



20XX EMPLOYEE BENEFITS

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]**.

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 (OLE).

ELIGIBILITY

BENEFIT ELIGIBILITY

You and your eligible family members may participate in the 2024 employee benefits program if you're a regular, full-time employee working a minimum of 30 hours per week.



DEPENDENT ELIGIBILITY

- 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)

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.

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





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.



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.



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.

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.



MEDICAL PLAN COMPARISON

	Plan 1	Plan 2	Plan 3
BENEFITS IN-NETWORK			
ANNUAL DEDUCTIBLE			
Individual	\$XX	\$XX	\$XX
Family	\$XX	\$XX	\$XX
OUT-OF-POCKET (OOP) MAXIMUM			
Individual	\$XX	\$XX	\$XX
Family	\$XX	\$XX	\$XX
COINSURANCE			
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.





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