

20XX

BENEFITS GUIDE



SAMPLE
COMPANY INC.



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 rates 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						
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

Ask for Generics

Generic and brand-name drugs have the same active ingredients, which means they have the same efficacy for treating your condition. The main difference is the cost to you.

Brand-name drugs tend to be more expensive because of the lengthy drug development process. Manufacturers charge more to recoup costs. When a patent expires, other manufacturers can produce the medication, and competition drives the price down.

Home Delivery

Enjoy the convenience and savings of home delivery for medications you take on a regular basis through our mail-order prescription program. The larger 90-day supply is mailed directly to your home — saving you time and money.



| 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.

	DPPO PLAN		DPPO 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				
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	
	In-Network	Out-of-Network
	You Pay	Reimbursement
Exam	\$XXX	\$XXX
Single Vision Lenses	\$XXX	\$XXX
Bifocal Lenses	\$XXX	\$XXX
Trifocal 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 (FSA)

Flexible Spending Accounts (FSAs) allow you to pay for eligible expenses using tax-free dollars. Important: There is a “use it or lose it” rule imposed by the IRS. If you do not spend all the money in your Health Care, **Limited Purpose** or Dependent Care FSA by March 31 of the following year for expenses incurred from January 1 – December 31, unused dollars will be forfeited per IRS regulations for pretax contributions.

Health Care FSA	VS	Dependent Care FSA
<p>Health Care FSA</p> <p>Contribute up to \$2,850 per year, pretax, to pay for copays, prescription expenses, lab exams and tests, contact lenses and eyeglasses.</p> <p>Limited Purpose FSA</p> <p>Those enrolled in the HDHP can contribute up to \$2,850 per year, pretax, to pay for eligible vision and dental expenses.</p>		<p>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.</p>
<p>Receive a debit card to pay for eligible medical expenses (funds must be available in your account).</p>		<p>You must submit claims and be reimbursed if you enroll in this FSA; no debit cards are provided.</p>
<p>Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses, over-the-counter medications prescribed by your doctor.</p>		<p>Can only be used to pay for eligible dependent care expenses including day care, after-school programs and elder care programs.</p>
<p>Submit claims up to March 31 of the following year for expenses from January 1 to December 31.</p> <p>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.</p>		<p>Submit claims up to March 31 of the following year for expenses from January 1 to December 31.</p> <p>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.</p>

Commuter Benefits

Contribute \$280 per month, pretax, to pay for your parking or public transportation expenses while commuting to work, including monthly passes, tokens or fare cards. This program is voluntary and you may participate on a month-to-month basis. Both payroll contributions and reimbursements cannot exceed the monthly statutory limits. Any unused funds in any month are rolled over to the next month's contribution.



BASIC LIFE AND AD&D

Life insurance pays a lump-sum benefit to your beneficiary(ies) to help meet expenses in the event of your death. Accidental Death & Dismemberment (AD&D) insurance pays a benefit if you die or suffer certain serious injuries as the result of a covered accident. In the case of a covered accidental injury (e.g., loss of sight, loss of a limb), the benefit you receive is a percentage of your total AD&D coverage based on the severity of the accidental injury.



Basic Life and AD&D Insurance – For You

Coverage Level	Coverage Amount	Evidence of Insurability/Proof of Good Health
Basic Life and AD&D	xx your basic annual earnings to a maximum of \$x.	None

Imputed Income

Under current tax laws, imputed income is the value of your Basic Life insurance that exceeds \$50,000 and is subject to federal income, Social Security and state income taxes, if applicable. This imputed income amount will be included in your paycheck and shown on your W-2 statement.

Voluntary Life and AD&D

Voluntary Life and AD&D insurance for you and your dependents can help protect your family during difficult times.

Voluntary Life and AD&D Insurance – For You and Your Dependents

Coverage Level	Coverage Amount	Evidence of Insurability/Proof of Good Health
Employee Only	Increments of x not to exceed 5 times to your salary or \$500,000.	Required if electing coverage equal to or greater than x times base annual pay or \$x, whichever is less.
Spouse	Increments of \$x up to \$250,000 – not to exceed x% of employee coverage.	Required for amounts equal to or greater than \$x.
Child(ren)	Increments of \$x to a maximum of \$x. \$250 for children 14 days to 6 months.	None

Guaranteed Issue and Evidence of Insurability

Employees and spouses who elect Voluntary Life and AD&D coverage when they are first eligible can elect up to the Guaranteed Issue (GI) amount without Evidence of Insurability (EOI). If the amount requested is more than GI, you will need to provide EOI before the amount over GI becomes effective.

