



ABC COMPANY

20XX Employee Benefits Guide



Important Contacts

COVERAGE	CONTACT	PHONE	WEBSITE
Medical	CARRIER NAME	XXX-XXX-XXXX	www.xyz.com
Health Savings Account	CARRIER NAME	XXX-XXX-XXXX	www.xyz.com
Dental	CARRIER NAME	XXX-XXX-XXXX	www.xyz.com
Vision	CARRIER NAME	XXX-XXX-XXXX	www.xyz.com
Flexible Spending Accounts	CARRIER NAME	XXX-XXX-XXXX	www.xyz.com
Life and AD&D	CARRIER NAME	XXX-XXX-XXXX	www.xyz.com
Disability	CARRIER NAME	XXX-XXX-XXXX	www.xyz.com
401(k) Retirement	CARRIER NAME	XXX-XXX-XXXX	www.xyz.com



Welcome to Your Benefits!

We are pleased to provide you with a wide range of competitive benefits that are a vital part of your total compensation. You have the flexibility to select from a full range of benefits 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. This brochure was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this brochure to make sure you understand the benefits that are available to you and your family and be sure to take action before the enrollment deadline.

This brochure highlights the main features of the employee benefits program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. The Company reserves the right to change or discontinue its employee benefits plans at any time.

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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see [page XX](#) for more details.



Eligibility

If you work at least 30 hours per week, you are eligible for benefits. Most of your benefits are effective on the first day of the month following your date of hire. You may also enroll your eligible dependents for coverage. This includes the following:

- Your legal spouse or qualified domestic partner
- Children under the age of 26, regardless of student, dependency or marital status
- Children who are past the age of 26 and are fully dependent on you for support due to a mental or physical disability, and who are indicated as such on your federal tax return

Qualified Life Events

Generally, you may only change your benefit elections during the Open Enrollment period. However, since life happens, you also may change your benefit elections during the year if you experience a Qualified Life Event.

QUALIFIED LIFE EVENT DOCUMENTATION	
Change in marital status	
Marriage	Copy of marriage certificate
Divorce/Legal Separation	Copy of divorce decree
Death	Copy of death certificate
Change in number of dependents	
Birth or adoption	Copy of birth certificate or copy of legal adoption papers
Step-child	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
Death	Copy of death certificate
Change in employment	
Change in your eligibility status (i.e., full-time to part-time)	Notification of increase or reduction of hours that changes coverage status
Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage

Changing Benefits After Enrollment

During the year, you cannot make changes to your medical, dental or vision coverage or to your Health Care or Dependent Care Flexible Spending Account unless you have a Qualified Life Event. If you do not contact Human Resources within 30 days of the Qualified Life Event, you will have to wait until the next annual Open Enrollment period to make changes (unless you experience another Qualified Life Event).

Medical

Medical insurance is essential to your well-being and our medical coverage provides you and your family the protection you need for everyday health issues or when the unexpected happens.



How a Health Plan Works

Preventive care – like physical exams, flu shots and screenings – is always covered 100% when you use in-network providers. The key difference between the plans is the amount of money you'll pay each pay period and when you need care. The plans have different:

- **Annual deductible amount** – the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay
- **Out-of-pocket maximums** – the most you will pay each year for eligible network services including prescriptions. After you reach your out-of-pocket maximum, the plan picks up the full cost of covered medical care for the remainder of the year.
- **Copays** – A copay is a fixed amount you pay for a health care service. Copays do not count toward your deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurance** – Once you've met your deductible, you and the plan share the cost of care, called coinsurance. For example, you pay 20% for services and the plan will pay 80% of the cost until you have reached your out-of-pocket maximum.

Medical Plan Comparison

You may visit any medical provider you choose, but in-network providers offer the highest level of benefits and lower out-of-pocket costs. Network providers charge members reduced, contracted rates instead of their typical fees. Providers outside the plan's network set their own rates, so you may be responsible for the difference if a provider's fees are above the Reasonable and Customary (R&C) limits.



