



20XX
EMPLOYEE
BENEFITS





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

* After deductible

PHARMACY PLAN COMPARISON

When you enroll in medical coverage, you will also receive prescription benefits. Here you can see the basics, but be sure to check the formulary for a full list of the prescriptions that are covered by the plan. Remember, you can always ask your doctor about lower-cost alternatives. Generic drugs tend to be less expensive than brand-name drugs, so keep that in mind when shopping around too.

	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	
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

SAVE ON PRESCRIPTION DRUGS

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		YOU PAY	
CALENDAR YEAR DEDUCTIBLE				
Individual	XXXX	XXXX	XXXX	XXXX
Family	XXXX	XXXX	XXXX	XXXX
PREVENTIVE CARE				
Exams, Cleanings, X-rays, Fluoride Treatments	XXXX	XX%	XXXX	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

