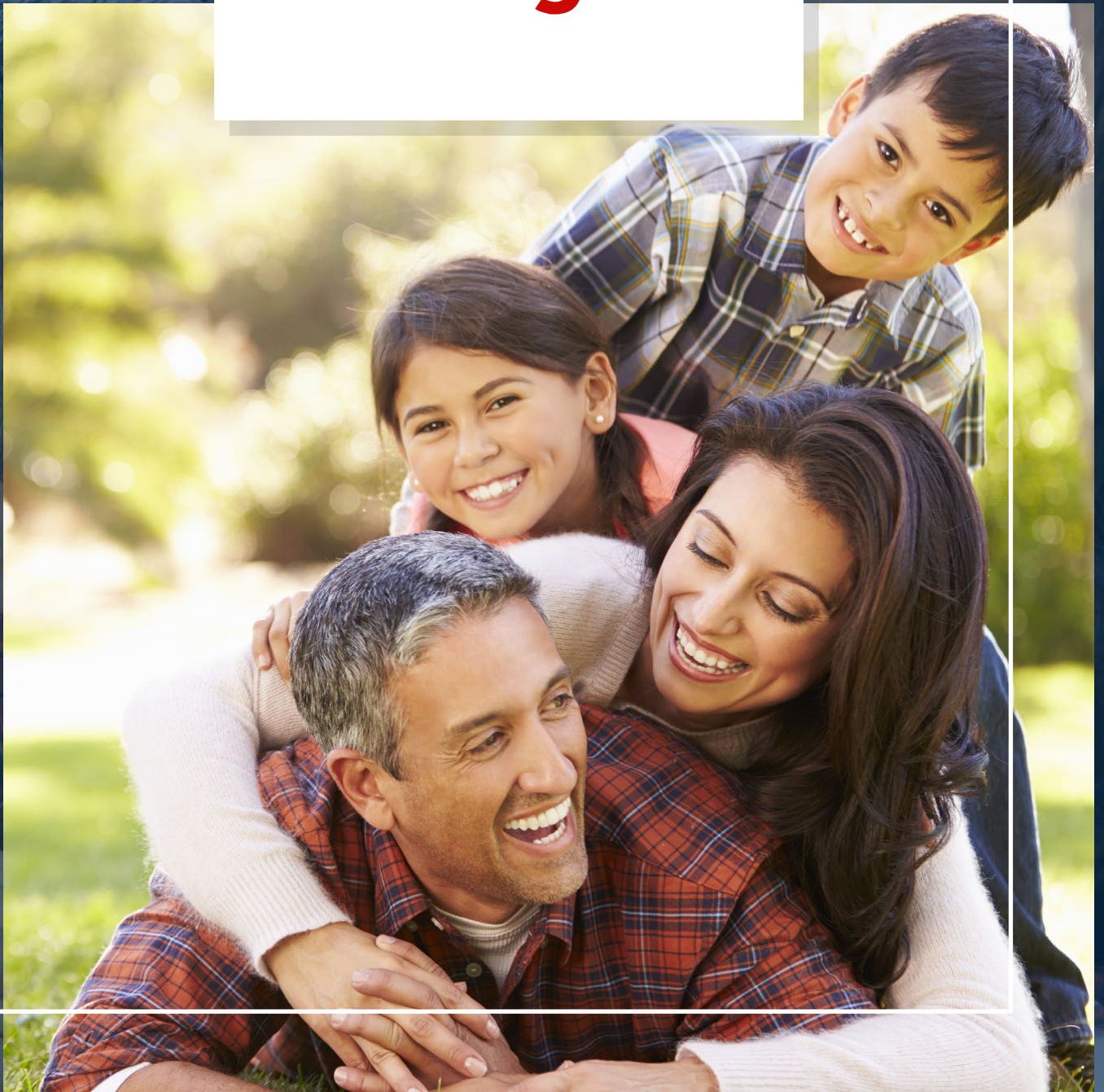
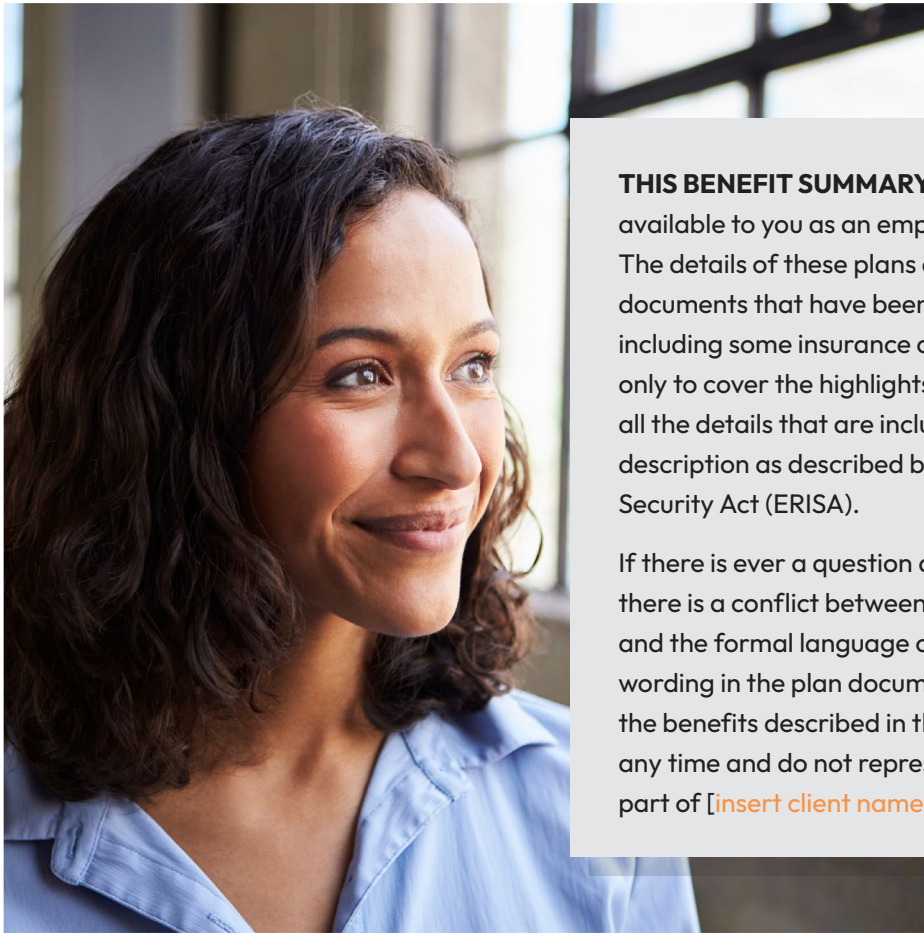


