Larkfield Instruments, Inc.
Total Rewards · Benefits Service Center · 900 Halvorsen Parkway, Weatherstone, ST 47110
1-888-555-0164 (Mon–Fri, 7:00 a.m.–7:00 p.m. Central) · Fax 1-888-555-0165
larkfield.example/benefits · benefits@larkfield.example

SPD READING GUIDE

Plan
Larkfield Instruments, Inc. Group Health and Welfare Plan
Plan number / EIN
501 / 47-0199884
Plan year
January 1 – December 31, 2028
SPD edition
LI-SPD-2028, published September 30, 2027

How to Use Your Summary Plan Description

A navigation aid to the 2028 SPD — where each answer lives, and which document controls

THE GOVERNING PLAN DOCUMENTS CONTROL

The SPD summarizes the plan. Where the SPD, this guide, an enrollment screen, or anything you are told conflicts with the plan document, the insurance contract, or the trust agreement, the governing plan documents control.

PLAN ADMINISTRATOR	AGENT FOR SERVICE OF LEGAL PROCESS	PLAN TYPE	FUNDING
Larkfield Instruments Benefits Committee	**General Counsel, 900 Halvorsen Parkway, Weatherstone, ST 47110**	**Group health and welfare plan**	**Self-funded medical; insured dental, vision, and life**
OPEN ENROLLMENT	ELECTIONS CLOSE	SPECIMEN PARTICIPANT	GUIDE ISSUED
October 18 – November 5, 2027	**November 5, 2027 at 11:59 p.m. Central**	**Dana M. Whitcomb · LI-40188**	**September 30, 2027**

1. WHAT THE SPD IS, AND WHAT IT IS NOT

The SPD is:

- A written summary of the plan's terms, written to be understood by participants
- The document that tells you your eligibility, contributions, benefits, and appeal rights
- The place where every defined term used by the plan is defined
- Required to be furnished to you and available free of charge on request

The SPD is not:

- The plan document itself, or the insurance contract
- A guarantee that a specific service will be covered for you
- Personalized advice about which plan or account to choose
- Tax advice, legal advice, or a clinical recommendation

Keep the edition. The 2028 SPD (LI-SPD-2028) describes the plan as it exists during the 2028 plan year. A claim for a 2027 service is decided under the 2027 documents.

2. SECTION MAP FOR LI-SPD-2028, SECTIONS 1 THROUGH 8

§	SECTION TITLE	PAGES	WHAT YOU WILL FIND THERE
1	How to use this summary plan description	1–3	What this booklet is, what it is not, and which documents control when they disagree
2	Plan identification facts	4–5	Plan name, plan number 501, employer identification number 47-0199884, plan year, plan administrator, named fiduciary, agent for service of legal process, and funding
3	Who is eligible	6–10	Employee classes, the 30-hour standard, waiting period, dependent definitions, and who is excluded
4	When coverage starts and ends	11–14	New hire effective dates, rehire rules, leaves of absence, and the last day of coverage
5	Enrolling and changing your election	15–22	Open enrollment (5.1), the default if you do nothing (5.2), qualifying life events and windows (5.3), dependent verification (5.4)
6	What you pay	23–27	Pre-tax contributions, the contribution schedule by plan and tier, imputed income, and mid-year recalculation
7	Medical and prescription benefits	28–52	Deductibles, out-of-pocket maximums, coinsurance, copays, networks, prior authorization, prescription tiers, and exclusions
8	Dental and vision benefits	53–61	Annual maximums, frequency limits, and orthodontia

Page numbers refer to the printed 2028 edition. The searchable copy on the benefits portal carries the same section numbers, and section numbers — not page numbers — should be used when you cite the SPD in a question or an appeal.

3. SECTION MAP FOR LI-SPD-2028, SECTIONS 9 THROUGH 15

§	SECTION TITLE	PAGES	WHAT YOU WILL FIND THERE
9	Spending and savings accounts	62–71	Health savings account (9.1), health flexible spending arrangement (9.2), limited-purpose FSA (9.3), and which combinations are allowed
10	When coverage ends, and COBRA	72–80	Qualifying events, election periods, premium due dates, and the maximum coverage period
11	Coordination of benefits and subrogation	81–86	Primary and secondary rules, birthday rule for children, and reimbursement rights
12	Claims and appeals	87–96	Claim types, decision deadlines, appeal deadlines, external review, and how to request a free copy of the documents used to decide your claim
13	Your rights under ERISA	97–100	Statement of rights, enforcement, and where to get assistance
14	Definitions	101–110	Every term printed in bold-italic type in the booklet is defined here, and the definition controls
15	Contacts and plan directory	111–112	Carriers, administrators, phone numbers, and addresses

Sections 13, 14, and 15 are the ones participants skip and then need. Section 14 controls the meaning of every bold-italic term used anywhere in the booklet, and Section 15 lists the carrier or administrator who actually decides a claim.

