



BENEFITS AT A GLANCE

Benefits Effective
January 1–31, 20XX

BENEFIT 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: **carrier name**
Policy Number: **xx**
Phone Number: **xxx-xxx-xxxx**
Website: **www.xyz.com**

Per month

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

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: **carrier name**
Policy Number: **xx**
Phone Number: **xxx-xxx-xxxx**
Website: **www.xyz.com**

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: **carrier name**
Policy Number: **xx**
Phone Number: **xxx-xxx-xxxx**
Website: **www.xyz.com**

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

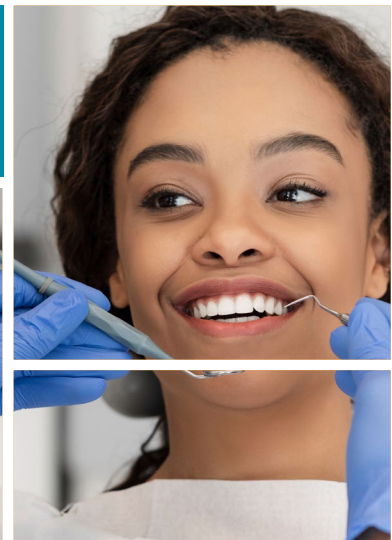
DENTAL PLAN

Carrier Name: **carrier name**
 Policy Number: **xx**
 Phone Number: **xxx-xxx-xxxx**
 Website: **www.xyz.com**

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]**.

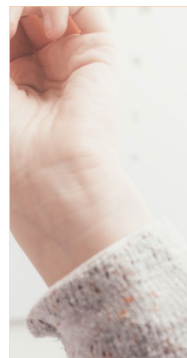
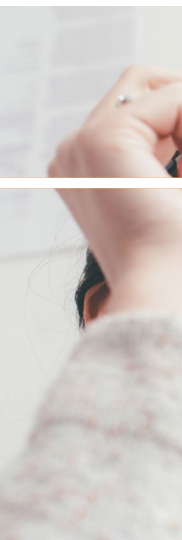
Per month

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



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



VISION PLAN

Carrier Name: **carrier name**
 Policy Number: **xx**
 Phone Number: **xxx-xxx-xxxx**
 Website: **www.xyz.com**

Your vision insurance is provided by **[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	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

Per month

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

LIFE & DISABILITY

All eligible employees are automatically enrolled in the Life and Disability plans that **client name** provides, through **carrier name**.

Life and AD&D

[client name] provides eligible employees with **xx** 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 **xx** salary, up to a maximum of **xx**. 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

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 **xx** of your weekly, pre-disability earnings to a maximum of **xx** 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 **xx**, up to **xx** weekly. Accident and sickness benefits begin on the 8th day. Benefits last up to 12 weeks.

Carrier Name: **carrier name**
Policy Number: **xx**
Phone Number: **xxx-xxx-xxxx**
Website: **www.xyz.com**

PARENTAL LEAVE

Carrier Name: **carrier name**
Policy Number: **xx**
Phone Number: **xxx-xxx-xxxx**
Website: **www.xyz.com**

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: **carrier name**
Policy Number: **xx**
Phone Number: **xxx-xxx-xxxx**
Website: **www.xyz.com**

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 Fidelity's NetBenefits will be emailed to you within 7-10 days of your start date.