# 20XX EMPLOYEE BENEFITS







**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].



## TABLE OF CONTENTS

|  |    |                                   |    |
|--|----|-----------------------------------|----|
| WELCOME! .....                             | 3  | DENTAL PLAN .....                 | 15 |
| ELIGIBILITY.....                           | 4  | VISION PLAN .....                 | 16 |
| QUALIFYING LIFE EVENT .....                | 5  | LIFE INSURANCE.....               | 17 |
| CHOOSE YOUR MEDICAL PLAN.....              | 6  | DISABILITY COVERAGE .....         | 18 |
| MEDICAL PLAN COMPARISON.....               | 7  | EMPLOYEE ASSISTANCE PROGRAM ..... | 19 |
| PHARMACY .....                             | 8  | VOLUNTARY BENEFITS.....           | 20 |
| KNOW WHERE TO GO FOR CARE .....            | 9  | FINANCIAL SECURITY.....           | 23 |
| UNDERSTANDING HOW<br>YOUR PLAN WORKS ..... | 10 | HEALTH AND WELLNESS BENEFITS..... | 24 |
| TELEHEALTH BENEFITS.....                   | 11 | EMPLOYEE CONTRIBUTIONS.....       | 25 |
| HEALTH SAVINGS ACCOUNT (HSA).....          | 12 | HOW DO I ENROLL? .....            | 26 |
| FLEXIBLE SPENDING ACCOUNT (FSA) .....      | 13 | BENEFITS DEFINITIONS .....        | 27 |
|  |    | IMPORTANT CONTACTS .....          | 29 |



# WELCOME!

## 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, 20XX and you will not be able to enroll until the next Open Enrollment, unless you experience a Qualifying Life Event (QLE).



**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.





# ELIGIBILITY

## BENEFIT ELIGIBILITY

**You and your eligible family members may participate in the 20XX 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)

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

## 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.





## 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.



# 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.



## 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.





# 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.

## UNDERSTANDING YOUR PLAN OPTIONS

**PLAN 1: \$XX (individual) / \$XX (family)** — Each family member has an individual deductible in addition to the overall family deductible. Meaning if an individual in the family reaches his or her deductible before the family deductible is reached, his or her services will be paid by the insurance company.

**PLAN 2: \$XX (individual) / \$XX (family)** — Each family member has an individual deductible in addition to the overall family deductible. Meaning if an individual in the family reaches his or her deductible before the family deductible is reached, his or her services will be paid by the insurance company.

**PLAN 3: \$XX (Individual coverage) / \$XX (Family coverage)** — All family members' out-of-pocket expenses count toward the family deductible until it is met. It doesn't matter if one person incurs all the expenses that meet the deductible or if two or more family members contribute toward meeting the family deductible.



# PHARMACY

| PHARMACY                 |        |      |      |      |
|--------------------------|--------|------|------|------|
| Retail 30-day supply     | Tier 1 | \$XX | \$XX | \$XX |
|                          | Tier 2 | \$XX | \$XX | \$XX |
|                          | Tier 3 | \$XX | \$XX | \$XX |
|                          | Tier 4 | \$XX | \$XX | \$XX |
| Mail Order 90-day supply | Tier 1 | \$XX | \$XX | \$XX |
|                          | Tier 2 | \$XX | \$XX | \$XX |
|                          | Tier 3 | \$XX | \$XX | \$XX |
|                          | Tier 4 | \$XX | \$XX | \$XX |

\*Out-of-Netowrk: 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.

\*\* Specialists: Referral may be required to see a specialist.












