

# 20XX Guide to Employee Benefits



# Medical

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.

	Plan 1		Plan 2		Plan 3	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
	You Pay					
Calendar Year Deductible						
Individual	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Family	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Calendar Year Out-of-Pocket Maximum (Includes Deductible)						
Individual	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Family	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Coinsurance / Copays						
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
Retail Rx (up to 30-day supply)						
Generic	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Brand Preferred	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Brand Non-Preferred	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Mail Order Rx (up to 90-day supply)						
Generic	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Brand Preferred	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Brand Non-Preferred	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX

\* After deductible



# Dental

Taking care of your oral health is not a luxury, it is 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 you expected.

	DPPO PLAN		DPPO PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Plan Maximum				
Per Individual	\$XXX per individual (Basic and Major Services combined)		\$XXX per individual (Basic and Major Services combined)	
	You Pay			
Calendar Year Deductible				
Individual	XXX	XXX	XXX	XXX
Family	XXX	XXX	XXX	XXX
Preventive Care				
Exams, Cleanings, X-rays, Fluoride Treatments	XXX	XX%	XXX	XX%
Basic Services				
Fillings, Space Maintainers, Sealants, Extractions, Oral Surgery, Endodontics, Periodontics, Emergency Exams	XX%	XX%	XX%	XX%
Major Procedures				
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs	XX%	XX%	XX%	XX%
Orthodontia				
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

