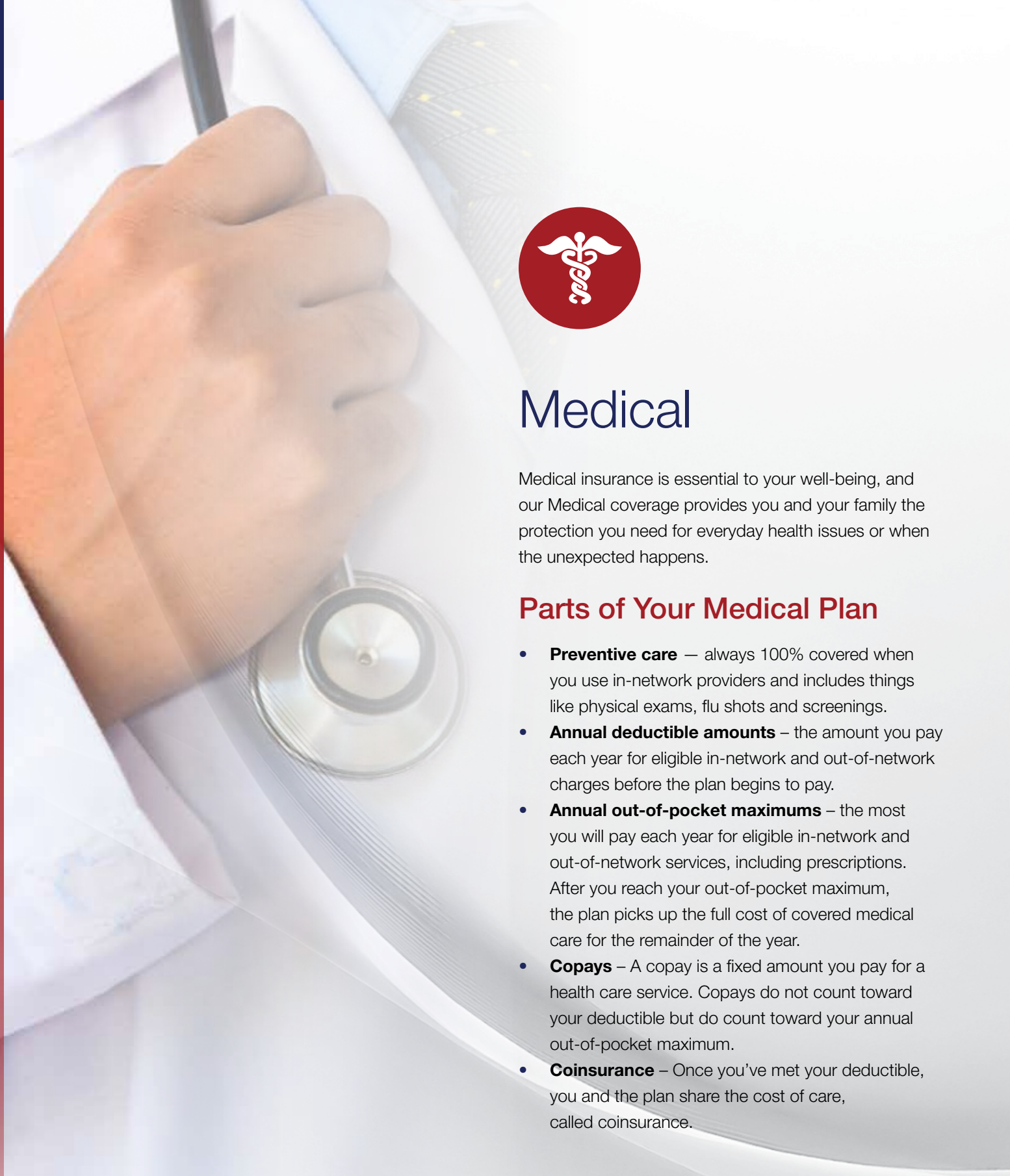
SAMPLE
COMPANY INC.

20XX OPEN ENROLLMENT 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 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

* 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.

	Plan 1		Plan 2		Plan 3	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
	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

Telemedicine

When you need care — anytime, day or night — or when your primary care provider is not available, telemedicine can be a convenient option. With telemedicine, you don't have to drive to the doctor's office or sit in a waiting room when you're sick — you can see your doctor from the comfort of your own bed or sofa.

Register Today so You Are Ready When You Need Care

- Avoid germs in the ER, urgent care clinic or doctor's office.
- See a board-certified, licensed, telehealth-trained doctor on your schedule with on-demand virtual visits 24/7, including nights, weekends and holidays.
- Get treated for more than 80 common conditions including colds, flu, allergies and more.
- Get a prescription or short-term refill of any existing prescription sent to a pharmacy nearby in less time than your usual doctor visit.
- Avoid costly copays and deductibles of the ER and urgent care clinic.

Using Telemedicine Is as Easy as One, Two, Three

STEP 1

Register Now

Setting up your secure account takes only minutes.

Visit www.Teladoc.com and click on Login / Register > Get Started or call 800-Teladoc (835-2362).

STEP 2

Request a Visit

You can have a doctor visit right away or schedule an appointment — all by phone, computer or the app.

STEP 3

Feel Better

Get treated by one of our doctors who can prescribe medication if necessary.

FSAs

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

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.

Dependent Care FSA

Contribute up to $5,000 per year ($2,500 if married and filing separate tax returns), pretax, 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.

Use It or Lose It

If you do not spend all the money in this FSA by **March 31**, per IRS regulations for pretax contributions, unused dollars will be forfeited.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