


Benefits Guide

2025





Welcome to your 2025 Benefits Enrollment

What's in the guide?

We are honored to present your 2025 Benefit Options! The elections you make during your enrollment will be effective through **December 31, 2025**.

Muskingum Valley ESC offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

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Who is Eligible?

Full time W-2 Employees working at least 30 hours each week.

When can I Enroll?

You may enroll for benefits when you first become eligible or each year during open enrollment. The benefits you elect as a New Hire will be effective the 1st day of the month following your date of hire. Open Enrollment elections will be effective January 1, 2025 through December 31, 2025. If you decline coverage or fail to make an election of a coverage during this open enrollment timeframe, you may not be able to make a new or different election until next year's open enrollment.



OPEN ENROLLMENT

Nov. 18 - Nov. 22

Self Enrollment Options

✓ Online

Enroll at

www.embbenefits.com/mvesc/

✓ Call Center

For enrollment guidance on benefits plan options and completing enrollment, employees can call the EMB Call Center at

740-204-2133

November 18 - November 22

9:00 am - 6:00 pm EST

Monday to Friday.



For more information about enrollment, to review the benefit guide, videos and other important information please visit:

www.embbenefits.com/mvesc

Login Information

ACCESSING EMB ENROLL

Access www.embbenefits.com/mvesc and select **"Log Into Your Benefit System To Enroll or View Benefits"**

Account Access Steps

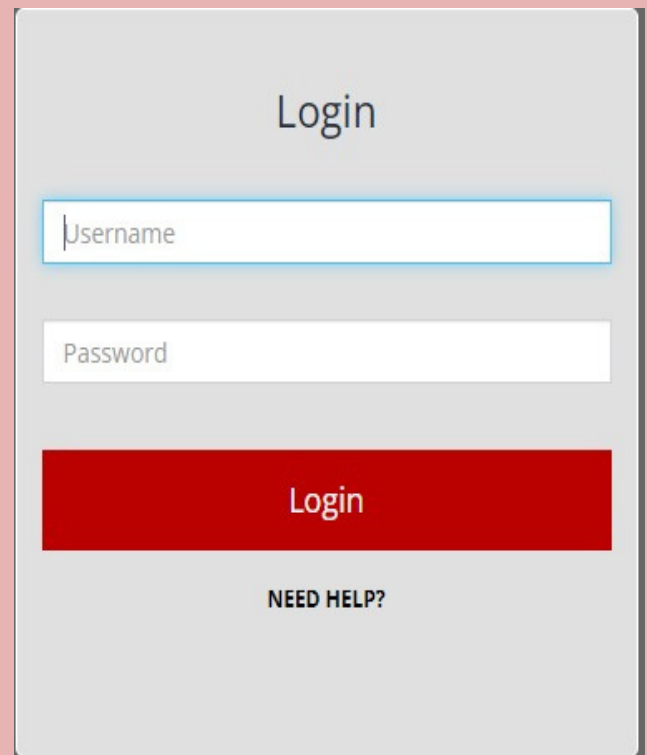
1. Enter Username
**1st Initial of your First Name AND
Up to the 1st Six Characters of your Last
Name AND Last 4 of SSN**
**Example: Tim Johnson SSN 1234 =
tjohnso1234**

2. Enter Password
Date Of Birth (YYYYMMDD) and click
Login

If you already created an account and are unable to log in, click **"Need Help?"** Follow the prompts to have a password sent or to retrieve your user name. Passwords are sent to your email on file with us.

Once You Have Access

Select **"Get Started"** from the middle section of the screen.

A screenshot of a web-based login interface. At the top, the word "Login" is displayed in a large, dark font. Below it are two input fields: the first is labeled "Username" and the second is labeled "Password". Both fields have a light blue border. Below the password field is a prominent red button with the word "Login" in white text. At the bottom of the interface, there is a link that says "NEED HELP?" in a smaller, dark font.

For detailed visual login and online enrollment instructions, click [here](#).



