See what's
New for

2026







EMPLOYEE BENEFITS SUMMARY

September 1, 2026 – August 31, 2027

IMPORTANT INFORMATION ENCLOSED



Welcome!

Eligibility

As a full-time employee at Proviso Township HS District 209, you are eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work an average of 30 or more hours per week.

Eligible Dependents

- Legal spouse or party to a Civil Union
- Children under age 26 (natural, adopted, custodial)
- Children who are disabled, live with you, and depend on you for support. (completion of annual form by carriers is required)

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Enrollment Instructions

Open Enrollment

This Enrollment Guide contains a very high-level overview of the benefits offered and the corresponding costs. You **MUST** elect your benefits through our Employee Navigator online enrollment platform otherwise ***YOU WILL NOT BE ENROLLED IN BENEFITS***.

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Benefits are effective September 1, 2026 thru August 31, 2027.

Please choose your benefits carefully as you will not be able to make any other revisions to your 2026-27 benefit elections until the following Open Enrollment period for 2027-28 (unless you have a Qualified Life Event).

Qualified Life Event Changes

If you have an eligible change in status during the plan year, you may make certain changes to your benefit coverage. Eligible changes in status include:

» Changes in your legal marital status including marriage, death of your spouse, divorce, legal separation or annulment.

» Changes in your number of dependents including birth, adoption, and placement for adoption or death of a dependent.

» Your dependent satisfying or no longer satisfying the eligibility requirements due to age, or other circumstances.

Medical Benefits



Proviso Township HS District 209's plan offers great flexibility in managing care for you and your family. The plans are administered by Blue Cross Blue Shield of Illinois (BCBSIL).

CHANGE 9/1/2026: If you are enrolled in our HSA medical plan, you will see an increase in the deductible for the remainder of 2026 due to a change with the IRS. The individual deductible & out-of-pocket thresholds will increase $100 while the family deductible & out-of-pocket will remain unchanged.

The National Prescription Drug List (PDL) changes are quarterly and set by the carriers. PTHS is not responsible for changes to the PDL.

As you consider your BCBSIL plan options, note the following:

IS AN HMO OR PPO BETTER FOR ME & MY DEPENDENTS?

HMO: *Covers services performed solely by in-network providers. There is no out-of-network benefit. You must select a PCP (Primary Care Physician) and IPA (Independent Physician Association). Care always begins with your PCP and should your ailment require a Specialist, your PCP will refer you to one. You are not allowed to self-refer to any provider.*

PPO (BCO & HSA): *Has a network of providers but also allows for the user of providers outside of the plan's network. It is more flexible than an HMO.*

Medical Benefits



A high-level overview of in-network benefits is illustrated below. Please refer to your plan document for a full description.

Visit www.bcbsil.com and refer to your member ID card for the customer service phone # and your plan Group #.

Registration to the member portal is recommended. Have your ID available when visiting www.bcbsil.com to register.

Blue Cross Blue Shield of Illinois

MEDICAL PLAN HIGHLIGHTS	Blue Advantage HMO	PPO Blue Choice Options	PPO HSA HDHP^^
Are referrals required?	YES	NO	NO
Provider Network	BAHMO	BCO (Blue Choice Options)	PPO (Participating Provider Organization)
Deductible (Individual/Family)	$0 / $0	Tier 1 Choice: $1,000 / $2,000 Tier 2 PPO: $2,000 / $4,000	$3,400 / $5,600
Out-of-Pocket Maximum *(Includes deductibles & copays) (Individual/Family)*	$1,500 / $3,000	Tier 1 Choice: $2,000 / $4,000 Tier 2 PPO: $3,000 / $6,000	$3,400 / $5,600
Preventive Care	No charge	No charge	No charge
Coinsurance	n/a	Tier 1: 20% / Tier 2: 30%	0%
Physician office visit *(PCP/Specialist)*	Copay: $30 / $50	Deductible / Coinsurance	Covered 100% after deductible
Inpatient Hospital	$0 (referral required)	Deductible / Coinsurance	Covered 100% after deductible
Emergency Room	Copay $100	Copay $200 / then 20% Coinsurance	Covered 100% after deductible
Prescription Drug Retail Cost illustrated **Refer to SBC for Mail Order 90-day cost**	Tier 1: $7 Tier 2: $15 Tier 3: $40	Deductible / 20% Coinsurance	Covered 100% after deductible

^^ENROLLED IN HSA?	**If you meet the eligibility requirements, the District will contribute money to your First American HSA bank account to the maximums listed below. You may contribute the difference to the IRS maximum.**
Enrolled as an Individual	$125 month / Annual maximum $1,500
Enrolled with Spouse or Child(ren)	$250 month / Annual maximum $3,000
Enrolled with Spouse and Child(ren)	$333.33 month / Annual maximum $4,000

Health Savings Account – First American Bank

As an eligible, enrolled member in our HDHP H.S.A. BCBSIL Medical plan, the District will contribute dollars to your dedicated Health Savings Bank Account with First American Bank. You must meet the requirements to receive PTHS contributions, as well as to fund the difference on your own through pre-tax payroll deductions to the IRS limit.