# KNOW WHERE TO GO FOR CARE

With many options for getting care, how do you choose? This chart will help you understand the differences between your options and how you can save money.



| WHERE TO GET CARE   | WHAT IT IS   | TYPE OF CARE   |  | COST     |
|---|--|--|--|----------|
| <br><b>Virtual Visit</b>             | A virtual visit lets you see a doctor via your smartphone, tablet, or computer. Sign in to <a href="https://myuhc.com">myuhc.com</a> and choose from provider sites where you can register for a virtual visit | Allergies<br>Pink eye<br>Bladder infections<br>Rashes<br>Bronchitis  | Seasonal flu<br>Coughs/colds<br>Sore throats<br>Diarrhea<br>Stomach aches<br>Fever                 | \$       |
| <br><b>Convenience Care Clinics</b> | Visit a convenience care clinic when you can't see your doctor and your health issue isn't urgent. These clinics are often in stores   | Common infections (e.g., strep throat)<br>Minor skin conditions (e.g., poison ivy)                                 | Vaccinations<br>Pregnancy tests<br>Minor injuries<br>Ear aches                                     | \$\$     |
| <br><b>Primary Care Physician</b>  | Go to a doctor's office when you need preventive or routine care.<br>Your primary doctor can access your medical records, manage your medications, and refer you to specialists, if needed                     | Checkups<br>Preventive services<br>Minor skin conditions<br>Vaccinations<br>General health management              |  | \$\$     |
| <br><b>Urgent Care</b>             | Urgent care is ideal for when you need care quickly, but it's not an emergency (and your doctor isn't available). Urgent care centers treat issues which aren't life threatening                               | Sprains<br>Strains<br>Small cuts which may need a few stitches<br>Minor burns/infections/broken bones              |  | \$\$\$   |
| <br><b>Emergency Room</b>          | The ER is for life-threatening or very serious conditions which require immediate care. This is also when to call 911  | Heavy bleeding<br>Large open wounds<br>Sudden change in vision<br>Chest pain<br>Sudden weakness or trouble talking | Major burns<br>Spinal injuries<br>Severe head injury<br>Breathing difficulty<br>Major broken bones | \$\$\$\$ |



# UNDERSTANDING HOW YOUR PLAN WORKS



**YOUR FAMILY**  
visits your provider  
(doctor/hospital)  
and shows both their  
medical insurance card



**YOUR DOCTOR  
OR PROVIDER**  
will bill your  
medical carrier



**YOUR MEDICAL  
CARRIER**  
will process your claim,  
notify your provider,  
and send a Claims  
Summary to you and  
your provider



**EXPLANATION OF  
BENEFITS (EOB)**  
You are responsible to  
pay the amount due to  
your provider as shown  
on your EOB



# TELEHEALTH BENEFITS

With telehealth, you can schedule a virtual appointment with board-certified doctors and pediatricians who can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold and flu
- Constipation
- Diarrhea
- Earaches
- Fever
- Headache
- Infections
- Insect bites
- Joint aches
- Nausea
- Pink eye
- Rashes
- Respiratory infections
- Shingles
- Sinus infections
- Skin infections
- Sore throats
- Urinary tract infections

**WE'VE ALL BEEN THERE**—it's the middle of the night and you have a sick child or maybe you are trying to get an appointment with your primary care provider but the first appointment isn't for two weeks. Good news...there's an easier way! Telehealth is a convenient option for scheduling virtual doctor visits from your own home. With telehealth, 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.



## BENEFITS OF TELEHEALTH:

- See a board-certified, licensed, telehealth trained doctor on your schedule with on-demand virtual visits 24/7, including 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.





# HEALTH SAVINGS ACCOUNT (HSA)

## WHAT IS A HEALTH SAVINGS ACCOUNT?

A Health Savings Account (HSA) is a way for you to save pre-tax dollars that can be used to pay for qualified healthcare expenses like deductibles, copays, co-insurance, prescriptions, vision and dental expenses. High deductible health plans have lower premiums and may result in lower annual medical costs. These plans offer several advantages to reward you for taking an active role in your healthcare spending.

- **Lower paycheck costs** — allowing you to keep control over more of your money
- **Tax-advantaged savings account** — enrolling in and contributing to a Health Savings Account (HSA) helps you pay your deductible and out-of-pocket costs
- **Comparable benefits** — these plans use the same networks that other plans offer, and in-network preventive care is still 100% covered

## WHO IS ELIGIBLE FOR AN HSA?

- Must be enrolled in a high deductible health plan
- Cannot be covered by any other medical plan that is not a qualified HDHP. This includes a spouse's medical coverage unless it's also a qualified HDHP
- Cannot be enrolled in a traditional health care FSA during the same plan year as you enroll in an HSA
- Cannot be enrolled in Medicare, including Parts A or B, Medicaid or Tricare
- Cannot be claimed as a dependent on another person's tax return
- Cannot be a veteran who has received treatment, other than preventive care, through the Department of Veterans Affairs within the past three months

## HOW MUCH CAN I CONTRIBUTE TO AN HSA?

- Employee only coverage: **\$4,150** per calendar year
- Employee plus dependents coverage: **\$8,300**
- If you are 55 or older, you can make an additional annual catch-up contribution of **\$1,000**

## HSAS AND YOUR TAXES

All withdrawals from your HSA are tax-free, as long as you use the money to pay for eligible health care expenses. In addition, all the money in the account is yours and will never be forfeited. It rolls over from year to year, and you can take it with you if you leave the company or retire. After age 65, you can withdraw funds for any reason without a tax penalty — you pay ordinary income tax only if the withdrawal isn't for eligible health care expenses.

**Note:** You won't pay federal taxes on HSA contributions. However, you may pay state taxes depending on your residence. Consult your tax advisor to learn more.