Eligibility

Dependents

You may also elect coverage for your dependents in some circumstances. Eligible dependents may include the following:

- Your Legal Spouse
- Dependent Children:

Dependent child who is supported primarily by you, and who is incapable of self-sustaining employment by reasons of mental or physical handicap (proof of their condition and dependence must be submitted)

Medical - Dependent children up to age 26 regardless of financial dependency, residency, student status, employment or marital status. Coverage ends the last day of the month they turn 26. Individuals may request enrollment for such children within 30 days of receiving this handout. The coverage will be effective 1st of the month following the eligibility period. For more information contact Human Resources.



Medical Mutual is partnering with Muskingum Valley Educational Service Center to provide our group medical plan.



Muskingum Valley ESC SuperMed Plus Plan "A"		
Benefits	Network	Non-Network
Benefit Period	January 1st through December 31st	
Dependent Age Limit	26, Removal at End of the Month	
Overall Annual Benefit Period Max	Unlimited	
Benefit Period Deductible - Single/Family ¹	\$1,000 / \$2,000	\$1,000 / \$2,000
Coinsurance	90%	80%
Coinsurance Limit (Excl. Deductible) Single/Family	\$1,000 / \$2,000	\$2,000 / \$4,000
Physician/Office Services		
Office Visit (Illness/Injury) ²	\$20 copay, then 100%	80% after deductible
Specialist Visit	\$40 copay, then 100%	80% after deductible
Urgent Care Office Visit ²	\$50 copay, then 100%	80% after deductible
Surgical Services in Physician's Office	\$20 copay, then 100%	80% after deductible
All Immunizations	100%	80% after deductible
Preventative Services ³		
Preventative Services ³	100%	70% after deductible
Routine Physical Exams (Age 21 and over)	100%	70% after deductible
Well Child Care Services Including Exam and Immunizations (Birth to age 21)	100%	70% after deductible
Well Child Care Lab Tests (To Age 21)	100%	70% after deductible
Routine Vision Exams (including Refraction - Age 21 and over)	100%	70% after deductible
Routine Hearing (Age 21 and over)	100%	70% after deductible
Routine Mammogram (one per benefit period)	100%	70% after deductible
Routine Pap Test (one per benefit period)	100%	70% after deductible
Routine Lab, X-Rays, all Medical Tests (All ages)	100%	70% after deductible
Routine Endoscopic Services (All Ages)	100%	70% after deductible
Outpatient Services		
Surgical Services (non physician's office)	90% after deductible	70% after deductible
Diagnostic Services	100%	70% after deductible
CT Scans, MRI, and Nuclear Medicine	90% after deductible	70% after deductible
Emergency use of ER ⁴	\$200 co-pay, then 100%	
Non-Emergency Use of ER ^{4 5}	\$200 co-pay, then 90%	\$150 co-pay, then 70%

Medical



Muskingum Valley ESC SuperMed Plus Plan "A" (Continued)		
Inpatient Facility	Network	Non-Network
Semi-Private Room and Board	90% after deductible	80% after deductible
Diagnostic Services (labs, X-rays, Medical Tests)	90% after deductible	80% after deductible
Professional Services	90% after deductible	80% after deductible
Maternity	90% after deductible	80% after deductible
Skilled Nursing Facility (60 days per benefit period)	90% after deductible	80% after deductible
Additional Services		
Ambulance	90% after deductible	90% after deductible
Durable Medical Equipment including Prosthetics and Orthotic Devices (unlimited)	90% after deductible	80% after deductible
Home Healthcare (60 visits per benefit period)	90% after deductible	80% after deductible
Hospice (360 days, lifetime maximum)	90% after deductible	80% after deductible
Organ Transplants	90% after deductible	80% after deductible
Private Duty Nursing (\$5,000 max per benefit period)	100%	80% after deductible
Mental Health and Substance Abuse - Federal Mental Health Parity		
Inpatient Mental Health & Substance Abuse Services	Benefits paid are based on corresponding medical benefits	
Outpatient Mental Health and Substance Abuse Services	Benefits paid are based on corresponding medical benefits	
Prescription	Network	Non-Network
Generic	\$5 copay - (1-31 day supply) \$10 copay - home delivery 90 day supply	N/A
Preferred Brand	\$25 copay - (1-31 day supply) \$50 copay - home delivery 90 day supply	N/A
Non-Preferred Brand	\$25 copay - (1-31 day supply) \$50 copay - home delivery 90 day supply	N/A
Specialty Drugs	\$100 or the max of any available manufacturer-funded copay assistance	N/A

¹ Maximum family deductible. Member deductible is the same as single deductible. 3-month carryover applies.

