

# 2027 Benefits Guide

AS AN ADULT COLORING BOOK





## TABLE OF CONTENTS

Welcome .....	3
Eligibility .....	4
Qualifying Life Event .....	5
Choose Your Medical Plan .....	6
Medical Plan Comparison .....	7
Pharmacy .....	8
Know Where to Go for Care .....	9
Understanding How Your Plan Works ...	10
Telehealth Benefits .....	11
Health Savings Account (HSA) .....	13
flexible Spending Account (FSA) .....	14
Dental Plan .....	16
Vision Plan .....	17
Life Insurance .....	18
Disability Coverage .....	19
Employee Assistance Program.....	20
Voluntary Benefits .....	21
Financial Security.....	25
Health and Wellness Benefits.....	26
Employee Contributions .....	27
How do I Enroll? .....	28
Benefits Definitions .....	29
Important Contacts .....	31

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 contracts. 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].

# ELIGIBILITY

## BENEFIT ELIGIBILITY

You and your eligible family members may participate in the 20XX employee benefits program if you're a regular, full-time employee working a minimum of 30 hours per week.

### New-Hire Eligibility

New hires can join the plan the **(first of the month following date of hire)**. Spouses/domestic partners and dependent children of the employee are also eligible to participate in our benefit plans.

### Dependent Eligibility

You can enroll the following dependents in our group benefit plans:

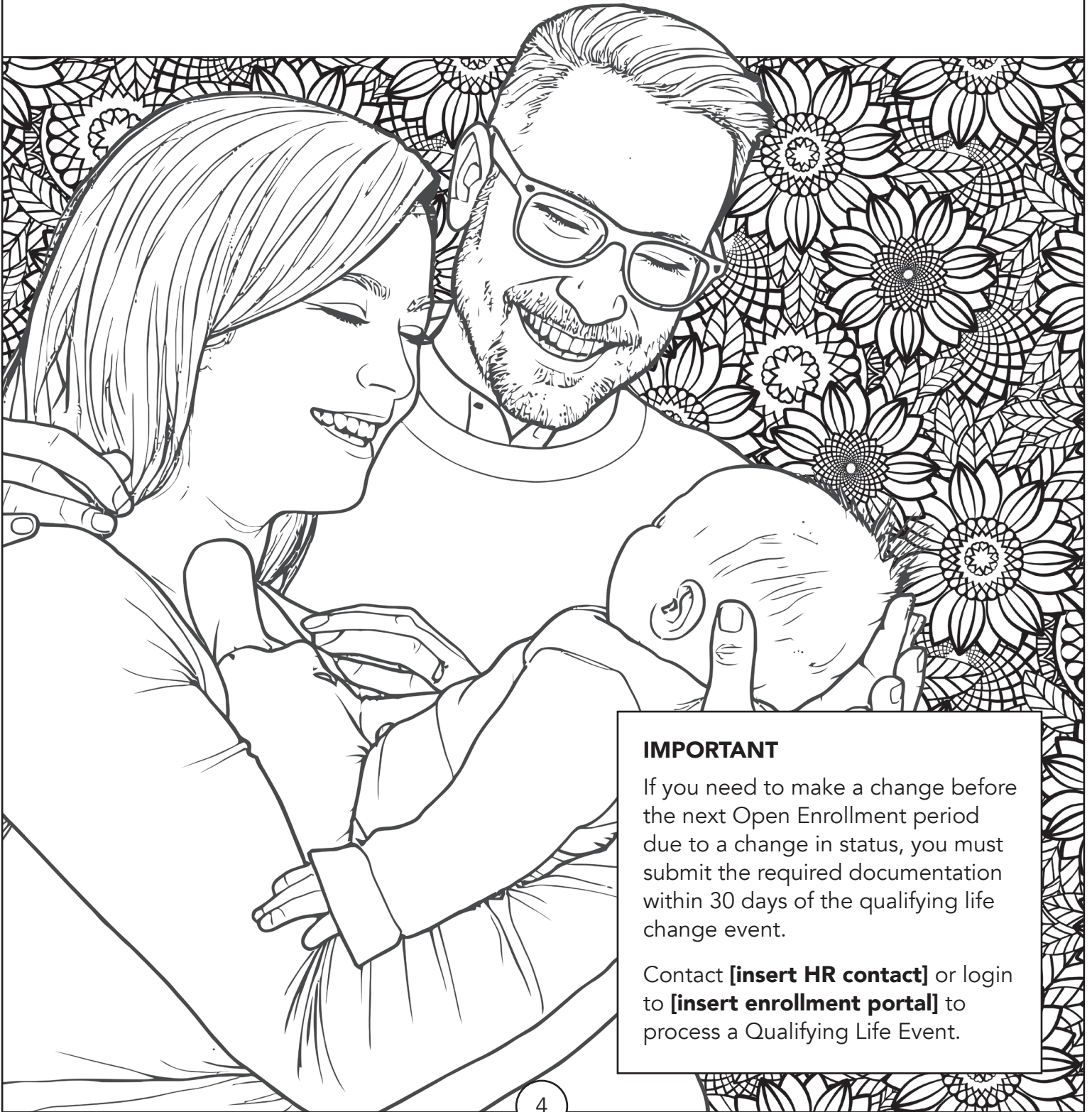
- Your legal spouse or domestic partner
- Children up to age 26\*
- A child under the age of 26 who is your natural child, stepchild, legally adopted child, or child for whom you have obtained legal guardianship
- Unmarried children of any age if totally disabled and claimed as a dependent on your federal income tax return (documentation of handicapped status must be provided)



\* Enrolled children lose coverage when they turn 26 and will be mailed COBRA enrollment information.

## QUALIFYING LIFE EVENT

Your benefit elections made during Open Enrollment will be effective **[insert date]**. You may not make changes to your elections unless you experience a qualifying life event, including change in legal marital status (marriage, divorce, death of spouse), change in dependents (birth, adoption), change in employment status (termination, part-time), or your spouse's Open Enrollment.



### IMPORTANT

If you need to make a change before the next Open Enrollment period due to a change in status, you must submit the required documentation within 30 days of the qualifying life change event.

Contact **[insert HR contact]** or login to **[insert enrollment portal]** to process a Qualifying Life Event.



 **logo**