2018 | Benefits Guide

Insurance / Risk Advisory / Employee Benefits
HORTON

Relco Locomotive, Inc.
Benefits Guide

We are committed to providing our greatest assets - our people - with comprehensive and affordable benefits. Our 2018 Employee Benefits offerings deliver maximum options and flexibility.

This guide will help you understand the full range of health and wellness benefits that will be available and as a reference throughout the year. <u>However, this guide is a general summary for all employees and cannot replace the detailed information provided by the insurance company for your benefit selections. Please carefully review the information that the insurance company provides to you for details on your particular coverage.</u>

This guide includes a quick reference directory of telephone numbers and websites for all of our providers. We encourage you to access these sites to become learn more about the plans and make the best choices possible.

Protect your **Health, Life & Well-Being**

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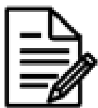
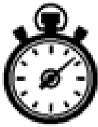


Who Is Eligible?

Full-time employees: Please see the “Eligibility for Benefits” Chapter of the Employee Handbook.

When Are You Eligible?

Newly Eligible Employees: Please see the “Eligibility for Benefits” Chapter of the Employee Handbook



How to Enroll

You must complete RELCO's 2018 Employee Benefit Selection Form plus any insurance company forms as may be needed.

Please note that if you change or add coverage you will definitely need to fill out new forms from the insurance company for each benefit coverage you changed or added

Annual Open Enrollment:

You may make changes to your benefit elections during your open enrollment period (January for a February 1st effective date). All applications need to be turned into HR by **January 19, 2018**.

Qualified Change in Status:

You may make benefit changes within **30 days** of a qualified event. Qualified events include marriage, divorce, legal separation, birth or adoption of a child, change in child’s dependent status, death of dependent, change in residence due to an employment transfer for you or your spouse or change in spouse’s benefits or employment status.

Note: Employee is responsible for notifying Human Resources of any changes within **30 days**

Getting Started

Healthcare
Coverage

About the Medical Insurance

Choosing a health insurance plan and enrolling in it can be confusing and is probably not a lot of fun. Never-the- less, making a thoughtful decision and picking the best health plan for your situation is important for you and your family.

Follow ing are some of the basic reasons you should obtain health coverage:

- Health insurance gives you a sense of security know ing that a sudden illness or serious injury w ill not drain your bank account, or w orse, your retirement savings. Health insurance protects your financial future by helping pay for expensive doctor visits and treatments.
- Seeing doctors w ho are in-netw ork w ith your health insurance plan also gives you the advantage of receiving care w ith low ered costs. When doctors are in-netw ork, you have access to low er rates negotiated by the insurance company, meaning you ow e less than if you did not have insurance.
- Health insurance covers many preventative services w ithout you having to pay a deductible or copayment. Preventive care is intended to prevent or catch diseases and other health problems before they become serious. Preventive services that are covered in full include various health screening and immunizations.
- Having health insurance w ill also help you pay for prescription drugs, w hether through reduced fees or copays.

Medical

United Healthcare

Coverage	NPVC3705 PPO Non-Embedded		MPS91605 HAS Non-Embedded		MIBPP107 PPO (NEW)	
	In-Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Network	**Value Choice**		**Blue Edge**		**Blue Print**	
Annual Deductible						
Individual	$2,500	$5,000	$1,500	$1,500	$1,500	$3,000
Family	$7,500	$15,000	$3,000	$3,000	$4,500	$9,000
Out-of-Pocket Maximum						
Individual	$5,000	$10,000	$3,000	$3,000	$3,500	$7,000
Family	$12,700	$25,400	$6,000	$6,000	$10,500	$21,000
Coinsurance	80%	60%	100%	80%	80%	60%
Lifetime Maximum	**Unlimited**		**Unlimited**		**Unlimited**	
Physician & Services						
Primary Care Physician	80% after Ded	60% after Ded	100% after Ded.	80% after Ded.	$30 Copay	60% after Ded.
Specialist Care Physician	80% after Ded	60% after Ded	100% after Ded.	80% after Ded.	$50 Copay	60% after Ded.
Preventative Care	No Charge	60% after Ded	No Charge	80% after Ded.	No Charge	60% after Ded.
Urgent Care	80% after Ded	60% after Ded	100% after Ded.	80% after Ded.	80% after Ded	60% after Ded.
Hospital Services						
Inpatient	80% after Ded	60% after $300 Copay	100% after Ded	80% after $300 Copay	80% after Ded.	60% after $300 Copay
Outpatient	80% after Ded	60% after Ded	100% after Ded	80% after Ded.	80% after Ded	60% after Ded.
Emergency Room	$150 Copay (copay waived if admitted)		90% after Ded.		$150 Copay (copay waived if admitted)	
Retail & Mail Order (In-Network Only) ***If you use a non-network pharmacy (including a mail order pharmacy), you may be responsible for any amount over the allowed amount.***						
Retail Preferred (up to a 30-day supply)	80% after Ded.		80% after Ded.		$0/ $10/ $50/ $100/ $150	
Retail Non-Preferred (up to 30-day supply)	N/A		N/A		$10/ $20/ $70/ $120/ $250	
Mail Order (up to 90-day)	80% after Ded.		80% after Ded.		$0/ $20/ $100/ $200	

