrollment is your annual opportunity to enroll in benefits. If you do waive benefits, then will not be able to enroll until the next Open Enrollment period, unless you experience a Qualifying Life Event (QLE). Learn more about QLE's on the next page.

ENROLLMENT REMINDERS

- Review this 2026-2027 Benefit Guide and any additional carrier material or plan information
 - Confirm doctors and pharmacies are in-network
 - Assess your needs; discuss any changes to existing benefits with other decisions makers and dependents in your household
- Remember to keep your beneficiary up to date. While this can be done anytime throughout the year, Open Enrollment is a great time to review and make any changes.

YOUR BENEFITS PRESENTATION

Click the following link or scan the QR code to view a recording of this year's Open Enrollment Presentation!

<https://www.brainshark.com/usi/GreenbushHealthCaptive2026>



ELIGIBILITY

ELIGIBLE EMPLOYEES:

You and your eligible family members may enroll in the Greenbush Health Captive Employee Benefits Program if you are a full-time employee.

DEPENDENT ELIGIBILITY:

You may enroll the following dependents in the Greenbush Health Captive Employee Benefits Program:

- Legally married spouse
- Children up to age 26
- If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided
- Child(ren) under the age of 26 who is your natural child, stepchild, legally adopted child, or a child obtained through court-appointed legal guardianship

QUALIFYING LIFE EVENT

A **qualifying life event (QLE)** is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits.

Examples of family status changes include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within **30 days** of the event date.

Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change.

Please contact HR to make these changes.

MEDICAL INSURANCE BASICS

AT THE DOCTOR'S OFFICE

It's recommended that you choose an in-network primary care physician (PCP) for your medical coverage. A PCP can be your Family Practitioner, Internist, General Medicine, Pediatrician, or an OB/GYN (Obstetrician and Gynecologist). Each member of your family may have a different PCP.

If you are newly enrolling in medical benefits, make an appointment with your PCP- even if you're NOT sick, once the plan year has begun. This relationship will set the foundation for staying healthy—today and well into the future.

PREVENTIVE CARE

Greenbush Health Captive's Medical plan options cover Preventive Care services at 100% as long as your designated preventive care services are received from an in-network provider in an office-based, outpatient, or urgent care setting. Preventive care is routine health care that includes screenings, checkups, and patient counseling to help prevent illnesses, disease, or other health problems. There may be some exceptions, so it's important to know what qualifies as preventive care and what questions to ask your doctor to avoid extra costs.

For a list of covered preventive care services, go to <https://www.healthcare.gov/coverage/preventive-care-benefits/>



Routine physicals (age 18+) or pediatric exams (birth to age 17)



Age & gender appropriate screenings



Blood pressure screening for adults and children



Immunizations for adults and children

WHERE TO GO FOR CARE

				
Virtual Visits Telemedicine	Primary Care Physician	Convenience Care Clinic	Urgent Care	Emergency Room
\$	\$\$	\$\$	\$\$\$	\$\$\$\$
Convenient Treats common, non-urgent health concerns Many available 24/7	Preventive and routine care Treats wide range of health issues Limited Hours	Walk-in care for minor health conditions when PCP is closed or unavailable May be open nights & weekends	Treatment of non-life-threatening injuries or illnesses Generally open nights & weekends	Immediate treatment for serious, life-threatening conditions or call 911
• Allergies • Bronchitis • Eye infections • Cough/sore throat • Flu • Stomachache • Insect bites • Rashes	• Check-ups • Immunizations • Preventive Services • General health management • Management of chronic conditions	• Strep throat • Flu shot and some immunizations • Pregnancy tests • Minor cuts and burns	• Sprains and strains • Minor accidents, falls • Minor sprains, fractures • Minor broken bones • Minor cuts, burns	• Chest pain • Difficulty breathing • Major broken bones • Head injuries • Heavy bleeding • Seizures • Spinal injuries • Large open wounds

KNOWING YOUR OPTIONS BEFORE YOU RECEIVE CARE CAN SAVE YOU TIME AND MONEY.

KNOW BEFORE YOU GO!

MEDICAL INSURANCE



UMR is a national healthcare solutions company that works directly with Greenbush Health Captive to deliver you a seamless and transparent healthcare experience, with benefit options tailored just for you. When it comes to your health plan, UMR is your single point of contact – whether you have a question about your coverage, need help understanding a claim, or want to find a doctor – always start with UMR.

