

# GUIDE TO 20XX BENEFITS

YOUR **HEALTH**

YOUR **MONEY**

YOUR **LIFE**

YOUR **BENEFITS**.  
THE **PATH** TO **LIVING WELL**



**SAMPLE**  
COMPANY INC.



## 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. Eligible dependents could be:

- 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

## Changing Benefits After Enrollment

During the year, you cannot make changes to your benefits unless you have a Qualified Life Event. If you do not make changes to your benefits 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).

<b>Qualified Life Event</b>		<b>Documentation Needed</b>
<b>Change in marital status</b>	Marriage	Copy of marriage certificate
	Divorce/Legal Separation	Copy of divorce decree
	Death	Copy of death certificate
<b>Change in number of dependents</b>	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
<b>Change in employment</b>	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

# 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.

## Parts of Your Medical Plan

- **Preventive care** — always 100% covered when you use in-network providers and includes things like physical exams, flu shots and screenings.
- **Annual deductible amounts** — the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay.
- **Annual out-of-pocket maximums** — the most you will pay each year for eligible in-network and out-of-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.



## 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. In-network providers charge members reduced, contracted fees 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
<b>You Pay</b>						
<b>Calendar Year Deductible</b>						
Individual	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Family	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
<b>Calendar Year Out-of-Pocket Maximum (Includes Deductible)</b>						
Individual	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Family	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
<b>Coinsurance / Copays</b>						
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

# DENTAL

Taking care of your oral health is not a luxury — it's 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 pay only 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.

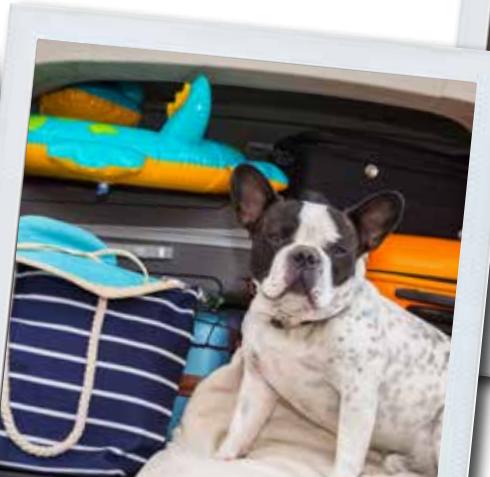
	DPPO PLAN		DPPO PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Calendar Year Plan Maximum</b>				
Per Individual	\$XXX per individual (Basic and Major Services combined)		\$XXX per individual (Basic and Major Services combined)	
<b>You Pay</b>				
<b>Calendar Year Deductible</b>				
Individual	\$XXX	\$XXX	\$XXX	\$XXX
Family	\$XXX	\$XXX	\$XXX	\$XXX
<b>Preventive Care</b>				
Exams, Cleanings, X-rays, Fluoride Treatments	\$XXX	XX%	\$XXX	XX%
<b>Basic Services</b>				
Fillings, Space Maintainers, Sealants, Extractions, Oral Surgery, Endodontics, Periodontics, Emergency Exams	XX%	XX%	XX%	XX%
<b>Major Procedures</b>				
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs	XX%	XX%	XX%	XX%
<b>Orthodontia</b>				
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		
	IN-NETWORK	OUT-OF-NETWORK
	You Pay	Reimbursement
<b>Exam</b>	\$XXX	\$XXX
<b>Single Vision Lenses</b>	\$XXX	\$XXX
<b>Bifocal Lenses</b>	\$XXX	\$XXX
<b>Trifocal Lenses</b>	\$XXX	\$XXX
<b>Frames</b>	\$XXX	\$XXX
<b>Contacts in lieu of Frames/Lenses</b>	\$XXX	\$XXX
<b>Benefit Frequency</b>		
<b>Exams</b>	Once every 12 Months	Once every 12 Months
<b>Lenses</b>	Once every 12 Months	Once every 12 Months
<b>Frames</b>	Once every 24 Months	Once every 24 Months
<b>Contacts</b>	Once every 12 Months	Once every 12 Months





## Disability

Disability insurance can keep you financially stable should you experience a qualifying disability and become unable to work. It can help provide a sense of security, knowing that if the unexpected should happen, you'll still receive a monthly income. A qualifying disability is a sickness or injury that causes you to be unable to perform any other work for which you are or could be qualified by education, training or experience.

### Short-Term Disability Benefits at a Glance

<b>Coverage</b>	60% of your weekly earnings to a maximum for weeks.
<b>When Benefits Begin</b>	Benefit begins after days of disability.
<b>Election Required</b>	No

### Long-Term Disability Benefits at a Glance

<b>Coverage</b>	60% of your pre-disability earnings up to a maximum benefit of \$X per month until you recover or reach your Social Security Normal Retirement Age, whichever is sooner.
<b>When Benefits Begin</b>	Benefit begins after days of disability.
<b>Election Required</b>	No

## How STD and LTD Work Together

PTO pays 100% of your pay until STD begins.

After X days of sickness or injury, approved  
STD pays a portion of your income.

After X days, LTD begins if approved.



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