**For a list of eligible expenses, see IRS Publication 502, available at [www.irs.gov](http://www.irs.gov).**





# FLEXIBLE SPENDING ACCOUNT (FSA)

Tax-advantaged FSAs are a great way to save money. The money you contribute to these accounts comes out of your paycheck without being taxed, and you withdraw it tax-free when you pay for eligible health care and dependent care expenses.

## HEALTH CARE FSA

- Pay for eligible health care expenses, such as plan deductibles, copays, and coinsurance.
- Contribute up to **\$3,050** in 20XX.

## LIMITED PURPOSE FSA

### WHO CAN PARTICIPATE?

Employees enrolled in either of the high-deductible health plan (i.e., Silver or Bronze plans).

### WHAT ARE THE CONTRIBUTION LIMITS?

Employees can contribute up to **\$3,200** for 20XX. You can use the funds for any qualified dental or vision expenses. No medical plan co-pays, deductibles, prescription drugs or alternative healthcare are eligible expenses through a LP-HFSA.

### WHAT HAPPENS AT THE END OF THE YEAR?

Both FSAs are “Use It or Lose It” meaning if you do not spend your funds by the expense deadline, your funds will be forfeited.

The Health Care FSA allows a 2-1/2 month Grace Period: Expenses can be incurred through **3/15/24**

Dependent Care can only be reimbursed for expenses incurred in the plan year

## DEPENDENT CARE FSA

### WHO CAN PARTICIPATE?

Any employee.

### WHAT ARE THE CONTRIBUTION LIMITS?

Employees can contribute up to **\$5,000** annually per family or **\$2,500** if filing separately.

### WHAT HAPPENS AT THE END OF THE YEAR?

FSA funds expire at the end of each year. Use it or lose it. Unlike the healthcare FSA, your full election for the plan year is not available on the day your plan starts. For the dependent care FSA, you can only be reimbursed for qualified expenses up to the amount you have contributed to your FSA up to that point in time. As your contributions accrue, claims for reimbursement can be processed.



## WHAT'S AN ELIGIBLE EXPENSE?

**HEALTH CARE FSA** – Plan deductibles, copays, coinsurance, and other health care expenses. To learn more, see IRS Publication 502 at [www.irs.gov](http://www.irs.gov).

**DEPENDENT CARE FSA** – Child day care, babysitters, home care for dependent elders, and related expenses. To learn more, see IRS Publication 503 at [www.irs.gov](http://www.irs.gov).



## HSA & FSA COMPARISON

This chart shows the features of the healthcare FSAs and the Health Savings Account (HSA) and compares the limited purpose healthcare FSA to the traditional healthcare FSA.



|   | HSA   | Limited Purpose Health Care FSA*   | Health Care FSA**                                 |
|---|---|--|---|
| Available if you select these plans                 | High-deductible Health Plan   | High-deductible Health Plan  | PPO   |
| How much you may contribute                         | \$4,150 (EE only)<br>\$8,300 (all other coverage levels)<br>Catch-up contributions of up to \$1,000 for 20XX year for age 55+   | Up to \$3,050 for plan year  |   |
| Expenses you may pay from your account              | Out of pocket<br>Medical<br>Prescription drug<br>Dental<br>Vision<br>Long-term Care premiums  | Out of pocket expenses incurred during the current calendar year (including the grace period):   |   |
|   |   | Dental<br>Vision   | Medical<br>Prescription drugs<br>Dental<br>Vision |
| Account balance available to reimburse expenses     | Current account balance   | Entire contribution amount elected for the plan year   |   |
| Time limits for using your account balance          | No limit  | Must use 20XX account balance for expenses incurred through <span style="color: #D9534F;">[insert date]</span> ;<br>Claims must be filed by <span style="color: #D9534F;">[insert date]</span>               |   |
| If you don't use all your account balance each year | Any account balance carries over from year-to-year  | You must submit claims by <span style="color: #D9534F;">[insert date]</span> for all expenses incurred through <span style="color: #D9534F;">[insert date]</span> .<br>Any remaining funds will be forfeited |   |
| How it saves you money                              | Your contributions are tax free, which reduces your taxable income<br>Any investment or interest earnings on your account balance is tax free<br>Distributions are tax free if used for qualified healthcare expenses | Your contributions are tax-free, which reduces your taxable income and increases your take-home pay<br>You pay for healthcare expenses with pre-tax dollars  |   |

**\* The limited purpose FSA is available to employees who enroll in our HDHP. HDHP members may not enroll in the healthcare FSA, unless you are ineligible to participate in the HSA.**





# DENTAL PLAN

In addition to protecting your smile, dental insurance helps pay for dental care and includes regular checkups, cleanings and x-rays. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery. Dental coverage is offered for basic and major services. The dental plan also includes 100% coverage for preventive care. You and your eligible dependents may enroll in one of the two dental coverage options administered by [insert carrier name].

| In-Network Plan Features       | Dental Plan 1        | Dental Plan 2        |
|--------------------------------|----------------------|----------------------|
| Annual Deductible – Individual | \$XX                 | \$XX                 |
| Annual Deductible – Family     | \$XX                 | \$XX                 |
| Annual Maximum                 | \$XX - \$XX          | \$XX - \$XX          |
| Preventive Care                | \$XX                 | \$XX                 |
| Basic Services                 | XX% after deductible | XX% after deductible |
| Major Services                 | XX% after deductible | XX% after deductible |
| Orthodontia Services           | \$XX                 | \$XX                 |



