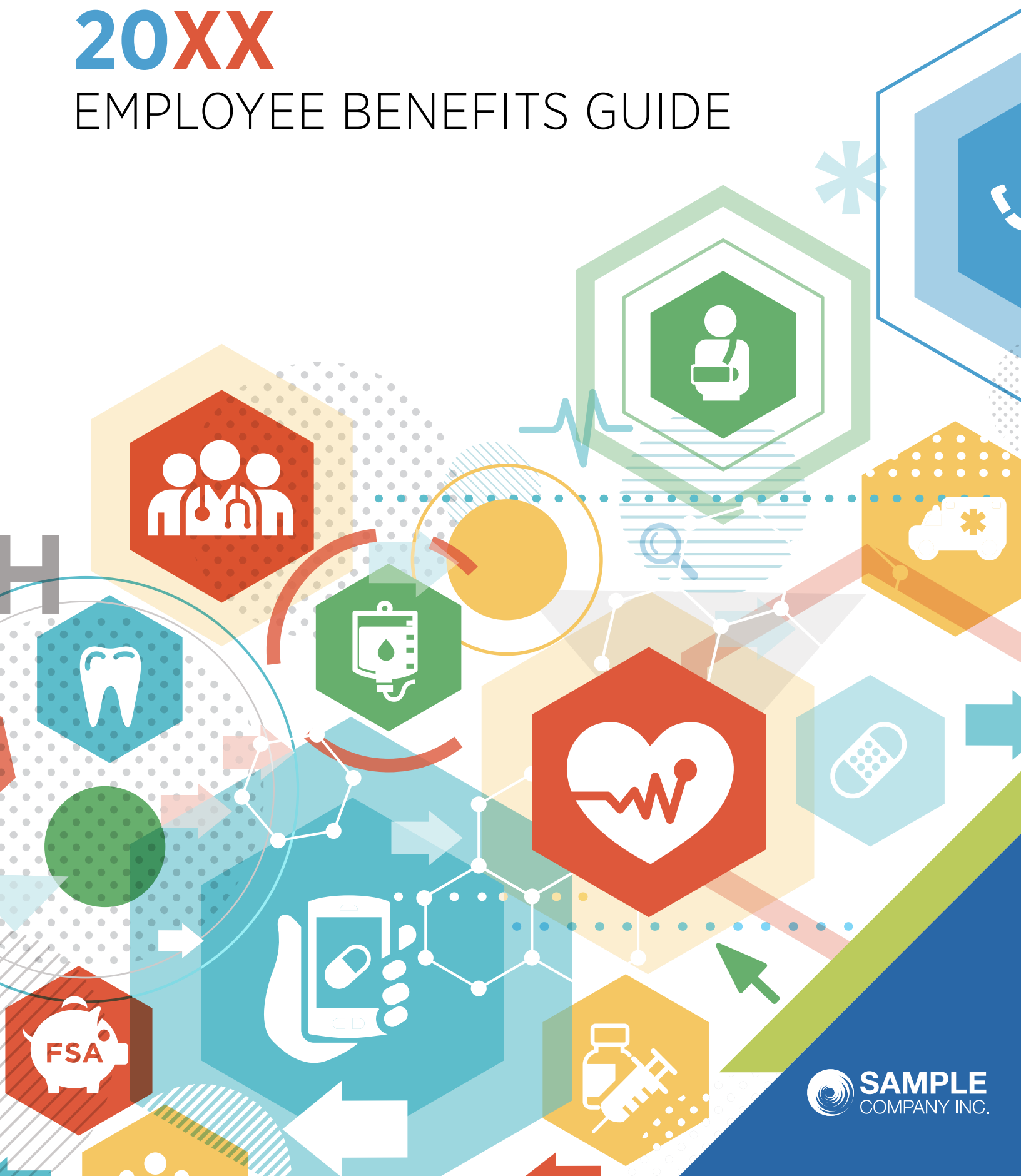


20XX

EMPLOYEE BENEFITS GUIDE



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. This includes the following:

- 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

QUALIFIED LIFE EVENTS

Generally, you may only change your benefit elections during the Open Enrollment period. However, since life happens, you also may change your benefit elections during the year if you experience a Qualified Life Event.

QUALIFIED LIFE EVENT DOCUMENTATION	
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

CHANGING BENEFITS AFTER ENROLLMENT

During the year, you cannot make changes to your medical, dental, vision, Health Care or Dependent Care Flexible Spending Accounts unless you have a Qualified Life Event. If you do not contact Human Resources 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).