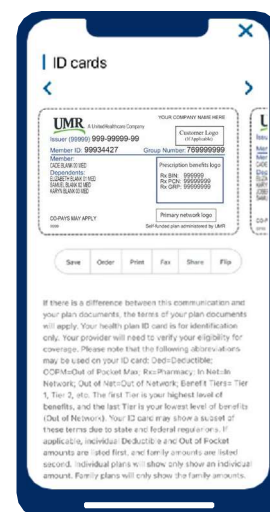
As a UMR member, www.umar.com allows you to track your healthcare benefits online and access timely information and tools to help you make better health care decisions.

To register as a member for the first time, go to www.umar.com. On the homepage select “Create Your Account” and then follow the steps to complete your registration. Each plan member over the age of 18 will need to create their own account.

UMR also has a mobile app that you can download from the Apple Store or Google play.

By creating a member account and/or downloading the mobile app, you can do things like:

- Opt in for electronic communications
- Access your benefits and claims
- Find an in-network provider
- Obtain your id card
- See deductible and out-of-pocket maximums
- Compare quality and costs of care



MEDICAL NETWORK INFORMATION

YOUR RESPONSIBILITY: The Greenbush Health Captive medical plan does not require you to see a pre-selected Primary Care Physician or obtain a referral for services. With this freedom comes an important responsibility, YOU must make sure you are receiving care from Network providers in order for your expenses to be reimbursed at the in-network level. Network providers may also change during the plan year, and this can mean out of network charges. Be sure to confirm with your provider and the network that the provider belongs to the network before services are rendered.

To locate an in-network provider:

1. Go to www.umar.com and select “Find a Provider.”
2. Search for **UnitedHealthcare Choice Plus Network**
 - For medical providers, choose **View Providers**
 - For behavioral health providers, select **Behavioral Health Directory**

To locate in-network providers using the mobile app:

1. Sign into the UMR app
2. Select Find Care

Scan the code or visit your app store to download the UMR app today!



UMR FREQUENTLY ASKED QUESTIONS

Who is UMR?

UMR is part UnitedHealthcare and works with group health plans to help administer health care benefits for their members.

What does UMR do?

As a third-party administrator, they handle many of the tasks associated with managing group health plans. They process claims for services from health care providers and have medical professionals on staff to help coordinate care for members who are hospitalized or dealing with a serious health condition.

Will I receive mail from UMR?

You may receive an explanation of benefits (EOB) for health claims submitted by your health care providers. Also, they may send you letters that will require you to follow up with your provider to obtain more information.

Is there a phone number to call if I have questions about my benefits?

To get answers to your benefits questions, you can contact UMR by calling the member services phone number listed on your health plan ID card, or 1-800-826-9781. You can also use the chat feature on umr.com or on the UMR app to get assistance 24/7.

What if I can't find my health plan ID card or don't have it with me?

You can view your health plan ID card by signing in to umr.com or on the UMR app.

How can I request a new health plan ID card?

If you would like to receive another copy, you can order a new ID card on umr.com, on the UMR app, or you can call member services.

How does their network work?

You may hear your health care network called a PPO, or preferred provider organization. This refers to a group of doctors, hospitals, and other health professionals who have signed a contract agreeing to provide their services at reduced rates. This is your network discount, and you can save a lot of money by going to providers who are in-network vs. those outside the network.

What is coordination of benefits?

Coordination of benefits (COB) applies whenever you have insurance coverage (group medical or dental) under more than one plan. For example, you have health insurance coverage through Medicare and your employer.

How long does it take to process a claim?

UMR will typically process your claim within 30 days of receiving it from your provider. We may contact you and ask for additional information to complete your claim.

How can I check the status of a claim?

Visit umr.com or go to the UMR app and select claims tab to view claims status.

Where can I find my health care account balances?

Sign in to umr.com to get the latest details about your spending account claims, payments, balances, eligible expenses, and much more.