# VISION PLAN

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Your vision insurance is provided by [insert carrier name] and entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.



|   | In Network | Out Of Network |
|---|------------|----------------|
| <b>Office Visit</b>                           |            |                |
| Annual Deductible – Family                    | \$XX copay | Up to \$XX     |
| <b>Eyeglass Lenses Materials &amp; Frames</b> |            |                |
| Single Vision Lenses                          | \$XX       | \$XX           |
| Standard Lined Bifocal Lenses                 | \$XX       | \$XX           |
| Standard Trifocal Lenses                      | \$XX       | \$XX           |
| Lenticular                                    | \$XX       | \$XX           |
| Frames  | \$XX       | \$XX           |
| Contact Lens Fitting/Evaluation               | \$XX       | \$XX           |
| Additional Glasses & Sunglasses Discount      | \$XX       | \$XX           |
| <b>Frequency of Services</b>                  |            |                |
| Comprehensive Eye Exam                        | \$XX       | \$XX           |
| Lenses  | \$XX       | \$XX           |
| Frames  | \$XX       | \$XX           |
| Contact Lenses                                | \$XX       | \$XX           |



# LIFE INSURANCE

## BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) PLAN

The Basic Life and AD&D plan provides a benefit in the event of your death, dismemberment or paralysis. This benefit is sponsored by [insert client name], so you will automatically be enrolled at no cost to you. Your coverage will be [XX times] your base salary.

## SUPPLEMENTAL LIFE INSURANCE

You may purchase additional life insurance at group rates:

- Available in increments of [\$XX] up to [\$XX]
- You pay the full cost of this plan and the amount deducted depends on the age of the associate and the amount of coverage elected
- If you do not elect this coverage when first becoming eligible or an election over [\$XX] is made, you are subject to medical underwriting by the carrier

## SPOUSAL AND CHILD LIFE INSURANCE

You may purchase additional dependent life insurance at group rates:

- Spousal life is available in increments of [\$XX] up to a max of [\$XX]
- Can elect up to [\$XX] without medical underwriting as a new hire
- Child life is available from 15 days to 6 months old: [\$XX], Over 6 months old: Options of [\$XX], [\$XX], [\$XX], [\$XX] or [\$XX]
  - Children are not subject to medical underwriting
  - The cost remains the same regardless of the number of children

## GUARANTEED ISSUE AND EVIDENCE OF INSURABILITY

Employees and spouses who elect Voluntary Life and AD&D coverage when they are first eligible can elect up to the Guaranteed Issue (GI) amount without Evidence of Insurability (EOI). If the amount requested is more than GI, you will need to provide EOI before the amount over GI becomes effective.



## INPUTED INCOME

Under current tax laws, imputed income is the value of your Basic Life insurance that exceeds \$50,000 and is subject to federal income, Social Security and state income taxes, if applicable. This imputed income amount will be included in your paycheck and shown on your W-2 statement.





# DISABILITY COVERAGE

At [insert client name], we want to do everything we can to protect you and your family. That's why [insert carrier name] pays for the full cost of short- and long-term disability insurance—meaning that you owe nothing out of pocket.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

## SHORT-TERM DISABILITY (STD) PLAN

The STD plan provides full-time employees with income replacement in the amount of {insert plan percentage} of their earnings while disabled and unable to work due to a non-occupational illness or injury, including pregnancy. The benefit payment is based on your exemption/union status.

## LONG-TERM DISABILITY (LTD) PLAN

If you are enrolled in the LTD plan, and are disabled and out of work for 26 weeks or more, you may be eligible for a

LTD benefit of up to 60% of total covered earnings up to a maximum benefit amount determined by your exempt status.

This benefit continues until you recover or reach your Social Security normal retirement age, whichever is sooner.

## FILING A SHORT-TERM DISABILITY CLAIM

In order to receive benefits, you must report your disability claim to [insert carrier name] if you will be out of work for more than **three days**.

If you do not elect LTD within 31 days of your hire date (or whenever you first become eligible) and wish to enroll at a later time, you may be required to submit an Evidence of Insurability Form to [insert carrier name] for approval.

You can contact [insert carrier name] by phone, website, or through their app.





**24 HOURS A DAY,  
7 DAYS A WEEK**

Professional counselors  
are available to provide you  
with support, guidance and  
resources. Spanish and TTY/TDD  
phone

# EMPLOYEE ASSISTANCE PROGRAM



We understand that we all face serious problems at some time in our lives and [insert client name] is committed to providing help during those times.

The EAP is designed to assist staff members and families with personal challenges in many different areas including: depression, stress management, drug and alcohol abuse, relationships, grief, domestic violence, legal and financial issues, parenting, childcare and elder care.

Participation in the EAP is voluntary, confidential and free of cost for the first XX visits. For those who require referrals for long-term treatment, there may be fees for the services of outside providers. However, EAP counselors will coordinate referrals, whenever possible, to take advantage of existing insurance coverage and community resources in order to minimize costs. We encourage you and your eligible family members to take advantage of our EAP benefit and to reach out to [insert carrier name].



## CONTACT INFORMATION

Call XXX-XXX-XXXX or visit [www.xyz.com](http://www.xyz.com)



# VOLUNTARY BENEFITS

## HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity insurance is a plan designed to pay for the costs of a hospital admission that may not be covered by other insurance. The plan covers employees who are admitted to a hospital or ICU for a covered sickness or injury. Even if your Medical insurance covers most of your hospitalization, you can still receive payments from your Hospital Indemnity insurance plan to cover extra expenses while you recover.