See Certificate of Coverage for full policy details including limits and exclusions. **To identify an in-network provider go to** www.bcbsil.com

Dental

Guardian - For complete coverage details, please refer to the Summary Plan Description (SPD). Members are required to pay the difference between the plan payment and the provider's actual fee for covered services. Therefore, the out-of-pocket expenses may be lower if services are provided by a Participating Provider.

Coverage	Guardian PPO In-Network Negotiated Fee Schedule	Out-of-Network UCR 90th
Network	**Dental Guard 2000**	
Annual Deductible - Does Not Apply to Preventive Services		
Individual	$50	$50
Family	$150	$150
Calendar Year Maximum	$1,000	$1,000
Preventive		
Oral Exams	100%	100%
Cleanings	100%	100%.
X-Rays	100%	100%
Sealants	100%	100%
Basic		
Fillings	80%	80%
Simple Extractions	80%	80%
Scaling & Root Planing	80%	80%
Major		
Anesthesia	50%	50%
Bridges and Dentures	50%	50%
Inlays, Onlays, Veneers	50%	50%
Perio Surgery	50%	50%
Surgical Extractions	50%	50%
Single Crowns	50%	50%

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources. To identify an in-network provider go to www.guardiananytime.com

Vision

Davis

Eye care can be an important benefit for you and your family, which is why we offers vision insurance through Davis.
Davis Vision Network provides a full range of services including eye exams, an allowance toward glasses and/or contacts, and lens coverage.

Plan Feature	Frequency	In-Network	Out-of-Network
Network		PPO	
Eye Examination	**12 Months**	100% after $10 Copay	Reimbursement up to $50
Standard Lenses	**12 Months**	100% after $25 Materials Copay	
Single Vision			Reimbursement up to $48
Lined Bifocal			Reimbursement up to $67
Lined Trifocal			Reimbursement up to $86
Lenticular			Reimbursement up to $126
Frames	**24 Months**	80% of amount over $135	Reimbursement up to $48
Contact Lenses - In lieu of Eyeglasses			
Elective	**12 Months**	85% of amount over $135	Reimbursement up to $105
Medically Necessary	**12 Months**	100% after applicable Copay	Reimbursement up to $210

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources. To identify an in-network provider go to **www.davis.vision.com/member/**

Additional
Benefits

Voluntary Life Insurance and AD&D

MetLife

To obtain your options for the Voluntary Life Insurance and AD&D please reference your RELCO's 2018 Employee Benefit Selection Form. This form will give your choice of increments and cost for the Voluntary Life and AD&D.

Short-Term Disability

Guardian

Relco Locomotives, Inc. provides and pays for Long Term Disability Insurance. In the event you become disabled from a non -work related injury or sickness, Long Term Disability benefits are provided as a source of income.

Short-Term Disability	
Benefit Begins	7th Day of Disability due to Accidental Injury 7th Day of Disability due to Sickness
Benefit Duration	13 weeks
Percentage of Income Replaced	60% of Weekly Earnings
Maximum Benefit	$400 Per Week

See Certificate of Coverage for full policy details including limits and exclusions-for a copy please see Human Resources.

