



20XX

Employee Benefits

Benefits Effective: January 1, 2026 - December 31, 2027





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) 12
- FLEXIBLE SPENDING ACCOUNT (FSA) 13
- DENTAL PLAN 15
- VISION PLAN 16
- LIFE INSURANCE 17
- DISABILITY COVERAGE 18
- EMPLOYEE ASSISTANCE PROGRAM 19
- VOLUNTARY BENEFITS 20
- FINANCIAL SECURITY 24
- HEALTH AND WELLNESS BENEFITS 25
- EMPLOYEE CONTRIBUTIONS 26
- HOW DO I ENROLL? 27
- BENEFITS DEFINITIONS 28
- IMPORTANT CONTACTS 30



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).

Choose Your Medical Plan



REGISTER ONLINE

Your connection to great healthcare is only a click away. Register for an online account at (insert website) so you can access time-saving tools, tips for healthy living, view lab results, choose a doctor, manage your EOBs, and more!



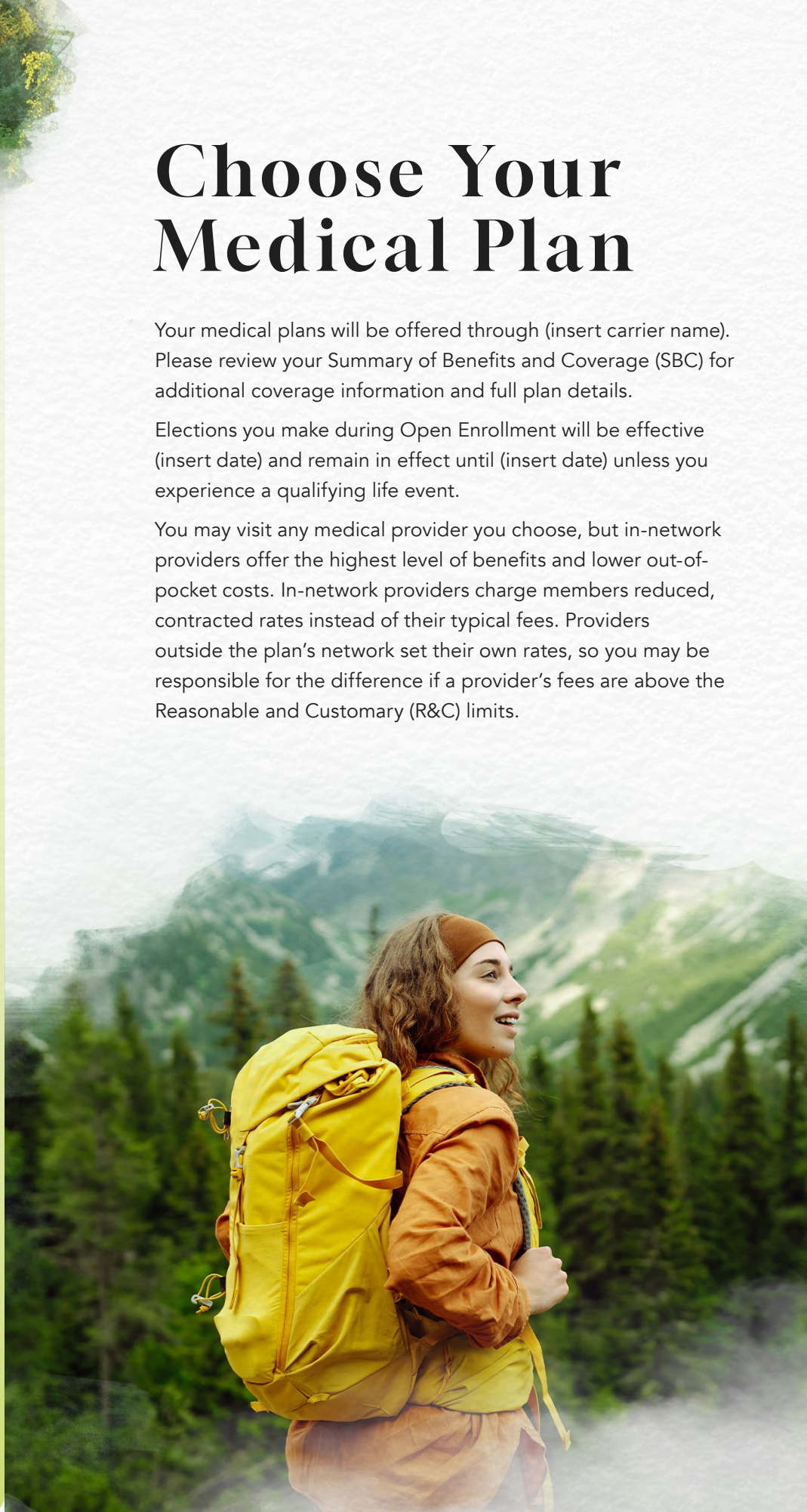
DOWNLOAD THE MOBILE APP

With the (insert carrier name) mobile app, you've got the tools you need to manage your healthcare all from your smartphone. The mobile app is available in the Apple and GooglePlay stores.

Your medical plans will be offered through (insert carrier name). Please review your Summary of Benefits and Coverage (SBC) for additional coverage information and full plan details.

Elections you make during Open Enrollment will be effective (insert date) and remain in effect until (insert date) unless you experience a qualifying life event.

You may visit any medical provider you choose, but in-network providers offer the highest level of benefits and lower out-of-pocket costs. In-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.



Pharmacy

PHARMACY		PLAN 1	PLAN 2	PLAN 3
		BENEFITS IN-NETWORK		
Retail 30-day supply	Tier 1	\$XX	\$XX	\$XX
	Tier 2	\$XX	\$XX	\$XX
	Tier 3	\$XX	\$XX	\$XX
	Tier 4	\$XX	\$XX	\$XX
Mail Order 90-day supply	Tier 1	\$XX	\$XX	\$XX
	Tier 2	\$XX	\$XX	\$XX
	Tier 3	\$XX	\$XX	\$XX
	Tier 4	\$XX	\$XX	\$XX

* Out-of-Network: 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.

** Specialists: Referral may be required to see a specialist.



UNDERSTANDING YOUR PLAN OPTIONS



Plan 1: (\$XX) (individual) / [\$XX] (family) —

Each family member has an individual deductible in addition to the overall family deductible. Meaning if an individual in the family reaches his or her deductible before the family deductible is reached, his or her services will be paid by the insurance company.



Plan 2: [\$XX] (individual) / [\$XX] (family) —

Each family member has an individual deductible in addition to the overall family deductible. Meaning if an individual in the family reaches his or her deductible before the family deductible is reached, his or her services will be paid by the insurance company.



Plan 3: [\$XX] (Individual coverage) / [\$XX] (Family coverage) —

All family members' out-of-pocket expenses count toward the family deductible until it is met. It doesn't matter if one person incurs all the expenses that meet the deductible or if two or more family members contribute toward meeting the family deductible.