² The office visit co-pay applies to the cost of the office visit only.

³ Preventive services include evidence-based services that have a rating of "A" or "B" in the United States Preventive Services Task Force, routine immunizations and other screenings, as provided for in the Patient Protection and Affordable Care Act.

⁴ Co-pay waived if admitted.

⁵ The co-pay applies to room charges only. All other covered charges are subject to deductible and coinsurance.

Muskingum Valley ESC SuperMed Plus Plan "B"

Benefits	Network	Non-Network
Benefit Period	January 1st through December 31st	
Dependent Age Limit	26, Removal at End of Month following 26th birthday	
Overall Benefit Period Maximum	Unlimited	
Benefit Period Deductible- Single/Family ¹	\$2,000/\$4,000	\$4,000/\$8,000
Coinsurance	90%	70%
Coinsurance Limit (Excluding Deductible) - Single/Family	\$1,000/\$2,000	\$2,000/\$4,000
Physician/Office Services		
Office Visit (Illness/Injury) ²	\$25 copay, then 100%	70% after deductible
Specialist Visit	\$45 copay, then 100%	70% after deductible
Urgent Care Office Visit ²	\$50 copay, then 100%	70% after deductible
Surgical Services in Physician's Office	\$25 copay, then 100%	70% after deductible
All Immunizations	100%	70% after deductible
Preventative Services³		
Preventative Services, in accordance with state and federal Law ³	100%	70% after deductible
Routine Physical Exams (Age 21+)	100%	70% after deductible
Well Child Care Services including Exam and Immunizations (Birth to Age 21)	100%	70% after deductible
Well Child Care Lab Tests (To Age 21)	100%	70% after deductible
Routine Vision Exams (including Refraction - Age 21+)	100%	70% after deductible
Routine Mammogram (One per benefit period)	100%	70% after deductible
Routine Pap Test (One per benefit period)	100%	70% after deductible
Routine Laboratory, X-Rays, and Medical Tests (All Ages)	100%	70% after deductible
Routine Endoscopic Services (All Ages)	100%	70% after deductible
Outpatient Services		
Surgical Services (non physician office)	90% after deductible	70% after deductible
Diagnostic Services	100%	70% after deductible
CT Scans, MRI and Nuclear Medicine	90% after deductible	70% after deductible
Emergency use of ER ⁴	\$200 copay, then 100%	
Non-Emergency use of ER ^{4, 5}	\$200 copay, then 90%	\$150 copay, then 70%

Muskingum Valley ESC SuperMed Plus Plan “B” (Continued)

Inpatient Facility	Network	Non-Network
Semi-Private Room and Board	90% after deductible	70% after deductible
Diagnostic Services (Labs, X-rays, Medical Tests)	90% after deductible	70% after deductible
Professional Services	90% after deductible	70% after deductible
Maternity	90% after deductible	70% after deductible
Skilled Nursing Facility (60 days per benefit period)	90% after deductible	70% after deductible
Additional Services		
Ambulance	90% after deductible	70% after deductible
Durable Medical equipment including Prosthetics Appliances and Orthotics Devices	90% after deductible	70% after deductible
Home Healthcare (60 visits per benefit period)	90% after deductible	70% after deductible
Hospice (360 Days, lifetime maximum)	90% after deductible	70% after deductible
Organ Transplants	90% after deductible	70% after deductible
Private Duty Nursing (\$5,000 max per benefit period)	100%	70% after deductible
Mental Health and Substance Abuse - Federal Mental Health Parity		
Inpatient Mental Health and Substance Abuse Services	Benefits paid are based on corresponding medical benefits	
Outpatient Mental Health & Substance Abuse Services	Benefits paid are based on corresponding medical benefits	
Prescription	Network	Non-Network
Generic	\$5 copay- retail (one 31 day supply) \$10 copay- home delivery (90 day supply)	N/A
Preferred Brand	\$25 copay- retail(one 31 day supply) \$50 copay- home delivery (90 day supply)	N/A
Non-Preferred Brand	\$25 copay- retail(one 31 day supply) \$50 copay- home delivery (90 day supply)	N/A
Specialty Drugs	\$100 copay	N/A

¹ Maximum family deductible. Member deductible is the same as single deductible. 3-month carryover applies.

