

# BENEFITS GUIDE

2026



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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 contacts. 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].



# WELCOME!



We are committed to providing competitive benefit programs that are flexible enough to meet your individual needs. Our comprehensive benefits are carefully designed to give you the tools you need to keep you and your family healthy, provide financial protection in the event of unforeseen circumstances and help you build long-term security for retirement.

Getting the most from your benefits is up to you. You know your family, your goals and your lifestyle best. This benefits guide was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this guide to make sure you understand the benefits that are available to you and your family and be sure to act before the enrollment deadline.

## OPEN ENROLLMENT: TAKE ACTION! [INSERT DATE] - [INSERT DATE]

This Open Enrollment is an [active enrollment], meaning all employees must enroll to have benefits in the new plan year. If you do not enroll, your benefits will be waived beginning January 1, 2024 and you will not be able to enroll until the next Open Enrollment, unless you experience a Qualifying Life Event (QLE).



# MEDICAL PLAN COMPARISON



	Plan 1	Plan 2	Plan 3
<b>BENEFITS IN-NETWORK</b>			
<b>ANNUAL DEDUCTIBLE</b>			
Individual	\$XX	\$XX	\$XX
Family	\$XX	\$XX	\$XX
<b>OUT-OF-POCKET (OOP) MAXIMUM</b>			
Individual	\$XX	\$XX	\$XX
Family	\$XX	\$XX	\$XX
<b>COINSURANCE</b>			
Virtual Visits	\$XX	\$XX	\$XX
Preventive Care	XX%	XX%	XX%
Primary Care Physician (PCP)	XX%	XX%	XX%
Specialist	XX%	XX%	XX%
Emergency Room	XX%	XX%	XX%
Inpatient Hospital	XX%	XX%	XX%
Outpatient Hospital	XX%	XX%	XX%
Urgent Care	XX%	XX%	XX%
Outpatient Surgery	XX%	XX%	XX%
Lab/X-Ray (Outpatient)	XX%	XX%	XX%
OUT-of-Network (OON)	XX%	XX%	XX%
Deductible (OON)	XX%	XX%	XX%
Co-insurance (OON)	XX%	XX%	XX%
Out-of-Pocket Maximum (OOP)	XX%	XX%	XX%

Please note: Referral may be required to see a specialist.

Please note: If you go to an out-of-network provider, your cost may be higher and your provider may ask you to pay the actual charge for your care at the time of your visit.



