



Eastman



Health Plan Summary

Plan Name: **Eastman Health Plan**
Plan Type: **Individual Health Plan**
Effective Date: **01/01/2024**
Plan Year: **2024**
Plan ID: **123456789**

Plan Description
This plan provides comprehensive health coverage for the individual named below. It includes medical, dental, and vision benefits. The plan is subject to the terms and conditions of the plan documents.

Plan Details
The plan is a self-funded, non-qualified health plan. It is not subject to ERISA preemption. The plan is administered by Eastman Health Plan, Inc.

Benefit Category	Benefit Description	Benefit Amount
Medical	Individual Health Plan	\$100,000
Dental	Individual Dental Plan	\$50,000
Vision	Individual Vision Plan	\$25,000

Plan Contact Information
Eastman Health Plan, Inc.
123 Main Street
City, State, ZIP