MEDICAL PLAN OPTION A

UMR Option A - \$1,500 Ded		
	In-Network Benefits	Out-of-Network Benefits
ANNUAL DEDUCTIBLE		
INDIVIDUAL	\$1,500	\$1,500
FAMILY (2 or more covered person)	\$3,000	\$3,000
EMBEDDED OR AGGREGATE	Embedded	Embedded
COINSURANCE	20% to a max of \$1,000 individual / \$2,000 family	20% to a max of \$3,000 individual / \$6,000 family
MAXIMUM OUT-OF-POCKET*		
INDIVIDUAL	\$6,350	\$8,350
FAMILY (2 or more covered person)	\$12,700	\$16,750
PHYSICIAN OFFICE VISIT		
PRIMARY CARE	\$35 copay per visit	\$70 copay per visit, then 20% coinsurance
SPECIALTY CARE	\$35 copay per visit	\$70 copay per visit, then 20% coinsurance
PREVENTIVE CARE		
ADULT PERIODIC EXAMS	100% covered	20% after deductible
WELL-CHILD CARE	100% covered	20% after deductible
DIAGNOSTIC SERVICES		
X-RAY AND LAB TESTS	\$0 up to \$300 individual deductible, then 20%	\$0 up to \$300 individual deductible, then 40%
COMPLEX RADIOLOGY	\$0 up to \$300 individual deductible, then 20%	\$0 up to \$300 individual deductible, then 40%
URGENT CARE FACILITY	\$35 copay per visit	\$70 copay per visit, then 20% coinsurance
EMERGENCY ROOM FACILITY CHARGES*	\$250 copay then 20% after deductible	\$250 copay then 20% after deductible
INPATIENT FACILITY CHARGES	20% after deductible	40% after deductible
OUTPATIENT FACILITY AND SURGICAL CHARGES	20% after deductible	40% after deductible
MENTAL HEALTH		
INPATIENT	20% after deductible	40% after deductible
OUTPATIENT	\$35 copay per visit	\$35 copay per visit, then 20% coinsurance
SUBSTANCE ABUSE		
INPATIENT	20% after deductible	40% after deductible
OUTPATIENT	\$35 copay per visit	\$35 copay per visit, then 20% coinsurance
RETAIL PHARMACY (30 DAY SUPPLY)		
TIER 1	\$15 copay	\$15 copay
TIER 2	\$50 copay	\$50 copay
TIER 3	\$75 copay	\$75 copay
TIER 4	Contact OreadRx to begin Patient Assistance Program. See page 14	Contact OreadRx to begin Patient Assistance Program. See page 14
MAIL ORDER PHARMACY (90 DAY SUPPLY)		
TIER 1	\$37.50 copay	Not covered
TIER 2	\$125 copay	Not covered
TIER 3	\$187.50 copay	Not covered
TIER 4	Contact OreadRx to begin Patient Assistance Program. See page 14	Contact OreadRx to begin Patient Assistance Program. See page 14

20% penalty applies to all out-of-network services (already illustrated)

