2023

BENEFITS GUIDE NON-UNION EMPLOYEES

Effective January 1, 2023













Contact Information

The list below highlights who to contact regarding your employee benefits. When contacting a carrier, please have your plan number and I.D. ready, as you may be asked to verify your identity. For answers to any questions regarding your benefits, please contact Human Resources Directly.

HUMAN RESOURCES	FINLANDIA UNIVERSITY	Sherry Kunnari (906) 487-7339 sherry.kunnari@finlandia.edu
MEDICAL & PRESCRIPTION	Blue Cross Blue Shield Blue Care Network of Michigan	Blue Cross Blue Shield (800) 972-9797 Blue Care Network (800) 662-6667 www.bcbsm.com
DENTAL	△ DELTA DENTAL°	Delta Dental (800) 524-0149 www.deltadentalmi.com
VISION	vsp. vision care	VSP (800) 877-7195 www.vsp.com
LIFE AND DISABILITY	Митиа С Отана	Mutual of Omaha (800) 228-7104 www.mutualofomaha.com
LIGHTHOUSE	Lighthouse AN ALERA GROUP COMPANY	Lighthouse, An Alera Group Company Jason Nickel Senior Vice President jnickel@lighthousegroup.com Anne-Marie Reid Account Executive areid@lighthousegroup.com (616) 493-6904 Sean Sperling Account Manager
		ssperling@lighthousegroup.com (616) 656-6785



2023 Employee Benefits Overview

Your needs, and those of your family, are unique to you. That's why Finlandia University provides a comprehensive and flexible benefits program that you can customize to fit your personal situation. Our program offers you and your family important healthcare coverage and financial security.

Some of the benefits we offer are paid for in full by Finlandia University. For others, it is a shared contribution between you and the company. Other benefits are also available to you at reasonable group rates. Your benefits are an important part of your total compensation at Finlandia University. Please take the time to review and evaluate all the options available to you and your family.

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Benefit Definitions

Eligibility

Who is Eligible?

Different benefits have different eligibility criteria. Generally, you are eligible for Finlandia University benefits if you are:

A full-time employee working 30 or more hours per week*

Your dependents are eligible and include:

- · Your legal spouse, as defined by Federal Law
- Your child(ren) up to the end of the plan year in which they turn 26
- Your disabled child(ren) up to any age (if disabled prior to age 19); includes natural, stepchildren who live with you, legally adopted/or a child placed for adoption, or a child under your legal guardianship

Termination of Coverage

If you or a covered dependent no longer meet the eligibility requirements or if your employment ceases, your coverage will end on the last day of the month in which you become ineligible. Your life coverages are convertible.

You may be eligible to elect COBRA for yourself and your eligible dependents for medical, dental, and vision coverage.

You are responsible for informing Human Resources within 30 days if any of your dependents become ineligible for benefits.

Cost of Coverage

MEDICAL: BCBS Direct PPO \$1,000/\$2,000		
Coverage Type Bi-Weekly (26)		
Employee Only	\$126.66	
Employee + 1	\$303.99	
Employee + Family	\$379.98	

DENTAL: Dental Delta		
Coverage Type	Bi-Weekly (26)	
Employee Only	\$12.55	
Employee + 1	\$24.44	
Employee + Family	\$49.88	

MEDICAL: BCBS Direct PPO \$2,000/\$4,000		
Coverage Type Bi-Weekly (26)		
Employee Only	\$108.93	
Employee + 1	\$261.42	
Employee + Family \$326.78		

VISION: VSP	
Coverage Type	Bi-Weekly (26)
Employee Only	\$4.32
Employee + Spouse	\$7.27
Employee + Child(ren)	\$7.42
Employee + Family	\$11.96

MEDICAL: BCN HMO		
Coverage Type	Bi-Weekly (26)	
Employee Only	\$61.94	
Employee + 1	\$148.64	
Employee + Family	\$185.81	

Enrollment

When Can I Enroll in Benefits?

You can enroll for benefits:

- Within 30 days of first becoming eligible for benefits
- During the annual Open Enrollment period
- During the plan year, if you experience a Qualifying Life Event

When Does Coverage Begin?

Benefits for new hires, unless explained otherwise, will become effective on the **first of the month following 30** days of employment.