### How Does Hospital Indemnity Insurance Work?

You pay monthly premiums for your Hospital Indemnity insurance plan. If you are admitted to the hospital for an injury or illness, your Hospital Indemnity plan makes cash payments to you. And with the payments going directly to you, you can use these emergency funds to pay for costs not covered by your Medical insurance, Medical insurance deductibles, copays and coinsurance, child care expenses while you are in the hospital or cost-of-living expenses as you recover.

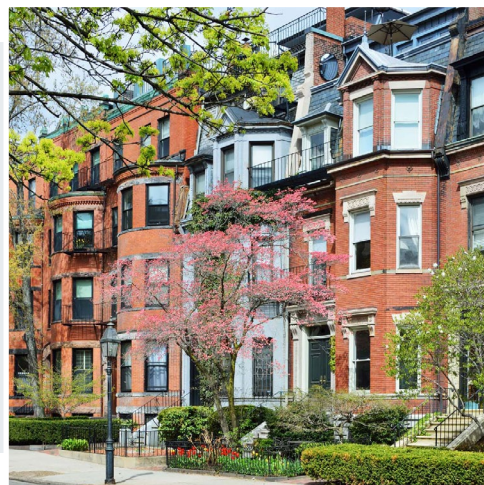
### Covered Expenses Include:

- Hospital admission
- Hospital confinement
- Hospital intensive care
- Surgical care
- Diagnostic and imaging
- Transportation and lodging



## AUTO AND HOME INSURANCE

This voluntary benefit program provides you with access to special savings on auto and home insurance. Plus, you can choose the convenience of paying your premiums through automatic payroll deductions. You may start or stop your coverage at any time throughout the year, and your coverage stays with you even if you leave the Company.







# VOLUNTARY BENEFITS (CONT.)

## CRITICAL ILLNESS INSURANCE

While Medical insurance is vital, it doesn't cover everything. If you suffer from a serious illness, such as cancer, stroke or a heart attack, Medical insurance may not provide the coverage you need. Critical Illness insurance will ease the financial strain and help you focus on your recovery.

### How Will a Critical Illness Claim Get Paid?

After purchasing Critical Illness insurance, if you suffer from one of the serious illnesses covered by your policy, you'll be paid in a lump sum. The payment will go directly to you instead of to a medical provider. The payment you receive can be used for many things including:

- Child care costs
- Medical and living expenses
- Travel expenses for you and your family
- Lost wages from missed time at work

### Covered Expenses Include:

- Heart attack
- Multiple Sclerosis
- Stroke
- Alzheimer's disease
- Parkinson's disease
- Major organ failure



## ACCIDENT INSURANCE

Accident insurance pays out a lump sum if you become injured because of an accident — even if the injuries you incur do not keep you out of work. While health insurance companies pay your provider or facility, Accident insurance pays you directly.

### How Does Accident Insurance Work?

Accident insurance policies can provide you with a lump sum paid directly to you that will help pay for a wide range of situations, including initial care, surgery, transportation and lodging and follow-up care. Here's how it works:

- A set amount is payable based on the injury you suffer and the treatment you receive
- Benefits are payable directly to you (unless you specify otherwise) and can be used as you see fit
- Coverage is available for you, your spouse and eligible dependent children
- You do not need to answer medical questions or have a physical exam to get basic coverage
- Accident insurance covers injuries that happen on the job or off the job — unlike workers' compensation, which only covers on-the-job injuries
- Benefit payments are not reduced by any other insurance you may have with other companies

### Covered expenses typically include:

- Emergency room visits
- Hospital stays
- Fractures and dislocations
- Medical exams
- Physical therapy
- Transportation and lodging

To learn more, plan summaries are available on [insert website], or call [insert carrier name] at [XXX-XXX-XXXX].



# VOLUNTARY BENEFITS (CONT.)

## IDENTITY THEFT PROTECTION

Identity Theft insurance provides credit monitoring and fully managed identity restoration services should you or an immediate family member become a victim of identity theft. This will help you remain productive at home and at work while your identity is restored to pre-theft status.

**Identity theft protection provides all-in-one protection** for your identity. Once enrolled, you will receive an email with instructions on how to take full advantage of your membership.

**Identity theft protection** looks for uses of your personal information and, with proprietary technology, alerts you to a wide range of potential threats to your identity.

**Norton Device Security** protects against existing and emerging threats, including ransomware, viruses, spyware, malware and other online threats.

**Parental Control** helps keep your kids safer online. Help your kids explore the web more safely by staying informed of sites they are visiting and blocking harmful or inappropriate ones.

**Privacy Monitor** scans common public people-search websites for your personal information and helps you opt out, giving you peace of mind and greater control over your online privacy.

**Please Note:** Norton Parental Control features are not supported on Apple devices, and these features are not enabled upon enrollment. Member must take action to get this protection.

## PET INSURANCE

Let's not forget about our furry friends! Pet Insurance offers offset the cost of caring for your pet with a wide range of covered medical treatments. Pet insurance covers everything from preventive care to accidents and illness, as well as the costs of X-rays, office visits, medications, surgeries, and hospital stays. You can either choose your own vet or use a licensed in-network vet. The cost of coverage depends on your pet's age, species, and the coverage level that you select.