Long-Term Disability

Guardian

Relco Locomotives, Inc. provides and pays for Long Term Disability Insurance. In the event you become disabled from a non - work related injury or sickness, Long Term Disability benefits are provided as a source of income.

Long-Term Disability	
Benefit Begins	90th calendar days of Disability caused by Sickness or Injury
Benefit Duration	Social Security Normal Retirement Age
Percentage of Income Replaced	60% of Monthly Earnings
Maximum Benefit	$5,000 Per Month

See Certificate of Coverage for full policy details including limits and exclusions-for a copy please see Human Resources.

Voluntary Accident (New Carrier)

Unum

Accident insurance pays a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job and it includes a range of incidents from common injuries to more serious events.

Accidental Death & Other Covered Losses			
Event	**Insured Employee**	**Spouse**	**Child(ren)**
Accidental Death	$50,000	$20,000	$10,000
Catastrophic Dismemberment (loss of both hands or both feet; or loss of one hand & one foot)	up to $100,000	up to $50,000	up to $50,000
Catastrophic Accidental Loss (permanent paralysis; or loss of hearing in both ears; or loss of the ability to speak; or loss of sight in both eyes)	up to $100,000	up to $50,000	up to $50,000
Emergency & Hospitalization Benefits			
Event	**Benefit Amount**	**Event**	**Benefit Amount**
Ambulance Services Ground / Air	$400 / $1,500	Intensive Care Admission (once per covered accident)	$1,500
Emergency Room Treatment	$150	Intensive Care Confinement (per day up to 15 days)	$400
Emergency Treatment (in physician office/UC facility)	$75	Medical Imaging Test (once per accident)	$200
Hospital Admission (once per covered accident)	$1,000	Outpatient Surgery Facility (once per incident)	$300
Hospital Confinement (per day up to 365 days)	$200	Pain Management (epidural, once per accident)	$100
Injuries		**Treatments & Other Services**	
Injury	**Benefit Amount**	**Treatment/Service**	**Benefit Amount**
Fractures Open Reduction / Closed Reduction	up to $7,500 / up to $3,750	Surgery Benefit Open Abdominal /Exploratory	$1,500 / $150
Dislocations Open Reduction / Closed Reduction	up to $6,000 / up to $3,000	Hernia Repair	$150
Burns 2nd degree / 3rd degree	up to $1,000 / up to $10,000	Physician follow-up visit (2 visits per accident)	$75
Concussion	$150	Occupational Therapy (10 total visits for OT, PT, SP)	$25
Coma	$10,000	Speech Therapy (10 total visits for OT, PT, SP)	$25
Ruptured Disc	$800	Physical Therapy (10 total visits for OT, PT, SP)	$25
Knee Cartilage	$150 - $750	Prosthetic device or artificial limb	$750 - $1,500
Laceration	$25 -$600	Appliance (one per accident)	$100
Tendon/Ligament & Rotator Cuff	$150 - $1,200	Blood, Plasma & Platelets	$400
Dental Work (Emergency) Extraction / Crown	$100 / $300	Lodging (per night up to 30 days per accident)	$150
Eye Injury	$300	Rehabilitation Unit Confinement (per day up to 15 days; max 30 Days per calendar year)	$100
Wellness Benefit	$50		

See Certificate of Coverage for full policy details including limits and exclusions-for a copy please see Human Resources.

Voluntary Critical Illness (New Benefit)

Unum

If you're diagnosed with an illness that is covered by this insurance, you'll receive a benefit payment in one lump sum. You can use the money however you want.

Why is this coverage so valuable?

- The money can help you pay out-of-pocket medical expenses, like co-pays and deductibles.
- You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions. If you have a different condition later, you can receive another benefit.
- This insurance pays you once for each eligible illness. However, the diagnoses must be at least 90 days apart, and the conditions can't be related to each other.
- This coverage comes with a 12/12 pre-existing clause.

What's Covered?

- Heart attack
- Major organ failure
- Benign brain tumor
- Coma that lasts at least 14 consecutive days
- Stroke whose effects are confirmed at least 30 days after the event
- Cancer
- Blindness
- End-stage kidney failure
- Coronary artery bypass surgery
- Occupational HIV
- Permanent paralysis of at least two limbs due to a covered accident
- Carcinoma in situ – pays 25% of coverage amount

What else is Included?

