logo

BENEFITS AT A GLANCE

[ABC Salaried Employees]

Benefits Effective
January 1, 20XX - January 31, 20XX

ELIGIBILITY

You are eligible for coverage beginning the **first of the month following hire date if you are an active**, full-time employee working at least **30 hours per week**.

MEDICAL PLAN

Carrier Name: [Name]
Policy Number: XXXXX
Phone Number: XXX-XXX-XXXX
Website: [web address]

Per month

	PLAN 1	PLAN 2	PLAN 3
Employee Only			
Employee + Spouse			
Employee + Child(ren)			
Employee + Family			

NETWORK	OAP HDHP W/ HSA NATIONAL	OAP 750 NATIONAL
Doctor Copay (PCP/Specialist)	Ded + Coins	$25/$40
Deductible (Individual/Family)	$1,500/$3,000	$750/$1,500
Coinsurance (Insurance/Member)	80%/20%	80%/20%
Out-of-Pocket Maximum (Ind/Fam)	$3,000/$6,000	$2,400/$7,200
OUT-OF-NETWORK		
Deductible (Individual/Family)	$3,000/$6,000	$1,500/$3,000
Coinsurance (Insurance/Member)	60%/40%	60%/40%
Out-of-Pocket Maximum (Ind/Fam)	$6,000/$12,000	$6,850/$13,700
EMERGENCY SERVICES		
Urgent Care	Ded + Coins	$25 Copay
Emergency Room	Ded + Coins	$250 Copay
PRESCRIPTIONS		
Deductible	Combined w/ med.	$0
Retail (Generic/Brand/Non Formulary)	Ded + Coins	$15/$35/$60
Mail-Order (Generic/Brand/Non Formulary)	Ded + Coins	$30/$70/$120
Specialty	Ded + Coins	50% up to $100

HEALTH SAVINGS ACCOUNT (HSA)

Carrier Name: [Name]

Policy Number: XXXXX

Phone Number: XXX-XXX-XXXX

Website: [web address]

Members who choose to participate in the Cigna HDHP plan are eligible to open and contribute funds to an HSA account. Your funds may be used toward current and future qualified medical expenses.

TIER	IRS 20XX LIMIT
Single	$3,850
Family	$7,750
Age 55+	Additional/Catch-up $1,000

FLEXIBLE SPENDING ACCOUNT (FSA)

Carrier Name: [Name]

Policy Number: XXXXX

Phone Number: XXX-XXX-XXXX

Website: [web address]

Eligible employees may consider their options to participate in the Dependent Care and Parking/ Transit FSA programs. These programs allow you to allocate pre-tax dollars toward eligible expenses. Please refer to your benefit plan documents for more information on annual limits, and special details on these offerings.

Contributions may be made through payroll deductions, up to the annual IRS limits.

TIER	MAXIMUM ALLOWED
Dependent Care	$5,000 Annually
Parking & Transit	$300 per month each

DENTAL PLAN

Carrier Name: [Name]

Policy Number: XXXXX

Phone Number: XXX-XXX-XXXX

Website: [web address]

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].

Per month

	GUARDIAN PPO	GUARDIAN PPO ALTERNATIVE
Employee Only	$22.36	$35.45
Employee + Spouse	$44.51	$70.56
Employee + Child(ren)	$52.89	$102.91
Employee + Family	$75.05	$140.78

Per month

DENTAL PPO	GUARDIAN PPO	GUARDIAN PPO ALTERNATIVE
Deductible	Individual $50	Individual $25
Preventive	100%	100%
Basic	80%	90%
Major	50%	60%
Annual Max	$1,000	$2,500
Orthodontia	50%	50%
Ortho Lifetime Max	$1,000 Child Only	$2,500 Child Only

VISION PLAN

Carrier Name: [Name]

Policy Number: XXXXX

Phone Number: XXX-XXX-XXXX

Website: [web address]

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.

Per month

	EYEMED VISION
Employee Only	$5.95
Employee + Spouse	$11.28
Employee + Child(ren)	$11.88
Employee + Family	$17.47

Per month

EYEMED VISION	IN NETWORK	OUT OF NETWORK
Routine Eye Exam	$0 Copay	Reimburses up to $45
Frames	$0 Copay	Reimburses up to $45
Single Vision Lenses	$0 Copay	Reimburses up to $52
Bifocal Lenses	$0 Copay	Reimburses up to $82
Trifocal Lenses	$0 Copay	Reimburses up to $101
Elective Contact Lenses	Up to $130	Reimburses up to $97

LIFE & DISABILITY

All eligible employees are automatically enrolled in the Life and Disability plans that **[ABD Client]** provides, through **[insert carrier name]**.

LIFE AND AD&D

[ABD Client] provides eligible employees with **[XX times their base salary]** in basic life and AD&D benefits.

VOLUNTARY TERM LIFE AND AD&D

You have the opportunity to purchase a Term Life insurance policy up to **[insert amount]** salary, up to a maximum of **[insert amount]**. In addition to your voluntary Term Life policy, you may also purchase a policy for your spouse and/or dependent children. 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 you have

LONG TERM DISABILITY

Long Term Disability is an employer-paid benefit and employees are auto-enrolled. You will also have the opportunity to purchase a Long Term Disability policy to replace **[insert amount]** of your weekly, pre-disability earnings to a maximum of **[insert amount]** per month. Benefits begin after the elimination period of 90 days.

SHORT TERM DISABILITY

Short Term Disability is an employer paid benefit and employees are auto enrolled. Monthly benefit is **[insert amount]**, up to **[insert amount]** weekly. Accident and sickness benefits begin on the 8th day. Benefits last up to 12 weeks.

Carrier Name: [Name]

Policy Number: XXXXX

Phone Number: XXX-XXX-XXXX

Website: [web address]

PARENTAL LEAVE

Carrier Name: [Name]

Policy Number: XXXXX

Phone Number: XXX-XXX-XXXX

Website: [web address]

Eligible employees are entitled to paid parental leave following the birth or adoption of a child. **[ABD Client]** offers up to **[eight weeks of 100%]** paid leave for birth parents, and **[four weeks of 100%]** paid parental leave for all other new parents, including adoption. Multivision's parental leave policy is designed to ensure that **[ABD Client]** employees can spend this important time together.

401(K) RETIREMENT PLAN

Carrier Name: [Name]

Policy Number: XXXXX

Phone Number: XXX-XXX-XXXX

Website: [web address]

Eligible employees may elect to defer on the first day of the month following your date of hire.

Information on how to complete account set-up with [Insert carrier name] will be emailed to you within 7–10 days of your start date.