



20XX
BENEFITS

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).

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

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


SAVE ON PRESCRIPTION DRUGS




Enjoy the convenience and savings of home delivery for medications you take on a regular basis through our mail-order prescription program. The larger 90-day supply is mailed directly to your home — saving you time and money.

TELEMEDICINE

When you need care — anytime, day or night — or when your primary care provider is not available, telemedicine can be a convenient option. With telemedicine, you don't have to drive to the doctor's office or sit in a waiting room when you're sick — you can see your doctor from the comfort of your own bed or sofa.

REGISTER TODAY SO YOU ARE READY WHEN YOU NEED CARE



-  Avoid germs in the ER, urgent care clinic or doctor's office.
-  See a board-certified, licensed, telehealth-trained doctor on your schedule with on-demand virtual visits 24/7, including nights, weekends and holidays.
-  Get treated for more than 80 common conditions including colds, flu, allergies and more.
-  Get a prescription or short-term refill of any existing prescription sent to a pharmacy nearby in less time than your usual doctor visit.
-  Avoid costly copays and deductibles of the ER and urgent care clinic.

USING TELEMEDICINE IS AS EASY AS ONE, TWO, THREE

<div>STEP 1</div> <div>REGISTER NOW</div> <div>Setting up your secure account takes only minutes.</div> <div>Visit www.Teladoc.com and click on Login / Register > Get Started or call 800-Teladoc (835-2362).</div>	<div>STEP 2</div> <div>REQUEST A VISIT</div> <div>You can have a doctor visit right away or schedule an appointment — all by phone, computer or the app.</div>	<div>STEP 3</div> <div>FEEL BETTER</div> <div>Get treated by one of our doctors who can prescribe medication if necessary.</div>
--	--	--



SUPPLEMENTAL MEDICAL

ACCIDENT INSURANCE

Accident insurance pays out a lump sum directly to you if you become injured from an accident. Qualifying injuries include a broken limb, loss of a limb, burns, lacerations or paralysis. You may use the funds any way you choose—such as out-of-pocket medical expenses, transportation, and lodging. Coverage is available for you, your spouse and eligible dependent children, and you do not need to answer medical questions to receive coverage.

CRITICAL ILLNESS

If you suffer from a serious illness, such as cancer, stroke or a heart attack, medical insurance may not provide all the coverage you need. Critical Illness insurance can ease the financial strain and help you focus on your recovery. Upon diagnosis of a covered illness, you'll receive a lump-sum benefit to cover your deductible, coinsurance, living expenses, mortgage or rent, or other expenses you may have.

HOSPITAL INDEMNITY

Hospital expenses can add up quickly, even with medical coverage. With Hospital Indemnity insurance, you will receive a cash benefit if you or a covered family member has a hospital stay. You may use the money to pay for out-of-pocket medical expenses.

HSA

A Health Savings Account (HSA) is a personal savings account you can use to pay for qualified out-of-pocket medical expenses with pretax dollars — now or in the future. Once you're enrolled in the HSA, you'll receive a debit card to help manage your HSA reimbursements. Your HSA can also be used for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP Medical plan.

HOW A HEALTH SAVINGS ACCOUNT WORKS



ELIGIBILITY

You must be enrolled in the High Deductible Health Plan.

CONTRIBUTIONS

The Company contributes: \$500 (Employee Only) or \$1,000 (Family)

You contribute on a pretax basis and can change how much you contribute from each paycheck up to the IRS maximum of \$3,650 if you enroll only yourself or \$7,300 if you enroll in family coverage. You can make an additional catch-up contribution if you are age 55 or older.



ELIGIBLE EXPENSES

You may use your HSA funds to cover medical, dental, vision and prescription drug expenses incurred by you and your eligible family members.

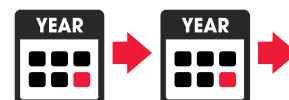
USING YOUR ACCOUNT

Use the debit card linked to your HSA to cover eligible expenses, or pay for expenses out of your own pocket and save your HSA money for future health care expenses.



YOUR HSA IS ALWAYS YOURS — NO MATTER WHAT.

One of the best features of an HSA is that any money left in your HSA account at the end of the year rolls over so you can use it next year or sometime in the future. And if you leave the Company or retire, your HSA goes with you so you can continue to pay for or save for future eligible health care expenses.



DENTAL



Your oral health is just as important as your physical health. To keep you smiling, Preventive services are covered at no cost to you and include routine exams and cleanings.

	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)				

* After deductible

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
Exam	\$XXX	\$XXX
Single Vision Lenses	\$XXX	\$XXX
Bifocal Lenses	\$XXX	\$XXX
Trifocal Lenses	\$XXX	\$XXX
Frames	\$XXX	\$XXX
Contacts in lieu of Frames/ Lenses	\$XXX	\$XXX
Benefit Frequency		
Exams	Once every 12 Months	Once every 12 Months
Lenses	Once every 12 Months	Once every 12 Months
Frames	Once every 24 Months	Once every 24 Months
Contacts	Once every 12 Months	Once every 12 Months