Health Savings Accounts (HSA) are owned by you, the employee, not the District. Should you leave the District, the account goes with you. You do not lose contributions year after year, instead they carry over, if unused.

It is the responsibility of the employee to determine their eligibility to accept contributions to an HSA. As the account holder, you must manage your annual contributions, use the account for eligible medical, dental and vision expenses as allowed by the IRS. Refer to **www.irs.gov** to see a full list of eligible expenses. If the event of an audit, you are responsible for having supporting documents. The District's responsibility is to only deposit the elected contributions to your account.

Are you reaching age 65 during the year? It is your responsibility to notify PTHS HR to amend your contributions, so you do not over contribute. Over contributing will result in tax implications.

Tax related questions must be directed to your personal tax advisor.

You cannot be:

1. Age 65 or older
2. Enrolled in **or** eligible for Medicare Parts A, B, C, or D or Medicaid
3. Enrolled in another health plan that is not considered a HDHP, HSA plan
4. Be a tax dependent on another person's tax return

IRS CONTRIBUTION LIMITS	2026	2027
Individual enrollment	$4,400	$4,500
Family (when enrolled with 1+ dependents)	$8,750	$9,000
Catch-up allowed for those over age 55	$1,000	$1,000

You may change your elections one time during the plan year, refer to HR to make this change.

First American Bank contact information:

Website: **www.firstambank.com**
Phone: (866) 449-1150
Email: **FirstAmBank@service.healthaccountservices.com**
Mobile App: available at the Apple Store or Google Play (FAB Health)

Teladoc Telemedicine

As an enrolled BCBSIL plan member, the District automatically enrolls you in our Teladoc Telemedicine benefit. You will create your member portal within Teladoc and add your eligible dependents. Dependents over the age of 18 are required to create their own account & seek services individually.

The District offers the Telemedicine benefit, so employees have access to reputable, convenient healthcare for non-emergent conditions without incurring an office visit cost. If a prescription is written, you will pay the cost in accordance to your health plan benefit. By referring your non-emergent needs to Teladoc, our BCBS plan does not realize a physician claim cost, thereby keeping our claims cost and renewals favorable.

Care is available 24/7/365 even while traveling within the United States.

Teladoc removes the time in waiting for an appointment with your doctor or at an urgent care facility, while reducing your cost. The consultations are held with a U.S. based physician.

FREE CONSULTATIONS! If a prescription is written, your BCBSIL Rx benefit plan applies.

Some examples of non-emergent health conditions:

- Colds, flu, COVID
- Sprains, strains, muscle aches
- Upper respiratory (sinus infections, bronchitis)
- Pink Eye
- Sore throat, strep throat
- Skin rash
- Allergies
- Urinary Tract Infections
- …….and so much more! When in doubt, call before presenting to the emergency room, physician office and/or Urgent Care facility

Registration includes a health questionnaire (confidential, between you & Teladoc)

Website:	www.Teladoc.com
Customer Service:	1.800.835.2362
Group #:	142544
Mobile App:	www.Teladoc.com/mobile or visit the Apple or Google Play store (free)

NOTE: If you are experiencing a medical emergency (chest pain, stroke, heart attack, broken bones, seizures, lost of consciousness, etc) call 911. The Teladoc telemedicine benefit is for non-emergent ailments.

Wellness Program

Proviso Township High School District values the health of their employees.

As a convenience, the District offers employees who are enrolled in one of our BCBSIL health plans an opportunity to undergo their CONFIDENTIAL annual biometric screening (blood test) and/or receive their annual flu shot.

Participation is voluntary. If you prefer undergoing your annual biometric screening and/or flu shot with your personal healthcare provider, you may do so.

The advantage in performing your annual screenings and annual preventive wellness exam is to uncover underlying health conditions. By doing so, you may be able to manage and control your condition before it becomes severe.

It is your decision to share your screening results with your personal Primary Care Physician.

