



LOGO PLACEMENT



20XX-XX

# BENEFIT GUIDE

February 1, 20XX - January 31, 20XX

**Welcome** 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, family and 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 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.

## 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) until you enroll during our next annual Open Enrollment period.
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective February 1, 20XX - January 31, 20XX.

To enroll online, go to: <http://www.samplebenefitswebsite.com>

## 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 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 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 make your election changes.

**Required Information**—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) 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.

# 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	Aetna Silver Plan PPO		Aetna Gold Plan	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
Deductible (per calendar year)				
Individual / Family	\$250 / \$750	\$750 / \$1,500	\$1,500 <sup>3</sup> / \$3,000 <sup>3</sup>	\$3,000 / \$6,000
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$2,500 / \$5,000	\$5,000 / \$10,000	\$3,000 <sup>4</sup> / \$6,000 <sup>4</sup>	\$6,000 / \$9,000
Company Contribution to Your Health Savings Account (HSA) (per calendar year; prorated for new hires/newly eligible employees employee)				
Individual / Family	N/A		\$500 / \$1,000	
Covered Services				
Office Visits (physician/specialist)	\$20 / \$40 copay	30%*	10%*	30%*
Virtual Visits	\$20 / \$40 copay	Not covered	\$45 copay	Not covered
Routine Preventive Care	No charge	30%*	No charge	30%*
Outpatient Diagnostic (lab/X-ray)	10%*	30%*	10%*	30%*
Complex Imaging	10%*	30%*	10%*	30%*
Chiropractic Services	\$20 copay	30%*	10%*	30%*
Ambulance	\$75 copay	30%*	10%*	30%*
Emergency Room	\$100 copay + 10%* <sup>2</sup>		\$100 copay + 10%*	
Urgent Care Facility	\$50 copay	30%*	10%*	30%*
Inpatient Hospital Stay	10%*	30%*	10%*	30%*
Outpatient Surgery	10%*	30%*	10%*	30%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3)				
Retail Pharmacy (30-day supply)	\$15 / \$25 / \$40	30%*	\$15 / \$25 / \$40	30%*
Mail Order (90-day supply)	\$30 / \$50 / \$80	Not covered	\$30 / \$50 / \$80	Not covered

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.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

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

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

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

Key Vision Benefits	Vision Service Provider (VSP)	
	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	Up to \$40
Materials Copay	\$25	N/A
Lenses (once every 12 months)	No charge after materials copay	
Single Vision		Up to \$50
Bifocal		Up to \$60
Trifocal		Up to \$75
Frames (once every 24 months)	Covered up to \$130	Up to \$130
Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$170	Up to \$130

## Flexible Spending Accounts (FSAs)

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered by WEX. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified expenses.

### Health Care FSA

You may contribute up to \$3,200 (subject to change)<sup>1</sup> to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

### Limited-Purpose Health Care FSA (for HSA participants)

If you enroll in the HSA medical plan, you may only participate in a limited-purpose health care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

### Dependent Care FSA

You may contribute up to \$5,000 (subject to change)<sup>1</sup> per family to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf).

## FSA RULES

### YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

**Health Care FSA:** Unused funds of up to \$640 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. **Unused funds over \$640 will NOT be returned to you or carried over to the following year.**

**Dependent Care FSA:** Unused funds will **NOT** be returned to you or carried over to the following year.

You can incur expenses through March 15, 20XX, and must file claims by March 31, 20XX.

1. Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.

## Life and AD&D

**Life insurance** provides your named beneficiary(ies) with a benefit after 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	
Employee	2 times your base salary plus commissions, up to a \$500,000 maximum

### 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 <sup>1</sup>
Employee	Coverage up to \$500,000	\$150,000
Spouse/RDP	Coverage up to \$250,000 (not to exceed 50% of your additional life coverage)	\$10,000
Child(ren)	Coverage up to \$10,000	\$10,000

1. 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.

## 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

Provided at an affordable group rate through **Anthem**.

Benefit Percentage	60%
Weekly Benefit Maximum	\$600
When Benefits Begin	After 7th day of disability
Maximum Benefit Duration	13 weeks

### Voluntary Long-Term Disability

Provided at an affordable group rate through **Anthem**.

Benefit Percentage	60%
Monthly Benefit Maximum	\$10,000
When Benefits Begin	After 90th day of disability
Maximum Benefit Duration	Social Security Retirement Age

# 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**.

## Contact Information

Coverage	Carrier	Group #	Phone #	Website/Email
Medical	Aetna	12345	(555) 555-5555	<a href="http://www.aetna.com">www.aetna.com</a>
Prescription Drug Coverage	Aetna	12345	(555) 555-5555	<a href="http://www.aetna.com">www.aetna.com</a>
Dental	Delta Dental	67890	(555) 555-5555	<a href="http://www.deltadental.com">www.deltadental.com</a>
Vision	Vision Service Plan (VSP)	09876	(555) 555-5555	<a href="http://www.vsp.com">www.vsp.com</a>
Flexible Spending Accounts (FSAs)	WEX	99999	(555) 555-5555	<a href="http://www.wexinc.com">www.wexinc.com</a>
Life and AD&D	Anthem	54321	(555) 555-5555	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
Disability	Anthem	54321	(555) 555-5555	<a href="http://www.anthem.com/ca">www.anthem.com/ca</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)



**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.

