



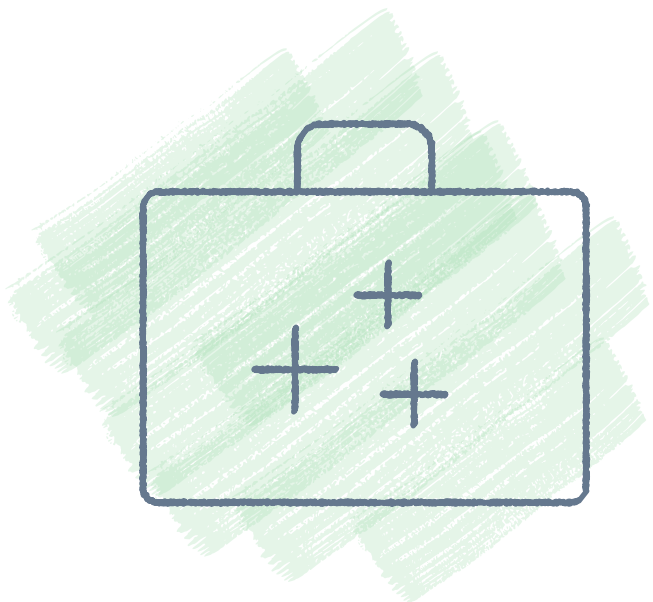
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Employee Benefits

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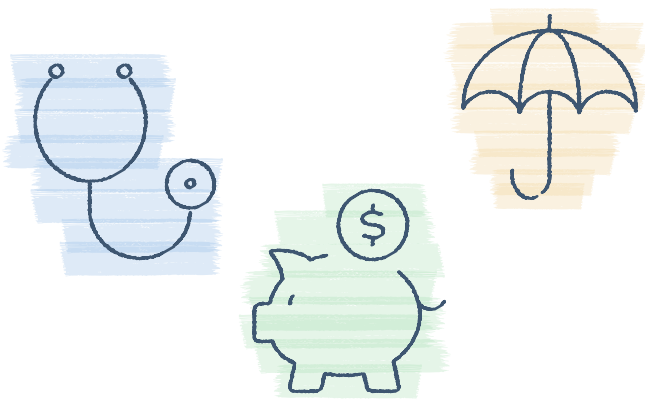
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THIS BENEFIT SUMMARY describes the benefit plans available to you as an employee of [insert client name]. The details of these plans are contained in the official plan documents that have been provided to you by your employer, including some insurance 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].



Choose Your Medical Plan

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.



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 Google Play stores.

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.

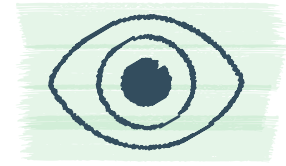
Plan 2: [\$XX] (individual) / [\$XX] (family) — Each family member has an individual deductible in addition to the overall family deductible. Meaning if an individual in the family reaches his or her deductible before the family deductible is reached, his or her services will be paid by the insurance 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.

Vision Plan

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Your vision insurance is provided by [insert carrier name] and entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.



	Vision Plan	
	In Network	Out Of Network
Office Visit		
Annual Deductible – Family	\$XX copay	Up to \$XX
Eyeglass Lenses Materials & Frames		
Single Vision Lenses	\$XX	\$XX
Standard Lined Bifocal Lenses	\$XX	\$XX
Standard Trifocal Lenses	\$XX	\$XX
Lenticular	\$XX	\$XX
Frames	\$XX	\$XX
Contact Lens Fitting/Evaluation	\$XX	\$XX
Additional Glasses & Sunglasses Discount	\$XX	\$XX
Frequency of Services		
Comprehensive Eye Exam	\$XX	\$XX
Lenses	\$XX	\$XX
Frames	\$XX	\$XX
Contact Lenses	\$XX	\$XX

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