Should any of your results be in a significant out-of-range result, you may receive a call or letter from a Clinician of Marquee Wellness. No results are shared with your employer!

Program updates:

8/1/2025-6/30/2026 participants: if you participated in the Marquee Wellness program from 9/1/2025-6/30/2026 will **have until October 31, 2026, to spend their earned rewards**. Rewards not used will be forfeited. Refer to your Wex LSA portal for more information.

8/1/2026-6/30/2027: The District has a new program beginning 8/1/2026. See the ***2026 Wellness Guide***, a separate communication on the new program.

Dental Benefits

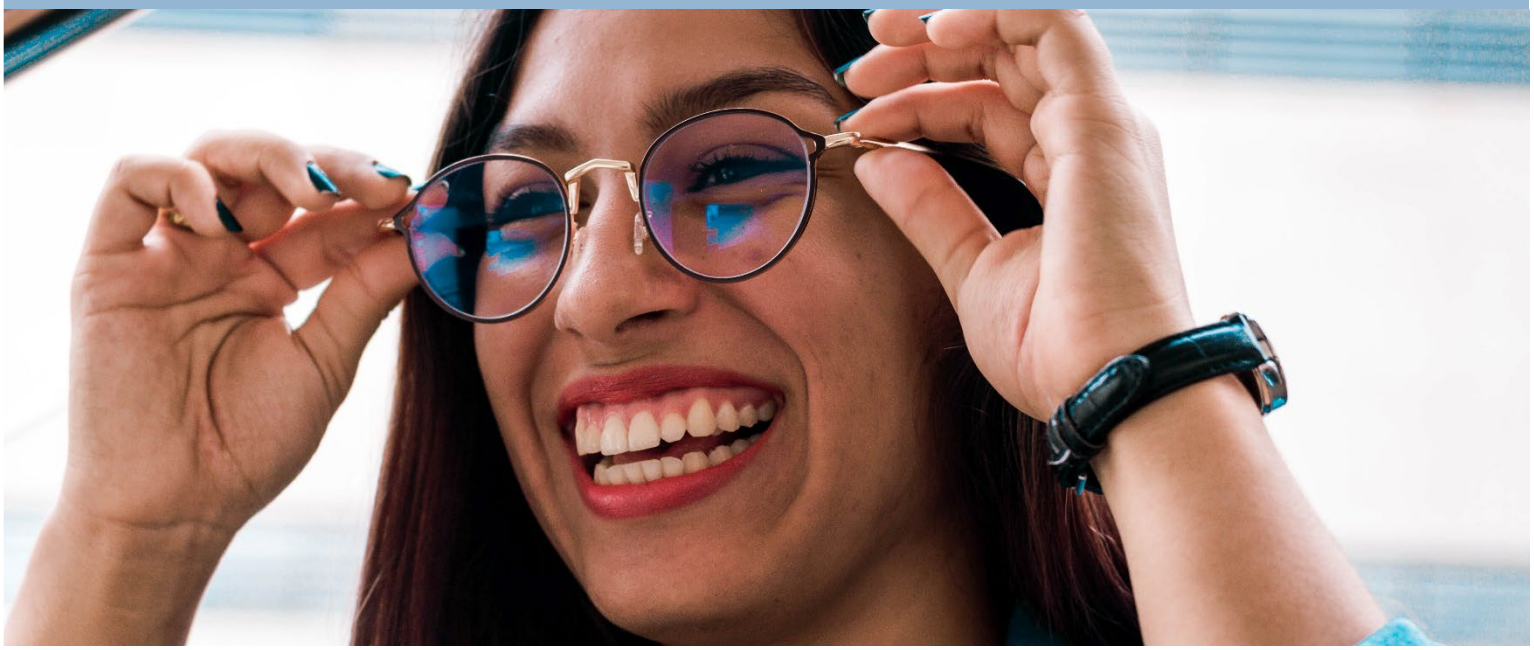


Staying healthy includes obtaining quality dental care for you and your family. PTHS offers a comprehensive dental plan through Ameritas. The chart below provides an overview of your in-network benefit. Refer to the plan document for a full listing of services and out-of-network benefit level.