Making Benefit Changes During the Plan Year

The benefit elections you make during your initial enrollment period will be in effect through December 31, 2023. If you have a "qualifying life event," you may make changes to certain benefits if you apply for the change and provide supporting documentation to Human Resources within **30** days of the event. Proof of life events is subject to approval by Finlandia University. Documentation is required to be submitted timely. Qualifying life events include, but are not limited to:

- Your marriage or divorce
- Birth, adoption or placement for adoption of an eligible child (Retroactive to the date of the event)
- Death of your spouse or covered dependent
- Change in you or your spouse's work status that affects benefits eligibility (for example, starting a new job, leaving a job, changing from part-time to full-time, starting or returning from an unpaid leave of absence, etc.)
- Your spouse's Open Enrollment differs from yours
- · A change in your child's eligibility for benefits
- Gain or loss of Medicare or Medicaid during the year
- Relocation if the move impacts access to coverage

Other qualifying events may also apply. Please contact Human Resources.

Please Note:

Federal regulations require Finlandia University to obtain the following information during enrollment:

- Social Security numbers for your dependents covered by the medical plan
- Dates of birth and your relationship to your dependents



Medical Coverage

Finlandia University offers 3 medical plans through **Blue Cross Blue Shield/Blue Care Network** with the following features:

- Two of the plans offered to are is a Preferred Provider Organization Plans (PPO)s. With these plans you have the option to receive care from in-network or out-of-network providers; higher benefits are paid when using innetwork BCBSM providers.
- The third plan offered to you is a Health Maintenance Organization (HMO). With this plan you are required to choose a Primary Care Physician (PCP) at enrollment, however you may change your PCP at any time. If you are enrolled in family coverage you are not required to have the same PCP as the contract holder. Each person may elect their own PCP according to their preference. Your PCP is responsible for referring you for care to other participating providers within the **BCN** network.
- Preventive care is covered at 100% when using an in-network provider, with some exceptions related to COVID-19.
- · Includes prescription drug coverage.
- Deductibles and out-of-pocket maximums accumulate on a plan year which runs January 1 December 31.
- If you enroll in the **PPO \$2,000/\$4,000 HSA 100%** you can open and contribute to a Health Savings Account (HSA) to help cover some of your medical plan costs (refer to the HSA page for more information).
- Employees share in the cost of medical/prescription benefits.
- For a comparison of the plans, please refer to the Medical Plans Comparison Chart. Specific benefit levels and limitations can be found in the plan summaries and Summary of Benefits and Coverage (SBC).

Finding In-Network Providers

To search for in-network medical providers, log onto www.bcbsm.com/index/find-a-doctor. When prompted to select a plan, if you elected one of the PPO plans choose **PPO Plans**, and if you elected the HMO plan, choose **Blue Care Network (HMO and POS Plans)** from the dropdown list.

Access to Your Healthcare

After you are enrolled in a Finlandia University medical plan, log onto www.bcbsm.com and register to access self-service tools and resources to help manage your medical benefits.

A Note About Health Care Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because Finlandia University's medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy.

Additional information is available at www.healthcare.gov.



Medical Plan Options

	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Care Network
	PPO \$1,000/\$2,000 Traditional 100%	PPO \$2,000/\$4,000 HSA 100%	HMO \$2,000/\$4,000 Traditional 80%
Medical			
	<u>In-Network</u>	<u>In-Network</u>	<u>In-Network</u>
Calendar Year Deductible (Individual / Family)	\$1,000 / \$2,000	\$2,000 / \$4,000	\$2,000 / \$4,000
Coinsurance	Insurance pays 100%* You pay 0%	Insurance pays 100%* You pay 0%	Insurance pays 80%* You pay 20% \$4,000 / \$8,000 Max
Calendar Year Out-of-Pocket Max ¹ (Individual / Family)	\$8,150 / \$16,300	\$4,000 / \$8,000	\$8,150 / \$16,300
Preventive Care	100% covered	100% covered	100% covered
Primary Care Office Visit	\$30 copay	0% *	\$30 copay
Specialty Care Office Visit	\$30 copay	0% *	\$50 copay
Virtual Care Visit (must use Blue Cross Virtual doctors)	\$30 copay	0% *	\$30 copay
Urgent Care Facility	\$30 copay	0% *	\$60 copay
Emergency Room Care	\$150 copay	0% *	\$250 Copay *
Inpatient Hospital	0% *	0% *	20% *
Outpatient Surgery	0% *	0% *	20% *
Routine Radiology / Lab	0% *	0% *	20% *
Advanced Radiology (MRI, MRA, CAT, PET Scan)	0% *	0% *	20% *
Prescription	You Pay	You Pay	You Pay
Retail (up to 30-day supply)	Tier 1 - \$15 Copay Tier 2 - \$30 Copay Tier 3 - \$60 Copay	After deductible Tier 1 - \$15 Copay Tier 2 - \$30 Copay Tier 3 - \$60 Copay	Tier 1A - \$10 Copay Tier 1B - \$30 Copay Tier 2 - \$60 Copay Tier 3 - \$80 Copay Tier 4 - 20% (\$200 Max Tier 5 - 20% (\$300 Max