² The office visit co-pay applies to the cost of the office visit only.

³ Preventive services include evidence-based services that have a rating of “A” or “B” in the United States Preventive Services Task Force, routine immunizations and other screenings, as provided for in the Patient Protection and Affordable Care Act.

⁴ Co-pay waived if admitted.

⁵ The co-pay applies to room charges only. All other covered charges are subject to deductible and coinsurance.

Muskingum Valley ESC SuperMed Plus Plan "C"		
Benefits	Network	Non-Network
Benefit Period	January 1st through December 31st	
Dependent Age Limit	26, Removal at End of Month	
Overall Annual Benefit Period Maximum	Unlimited	
Benefit Period Deductible - Single/Family	\$3,000/\$6,000	\$6,000/\$12,000
Coinsurance	80%	70%
Coinsurance Limit (Excluding deductible) Single/Family	\$2,000/\$4,000	\$4,000/\$8,000
Physician/Office Services		
Office Visit (Illness/Injury)	\$30 copay, then 100%	70% after deductible
Specialty Visit	\$50 copay, then 100%	70% after deductible
Urgent Care Office Visit	\$50 copay, then 100%	70% after deductible
Surgical Services in Physician's Office	\$30 copay, then 100%	70% after deductible
All Immunizations	100%	70% after deductible
Preventative Services ³		
Preventative Services, in accordance with State and Federal Law ³	100%	70% after deductible
Routine Physical Exams (Age 21+)	100%	70% after deductible
Well Child Care Services including Exams and Immunizations (Birth to Age 21)	100%	70% after deductible
Well Child Care Lab Tests (To Age 21)	100%	70% after deductible
Routine Vision Exams (including Refraction, Age 21+)	100%	70% after deductible
Routine Hearing Exam (Age 21+)	100%	70% after deductible
Routine Mammogram (One per benefit period)	100%	70% after deductible
Routine Pap Test (One per benefit period)	100%	70% after deductible
Routine Labs, X-Rays, and Medical Tests (All Ages)	100%	70% after deductible
Routine Endoscopic Services (All Ages)	100%	70% after deductible
Outpatient Services		
Surgical Services (other than a physician's office)	0% after deductible	70% after deductible
Diagnostic Services	100%	70% after deductible
CT Scans, MRI and Nuclear Medicine	80% after deductible	70% after deductible
Emergency use of ER ⁴	\$250 copay	
Non-Emergency use of ER ^{4, 5}	\$250 copay, then 80%	\$250 copay, then 70%

Muskingum Valley ESC SuperMed Plus Plan "C" (Continued)		
Inpatient Facility	Network	Non-Network
Semi-Private Room and Board	80% after deductible	70% after deductible
Diagnostic Services (LABS, X-rays, medical tests)	80% after deductible	70% after deductible
Professional Services	80% after deductible	70% after deductible
Maternity	80% after deductible	70% after deductible
Skilled Nursing Facility (60 days per benefit period)	80% after deductible	70% after deductible
Additional Services		
Ambulance	80% after deductible	70% after deductible
Durable Medical Equipment including Prosthetics Appliances and Orthotic Devices (unlimited)	80% after deductible	70% after deductible
Home Healthcare (60 visits per benefit period)	80% after deductible	70% after deductible
Hospice (360 Days, lifetime maximum)	80% after deductible	70% after deductible
Organ Transplants	80% after deductible	70% after deductible
Private Duty Nursing (\$5,000 max per benefit period)	100%	70% after deductible
Mental Health and Substance Abuse - Federal Mental Health Parity		
Inpatient Mental Health & Substance Abuse Services	Benefits paid are based on corresponding medical benefits	
Outpatient Mental Health & Substance Abuse Services	Benefits paid are based on corresponding medical benefits	
Prescription	Network	Non-Network
Generic	\$5 copay - retail (1 31 day supply) \$10 copay - home delivery (90 day supply)	N/A
Preferred Brand	\$5 copay - retail (1 31 day supply) \$10 copay - home delivery (90 day supply)	N/A
Non-Preferred Brand	\$5 copay - retail (1 31 day supply) \$10 copay - home delivery (90 day supply)	N/A
Specialty Drugs	\$100 or the max of any variable manufacturer-funded copay assistance	N/A