Visit **www.ameritas.com** for more information and access to your member portal
Customer service: 1.800.487.5553
Plan Group #: 301389
Mobile App: Visit Apple or Google Play store

COVERAGE	In-Network
Annual Benefit Maximum (ABM)	$1,500 per individual enrolled Each individual on the plan may have a higher ABM due to the rollover program. Refer to the Ameritas site for your ABM.
Orthodontia	Children under age 19; Lifetime maximum $800
Deductible applies to Basic/Major services	
Individual / Family	$50 / $150
Preventive Services	2 cleanings/year covered 100%
Basic Services	You pay 20% coinsurance after deductible
Major Services	You pay 40% coinsurance after deductible
Out-of-Network percentile	90%; provider reserves the right to balance bill you for the full cost of your dental care

Vision Benefits



PTHS offers employees a voluntary vision program through EyeMed. EyeMed's preferred providers offer thorough eye exams and a wide variety of quality eye wear. Members pay less out-of-pocket thanks to EyeMed's network discounts.

In-network benefits are illustrated. Refer to the plan benefit summary for out-of-network benefits. If you visit an out-of-network provider, you will pay the full cost of your service and file a claim for reimbursement to the plan thresholds.

Website:	www.eyemed.com/member
Customer service:	1.866.804.0982
Plan Group #:	1011125
Mobile App:	Visit Apple or Google Play store

COVERAGE	In-Network / Insight Network
Plan Frequency	Based on the last date of service
Eye Exam	$10 copay; every 12 months
Base Lenses *(one pair per frequency)*	Copays apply; every 12 months
Single Vision Lenses	$25 copay
Progressive Lenses	Copays $90-$135
Enhancements	Copays vary or discounts apply
Frames	$130 allowance; then 20% discounts every 24 months
Contact Lenses *(in lieu of lenses and/or frame per frequency)*	
Elective	$130 allowance; then 15% discount
Medically Necessary	Covered in full



Life and AD&D and Disability Insurance

Basic Life and AD&D Insurance

Life insurance is an important part of your financial well-being, especially if others depend on you for support. PTHS provides Basic Life and AD&D coverage on all benefit eligible employees, at no cost to you through UNUM.

Update your beneficiary as needed, anytime! Should you pass away, UNUM will pay the policy proceeds to the last beneficiary on file.

You are automatically enrolled in this benefit, which is paid for by PTHS.

Disability Insurance

Contact Human Resources for your plan information.



Voluntary Life and AD&D

Voluntary Term Life and AD&D Insurance

In addition to PTHS's paid Basic Life Insurance, employees may also purchase Voluntary Life Insurance for themselves, their spouse and/or their dependent children.

All premiums are paid through payroll deductions on an after-tax basis. Additionally, an employee who enrolls in Voluntary Life Insurance, when they first become eligible, may enroll without providing evidence of good health as long as they select an amount that does not exceed the Guaranteed Issue amount indicated below.

With evidence of good health, employees may purchase coverage in $10,000 increments up to 8x their annual salary to a max of $500,000. Guarantee issue is $150,000.

Spouse coverage may be purchased in $5,000 increments up to 50% of the Employee policy. Guarantee issue is $30,000.

The voluntary child life benefit can be purchased in $2,500 increments up to a maximum of $10,000.

An employee that declines coverage when first eligible and wishes to apply later will be required to provide evidence of good health for any benefit amount. UNUM administers the Voluntary Life Insurance Plan.

Refer to HR if you are over age 70

Age reduction applies to all policies: 50% at age 70

Evidence of Insurability (EOI) is required for all policy changes, regardless of the amount. Complete with UNUM, NOT PTHS

Visit **https://securehealth.unum.com/** to complete & submit your EOI online. Processing may take 6-8 weeks.

Monthly cost for every $1,000 of Employee & Spouse Vol Life/AD&D										
Age	**<25**	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-69**
Life EE/SP	$0.071	$0.081	$0.101	$0.111	$0.136	$0.194	$0.286	$0.516	$0.780	$1.482
AD&D EE/SP	$0.02	$0.02	$0.02	$0.02	$0.02	$0.02	$0.02	$0.02	$0.02	$0.02

Dependent Children: $0.770 per $1,000 applies no matter how many children you are insuring

unum

Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Anger, grief and loss
- Job stress, work conflicts
- Family and parenting problems
- And more

WORK/LIFE BALANCE

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child care
- Elder care
- Financial services, debt management, credit report issues
- Identity theft
- Legal questions
- Even reducing your medical/dental bills!
- And more

Who is covered?

Unum's EAP services are available to all eligible partners and employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™ — helps you save on medical bills

Help is easy to access:

Phone support: 1-800-854-1446

Online support: unum.com/lifebalance

In-person: You can get up to three visits, available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

Travel Assistance

unum

Don't forget this travel essential!

