

# Benefits Overview

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.

February 1, 20XX - January 31, 20XX



LOGO PLACEMENT

## Eligibility

You are eligible for benefits if you work 30 or more hours per week. For new hires, benefits are effective on the first of the month following your date of hire. 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 their children, where applicable by state law
- ▶ 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.

## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying 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 The Children's Health Insurance Program

## Making Changes

**To change your benefit elections, you must contact Human Resources within 31 days of the qualifying life event.** 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 change your elections.

## Cost of Benefits

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

## Medical

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

Key Medical Benefits	Anthem Blue Cross OAP PPO		Aetna HDHP w/ HSA	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)				
Individual / Family	\$250 / \$750	\$750 / \$2,250	\$1,500 / \$3,000	\$3,000 / \$6,000
<b>Out-of-Pocket Maximum</b> (per calendar year)				
Individual / Family	\$2,500 / \$5,000	\$5,000 / \$15,000	\$3,000 / \$6,000	\$6,000 / \$9,000
<b>Company Contribution to Your Health Savings Account (HSA)</b> (per calendar year; prorated for new hires/newly eligible employees)				
Individual / Family	N/A		\$500 / \$1,000	
<b>Covered Services</b>				
Office Visits (physician / specialist)	\$20 / \$25 copay	30%*	10%*	30%*
Routine Preventive Care	No charge	30%	No charge	30%
Emergency Room	\$100 copay	\$100 copay	10%*	10%*
Urgent Care Facility	N/A	30%*	10%*	30%*
Inpatient Hospital Stay	10%*	30%*	10%*	30%*
<b>Prescription Drugs</b> (Tier 1 / Tier 2 / Tier 3)				
Retail Pharmacy (30-day supply)	\$15 / \$25 / \$40	\$30 / \$50 / \$80	\$15 / \$25 / \$40	50%*
Mail Order (90-day supply)	\$30 / \$50 / \$80	Not covered	\$30 / \$50 / \$80	Not covered

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

We are proud to offer you a dental plan. The following is a high-level overview of the coverage available.

Key Dental Benefits	Delta Dental DPPO	
	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)		
Individual / Family	\$50 / \$150	\$150 / \$450
<b>Benefit Maximum</b> (per calendar year; preventive, basic and major services combined)		
Per Individual	\$1,500	\$1,500
<b>Covered Services</b>		
Preventive Services	No charge	10%
Basic Services	10%*	30%*
Major Services	30%*	50%*
Orthodontia (Child only)	50%; \$1,000 Max. Benefit	N/A

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.

# Vision

We are proud to offer you a vision plan through Vision Service Provider (VSP). If you use a Vision Service Provider (VSP) provider, exams are subject to a \$10 copay, materials require a \$25 copay and frames are covered up to \$500. Exams and lenses are covered once every 12 months and frames are covered once every 12 months.

# Disability

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):** Provided through **Anthem** at an affordable group rate. Benefit amount is equal to 60% of your weekly earnings up to \$600. Benefits begin after 7th day.

**Voluntary Long-Term Disability (LTD):** Provided through **Anthem** at an affordable group rate. Benefit amount is equal to 60% of your monthly earnings up to \$10,000. Benefits begin after 90th day.

# Life and AD&D

Basic Life and Accidental death and dismemberment (AD&D) coverage is provided through **Anthem** at **NO COST**. You also have the opportunity to purchase additional Supplemental coverage at affordable group rates through **Anthem**.

**Basic Coverage:** 2 times your base salary plus commissions, up to a \$500,000 maximum.

**Supplemental Coverage:** Employee Coverage up to \$500,000, spouse/RDP Coverage up to \$250,000 (not to exceed 50% of your additional life coverage) and child(ren) Coverage up to \$10,000.

# Contacts

- ▶ **Medical:** Aetna (Group #12345) - (555) 555-5555 | [www.aetna.com](http://www.aetna.com)
- ▶ **Prescription:** Aetna (Group #12345) - (555) 555-5555 | [www.aetna.com](http://www.aetna.com)
- ▶ **Dental:** Delta Dental (Group #67890) - (555) 555-5555 | [www.deltadental.com](http://www.deltadental.com)
- ▶ **Vision:** Vision Service Plan (Group #54321) - (555) 555-5555 | [www.vsp.com](http://www.vsp.com)
- ▶ **Life and AD&D:** Anthem (Group #09876) - (555) 555-5555 | [www.anthem.com/ca](http://www.anthem.com/ca)
- ▶ **Disability:** Anthem (Group #09876) - (555) 555-5555 | [www.anthem.com/ca](http://www.anthem.com/ca)
- ▶ **Call Center:** My Benefits Champion - (555) 555-5555 | [champion@hubinternational.com](mailto:champion@hubinternational.com)
- ▶ **HR:** HR Team - (555) 555-5555 | [hradmin@sample.com](mailto:hradmin@sample.com)

**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.