BENEFIT COSTS

Sample Company pays the full cost of many of your benefits; however, for others, you share the cost, or you pay the full cost. Pretax means the cost comes out of your pay before taxes are deducted. After-tax means the cost comes out of your pay after taxes are deducted.

BENEFIT	YOUR COST	TAX TREATMENT
Medical, Prescription	You share the cost	Pretax
Dental	You share the cost	Pretax
Vision	You share the cost	Pretax
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	No cost to you	N/A
Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance	You pay 100%	After-tax
Disability Coverage	No cost to you	N/A
Voluntary Long-Term Disability	You pay 100%	After-tax
Flexible Spending Accounts	You share the cost	Pretax
401(k) Retirement Savings Plan	No cost to you	Pretax or After-tax
Employee Assistance Plan	You pay 100%	N/A
Additional Voluntary Benefits	You	After-tax



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.

HOW A HEALTH PLAN WORKS

Preventive Care – like physical exams, flu shots and screenings – is always covered 100% when you use in-network providers. The key difference between the plans is the amount of money you'll pay each pay period and when you need care. The plans have different:

Annual deductible amount – the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay

Out-of-pocket maximums – the most you will pay each year for eligible 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. For example, you pay 20% for services and the plan will pay 80% of the cost until you have reached your out-of-pocket maximum.

MEDICAL PLAN COMPARISON

	PLAN 1		PLAN 2		PLAN 3	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
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
	YOU PAY		YOU PAY		YOU PAY	
COINSURANCE						
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
PHARMACY						
RETAIL RX (UP TO 30-DAY SUPPLY)						
Tier 1	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Tier 2	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Tier 3	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
MAIL ORDER RX (UP TO 90-DAY SUPPLY)						
Tier 1	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Tier 2	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Tier 3	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX

*After Deductible



HEALTH SAVINGS ACCOUNT (HSA)

An 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 (HSA) WORKS



Eligibility

You must be enrolled in the High Deductible Health Plan.



Your Contributions

You contribute on a pretax basis and can change how much you contribute from each paycheck up to the IRS maximum of \$3,600 if you enroll only yourself, or \$7,200 if you enroll in family coverage. You can make an additional catch-up contribution if you are age 55.



The Company's Contribution

\$500 for employee only coverage. **\$1,000** for employee + family coverage.



Eligible Expenses

Medical, dental, vision and prescription drug expenses incurred by you and your eligible family members. If you want to enroll in a Health Care FSA, you are eligible to enroll in a Limited Purpose FSA.



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 and you can continue to pay and save for future eligible health care expenses.



If you are a participant in a Health Savings Account (HSA), you are not eligible for the Health Care FSA reimbursement account.

FLEXIBLE SPENDING ACCOUNTS (FSA)

Flexible Spending Accounts (FSAs) allow you to pay for eligible health care and dependent care expenses using tax-free dollars. **There are two types of FSAs — the Health Care FSA and the Dependent Care FSA:**

HEALTH CARE FSA	VS	DEPENDENT CARE FSA
Contribute up to \$2,700 per year, pretax to pay for services not covered by your medical, dental or vision plan such as copays, coinsurance, deductibles, prescription expenses, lab exams and tests, contact lenses and eyeglasses.		Contribute up to \$5,000 per year, pretax, or \$2,500 if married and filing separate tax returns to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time. You cannot use your Health Care FSA to pay for Dependent Care expenses.
Receive a debit card to pay for eligible medical expenses (funds must be available in your account).		You must submit claims and be reimbursed if you enroll in this FSA; no debit cards are provided.
Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses, over-the-counter medications prescribed by your doctor.		Can only be used to pay for eligible dependent care expenses including day care, after-school programs and elder care programs.
Submit claims up to March 31 of the following year for expenses from January 1 to December 31. If you do not spend all the money in this FSA by March 31 , per IRS regulations, unused dollars will be forfeited for pretax contributions.		Submit claims up to March 31 of the following year for expenses from January 1 to December 31. If you do not spend all the money in this FSA by March 31 , per IRS regulations, unused dollars will be forfeited for pretax contributions.



This brochure highlights the main features of the [Sample Company] Employee Benefits Program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. [Sample Company] reserves the right to change or discontinue its employee benefits plans at any time.