Pack your worldwide emergency travel assistance phone number and leave travel worries at home.



IF YOU EXPERIENCED A MEDICAL EMERGENCY WHILE TRAVELING, WOULD YOU KNOW WHOM TO CALL?

Whenever you travel 100 miles or more from home — to another country or just another city — be sure to pack your worldwide emergency travel assistance phone number. Travel assistance speaks your language, helping you locate hospitals, embassies and other "unexpected" travel destinations. Add the number to your cell phone contacts, so it's always close at hand. Just one phone call connects you and your family to medical and other important services 24 hours a day.

USE YOUR TRAVEL ASSISTANCE PHONE NUMBER TO ACCESS:

- Hospital admission assistance*
- Emergency medical evacuation
- Prescription replacement assistance
- Transportation for a friend or family member to join a hospitalized patient
- Care and transport of unattended minor children
- Assistance with the return of a vehicle
- Emergency message services
- Critical care monitoring
- Emergency trauma counseling
- Referrals to Western-trained, English-speaking medical providers
- Legal and interpreter referrals
- Passport replacement assistance

WHETHER TRAVELING FOR BUSINESS OR PLEASURE, ONE PHONE CALL CONNECTS YOU TO:

- Multi-lingual, medically certified crisis management professionals.
- A state-of-the-art global response operations center.
- Qualified medical providers around the world.

With the Assist America Mobile App, you can:

- Call Assist America's Operation Center from anywhere in the world with the touch of a button.
- Access pre-trip information and country guides.
- Search for local pharmacies (U.S. only).
- Download a membership card.
- View a list of services.
- Search for the nearest U.S. embassy.
- Read Assist Alerts.

Download and activate the app today from the Apple App Store or Google Play.

Reference Number: 01-AA-UN-762490

Flexible Spending Account (FSA) / Section 125

Flexible Spending Accounts (FSA)

Enrollment in the Flexible Spending Account is held each October/November for the following calendar year. You will receive an email in October/November to elect this benefit for 1/1/2027.

Watch your emails for more information on the 2027 FSA program.

Section 125 – Cafeteria Plan

A Section 125 plan, or cafeteria plan, allows employees to pay for certain benefits on a pre-tax basis. Paying for benefits on a pre-tax basis reduces the employees' taxable income and therefore reduces both the employees' and the employer's tax liability.

If an employee elects to participate in a Section 125 plan, you may not change your elections until the next plan year, unless you experience an allowed qualifying life event.

Under the Section 125 plan, you may have the following benefits deducted: Group health, dental & vision premiums, Health Savings Account (HSA) and Flexible Spending Account (FSA).

Tax Rules: Employees who elect to participate in a Section 125 plan agree to contribute a portion of their salaries on a pre-tax basis to pay for qualified benefits. These contributions are called "salary reduction contributions" are not considered wages to federal income tax purposes and are generally not subject to Social Security and Medicare Tax (FICE) or Federal Unemployment Tax (FUTA). This reduces employees' taxable income, which results in a savings.

Refer to your HR Department for more information & to complete your form to elect or waive the Cafeteria Plan.

Monthly Cost Share; Employee portion

Monthly rates are illustrated and will be deducted equally amongst your paychecks beginning with your first paycheck in September 2026.

Definitions of Codes:

EE: Employee only enrolled

ES: Employee enrolled with a spouse

EC: Employee enrolled with a child or children

Family: Employee enrolled with spouse and child or children

PPO-BCO: Blue Choice Options PPO plan

PPO-HSA: PPO plan is Health Savings Account eligible; High-Deductible Health Plan

BAHMO: Blue Advantage HMO plan (managed care plan requiring referrals from your PCP)

CERTIFIED STAFF

Plan Name	EE	ES	EC	Family
PPO-BCO	$149.25	$316.83	$304.06	$470.42
PPO-HSA	$121.34	$257.58	$247.19	$382.45
BAHMO	$128.57	$267.50	$256.71	$397.17
DENTAL	$3.92	$10.40	$10.40	$10.40
VISION	$5.27	$10.01	$10.54	$15.49

SPECIAL

Plan Name	EE	ES	EC	Family
PPO-BCO	$74.62	$158.41	$152.02	$235.21
PPO-HSA	$60.67	$128.79	$123.60	$191.22
BAHMO	$64.28	$133.75	$128.35	$198.59
DENTAL	$19.61	$51.99	$51.99	$51.99
VISION	$5.27	$10.01	$10.54	$15.49

Monthly Cost Share; Employee portion

Monthly rates are illustrated and will be deducted equally amongst your paychecks beginning with your first paycheck in September 2026.

