



BENEFITS AT A GLANCE

Benefits Effective January 1–31, 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: carrier name
Policy Number: xx
Phone Number: xxx-xxx-xxxx
Website: www.xyz.com

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: 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.

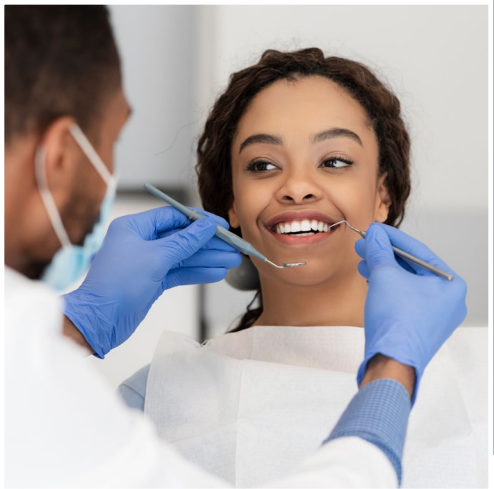
| TIER | MAXIMUM ALLOWED |
|-------------------|----------------------|
| Dependent Care | \$5,000 Annually |
| Parking & Transit | \$300 per month each |



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

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

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 [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 | 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 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.