Wellness Benefit – Every year, each family member who has Critical Illness coverage can also receive $50 for getting a health screening test, such as:

- Blood tests
- Stress tests
- Mammograms
- Chest X-rays
- Colonoscopies
- Other tests listed in your policy

Who can get coverage?

You	Choose $10,000 or $20,000 of coverage if you apply during this enrollment, with no medical questions.
Your spouse	Spouses age 17 to 64 can get $10,000 of coverage during this enrollment with no medical questions, as long as you have purchased coverage for yourself.
Your children	Dependent children from newborns to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours. They are covered for all the same illnesses, plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida. The diagnosis must occur after the child's coverage effective date.

Voluntary Hospital Indemnity (New Benefit)

Unum

Hospital Indemnity insurance is designed to help provide financial protection for covered individuals by paying a benefit due to a hospitalization and in some cases, for treatment received for an accident or sickness, even if that treatment occurs outside the hospital. Employee must have coverage in order for spouse and child to have coverage. This benefit does have a 12/12 pre-existing clause.

Emergency & Hospitalization Benefits		
Event	**Benefit Amount**	
Hospital Admission	$1,500 per insured per calendar year	
Daily Hospital Confinement	$100 per day, to a maximum of 65 days per calendar year	
Hospital Intensive Care Unit Confinement	$200 per day, to a maximum of 20 days per calendar year	
Wellness Benefit		
Wellness Benefit	$50 per insured per calendar year	
Wellness tests are:	• Blood test for triglycerides; • Bone marrow aspiration or biopsy; • CA 15-3 (blood test for breast cancer); • CA-125 (blood test for ovarian cancer) • CEA (blood test for colon cancer); • Carotid Doppler; • Chest x-ray; • Colonoscopy; • Echocardiogram; • Electrocardiogram; • Fasting blood glucose test; • Fasting plasma glucose (FPG); • Hemoglobin A1C(HbA1c); • Flexible sigmoidoscopy;	• Hemocult stool analysis; • Mammography; • Pap smear; • PSA (blood test for prostate cancer); • Serum cholesterol test to determine HDL and LDL levels; • Serum protein electrophoresis (blood test for myeloma); • Skin cancer biopsy; • Stress test on a bicycle or treadmill; • Thermography; • Thin prep pap test; • Two hour post-load plasma glucose; or • Virtual colonoscopy

Contacts

Contact Information

Medical
Provider Name: BlueCross BlueShield
Phone Number: 800-541-2767
Website: www.bcbsil.com

Voluntary Dental
Provider Name: Guardian
Phone Number: 800-541-7846
Web Address: www.guardiananytime.com

Voluntary Vision
Provider Name: Davis Vision
Phone Number: 800-999-5431
Website: www.davis.vision.com/member/

Voluntary Life
Provider Name: MetLife
Phone Number: 800-523-2894
Web Address: www.metlife.com

Short-Term Disability
Provider Name: Dearborn
Phone Number: 800-778-2281
Web Address www.dearbornnational.com

Long-Term Disability
Provider Name: Dearborn
Phone Number: 800-778-2281
Web Address: www.dearbornnational.com

Voluntary Accident
Provider Name: Unum
Phone Number: 866-679-3054
Web Address: www.unum.com

Voluntary Critical Illness
Provider Name: Unum
Phone Number: 866-679-3054
Web Address: www.unum.com

Voluntary Hospital Indemnity
Provider Name: Unum
Phone Number: 866-679-3054
Web Address: www.unum.com

Important Notices

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("SCHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

To request special enrollment or obtain more information, contact your employer's Human Resource department.

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.56% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce symmetrical appearance;
- Prostheses and Treatment of physical complications of all stages of mastectomy, including lymphedemas.

These benefits may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan.

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance carrier for prescribing a length of stay not in excess of 48 hours (or 96 hours).

If an employee is granted a leave of absence (Leave) by the employer as required by the Federal Family and Medical Leave Act, s/he may continue to be covered under the plan for the duration of the Leave under the same conditions as other employees who are currently employed and covered by the plan. If the employee chooses to terminate coverage during the Leave, or if coverage terminates because of nonpayment of any required contribution, coverage may be reinstated on the date the employee returns to work immediately following the end of the Leave. Charges incurred after the date of reinstatement will be paid as if the employee had been continuously covered.