Limitations and maximums may apply. Please refer to the plan summaries and Summary of Benefits and Coverage for more information.

* After Deductible



¹ Plan Year Out-of-Pocket Maximum includes deductibles, copays and coinsurance



Where to Seek Care

Virtual Visits

Each medical plan includes **Blue Cross Online** visits, which provides 24-7-365 access to board-certified primary care doctors and pediatricians by secure video chat or phone. **For an illness or injury that is not an emergency**, the **Blue Cross Virtual Care** program offers a **convenient**, **cost-effective alternative** to hospital emergency rooms and urgent care clinics.

Blue Cross Online Visits is not intended to replace your relationship with your doctor, but rather provides access to healthcare when reaching the doctor is difficult or inconvenient.

Doctors on **Blue Cross Online Visits** can diagnose, recommend treatment and write short-term prescriptions for minor, non-life-threatening conditions including, but not limited to:

- Acne
- Allergies
- Arthritic Pain
- Bronchitis
- Cold/Flu Symptoms

- Ear Infections
- Headaches/Migraines
- Insect Bites
- Sinus Infections
- Nausea/Stomach Aches
- · Pink Eye
- · Skin Infections
- Sore Throat
- Upper Respiratory Infections

How to Use Blue Cross Online Visits

- 1. Download the BCBSM Online Visits app or go online to bcbsmonlinevisits.com to learn more.
- 2. Register and complete your account profile, including a brief medical history, for you and your enrolled family members.
- 3. Video chat or talk with a doctor from home, work or when traveling.

Benefits of Virtual Care Visits

- · Less time away from work
- No travel expenses or time
- · Less interference with child or elder care responsibilities
- No exposure to other potentially contagious patients



Emergency Care vs. Urgent Care

When you need help in a hurry, you have choices. Of course, when it's a life-threatening problem, you should call 911 or go straight to the nearest hospital emergency room (ER).

In the ER, true emergencies are treated first, so unless your life is in danger, you'll wait – sometimes for hours. The ER is also the most expensive option for care.

For non-life-threatening problems, call your doctor, access **Blue Cross** virtual care services or go to an urgent care center.





Only available for those enrolled in the **HSA medical plan**

A Health Savings Account (HSA) is a tax-advantaged savings vehicle available to individuals covered by a High Deductible Health Plan (HDHP). Funds in the account are used to pay for qualified medical, dental and vision expenses.

An HSA is a great way to save for the future. You can set aside money from each paycheck now and save funds to cover healthcare expenses that come up later. Plus, your contributions are free from federal income tax, so you're stretching your healthcare dollars while lowering your taxable take-home pay amount.

HSA funds can only be used for yourself, your spouse and your taxable dependents. Expenses for domestic partners and/or other dependents who do not qualify as tax dependents are not reimbursable under the HSA.

Advantages of an HSA

- Balance rolls over each year so you won't lose your contributions
- Triple tax savings you do not pay federal tax* on:
 - · Contributions to the account
 - Spending on qualified expenses
 - · Interest that accrues
- Account is portable, so the funds are yours even if you change medical plans next year or leave the Company
- Use the funds (now or in the future) for eligible medical, dental, or vision expenses, including coinsurance costs, prescriptions, glasses, orthodontia, and more
- Money left in the savings account earns tax-free interest*
- Some administrators will allow you to move your balance above a certain limit into mutual funds and direct your investment strategy.