Definitions of Codes:

EE: Employee only enrolled

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Family: Employee enrolled with spouse and child or children

PPO-BCO: Blue Choice Options PPO plan

PPO-HSA: PPO plan is Health Savings Account eligible; High-Deductible Health Plan

BAHMO: Blue Advantage HMO plan (managed care plan requiring referrals from your PCP)

SUPPORT STAFF

Plan Name	EE	ES	EC	Family
PPO-BCO	$119.40	$253.46	$243.24	$376.33
PPO-HSA	$97.07	$206.07	$197.75	$305.96
BAHMO	$102.85	$214.00	$205.37	$317.74
DENTAL	$19.61	$51.99	$51.99	$51.99
VISION	$5.27	$10.01	$10.54	$15.49

O&M TIER 1

Plan Name	EE	ES	EC	Family
PPO-BCO	$149.25	$316.83	$304.06	$470.42
PPO-HSA	$121.34	$257.58	$247.19	$382.45
BAHMO	$128.57	$267.50	$256.71	$397.17
DENTAL	$3.92	$10.40	$10.40	$10.40
VISION	$5.27	$10.01	$10.54	$15.49

Monthly Cost Share; Employee portion

Monthly rates are illustrated and will be deducted equally amongst your paychecks beginning with your first paycheck in September 2026.

Definitions of Codes:

EE: Employee only enrolled

ES: Employee enrolled with a spouse

EC: Employee enrolled with a child or children

Family: Employee enrolled with spouse and child or children

PPO-BCO: Blue Choice Options PPO plan

PPO-HSA: PPO plan is Health Savings Account eligible; High-Deductible Health Plan

BAHMO: Blue Advantage HMO plan (managed care plan requiring referrals from your PCP)

O&M TIER 2

Plan Name	EE	ES	EC	Family
PPO-BCO	$149.25	$1,108.90	$1,064.16	$1,646.44
PPO-HSA	$121.34	$901.55	$865.17	$1,338.56
BAHMO	$128.56	$936.26	$898.48	$1,390.10
DENTAL	$39.23	$103.98	$103.98	$103.98
VISION	$5.27	$10.01	$10.54	$15.49

RETIREE (pays 100% of the premium)

Plan Name	EE	ES	EC	Family
PPO-BCO	$1,492.49	$3,168.28	$3,040.46	$4,704.10
PPO-HSA	$1,213.41	$2,575.85	$2,471.91	$3,824.46
BAHMO	$1,285.57	$2,675.02	$2,567.09	$3,971.73
DENTAL	$39.23	$103.98	$103.98	$103.98
VISION	$5.27	$10.01	$10.54	$15.49

EMPLOYEE BENEFITS

How to Submit a Request to Employee Advocacy Services

About Employee Advocacy Services

Brown & Brown's Employee Advocacy Services (EAS) can help with benefit claims, solve issues with carriers and providers, manage billing appeals and more. Whether by email or fax, send a request to EAS to connect with one of our specialists. This Brown & Brown team will serve as your advocate, working to resolve claim issues, answer benefits questions and resolve concerns.

Let our team take the confusion, stress and frustration out of insurance to provide clarity, transparency and resolution.

How It Works

1. Prepare a description of the claim issue(s) or benefit question(s)
2. Scan or take a picture of the claim document(s) to include via email or fax
3. Contact our service team. A representative will call you within two business days.

EMAIL: 764.EAS@BBROWN.COM →

FAX: 630-468-6559 →

How We Can Help

- **ID card requests:** Where can I access my ID card?
- **Benefit questions:** Does my plan cover IVF?
- **Claim concerns:** I received an EOB that shows I owe a lot for a routine colonoscopy.
- **Billing questions/concerns:** I keep receiving the same medical bill that doesn't match my insurance.
- **Benefits education:** What is a deductible? How much does my plan cover for out of network providers?
- **Network provider assistance:** Which providers are in my network?
- **Appeal assistance:** I received a letter that states insurance denied my surgery, but my medical provider said I should appeal.

Notes

Disclaimer

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.



Proviso Township High School District 209

This Benefit Guide provides a brief description of plan benefits. For more information on plan benefits, exclusions, and limitations, please refer to the Plan documents or contact the carrier/administrator directly. If any conflict arises between this Guide and any plan provisions, the terms of the actual plan document or other applicable documents will govern in all cases. Benefits are subject to modification at any time.