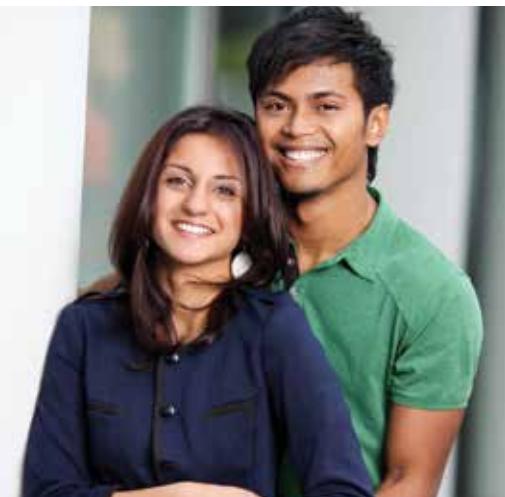




20XX U.S. Employee Benefits Guide





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.

Parts of Your Medical Plan

- **Preventive care** — always 100% covered when you use in-network providers and includes things like physical exams, flu shots and screenings.
- **Annual deductible amounts** — the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay.
- **Annual out-of-pocket maximums** — the most you will pay each year for eligible in-network and out-of-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.

Medical Plan Comparison

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 fees 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.

	PLAN 1		PLAN 2		PLAN 3	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
	YOU PAY		YOU PAY		YOU PAY	
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
COINSURANCE / COPAYS						
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
RETAIL RX (UP TO 30-DAY SUPPLY)						
Generic	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Brand Preferred	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Brand Non-Preferred	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
MAIL ORDER RX (UP TO 90-DAY SUPPLY)						
Generic	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Brand Preferred	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX
Brand Non-Preferred	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX	\$XXX

* After deductible



Dental

Taking care of your oral health is not a luxury; it is a necessity to long-term optimal health. With a focus on prevention, early diagnosis and treatment, Dental insurance can greatly reduce your costs when it comes to restorative and emergency procedures. Preventive services are covered at no cost to you and include routine exams and cleanings. You will pay only a small deductible and coinsurance for basic and major services.

When you visit a dentist in the network, you will maximize your savings. These dentists have agreed to reduced fees, which means you won't get charged more than your expected share of the bill.

	DPO PLAN		DPO PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR PLAN MAXIMUM				
Per Individual	\$XXX per individual (Basic and Major Services combined)		\$XXX per individual (Basic and Major Services combined)	
	YOU PAY		YOU PAY	
CALENDAR YEAR DEDUCTIBLE				
Individual	\$XXX	\$XXX	\$XXX	\$XXX
Family	\$XXX	\$XXX	\$XXX	\$XXX
PREVENTIVE CARE				
Exams, Cleanings, X-rays, Fluoride Treatments	\$XXX	XX%	\$XXX	XX%
BASIC SERVICES				
Fillings, Space Maintainers, Sealants, Extractions, Oral Surgery, Endodontics, Periodontics, Emergency Exams	XX%	XX%	XX%	XX%
MAJOR PROCEDURES				
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs	XX%	XX%	XX%	XX%
ORTHODONTIA				
Adults	XX% up to a lifetime maximum benefit of \$XXX per individual; deductible waived		XX% up to a lifetime maximum benefit of \$XXX per individual; deductible waived	
Children (up to 19th birthday)				

Vision

Healthy eyes and clear vision are an important part of your overall health and quality of life.

You may enroll yourself and your eligible dependents or you may waive vision coverage. You do not have to be enrolled in medical coverage to elect vision coverage or cover the same dependents under medical and vision.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

VISION PLAN		
	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
	YOU PAY	REIMBURSEMENT
Exam	\$XXX	\$XXX
Single Vision Lenses	\$XXX	\$XXX
Bifocals Lenses	\$XXX	\$XXX
Trifocals Lenses	\$XXX	\$XXX
Frames	\$XXX	\$XXX
Contacts in lieu of Frames/Lenses	\$XXX	\$XXX
BENEFIT FREQUENCY		
Exams	Once every 12 Months	Once every 12 Months
Lenses	Once every 12 Months	Once every 12 Months
Frames	Once every 24 Months	Once every 24 Months
Contacts	Once every 12 Months	Once every 12 Months





Flexible Spending Accounts

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, the **Limited Purpose FSA**, and the Dependent Care FSA: **Please Note:** If you are a participant in a Health Savings Account (HSA), you are not eligible for the Health Care FSA reimbursement account.

HEALTH CARE FSA

VS

DEPENDENT

Contribute up to \$2,850 per year, pretax, to pay for copays, prescription expenses, lab exams and tests, contact lenses and eyeglasses.

Limited Purpose FSA

Those enrolled in the HDHP can contribute up to \$2,850 per year, pretax, to pay for eligible vision and dental expenses.

Receive a debit card to pay for eligible medical expenses (funds must be available in your account).

Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses, over-the-counter medications prescribed by your doctor.

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.



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.



You must submit claims and be reimbursed if you enroll in this FSA; no debit cards are provided.



Can only be used to pay for eligible dependent care expenses including day care, after-school programs and elder care programs prescribed by your doctor.



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.

