

# Benefits Overview



LOGO PLACEMENT

Your benefits are an important part of your overall compensation. This overview was designed to answer some of the basic questions you may have about your benefits.

March 1, 20XX - February 29, 20XX

## Eligibility

You are eligible for benefits if you work ## or more hours per week. For new hires, benefits are effective on the [EFFECTIVE DATE]. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your registered domestic partner (RDP) and/or his/her children, where applicable by state law
- ▶ Your children who are your natural children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life event:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, RDP, or child
- ▶ You lose coverage under your spouse's/RDP's plan
- ▶ You gain access to state coverage under Medicaid or CHIP

## Making Changes

**To make changes to your benefit elections, you must contact Human Resources within ## days of the qualified life event (including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

## Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members. **Please refer to the separate rate sheet for your contributions.**

## Medical Plans

We are proud to offer you a choice of medical plans. Following is a high-level overview of the coverage available.

Key Medical Benefits	[CARRIER NAME] [PLAN NAME]		[CARRIER NAME] [PLAN NAME]		[CARRIER NAME] [PLAN NAME]	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per [calendar/plan] year)						
Individual / Family						
<b>Out-of-Pocket Maximum</b> (per [calendar/plan] year)						
Individual / Family						
<b>Company Contribution to Your Health Savings Account (HSA)</b> (per [FREQUENCY]; prorated for new hires/newly eligible)						
Individual / Family						
<b>Covered Services</b>						
Office Visits (physician / specialist)						
Routine Preventive Care						
Emergency Room						
Urgent Care Facility						
Inpatient Hospital Stay						
<b>Prescription Drugs</b> [TIERS]						
Retail Pharmacy (30-day supply)						
Mail Order (90-day supply)						

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

# Dental Plans

We are proud to offer you a choice of dental plans. Following is a high-level overview of the coverage available.

Key Dental Benefits	Delta Dental DHMO		Delta Dental DPPO	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per [calendar/plan] year)				
Individual / Family				
<b>Benefit Maximum</b> (per [calendar/plan] year; preventive, basic, and major services combined)				
Per Individual				
<b>Covered Services</b>				
<b>Preventive Services</b>				
<b>Basic Services</b>				
<b>Major Services</b>				
<b>Orthodontia</b> [COVERED PERSONS]				

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

## Vision Plan

We are proud to offer you a vision plan through [CARRIER]. If you use a [CARRIER] provider, exams are subject to a \$## copay, materials require a \$## copay and frames are covered up to \$###. Exams and lenses are covered once every ## months and frames are covered once every ## months.

## Life and AD&D

Basic Life and Accidental Death and Dismemberment (AD&D) coverage is provided through [CARRIER] at **NO COST**. You also have the opportunity to purchase additional Supplemental coverage at affordable group rates through [CARRIER].

**Basic Coverage:** [COVERAGE].

**Supplemental Coverage:** [COVERAGE]

## Disability

You are provided Disability Insurance through [CARRIER] at [**NO COST**/an affordable group rate]. Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

**[Voluntary] Short-Term Disability (STD):** [COVERAGE]

**[Voluntary] Long-Term Disability (LTD):** [COVERAGE]

## Contacts

- ▶ **Medical:** [NAME] - [PHONE] | [WEB]
- ▶ **Dental:** [NAME] - [PHONE] | [WEB]
- ▶ **Vision:** [NAME] - [PHONE] | [WEB]
- ▶ **Life and AD&D:** [NAME] - [PHONE] | [WEB]
- ▶ **Disability:** [NAME] - [PHONE] | [WEB]
- ▶ **Call Center:** [NAME] - [PHONE] | [EMAIL]
- ▶ **HR:** [NAME] - [PHONE] | [EMAIL]

**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