## LEGAL INSURANCE

Whether you need a simple will or your legal needs are more extensive, this program offers affordable legal services for a wide variety of legal matters. Telephone and in-person legal consultations are available. And your coverage is portable, so you can continue to take advantage of low rates even if you leave the Company.

### Plan Benefits

- Legal Consultation and Advice
- Court Representation
- Dedicated Law Firm
- Legal Document Preparation and Review
- Letters and Phone Calls Made on Your Behalf
- Speeding Ticket Assistance
- Will Preparation
- 24/7 Emergency Access

### Mobile App

Get legal help when and where you need it. With the app, you can:

- Directly access a dedicated provider law firm
- Upload speeding tickets and other legal documents for review
- Access 24/7 emergency help





# FINANCIAL SECURITY

## 401(K) PLAN

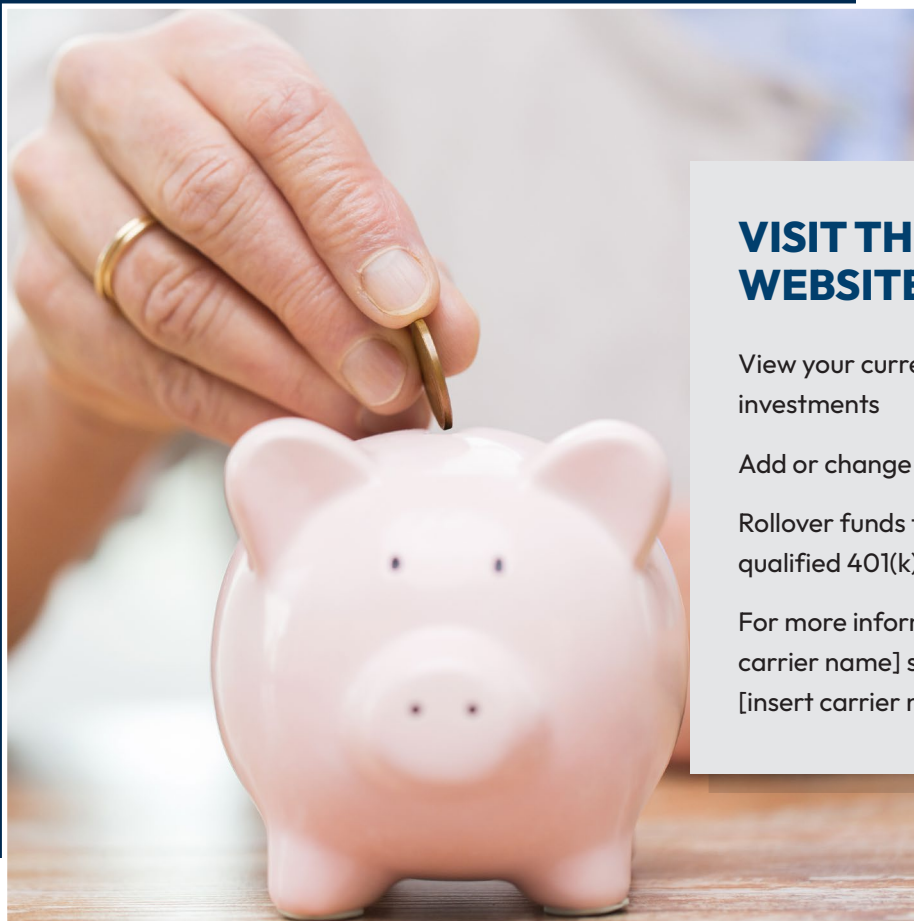
Helping you prepare for retirement is extremely important to [insert client name]. To help you achieve long-term retirement security, [insert client name] offers you the ability to build individual wealth through the 401(k) employee contributions.

## ELIGIBILITY FOR EMPLOYEE CONTRIBUTION

After you receive your first paycheck from [insert client name], you are eligible to make pre and post-tax contributions to the plan of up to XX% of pay. Employee contributions will be effective as soon as administratively feasible after election.

## AUTOMATIC ENROLLMENT

If you have not enrolled in the Plan within 15 days from your date of hire, you will be automatically enrolled in the Plan at a contribution rate of XX% of your pre-tax eligible earnings.



### VISIT THE [insert carrier] WEBSITE TO:

View your current 401(k) balance and investments

Add or change your beneficiary on the plan

Rollover funds from a previous employer plan or qualified 401(k) plan

For more information and access to the [insert carrier name] site, go to [insert website] or call [insert carrier name] at XXX-XXX-XXXX.



# HEALTH AND WELLNESS BENEFITS

Add Medical Carrier specific wellness content to this page







# EMPLOYEE CONTRIBUTIONS

| Medical             | Plan 1 | Plan 2 | Plan 3 |
|---------------------|--------|--------|--------|
| Employee            | XX     | XX     | XX     |
| Employee & Spouse   | XX     | XX     | XX     |
| Employee & Child    | XX     | XX     | XX     |
| Employee & Children | XX     | XX     | XX     |
| Family              | XX     | XX     | XX     |

| Dental              | Plan 1 | Plan 2 | Plan 3 |
|---------------------|--------|--------|--------|
| Employee            | XX     | XX     | XX     |
| Employee & Spouse   | XX     | XX     | XX     |
| Employee & Child    | XX     | XX     | XX     |
| Employee & Children | XX     | XX     | XX     |
| Family              | XX     | XX     | XX     |

| Vision              | Plan 1 | Plan 2 | Plan 3 |
|---------------------|--------|--------|--------|
| Employee            | XX     | XX     | XX     |
| Employee & Spouse   | XX     | XX     | XX     |
| Employee & Child    | XX     | XX     | XX     |
| Employee & Children | XX     | XX     | XX     |
| Family              | XX     | XX     | XX     |