Children's Health Insurance Program Reauthorization Act of 2009 (CHIP)

Effective April 1, 2009, employees and dependents that are eligible for healthcare coverage under the health plan, but are not enrolled, will be permitted to enroll in the plan if they lose eligibility for Medicaid or CHIP coverage or become eligible for a premium assistance subsidy under Medicaid or CHIP.

Individuals must request coverage under the plan within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

CHIPRA allows states to offer eligible low-income children and their families a premium assistance subsidy to help pay for employer-sponsored coverage. If this State offers a premium assistance subsidy, you will be notified in writing of the potential opportunities available for premium assistance in the plan year after model notices are issued.

Your Rights Under USERRA

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military. Even If you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g... pre-existing condition exclusions) except for service- connected illnesses or injuries.

Enforcement

The U.S. Department of Labor Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations. For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at http://www.dol.gov/vets. An interactive online USERRA Advisor can be viewed at http://www.dol.gov/elaws/userra.htm

Congress passed the ACA, a significant health care reform law, in March 2010. The ACA is a far-reaching law that affects all aspects of the health care system. Consumers, health care providers, insurance companies and employers are all impacted. The parts of the law that most affect you are described below.

Individual Mandate

Beginning in 2014, the ACA requires most individuals to obtain acceptable health insurance coverage for themselves and their family members or pay a penalty. If you are covered under a health plan offered by your employer, or if you are currently covered by a government program such as Medicare, you can continue to be covered under those programs.

There is a graduated tax penalty, or fee, for individuals who do not obtain health insurance by the time they file their taxes in 2014. While at first the penalty is fairly modest, it substantially increases over the following two years. In addition to the penalty, people without health insurance will still be responsible for 100 percent of the cost of their medical care. The fee for 2018 as follows:

- 2018 - $695 per adult and $347.50 for each child (up to $2,085 for families), or 2.5 percent of income, whichever is greater

There are a very limited number of exceptions to the insurance mandate, mainly affecting non-citizens, American Indians, incarcerated individuals, religious objectors and people suffering from poverty or hardship. Exceptions are also available for people with short gaps in coverage of less than three months and for those eligible for an employer-provided plan that operates on a non-calendar year basis.

Health Insurance Marketplaces

The ACA calls for the creation of health insurance marketplaces, also known as Affordable Health Insurance Exchanges, for individuals and small businesses to purchase private health insurance. The Exchanges will allow for direct comparisons of private health insurance options on the basis of price, quality and other factors, and will coordinate eligibility for premium tax credits and other affordability programs. If you can purchase coverage through your employer, you may not need to use the Exchanges. However, uninsured people who want to comply with the individual mandate will be able to use the Exchanges to fulfill their requirement.

Your Employer Provided Insurance Coverage

Under healthcare reform, most large employers are providing coverage that is both meets the minimum value requirements (Bronze or better) and is affordable (single coverage costing less than 9.56% of an employee's W-2 income). Your plan is likely better and cheaper than what the law requires, and you pay your share of premiums through pre-tax deductions, which save you 25-35% or more of your cost. As a result, you are not likely to find you qualify for subsidized coverage in the Exchange marketplaces unless unusual circumstances exist.

Annual Limits and Pre-existing Conditions

As noted earlier, annual dollar limits cannot be placed on coverage for essential health benefits beginning in 2014. Additionally, the ACA compels insurers to cover individuals with pre-existing conditions. Insurance companies cannot turn you down or charge you more because of your condition, nor can they refuse to cover treatment for pre-existing conditions. The only exception is for grandfathered individual health insurance plans—the kind you buy yourself, not through an employer. If you have one of these plans, you can switch to an Exchange plan during open enrollment and get coverage for your condition.

Horton is not providing legal advice or creating an attorney-client relationship by providing the sample notices. Horton is not undertaking to identify all potential liabilities that may arise out of the use of the sample notices. While every effort has been made to provide a complete summary and sampling of required notices, the sample notices are to be used to provide a basic understanding of the subject matter and should not be considered exhaustive. Horton strongly encourages you to seek independent legal counsel regarding the reliability and accuracy of information provided in the sample forms.

Additionally, please note that the enclosed information is Federal-specific. State mandates may also apply.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.