
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].

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
- 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.

	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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