¹ Maximum family deductible. Member deductible is the same as single deductible. 3-month carryover applies.

² The office visit co-pay applies to the cost of the office visit only.

³ Preventive services include evidence-based services that have a rating of "A" or "B" in the United States Preventive Services Task Force, routine immunizations and other screenings, as provided for in the Patient Protection and Affordable Care Act.

⁴ Co-pay waived if admitted.

⁵ The co-pay applies to room charges only. All other covered charges are subject to deductible and coinsurance.

Medical

Healthcare Terms



- **Co-pay:** A specific dollar amount that you must pay for a specific service at the time when you receive the service.
- **Deductible:** A dollar amount you are responsible for before the plan will make any benefit payments. Each year, your deductible starts over (January 1st), in addition, you are only responsible for satisfying your deductible one time per year.
- **Coinsurance:** A method of cost-sharing between the member and the insurance carrier for your benefit expenses. If you have 30% coinsurance, then you pay 30% of your eligible expenses and the carrier pays the remaining 70%. The coinsurance begins after your deductible has been satisfied.
- **Maximum Out-of-Pocket (M.O.O.P.):** The maximum amount you will be required to pay for your benefits, after which the plan will pay 100% of covered expenses. Your deductible, coinsurance and in some instances co-pays apply towards your Out-of-Pocket Maximum.

Semi-Monthly Payroll Deductions	SuperMed Plan A	SuperMed Plan B	SuperMed Plan C
Employee Only	\$107.57	\$66.23	\$17.38
Employee & Family	\$406.62	\$305.13	\$187.35



Dental

Muskingum Valley Educational Service Center provides Dental Insurance through **Luminare Health** (previously called Trustmark) for all eligible employees and their dependents. *The same great network, just with a new name.*

Locate a Dentist within network at www.luminarehealth.com.

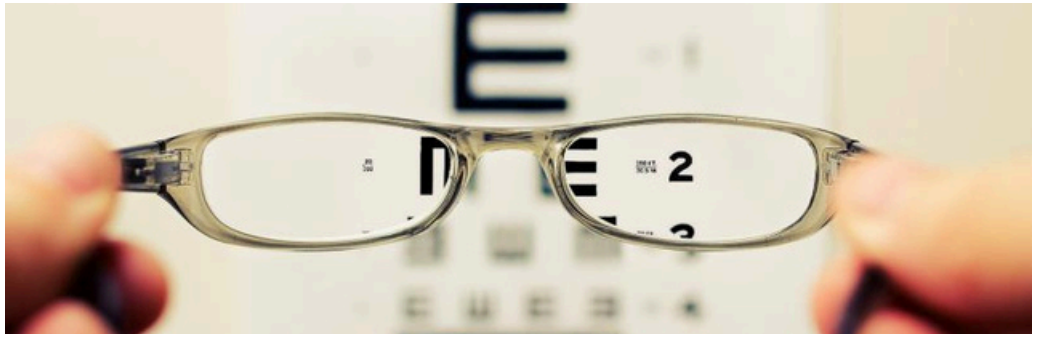


Luminare Health PPO	
Benefits	In Network
Calendar Year Deductible Individual / Family	\$25 / \$75
Annual Maximum	\$1,000
Class I - Preventative and Diagnostic Services Exams, Cleanings, X-Rays, etc.	Plan pays 100%, Deductible is waived
Class II - Basic Restorative Services Fillings, Simple Extractions, Periodontics, Root Canals, etc.	80% Covered
Class III - Major Restorative Services Crowns, Dentures, Fillings, etc.	50% Covered
Class IV - Orthodontics Orthodontic Lifetime Maximum	\$1,000 \$1,000

Semi-Monthly Payroll Deductions	Dental
Employee Only	\$3.81
Employee & Family	\$7.62

*Dependents can be covered to 26 regardless of student status. Coverage terminates at the end of the month in which the dependent turns 26.