^{*}Tax treatment of HSAs for state tax purposes may vary by state.

Funding and Enrolling in an HSA

You have the option to contribute to your HSA through pre-tax payroll contributions if you enroll in an HSA through **Health Equity.** You can change the amount you contribute to your HSA at any time during the plan year.

To enroll in an HSA, you must enroll in the **HSA** medical plan. Finlandia University will have your Health Equity HSA opened on your behalf. You will receive instructions following enrollment on how to activate your account and establish a login and password. It is important to note that expenses are not eligible for reimbursement until your HSA has been established.

Once your HSA is opened, remember to designate a beneficiary for this account.

Who can open an HSA?

You can contribute to an HSA if you:

- Are covered under an HSA-qualified high deductible health plan (HDHP).
- Are not enrolled in Medicare*, TRICARE or TRICARE for Life.
- · You are not covered by another major medical plan, including the plan of your spouse or parent.
- Cannot be claimed as a dependent on someone else's tax return.
- Have not received Veterans Affairs (VA) benefits within the past 3 months
- You (or your spouse) do not contribute to a Health Care FSA.

Other restrictions and exceptions may also apply. For more information, visit www.irs.gov/publications/p969/

2023 HSA Contributions and Limits

Each year, you can contribute up to the IRS annual limit for HSAs up to the annual amounts listed below.

	2022 IRS Contribution Limit	2023 IRS Contribution Limit
Employee Only	\$3,650	\$3,850
Employee + Dependents	\$7,300	\$7,750

^{*} If you are age 55 or older, you may contribute an additional \$1,000 in catchup contributions.

IMPORTANT! If you use your HSA funds for non-qualified expenses, the purchase amount will be subject to tax, plus a 20% penalty if you are younger than age 65. To view a list of qualified expenses, visit **https://healthequity.com/hsa-qme**.



^{*} You also can choose to open an HSA through another financial institution. However, you would have to make after-tax contributions; they would not be automatically deducted from your paycheck, and you would need to claim those contributions as a tax deduction when you file your taxes.

^{*} Enrollment in Medicare Part A may be retroactive by up to 6 months when you begin taking social security retirement after your Social Security Normal Retirement Age (SSNRA). This may affect your HSA eligibility.



How to Save \$\$\$!

Use In-Network Doctors

By using in-network doctors, clinics, hospitals and pharmacies, you pay the lowest cost for care. When you visit out-of-network doctors, our health plan covers less of the cost.

Choose the Right Type of Care

When you need care, know your options. Urgent care centers, online doctor visits or a call to the medical plan nurse line can help save time and money.

Use Your Preventive Care Benefits

Most preventive care services are covered at 100% when you use in-network providers. Getting regular exams, screenings and immunizations can save you a lot of money in the long run by catching problems early or preventing them altogether.

Use OptumRX

Rather than visiting a pharmacy month after month, save time by having the medication delivered to your home.

Through OptumRX, you can also save money by getting up to a 90-day supply for less than what you would pay through a retail pharmacy. And because shipping is free, you'll also save on gas money!

Ask Your Doctor for Generic Drugs

The next time you need a prescription, ask your doctor if it is appropriate to use a generic drug rather than a brand name drug. Generic drugs contain the same active ingredients, are identical in dose, form and administrative method AND are less expensive than their brand name counterparts.

If you must take a brand name drug, ask your doctor for samples or coupons. Also check the drug manufacturer's website for available rebates and discounts.

Search GoodRx for Cheaper Prices

Drug prices sometimes vary significantly between pharmacies. GoodRx collects and compares prices for every FDA approved prescription drug at more than 70,000 pharmacies.

Access GoodRx at <u>www.goodrx.com</u> to find the lowest price pharmacy near you and/or print FREE coupons. You can also get coupons on-the-go through Good Rx's mobile app – just show your phone to the pharmacist.*

Ask Your Pharmacy for the Cash Price

Call and ask your pharmacy for the cash price* of a prescription drug. Sometimes these prices are lower than the prescription drug plan copay.

*Note: prescription claims paid outside the BCBS/BCN network will not track towards your deductible.