MEDICAL PLAN OPTION B

UMR Option B - \$2,000 Ded		
	In-Network Benefits	Out-of-Network Benefits
ANNUAL DEDUCTIBLE		
INDIVIDUAL	\$2,000	\$2,000
FAMILY (2 or more covered person)	\$4,000	\$4,000
EMBEDDED OR AGGREGATE	Embedded	Embedded
COINSURANCE	20% to a max of \$1,500 individual / \$3,000 family	20% to a max of \$3,500 individual / \$7,000 family
MAXIMUM OUT-OF-POCKET*		
INDIVIDUAL	\$6,350	\$8,350
FAMILY (2 or more covered person)	\$12,700	\$16,750
PHYSICIAN OFFICE VISIT		
PRIMARY CARE	\$35 copay per visit	\$70 copay per visit, then 20% coinsurance
SPECIALTY CARE	\$35 copay per visit	\$70 copay per visit, then 20% coinsurance
PREVENTIVE CARE		
ADULT PERIODIC EXAMS	100% covered	20% after deductible
WELL-CHILD CARE	100% covered	20% after deductible
DIAGNOSTIC SERVICES		
X-RAY AND LAB TESTS	\$0 up to \$300 individual deductible, then 20%	\$0 up to \$300 individual deductible, then 40%
COMPLEX RADIOLOGY	\$0 up to \$300 individual deductible, then 20%	\$0 up to \$300 individual deductible, then 40%
URGENT CARE FACILITY	\$35 copay per visit	\$70 copay per visit, then 20% coinsurance
EMERGENCY ROOM FACILITY CHARGES*	\$250 copay then 20% after deductible	\$250 copay then 20% after deductible
INPATIENT FACILITY CHARGES	20% after deductible	40% after deductible
OUTPATIENT FACILITY AND SURGICAL CHARGES	20% after deductible	40% after deductible
MENTAL HEALTH		
INPATIENT	20% after deductible	40% after deductible
OUTPATIENT	\$35 copay per visit	\$35 copay per visit, then 20% coinsurance
SUBSTANCE ABUSE		
INPATIENT	20% after deductible	40% after deductible
OUTPATIENT	\$35 copay per visit	\$35 copay per visit, then 20% coinsurance
RETAIL PHARMACY (30 DAY SUPPLY)		
TIER 1	\$15 copay	\$15 copay
TIER 2	\$50 copay	\$50 copay
TIER 3	\$75 copay	\$75 copay
TIER 4	Contact OreadRx to begin Patient Assistance Program. See page 14	Contact OreadRx to begin Patient Assistance Program. See page 14
MAIL ORDER PHARAMCY (90 DAY SUPPLY)		
TIER 1	\$37.50 copay	Not covered
TIER 2	\$125 copay	Not covered
TIER 3	\$187.50 copay	Not covered
TIER 4	Contact OreadRx to begin Patient Assistance Program. See page 14	Contact OreadRx to begin Patient Assistance Program. See page 14

20% penalty applies to all out-of-network services (already illustrated)

MEDICAL PLAN OPTION C

UMR Option C - \$2,500 Ded		
	In-Network Benefits	Out-of-Network Benefits
ANNUAL DEDUCTIBLE		
INDIVIDUAL	\$2,500	\$2,500
FAMILY (2 or more covered person)	\$5,000	\$5,000
EMBEDDED OR AGGREGATE	Embedded	Embedded
COINSURANCE	20% to a max of \$2,000 individual / \$4,000 family	20% to a max of \$2,000 individual / \$4,000 family
MAXIMUM OUT-OF-POCKET*		
INDIVIDUAL	\$6,350	\$8,350
FAMILY (2 or more covered person)	\$12,700	\$16,750
PHYSICIAN OFFICE VISIT		
PRIMARY CARE	\$35 copay per visit	\$70 copay per visit, then 20% coinsurance
SPECIALTY CARE	\$35 copay per visit	\$70 copay per visit, then 20% coinsurance
PREVENTIVE CARE		
ADULT PERIODIC EXAMS	100% covered	20% after deductible
WELL-CHILD CARE	100% covered	20% after deductible
DIAGNOSTIC SERVICES		
X-RAY AND LAB TESTS	\$0 up to \$300 individual deductible, then 20%	\$0 up to \$300 individual deductible, then 40%
COMPLEX RADIOLOGY	\$0 up to \$300 individual deductible, then 20%	\$0 up to \$300 individual deductible, then 40%
URGENT CARE FACILITY	\$35 copay per visit	\$70 copay per visit, then 20% coinsurance
EMERGENCY ROOM FACILITY CHARGES*	\$250 copay then 20% after deductible	\$250 copay then 20% after deductible
INPATIENT FACILITY CHARGES	20% after deductible	40% after deductible
OUTPATIENT FACILITY AND SURGICAL CHARGES	20% after deductible	40% after deductible
MENTAL HEALTH		
INPATIENT	20% after deductible	40% after deductible
OUTPATIENT	\$35 copay per visit	\$35 copay per visit, then 20% coinsurance
SUBSTANCE ABUSE		
INPATIENT	20% after deductible	40% after deductible
OUTPATIENT	\$35 copay per visit	\$35 copay per visit, then 20% coinsurance
RETAIL PHARMACY (30 DAY SUPPLY)		
TIER 1	\$15 copay	\$15 copay
TIER 2	\$50 copay	\$50 copay
TIER 3	\$75 copay	\$75 copay
TIER 4	Contact OreadRx to begin Patient Assistance Program. See page 14	Contact OreadRx to begin Patient Assistance Program. See page 14
MAIL ORDER PHARMACY (90 DAY SUPPLY)		
TIER 1	\$37.50 copay	Not covered
TIER 2	\$125 copay	Not covered
TIER 3	\$187.50 copay	Not covered
TIER 4	Contact OreadRx to begin Patient Assistance Program. See page 14	Contact OreadRx to begin Patient Assistance Program. See page 14