4. START FROM YOUR QUESTION, NOT FROM PAGE ONE

THE QUESTION YOU ACTUALLY HAVE	GO TO	PAGES	WHAT TO WATCH FOR
“Am I eligible, and when does coverage start?”	Sections 3 and 4	6–14	Read the employee class definition first. The waiting period is measured from the date of hire, not the first day worked.
“How much comes out of my paycheck?”	Section 6	23–27	Contributions are listed by plan and coverage tier. Compare the tier, not just the plan.
“Can I change my election in March?”	Section 5.3	18–21	Only with a qualifying life event, and only within the stated window. The change must be consistent with the event.
“Is this service covered?”	Sections 7 and 14	28–52, 101–110	Read the benefit, then read the exclusions, then read the definition of every bold-italic term used in both.
“Why was my claim denied?”	Section 12	87–96	The written adverse benefit determination states the specific reason and the provision relied on. You may request the documents used to decide the claim at no charge.
“How long do I have to appeal?”	Section 12	90–92	180 days from the date you receive the adverse determination. Missing the deadline generally ends the appeal right.
“What happens if I leave?”	Section 10	72–80	Coverage ends on the last day of the month in which employment ends; COBRA election materials follow.
“Which document wins if two disagree?”	Section 1	1–3	The plan document and the insurance contract control. This booklet, and every summary built from it, is a summary.

5. HOW TO READ A BENEFIT PROVISION WITHOUT GETTING IT WRONG

1. Find the benefit in Section 7 or 8 and read the entire provision, including anything in parentheses.
2. Write down every term printed in bold-italic type. Those are defined terms and the definition in Section 14 controls what the sentence means.
3. Read the exclusions that follow the benefit. An exclusion can remove what the benefit appeared to grant, and an exclusion can contain its own exception.
4. Check whether the service requires prior authorization or a network provider. A covered service delivered without a required authorization can still be denied or reduced.
5. Check Section 6 for the contribution and Section 7 for the deductible, coinsurance, and out-of-pocket maximum that apply to your plan and tier.
6. If the answer depends on facts that are not yet known, stop. Ask the Benefits Service Center to route the question to the carrier or third-party administrator in writing.
7. Keep the written answer. A verbal answer does not change the governing plan documents and cannot be relied on in an appeal.

A benefits answer is almost never one sentence. It is the combined result of the grant, the definitions, the exclusions, the network and authorization rules, and the cost-sharing terms.

6. CLAIMS AND APPEALS DEADLINES AT A GLANCE — SPD SECTION 12

CLAIM TYPE	WHEN YOU FILE	PLAN'S INITIAL DECISION	EXTENSION AVAILABLE	YOUR DEADLINE TO APPEAL	APPEAL DECISION
Urgent care claim	As soon as possible, before the service	72 hours	Not available	180 days	72 hours
Pre-service claim	Before the service, as the plan requires	15 days	One 15-day extension	180 days	30 days
Concurrent care reduction	Plan notifies you	Enough in advance to appeal	Not applicable	Before the reduction takes effect	As soon as the situation requires
Post-service claim	Within 12 months of the date of service	30 days	One 15-day extension	180 days	60 days
Disability-related determination	As the plan requires	45 days	Two 30-day extensions	180 days	45 days

Deadlines run from the date you receive the written determination. An adverse determination must state the specific reason, the plan provision relied on, any internal rule used, and how to request — free of charge — all documents relevant to the claim. External review, where it applies, must be requested within 4 months of the final internal adverse determination.

7. WHERE THE OTHER THREE GUIDES FIT

GUIDE	ANSWERS	SPD SECTION IT SUMMARIZES
Open enrollment comparison	Which plan and tier to elect	Sections 6 and 7
Account comparison	HSA, health FSA, limited-purpose FSA	Section 9
Qualifying life events	Mid-year changes and deadlines	Section 5.3 and 5.4
This guide	Where to find an answer	All sections

All four guides describe the same plan year and the same figures. If one of them disagrees with the SPD, the SPD is closer to right — and the governing plan documents are right.

8. HOW TO REQUEST DOCUMENTS

1. Ask the plan administrator in writing for the plan document, the trust agreement, the insurance contract, or the latest annual report.
2. Send the request to the Benefits Committee at 900 Halvorsen Parkway, Weatherstone, ST 47110, or by email to benefits@larkfield.example.
3. Copies are furnished within 30 days of a written request. A reasonable charge may apply for copies, and the charge is disclosed before copying.
4. Documents relevant to a denied claim are furnished free of charge as part of the appeal.

Which document controls: This document is a plain-language aid. If anything in it — or in an enrollment screen, a cost modeling tool, a benefits fair handout, a recorded webinar, or a verbal statement by any employee — conflicts with the official plan document, the insurance contract, or the trust agreement for the Larkfield Instruments, Inc. Group Health and Welfare Plan, the official governing plan documents control in all cases. No statement here creates a right to a benefit that the governing plan documents do not provide.