Dental

Finlandia University offers dental coverage through **Delta Dental**. Your choice of dentists can determine the cost savings you receive. In-network providers are paid directly by Delta Dental and agree to accept negotiated fees as "payment in full" for services rendered. When you use out-of-network providers, Delta Dental will apply the applicable percentage of the allowed amount and you are responsible for paying the balance of the bill.

In-network coverage is provided when you use Delta Dental providers. To search for in-network providers, go to **www.deltadentalmi.com** and click on **Find a Dentist**.

Employees pay the full cost of dental benefits.

Delta Dental	
	<u>In-Network</u>
Calendar Year Maximum * (plan pays)	Up to \$1,000
Calendar Year Deductible * (applies to Basic and Major Services)	\$50 Individual / \$150 Family
Preventive Services (no deductible)	100%
Basic Services (after deductible)	80%
Major Services (after deductible)	50%
Orthodontia (to age 18)	50%
Orthodontia Lifetime Maximum (per person)	\$1,000

^{*} Plan deductibles and maximums accumulate on a calendar year (January 1 – December 31). These amounts reset on January 1 of each year.





Vision

Routine eye exams are important for maintaining good vision and can also provide early warning of other health conditions. The **VSP** vision plan provides coverage for exams, glasses and contact lenses, as shown below.

In-network coverage is provided when you use VSP providers. To search for providers, log onto www.vsp.com.

No ID card will be provided; give the group number and your SSN to your vision provider when obtaining services.

Employees pay the full cost of vision benefits.

VSP	Frequency	In-Network
Eye Exam	Once every 12 months	\$10 copay
Frame	Once every 24 months	\$130 allowance, 20% off any amount over allowance
Lenses (Single vision, lined bifocal, lined trifocal)	Once every 12 months	Included in Prescription Glasses
Progressive Lenses (Standard)	Once every 12 months	\$0 for standard progressive
Contacts—instead of glasses	Once every 12 months	\$130 allowance, up to \$60 copay





Life Insurance

Basic Life/AD&D

Having appropriate life insurance coverage is a critical part of planning for your family's current and future financial needs. Proceeds from life insurance can help with salary replacement, mortgage protection, cost of childcare, debt repayment and children's education expenses.

Finlandia University provides Basic Life insurance coverage of \$15,000. This coverage includes an Accidental Death and Dismemberment (AD&D) provision that also pays \$15,000 in the event of accidental death and certain other conditions. Basic Life and AD&D insurance is administered by **Mutual of Omaha** and is paid for by Finlandia University. You are automatically enrolled in these benefits.

Voluntary Life and AD&D

As a new hire, you can purchase Voluntary Life and Accidental Death & Dismemberment insurance for you, your legal spouse, and dependent children without providing medical information up to certain guaranteed issue (GI) amounts (see chart). If you leave the Company, this coverage can be taken with you. Employees pay the full cost of Voluntary Life and Voluntary AD&D insurance on an after-tax basis.

Employee and spouse amounts applied for over the GI as a new hire will require you to provide Evidence of Insurability (EOI) for review and approval by Mutual of Omaha.

Benefit amounts reduce at age 70. Please refer to the benefit summary for details.

If you elect not to enroll within 30 days of your date of hire, you will still be able to purchase coverage in the future. However, ALL amounts elected will be subject to the EOI requirements provision. At that time, if your EOI is not satisfactory to Mutual of Omaha, you will not have Voluntary Life coverage.

Voluntary Life/AD&D Amounts Available		
Employee	Increments of \$10,000 to lesser of 5 times your salary or \$500,000 Guaranteed Issue: 5 x annual salary up to \$250,000	
Spouse	100% of employee's benefit up to \$250,000 Guaranteed Issue: 100% of employee's benefit up to \$50,000	
Child (to age 26)	100% of employee's benefit up to \$10,000 Guaranteed Issue: 100% of employee's benefit up to \$10,000	

Open Enrollment Provision

Annual Benefit Amount Increase: Employees who elect the minimum benefit when initially eligible may increase their benefit by 1 increment during the annual enrollment period without any medical questions asked, up to the Guarantee Issue amount.





Disability Insurance

If you were to be out of work due to an injury or illness, could you and your family survive without a paycheck? Disability insurance is essentially "paycheck" insurance, ensuring you will receive a portion of your income if you were out of work due to injury or illness. Short-Term Disability (STD) provides a weekly benefit, while Long-Term Disability (LTD) pays a monthly benefit <u>after STD</u> insurance has been exhausted.

