



OPEN ENROLLMENT

NOVEMBER XX - XX, 2026

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Statue of Liberty, New York

THIS BENEFIT SUMMARY describes the benefit plans available to you as an employee of [insert client name]. The details of these plans are contained in the official plan documents that have been provided to you by your employer, including some insurance contacts. This summary is meant only to cover the highlights of each plan. It does not contain all the details that are included in your summary plan description as described by the Employee Retirement Income Security Act (ERISA).

If there is ever a question about one of these plans, or if there is a conflict between the information in this summary and the formal language of the plan documents, the formal wording in the plan documents will govern. Please note that the benefits described in the summary may be changed at any time and do not represent a contractual obligation on the part of [insert client name].

WELCOME!

WE ARE COMMITTED to providing competitive benefit programs that are flexible enough to meet your individual needs. Our comprehensive benefits are carefully designed to give you the tools you need to keep you and your family healthy, provide financial protection in the event of unforeseen circumstances and help you build long-term security for retirement. Getting the most from your benefits is up to you.

You know your family, your goals and your lifestyle best. This benefits guide was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this guide to make sure you understand the benefits that are available to you and your family and be sure to act before the enrollment deadline.





Hoover Dam - Arizona/Nevada

PHARMACY

PHARMACY		PLAN 1	PLAN 2	PLAN 3
		BENEFITS IN-NETWORK		
Retail 30-day supply	Tier 1	\$XX	\$XX	\$XX
	Tier 2	\$XX	\$XX	\$XX
	Tier 3	\$XX	\$XX	\$XX
	Tier 4	\$XX	\$XX	\$XX
Mail Order 90-day supply	Tier 1	\$XX	\$XX	\$XX
	Tier 2	\$XX	\$XX	\$XX
	Tier 3	\$XX	\$XX	\$XX
	Tier 4	\$XX	\$XX	\$XX

* Out-of-Network: If you go to an out-of-network provider, your cost may be higher and your provider may ask you to pay the actual charge for your care at the time of your visit.

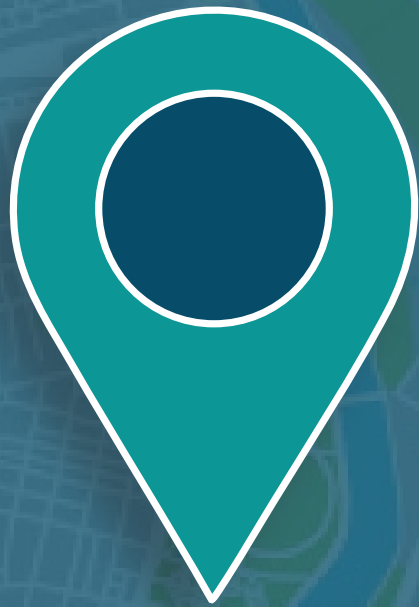
** Specialists: Referral may be required to see a specialist.

UNDERSTANDING YOUR PLAN OPTIONS

Plan 1: [\$XX] (individual) / [\$XX] (family) — Each family member has an individual deductible in addition to the overall family deductible. Meaning if an individual in the family reaches his or her deductible before the family deductible is reached, his or her services will be paid by the insurance company.

Plan 2: [\$XX] (individual) / [\$XX] (family) — Each family member has an individual deductible in addition to the overall family deductible. Meaning if an individual in the family reaches his or her deductible before the family deductible is reached, his or her services will be paid by the insurance company.

Plan 3: [\$XX] (Individual coverage) / [\$XX] (Family coverage) — All family members' out-of-pocket expenses count toward the family deductible until it is met. It doesn't matter if one person incurs all the expenses that meet the deductible or if two or more family members contribute toward meeting the family deductible.



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