20% penalty applies to all out-of-network services (already illustrated)

MEDICAL PLAN OPTION D

UMR Option D - \$5,000 Ded		
	In-Network Benefits	Out-of-Network Benefits
ANNUAL DEDUCTIBLE		
INDIVIDUAL	\$5,000	\$5,000
FAMILY (2 or more covered person)	\$10,000	\$10,000
EMBEDDED OR AGGREGATE	Embedded	Embedded
COINSURANCE	0%	0%
MAXIMUM OUT-OF-POCKET*		
INDIVIDUAL	\$6,350	\$8,350
FAMILY (2 or more covered person)	\$12,700	\$16,750
PHYSICIAN OFFICE VISIT		
PRIMARY CARE	0% after deductible	20% afer deductible
SPECIALTY CARE	0% after deductible	20% afer deductible
PREVENTIVE CARE		
ADULT PERIODIC EXAMS	100% covered	20% afer deductible
WELL-CHILD CARE	100% covered	20% afer deductible
DIAGNOSTIC SERVICES		
X-RAY AND LAB TESTS	0% after deductible	20% afer deductible
COMPLEX RADIOLOGY	0% after deductible	20% afer deductible
URGENT CARE FACILITY	0% after deductible	20% afer deductible
EMERGENCY ROOM FACILITY CHARGES*	0% after deductible	0% after deductible
INPATIENT FACILITY CHARGES	0% after deductible	20% afer deductible
OUTPATIENT FACILITY AND SURGICAL CHARGES	0% after deductible	20% afer deductible
MENTAL HEALTH		
INPATIENT	0% after deductible	20% afer deductible
OUTPATIENT	0% after deductible	20% afer deductible
SUBSTANCE ABUSE		
INPATIENT	0% after deductible	20% afer deductible
OUTPATIENT	0% after deductible	20% afer deductible
RETAIL PHARMACY (30 DAY SUPPLY)		
TIER 1	\$15 copay after deductible	\$15 copay after deductible
TIER 2	\$50 copay after deductible	\$50 copay after deductible
TIER 3	\$75 copay after deductible	\$75 copay after deductible
TIER 4	Contact OreadRx to begin Patient Assistance Program. See page 14	Contact OreadRx to begin Patient Assistance Program. See page 14
MAIL ORDER PHARAMCY (90 DAY SUPPLY)		
TIER 1	\$37.50 copay after deductible	Not covered
TIER 2	\$125 copay after deductible	Not covered
TIER 3	\$187.50 copay after deductible	Not covered
TIER 4	Contact OreadRx to begin Patient Assistance Program. See page 14	Contact OreadRx to begin Patient Assistance Program. See page 14

20% penalty applies to all out-of-network services (already illustrated)

PHARMACY BENEFITS



Greenbush has partnered with OreadRx to be the Pharmacy Benefit Manager (PBM). **What is a Pharmacy Benefit Manager?** They coordinate the interaction between your employer, physician, health plan, and pharmacy. Your PBM powers your pharmacy experience by:

- Making sure you're charged the correct copay at the pharmacy.
- Setting up your medications to be covered according to your plan design.
- Managing clinical requirements related to your prescriptions.

OreadRx strives to make a positive change in the pharmacy benefits marketplace. Oread Rx's goal is to help facilitate efficient delivery of benefits, and improved patient outcomes while saving the members and plan money. If you have questions regarding your prescriptions, please contact OreadRx at 1-833-673-2379.

FORMULARY / DRUG LIST

A formulary is a list of prescription medications approved for coverage by your health plan. It is designed to ensure safe, effective, and cost-efficient treatment options. Please note that some medications may require additional activities before approval, such as prior authorization or step therapy. These requirements help ensure that prescribed medications are medically necessary and appropriate. Always review your plan's formulary and check for any requirements before filling a prescription.