Vision



Muskingum Valley Educational Service Center provides Vision Insurance through VSP for all eligible employees and their dependents.

You may use any provider you wish, but your benefits are higher when you use a participating provider. You may locate a provider at www.vsp.com.

Benefit	Participating Provider	Non-Participating Provider	Frequency
Vision Exam Glasses Contacts (exam and fitting)	\$20 Copay \$Up to \$60 Copay	Up to \$45	12 Months
Lenses (single/bifocal/trifocal)	\$20 Copay	Single - up to \$30 Lined bifocal - up to \$50 Lined trifocal - up to \$65	12 Months
Frames	\$130 Allowance	Up to \$70	24 Months
Contacts (in lieu of glasses)	\$150 Allowance	Up to \$105	12 Months

*Dependents can be covered to 26 regardless of student status. Coverage terminates at the end of the month in which the dependent turns 26.

Semi-Monthly Payroll Deductions	Vision
Employee Only	\$0.70
Employee & Family	\$1.39

Basic Life and AD&D

Muskingum Valley Educational Service Center provides Basic Life insurance through SunLife Insurance Company for all eligible employees at no cost to the employee. All eligible employees should enroll in this life insurance.

The Basic Life insurance benefit is \$25,000. Muskingum Valley Educational Service Center also provides Accidental Death & Dismemberment (AD&D) insurance which pays in addition to the Basic benefit when loss occurs as a result of an accident.



Voluntary Supplemental Life

Muskingum Valley Educational Service Center employees may elect to purchase additional Life Insurance on a voluntary basis through SunLife Insurance Company via payroll deduction.

	Employee	Spouse	Child*
Benefit Schedule	Increments of \$10,000	Increments of \$5,000	Flat \$10,000
Maximum Benefit	\$500,000 (not to exceed 5X Annual Salary)	\$250,000 (not to exceed 50% of employee amount)	N/A
Minimum Benefit	\$20,000	\$5,000	N/A
Guarantee Issue	\$180,000 (not to exceed 5X Annual Salary)	\$50,000	\$10,000

Voluntary Term Life			
Age Band	Employee Per Pay Rate per \$1,000	Spouse Per Pay Rate per \$1,000**	Child Per Pay Rate
<20	\$0.026	\$0.130	\$0.091
20-24	\$0.047	\$0.160	
25-29	\$0.047	\$0.195	
30-34	\$0.070	\$0.260	
35-39	\$0.094	\$0.335	
40-44	\$0.144	\$0.475	
45-49	\$0.198	\$0.745	
50-54	\$0.384	\$1.355	
55-59	\$0.732	\$2.535	
60-64	\$1.067	\$3.790	
65-69	\$1.815	\$6.195	
70-74	\$3.245	\$11.505	
75+	\$11.957	\$38.49	

*Coverage terminates at the end of the month in which the dependent turns 26 or date of marriage, whichever comes first.

**Rates based on Spouse Age.

Voluntary Benefits - **NEW CARRIER** for 2025

What are Voluntary Benefits?

Voluntary Benefits are being offered to strengthen your overall benefits package. You customize the benefit based on need and affordability.

- Ownership – Policies are fully portable and belong to you.
- Benefits are payroll deducted.
- **Cash benefits are paid directly to you.**
- **Benefits are paid regardless of any other coverage you may have.**
- Level premiums—Rates do not increase with age.
- Guaranteed Renewable.
- Designed to provide additional cash flow to assist with out of pocket medical costs and other bills



The Voluntary Benefits offered through **Allstate** are an **Accident Plan, Voluntary Disability, and Critical Illness.**

LIFE CHANGE AFFECTING YOUR VOLUNTARY BENEFITS?