Nonunion employees have employer paid coverage for 100% of their salary for the first 30 days of a qualified disability.

Voluntary Short Term and Voluntary Long-Term Disability benefits are available for nonunion employees at an additional cost.

Voluntary Short-Term Disability (STD) Insurance

STD benefits become payable when you are unable to work due to an injury or illness unrelated to work. If you remain disabled and meet the plan's disability requirements, you will continue to receive a percentage of your weekly earnings until the benefit duration has ended.

STD benefits integrate with state mandated disability plans.

Benefit Begins	31st day of accident or 31st day for illness
Benefit Amount	60% of weekly earnings
Benefit Duration	Up to 22 weeks

Voluntary Long-Term Disability (LTD) Insurance

LTD insurance offers a monthly benefit to help replace lost income if you experience a disability lasting longer than **180** days. Proof of disability is required.

Benefit Begins	After 180 days of qualified disability
Benefit Amount	60% of basic monthly earnings
Benefit Duration	Social Security Normal Retirement Age (SSNRA)

Long Term Disability claims for newly covered employees will be denied if you received medical treatment, medical advice, care or services or took prescribed drugs or medicines in the last **3** months prior to the effective date of this coverage and the disability began in the first **12** months after your effective date of coverage.





The Lighthouse Resource Center

Effortless insurance – all of your needs, all in one place.

As a member of the Lighthouse Network, enjoy the ease of having all of your insurance needs in one place. The Lighthouse Resource Center offers you access to the industry's leading experts in life insurance, Medicare & individual health insurance, and personal insurance including home, auto, and umbrella.

As an independent insurance agency, we compare plans from a variety of competitive carriers to find the best policy, so you can get the best coverage at a rate you can afford.

The Resource Center Offers:



Auto Insurance



Home Insurance



Umbrella Policies



Life Insurance



Medicare & Individual



And More

To Get Started:



Individual Insurance or Medicare needs:

Scan or click here



Home, Auto, or Umbrella Insurance:

Scan or click here

Contact the resource center:

- If you are in between jobs or newly hired with a benefits waiting period
- In the event of termination, separation of employment, or reduced hours to discuss alternatives to COBRA
- If you have dependents turning 26
- If you plan to retire before 65
- If you'd like a free personal insurance consultation
- For Medicare education and enrollment support





Benefit Definitions

What is a premium?

A premium (also referred to as a contribution) is the cost you pay for health insurance, whether you use medical services or not. Premiums are deducted directly from your paycheck on a pre-tax basis.

What is a deductible?

A deductible is the amount you pay out of your pocket before your insurance pays.

Deductibles typically run from **January – December** each year. Once you have met that dollar amount, you have met the requirements for the plan year.

What does a copay pay for?

Copayments, or copays, are pre-set dollar amount you are expected to pay for office visits, procedures or prescription drugs under your insurance plan.

Once the copay has been met, the insurance Company pays all remaining costs.

What does coinsurance mean?

Coinsurance is a set percentage of service costs that you will be expected to pay once you have met your annual deductible.

When your annual deductible is met, your insurance provider pays for their portion of the full cost of the service and you pay the coinsurance, or remaining percentage.

What counts towards my out-of-pocket maximum?

An out-of-pocket maximum is an annual cap on the dollar amount you are expected to pay out of your own pocket for services (including deductibles, copays, and coinsurance) throughout the plan year.

Once you meet the out-of-pocket amount, your insurance provider will cover 100% of remaining medical expenses for the year.





This benefits guide is a summary and provides an overview of the benefits offered to eligible employees and their dependents. It is not a complete description of the coverage offered nor the varying eligibility that may apply under different benefits. If this guide does not address your specific questions, please refer to the Resources / Contact Information, review the underlying policies or plan documents, or contact Human Resources for additional information.

Controlling provisions are provided in each benefit plan policy. If there is any discrepancy between this guide and the underlying policies or plan document will control.

This benefits guide is not a binding contract or guarantee of coverage. Finlandia University reserves the right to end, suspend, or amend any plan or benefit provided, at any time, for any reason, in whole or in part.