You can review the Formulary by scanning the QR code or using the link: <https://oreadrx.com/managed/>

OREADRX OFFERS:

- **Open Pharmacy Network** with 60,000+ Pharmacies - members are always allowed to use the pharmacy of their choice
- **Patient Assistance Program** – Oread's goal is to maximize savings and manage assistance programs for members.
- **Local Service** – Oread's goal is to work with your local health care providers to provide you with quality healthcare and pharmacy services.
- **Clinical Pharmacy Services** - Oread will work with local partners who utilize clinical pharmacy services to provide members with the best pharmaceutical care.
- **Transparency** - The mission of Oread's company is to provide transparent pharmacy services and benefits.
- **Mobile App**- Oread partners with MyRxPlan. Download the app and register using the **Oread Member Registration** instructions below. Once logged in, you'll see the OreadRx mobile app log in screen.

OREADRX MEMBER REGISTRATION



1. Go to your member portal at: <http://oreadrx.myrxplan.com> and click on "Register Now"
2. Enter in Cardholder ID, Group Number, First and Last Name, and Date of Birth, then click "Continue"
3. Once credentials are confirmed, you'll provide a mobile number, email address that will serve as your user ID, and password. After that, click "Finish".

SPECIALTY MEDICATIONS & PAPS

Specialty Drugs will **NOT** be covered under the plan. This allows you and your family to apply for Patient Assistance through the drug manufacturers for financial assistance. This program can help you receive medications for a low cost. Examples of specialty medications would be Skyrizi, Dupixent, Humira, Truvada, Emgality, Hemgenix, Advate, etc.

- **Patient Assistance Programs** are run by pharmaceutical companies to provide discounted and sometimes free medication.
- **Copay Cards (or Coupons)** are cards that can offset the price of medications to help you save on out-of-pocket costs. Usually, a limit applies to assistance and will require a re-enrollment for the copay card (assistance)

PATIENT ASSISTANCE PROGRAM

It is the goal of Oread Rx to assist with plan design in a way that allows our clients and members to receive the best net cost on medications. Our patient assistance program is designed to shift drug costs away from members and plans, and toward drug manufacturers. We utilize a multi-tiered system that is managed in house, fully customizable, and provides maximum saving opportunities. For questions on specialty medications, contact OreadRx at 833-673-2317.

WHAT IF MY MEDICATION IS NOT ON THE FORMULARY?

If you cannot find your medication on the Premium Plus formulary list found on Oread's website, then there may be alternative medications that you can take. You should reach out to Oread's Customer Care Team to discuss alternative medications. Their team may require your physician's approval to take an alternative medication.

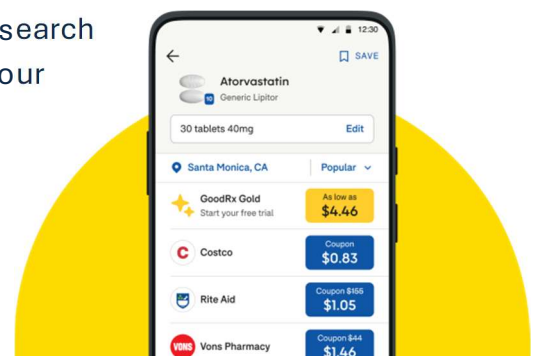
If you are not able to try an alternative medication, you can look for financial assistance on your own by **visiting the drug manufacturer's website or calling and inquiring about financial assistance.**

Another great option is to check out **GoodRx** at www.goodrx.com.

GOODRX

Head to GoodRx.com and put out in your prescription name into their search function. OR download their free app for prescriptions assistance at your fingertips.

- Find free coupons. Coupons work at virtually every US Pharmacy. Prices may even beat your insurance.
- Show coupon to your pharmacy. Text, email or print your coupon. No approvals or paperwork needed.
- Save up to 80%. Save on all your family's prescriptions. Coupons work for refills too.



You cannot use GoodRx and OreadRx benefits, so it is always a good idea to price check both!

CUSTOMER SERVICE INFORMATION

IMPORTANT CONTACTS

Please contact your Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

	CARRIER	PHONE NUMBER	WEBSITE
Medical PPO	UMR	800-826-9781	www.umar.com
Pharmacy Benefit Manager	OreadRx	1-833-673-2379	www.oreadr.com

This brochure summarizes the benefit plans that are available to Greenbush Health Captive eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through your Human Resources Department. Information provided in this brochure is not a guarantee of benefits.