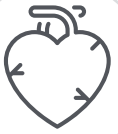


20XX -  
20XX

# Benefits Guide

my life | my health | my family

January 1 - December 31, 201X



LOGO PLACEMENT

# Welcome

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Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work 30 or more hours per week. 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 biological 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.

## When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire.  
  
If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 201X.

## 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 events:

- ▶ 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 31 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.

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**Required Information**—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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# Enrollment

Go to <http://www.samplebenefitswebsite.com>. There, you will find detailed information about the plans available to you and instructions for enrolling.

# Medical

We are proud to offer you a choice among three different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offers many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

## Kaiser HMO

With this plan, you select a primary care physician (PCP) from the participating network of providers who will coordinate your health care needs, refer you to specialists (if needed) and approve further medical treatment. Services received outside of the HMO's network are not covered, except in the case of emergency medical care.

## Aetna PPO

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Aetna network. The calendar-year deductible must be met before certain services are covered.

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).



Key Medical Benefits	Kaiser HMO		Aetna PPO		Aetna PPO	
	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 year)						
Individual / Family						
<b>Out-of-Pocket Maximum</b> (per calendar year)						
Individual / Family						
<b>Covered Services</b>						
Office Visits (physician/specialist)						
Routine Preventive Care						
Outpatient Diagnostic (lab/X-ray)						
Complex Imaging						
Chiropractic						
Ambulance						
Emergency Room						
Urgent Care Facility						
Inpatient Hospital Stay						
Outpatient Surgery						
<b>Prescription Drugs</b> (Tier 1 / Tier 2 / Tier 3)						
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.

\*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. 2. If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual. 3. If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay eligible covered services at 100% for any one individual.

# Dental

We are proud to offer you a choice between two different dental plans.

## Delta Dental DHMO

With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services.

## Delta Dental DPPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental network.

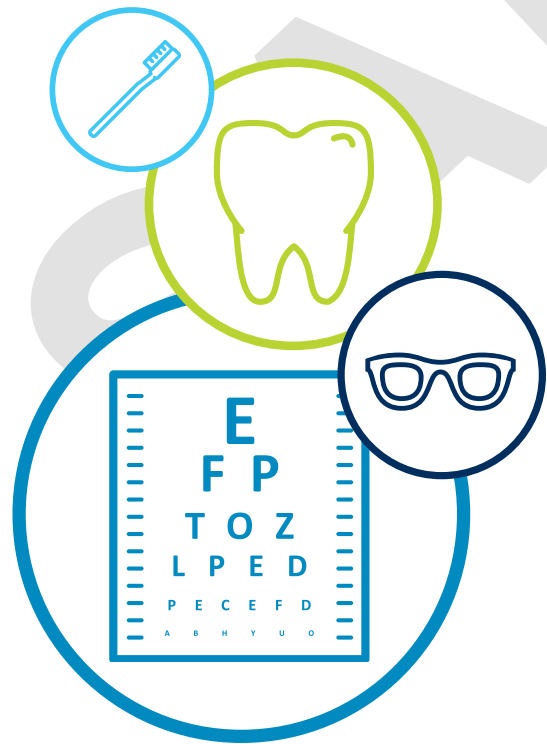
Following is a high-level overview of the coverage available.

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 year)				
Individual / Family				
<b>Benefit Maximum</b> (per calendar 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> (Child only)				

Coinsurance percentages 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

We are proud to offer you a vision plan.

The **Vision Service Provider (VSP)** vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Vision Service Provider (VSP) network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
<b>Exam</b> (once every 12 months)		
<b>Materials Copay</b>		
<b>Lenses</b> (once every 12 months)		
Single Vision		
Bifocal		
Trifocal		
<b>Frames</b> (once every 24 months)		
<b>Contact Lenses</b> (once every 12 months; in lieu of glasses)		



# Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

## Short-Term Disability

Provided at **NO COST** to you through Anthem.

<b>Benefit Percentage</b>	
<b>Weekly Benefit Maximum</b>	
<b>When Benefits Begin</b>	
<b>Maximum Benefit Duration</b>	

## Long-Term Disability

Provided at **NO COST** to you through Anthem.

<b>Benefit Percentage</b>	
<b>Monthly Benefit Maximum</b>	
<b>When Benefits Begin</b>	
<b>Maximum Benefit Duration</b>	

# Life and AD&D Insurance

**Life insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

**Accidental Death and Dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

## Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Anthem.

Benefit Amount	

## Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Anthem for yourself and your eligible family members.

Benefit Option	Guaranteed Issue*
Employee	
Spouse/RDP	
Child(ren)	

\*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

# Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through The Holman Group.

## The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

## EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to five (5) in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

# Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Aflac are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

## Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.

## Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000<sup>1</sup>? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

1. MetLife Accident and Critical Illness Impact Study, October 2013  
2. Costs for Hospital Stays in the United States, 2011. HCUP Statistical Brief #168. December 2013. Agency for Healthcare Research and Quality, Rockville, MD.  
3. National Hospital Discharge Survey, 2010

## Hospital Indemnity Insurance

The average cost of a hospital stay is \$10,000<sup>2</sup>—and the average length of a stay is 4.8 days<sup>3</sup>. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered sickness or injury related hospitalization.

## Cancer Indemnity

The Cancer Indemnity Plan pays a flat dollar amount to you when a covered person is diagnosed with internal cancer. Other benefits include payments, directly to you, for hospital confinement, medical imaging, radiation and chemotherapy, immunotherapy, transportation and lodging. The plan also includes a cancer screening wellness benefit.

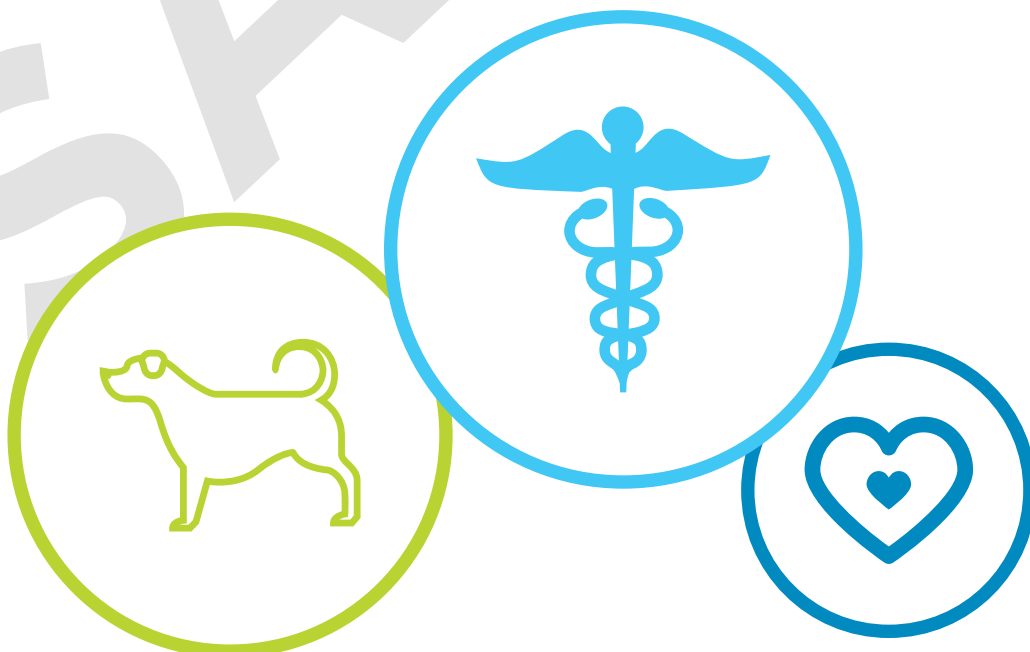
# Valuable Extras

We also offer the following additional benefits:

- ▶ 401(k) Retirement Plan
- ▶ 529 College Savings Plan
- ▶ Group Legal Plan
- ▶ Home and Auto Group Insurance
- ▶ Pet Insurance
- ▶ Travel Assistance (Company-paid)

# 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.**



# Notes



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SAMPLE

# Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Kaiser	(555) 555-5555	<a href="http://www.kp.org">www.kp.org</a>
	Aetna	(555) 555-5555	<a href="http://www.aetna.com">www.aetna.com</a>
Dental	Delta Dental	(555) 555-5555	<a href="http://www.deltadental.com">www.deltadental.com</a>
Vision	Vision Service Plan (VSP)	(555) 555-5555	<a href="http://www.vsp.com">www.vsp.com</a>
Flexible Spending Accounts (FSAs)	Ceridian	(555) 555-5555	<a href="http://www.ceridian.com">www.ceridian.com</a>
Life/AD&D	Anthem	(555) 555-5555	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
Disability	Anthem	(555) 555-5555	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
Employee Assistance Program (EAP)	The Holman Group	(555) 555-5555	<a href="http://www.theholmangroup.com">www.theholmangroup.com</a>
Voluntary Benefits	Aflac	(555) 555-5555	<a href="http://www.aflac.com">www.aflac.com</a>

## Benefits Website

Our benefits website <http://www.samplebenefitswebsite.com> can be accessed anytime you want additional information on our benefits programs.

## Questions?

If you have additional questions, you may also contact:

My Benefits Champion  
 (555) 555-5555  
[champion@hubinternational.com](mailto:champion@hubinternational.com)

HR Team  
 (555) 555-5555  
[hradmin@sample.com](mailto:hradmin@sample.com)