	PLAN 1		PLAN 2		PLAN 3	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible						
Individual	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Family	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Calendar Year Out-of-Pocket Maximum (Includes Deductible)						
Individual	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Family	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
You Pay						
Coinsurance						
Preventive Care	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Primary Care Physician	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Specialist	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Urgent Care	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Emergency Room	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX

*After deductible

Pharmacy Plan Comparison

When you enroll in medical, you'll receive prescription benefits too. Here you can see the basics but be sure to check the formulary for a full list of the prescriptions that are covered by the plan. Remember you can always ask your doctor about lower-cost alternatives when it comes to prescriptions. Generic drugs tend to be less expensive than brand-name drugs, so keep that in mind when shopping around too.

	PLAN 1		PLAN 2		PLAN 3	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
	You Pay		You Pay		You Pay	
Retail Rx (up to 30-day supply)						
Tier 1	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Tier 2	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Tier 3	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Mail Order Rx (up to 90-day supply)						
Tier 1	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Tier 2	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Tier 3	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX

*After deductible



Dental

Taking care of your oral health is not a luxury; it is a necessity to long-term optimal health. With a focus on prevention, early diagnosis and treatment, Dental insurance can greatly reduce your costs when it comes to restorative and emergency procedures. Preventive services are covered at no cost to you and include routine exams and cleanings. You will only pay a small deductible and coinsurance for basic and major services.

When you visit a dentist in the network, you will maximize your savings. These dentists have agreed to reduced fees, which means you won't get charged more than your expected share of the bill.

	PPO PLAN 1		PPO PLAN 2	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible				
Individual	\$XXX	\$XXX	\$XXX	\$XXX
Family	\$XXX	\$XXX	\$XXX	\$XXX
Calendar Year Out-of-Pocket Maximum				
Per Individual	\$XXX per individual (Basic and Major Services combined)		\$XXX per individual (Basic and Major Services combined)	
	You pay			
Preventive Care				
Exams, Cleanings, X-rays, Fluoride Treatments	\$XXX	XX%	\$XXX	XX%
Basic Services				
Fillings, Space Maintainers, Sealants, Extractions, Oral Surgery, Endodontics, Periodontics, Emergency Exams	\$XXX	XX%	XX%	XX%
Major Procedures				
Crowns, Inlays/Outlays, Dentures and Bridgework, Repairs	\$XXX	XX%	XX%	XX%
Orthodontia				
Adults	XX% up to a lifetime maximum benefit of \$XXX per individual; deductible waived		XX% up to a lifetime maximum benefit of \$XXX per individual; deductible waived	
Children (up to 19th birthday)				



Vision

Healthy eyes and clear vision are an important part of your overall health and quality of life.

You may enroll yourself and your eligible dependents or you may waive vision coverage. You do not have to be enrolled in medical coverage to elect vision coverage or cover the same dependents under medical and vision.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.



	VISION PLAN	
	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
	You pay	Reimbursement
Cost		
Exam	\$XXX	\$XXX
Materials	\$XXX	\$XXX
Covered Services - Lenses		
Single Lenses	\$XXX	\$XXX
Bifocals	\$XXX	\$XXX
Trifocals	\$XXX	\$XXX
Frames	\$XXX	\$XXX
Covered Services - Contacts in lieu of Frames/Lenses		
Contacts - Medically Necessary	\$XXX	\$XXX
Contacts - Elective	\$XXX	\$XXX
Benefit Frequency		
Exams	Once every 12 Months	Once every 12 Months
Lenses	Once every 12 Months	Once every 12 Months
Frames	Once every 24 Months	Once every 24 Months
Contacts	Once every 12 Months	Once every 12 Months

Notes

Handwriting practice lines consisting of 28 horizontal dotted lines.

Notes

Handwriting practice lines consisting of 20 sets of three horizontal dotted lines.



ABC COMPANY