These benefits may require a custom rate quote and/or underwriting questions to make changes. [Click Here](#) to Submit a Request.

Allstate Accident Plan



A plan that helps pay for the unexpected expenses that result from an accident

- **On and off the job coverage** = 24 hours per day, 7 days a week
- Family coverage available
- Sports related injuries covered as well

Just a few examples of benefit included in the plan:

- Emergency Room Visits - \$200
- Hospitalization - \$1,250 admission benefit, \$250 per day benefit
- Fractures - up to \$15,000
- Dislocations - up to \$15,000
- Wellness Benefit - \$50 (1x per year per insured)
- See brochure for a complete list of benefits

New Lower Rates for 2025

Semi-Monthly Payroll Deductions	Employee	Employee & Spouse	Employee & Children*	Family*
	\$9.38	\$16.19	\$20.06	\$26.67

**Dependents up to age 26 can be covered regardless of student status.*

Voluntary Disability

Allstate's Voluntary Disability Plan is designed to provide income to you and your family when you cannot work due to an illness or injury.

- Select the monthly benefit that meets the needs of you and your family, up to \$5,000 per month for up to 6 months.
- Covers total or partial disability (50% of monthly benefit).
- Policy is portable, meaning it is yours to keep even if you change jobs.

Your individual rate will be calculated for you in the electronic enrollment system.

See brochure for full details.



Critical Illness/Cancer Plan

Critical Illness/Cancer is a benefit that will pay you a lump sum of money if you are diagnosed with a critical illness, heart attack, internal cancer or stroke. The cash benefit is provided upon the first diagnosis of a covered condition to help you with associated costs and beyond.



Guaranteed Issue during initial enrollment period up to \$30,000 for employees. Spouses and children are guaranteed issue at 50% of the employee amount.



Regardless of other medical or voluntary coverage in force, the benefit is paid out in a full lump sum.

Examples of covered conditions:

Invasive Cancer, Heart Attack, Stroke, Renal (Kidney Failure), Blindness, ALS (Lou Gehrig's Disease), Major Organ Transplant, Paralysis of Two or More Limbs, Coronary Artery Bypass Surgery, Carcinoma In Situ.

A Health Screening Benefit is included in your Critical Illness/Cancer Policy and Allstate pays up to \$100 for each insured. Each covered person will get one immunization or one screening test per calendar year. (60 day waiting period for this benefit)

Examples of health screenings:

- | | | | |
|------------------------|---------------|-----------------------------|---------------|
| • Low dose mammography | • Stress test | • Serum Cholesterol | • Bone Marrow |
| • Pap smear | • Colonoscopy | • Prostate specific antigen | • Chest X-ray |

Also included is a Double Benefit Option that provides a second cash payment in the event a covered person is diagnosed with a different condition or illness. Pays an additional 100% of the original benefit.

Rates

This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. Your specific rate will be calculated for you in the electronic enrollment system.

Important Contacts

Vendor	Phone Number	Website
Medical Medical Mutual of Ohio	800-523-8558	www.medmutual.com
Dental Luminare Health	800-832-3332	www.luminarehealth.com
Vision VSP	800-877-7195	www.vsp.com
Basic and Supplemental Life SunLife	800-247-6875	www.sunlife.com
Voluntary Benefits Allstate	800-918-8877	www.allstate.com
Insurance Broker ALR Insurance	Rena Ridenour Susan Robison 740-454-2531	r.ridenour@alrins.com s.robison@alrins.com
Human Resources	Danielle Devoll 740-452-4518 ext.1139 Gwyn Wagstaff 740-452-4518 ext. 1157 Brittani Zook 740-452-4518 ext. 1149	danielle.devoll@mvesc.org gwyn.wagstaff@mvesc.org brittani.zook@mvesc.ocm



Benefit Guide Description

This summary of benefits is not intended to be a complete description of MVESC's insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan.

In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although MVESC maintains its benefit plans on an ongoing basis, MVESC reserves the right to terminate or amend each plan in its entirety or in any part at any time.

For questions regarding the information provided in this overview, please contact your human resources representative.