# HOW DO I ENROLL?



1

## LOG IN

Log into [insert client name] at  
[insert website]



3

## ENROLL

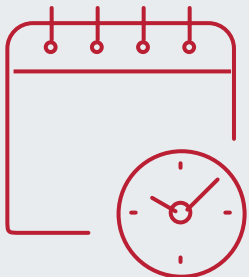
Based off of the best value plan  
for your needs, enroll in  
your benefits



2

## CHOOSE YOUR PLAN

Utilize [XX] to help choose the  
lowest-cost, best-value health  
plan based on your  
medical needs



## REMINDER:

- Benefits enrollment must be completed within 31 days of your event.
- Make sure you hit 'submit' to save your elections before closing the window.



# BENEFITS DEFINITIONS

## COINSURANCE

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.)

## COPAYMENT

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.

## DEDUCTIBLE

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible.)

## HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

A type of health plan that has lower monthly premiums, but higher deductibles and out-of-pocket limits, than a traditional health plan. HDHPs are often coupled with an HSA (Health Savings Account).





# BENEFITS DEFINITIONS (CONT.)

## NETWORK

The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

## NETWORK PROVIDER

A provider who has a contract with your health insurer or plan who has agreed to provide services to members of a plan. You will pay less if you see a provider in the network. Also called “preferred provider” or “participating provider.”

## OUT-OF-NETWORK PROVIDER

A provider who doesn't have a contract with your plan to provide services. If your plan covers out-of-network services, you'll usually pay more to see an out-of-network provider than a preferred provider. Your policy will explain what those costs may be. May also be called “non-preferred” or “non-participating” instead of “out-of-network provider.”

## OUT-OF-POCKET MAXIMUM

The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the plan will usually pay 100% of the allowed amount. This limit helps you plan for health care costs. This limit never includes your premium, balance-billed charges or health care your plan doesn't cover. Some plans don't count all of your copayments, deductibles, coinsurance payments, out-of-network payments, or other expenses toward this limit.

## PREMIUM

The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly, or yearly.

## PROVIDER

An individual or facility that provides health care services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The plan may require the provider to be licensed, certified, or accredited as required by state law.

## REFERRAL

A written order from your primary care provider for you to see a specialist or get certain health care services. In many health maintenance organizations (HMOs), you need to get a referral before you can get health care services from anyone except your primary care provider. If you don't get a referral first, the plan may not pay for the services.







# IMPORTANT CONTACTS

| Coverage                    | Contact      | Phone        | Website     |
|-----------------------------|--------------|--------------|-------------|
| Medical                     | Carrier Name | xxx-xxx-xxxx | www.xyz.com |
| Critical Illness            | Carrier Name | xxx-xxx-xxxx | www.xyz.com |
| Accident Insurance          | Carrier Name | xxx-xxx-xxxx | www.xyz.com |
| Hospital Insurance          | Carrier Name | xxx-xxx-xxxx | www.xyz.com |
| Cancer Insurance            | Carrier Name | xxx-xxx-xxxx | www.xyz.com |
| Health Savings Account      | Carrier Name | xxx-xxx-xxxx | www.xyz.com |
| Telemedicine                | Carrier Name | xxx-xxx-xxxx | www.xyz.com |
| Compass                     | Carrier Name | xxx-xxx-xxxx | www.xyz.com |
| Wellness Program            | Carrier Name | xxx-xxx-xxxx | www.xyz.com |
| Dental                      | Carrier Name | xxx-xxx-xxxx | www.xyz.com |
| Vision                      | Carrier Name | xxx-xxx-xxxx | www.xyz.com |
| Flexible Spending Accounts  | Carrier Name | xxx-xxx-xxxx | www.xyz.com |
| Comuter Benefits            | Carrier Name | xxx-xxx-xxxx | www.xyz.com |
| Life and AD&D               | Carrier Name | xxx-xxx-xxxx | www.xyz.com |
| Disability                  | Carrier Name | xxx-xxx-xxxx | www.xyz.com |
| 401(k) Retirement           | Carrier Name | xxx-xxx-xxxx | www.xyz.com |
| Employee Assistance Program | Carrier Name | xxx-xxx-xxxx | www.xyz.com |
| Beneficiary Assist          | Carrier Name | xxx-xxx-xxxx | www.xyz.com |
| Business Travel Accident    | Carrier Name | xxx-xxx-xxxx | www.xyz.com |
| Home/Auto Insurance         | Carrier Name | xxx-xxx-xxxx | www.xyz.com |
| Identity Theft              | Carrier Name | xxx-xxx-xxxx | www.xyz.com |
| Legal Assistance Program    | Carrier Name | xxx-xxx-xxxx | www.xyz.com |
| Pet Insurance               | Carrier Name | xxx-xxx-xxxx | www.xyz.com |
| Travel Assistance Program   | Carrier Name | xxx-xxx-xxxx | www.xyz.com |
| Human Resources             | Carrier Name | xxx-xxx-xxxx | www.xyz.com |



 **logo**