LOGO PLACEMENT

YOUR 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 January 1 - December 31, 20XX.

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 change your elections.

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.*

Inside

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 of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Aetna 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 any provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.

- The plan pays the full cost of qualified in-network preventive health care services.
- You pay the full cost of non-preventive health care services until you meet the **annual deductible**. You may also have to pay a fixed dollar amount (**copay**) for certain services.
- Once you meet the deductible, you pay a percentage of certain health care expenses (**coinsurance**) and the plan pays the rest.
- Once your deductible, copays and coinsurance add up to the **out-of-pocket maximum**, the plan pays the full cost of all qualified health care services for the rest of the year.

Aetna HSA

The High-Deductible Health Plan (HDHP) works similarly to a traditional PPO:

- You may see any health care provider and still receive coverage, but will maximize your benefits and lower your out-of-pocket costs if you see an in-network provider.
- The plan pays the full cost of qualified in-network preventive health care services.
- You pay the full cost of non-preventive health care services until you meet the annual deductible. ***NOTE:*** *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.*
- Once you meet the deductible, you pay a percentage of your health care expenses (**coinsurance**) and the plan pays the rest.
- Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year. ***NOTE:*** *If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100% for any one individual.*

Health Savings Account

The HDHP comes with a type of savings account called a health savings account (HSA). The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

Here's how the HSA works:

- You contribute pre-tax funds to the HSA through automatic payroll deductions.
- In addition, we will contribute to your HSA; company contribution amounts can be found on the medical overview grid.
- Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2024
Employee Only	$4,150
Family (employee + 1 or more)	$8,300
Catch-up (age 55+)	$1,000

- You can withdraw HSA funds, tax free, to pay for qualified health care expenses now or in the future. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

Important Notes:

- You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, visit www.irs.gov/forms-pubs/about-publication-969.
- For a complete list of qualified health care expenses, visit www.irs.gov/forms-pubs/about-publication-502.
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

Medical (Continued)

The 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	Aetna Bronze Plan HMO	Aetna Silver Plan PPO		Aetna Gold Plan HSA	
	In-Network Only	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]
Deductible (per calendar year)					
Individual / Family	None / None	$250 / $750	$750 / $1,500	$1,500 [3] / $3,000 [3]	$3,000 / $6,000
Out-of-Pocket Maximum (per calendar year)					
Individual / Family	None / None	$2,500 / $5,000	$5,000 / $10,000	$3,000 [4] / $6,000 [4]	$6,000 / $9,000
Company Contribution to Your Health Savings Account (HSA) (per calendar year; prorated for new hires/newly eligible employees)					
Individual / Family	N/A	N/A		$500 / $1,000	
Covered Services					
Office Visits (physician/specialist)	$20 / $40 copay	$20 / $40 copay	30%*	$20 / $40 copay	30%*
Virtual Visits	$20 copay	$20 / $40 copay	Not covered	$20 copay	Not covered
Routine Preventive Care	No charge	No charge	30%*	No charge	30%*
Outpatient Diagnostic (lab/X-ray)	No charge	10%*	30%*	No charge / $25 copay	30%*
Complex Imaging	No charge	10%*	30%*	N/A	30%*
Chiropractic Services	$20 copay	$20 copay	30%*	$20 copay	30%*
Ambulance	$50 copay	$75 copay	30%*	$50 copay	30%*
Emergency Room	$100 copay	$100 copay + 10%* [2]		$100 copay	
Urgent Care Facility	$20 copay	$50 copay	30%*	$20 copay	30%*
Inpatient Hospital Stay	$250 copay	10%*	30%*	$250 copay	30%*
Outpatient Surgery	$100 copay	10%*	30%*	$100 copay	30%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3)					
Retail Pharmacy (30-day supply)	$15 / $25 / $40	$15 / $25 / $40	30%*	$15 / $25 / $40	30%*
Mail Order (90-day supply)	$30 / $50 / $80	$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.

***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.
2. Copay waived if admitted
3. 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.
4. 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 of 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 lower your out-of-pocket costs if you choose a dentist who participates in the Delta Dental network.

The following is a high-level overview of the coverage available.

Key Dental Benefits	Delta Dental DHMO	Delta Dental DPPO	
	In-Network Only	In-Network Only	Out-of-Network[1]
Deductible (per calendar year)			
Individual / Family	None / None	$50 / $150	$150 / $450
Benefit Maximum (per calendar year; preventive, basic and major services combined)			
Per Individual	None	$1,500	$1,500
Covered Services			
Preventive Services	No charge	No charge	10%
Basic Services	See Schedule	10%	30%
Major Services	See Schedule	30%	50%
Orthodontia (Child only)	$1,000 Max. Benefit; see schedule for details	50%; $1,000 Max. Benefit	

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.

Vision Service Provider (VSP)

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

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

We provide you with an opportunity to participate in our flexible spending accounts (FSAs) administered by WEX. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

You may contribute up to $3,200 (subject to change)[1] to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions and Over-the-Counter Drugs
- Menstrual Care Products
- Dental Treatment
- Orthodontia
- Eye Exams, Materials, LASIK

NOTE: If you enroll in the HSA medical plan, you may not participate in a health care FSA.

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 per family (subject to change)[1] to cover eligible dependent care expenses ($2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for themselves and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit 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. The IRS and your employer establish the maximum amount you may contribute. This amount is subject to change each year. See the plan documents 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[1]
Employee	$10,000 increments; minimum of $10,000 up to $500,000	$150,000
Spouse/RDP	$5,000 increments; minimum of $5,000 up to $250,000 (not to exceed 50% of your additional life coverage)	$10,000
Child(ren)	Under age 26 - 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

Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing them all can be 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 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

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)

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. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But in reality, treating a broken leg can cost up to $7,500[1]. And it's not only broken limbs—an average non-fatal injury could cost you $6,620 in medical bills[2]. When your medical bill arrives, you'll be relieved you have accident insurance on your side.

Critical Illness

Most of us don't have an extra $7,000 ready to spend—and even if we do, we don't want to spend it on medical expenses. Unfortunately, the average cost to treat a critical illness is just that: $7,000[3]. But with critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition. You can use this benefit however you like, including to help pay for: treatments, prescriptions, travel, increased living expenses and more.

Hospital Indemnity Insurance

When you or a dependent need to be hospitalized, your family deserves to focus on their well-being, not the stress of the average three-day hospital stay, which can cost you $30,000[1]. 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 hospitalization.

Cancer Insurance

Cancer may not feel like a priority you need to worry about right now, but with almost 2 million new cases of cancer occurring in 2021[4], it can (literally) pay to be prepared. The cancer indemnity plan pays a flat dollar amount to you when a covered person is diagnosed with internal cancer. Other benefits include payments made directly to you for hospital confinement, medical imaging, radiation, chemotherapy, immunotherapy, transportation and lodging. The plan also includes a cancer screening wellness benefit.

1. Why health insurance is important: Protection from high medical costs. HealthCare.gov
2. Average medical cost of fatal and non-fatal injuries by type in the USA, December 2019. National Library of Medicine.
3. MetLife Accident and Critical Illness Impact Study.
4. Cancer Facts & Figures, 2021. American Cancer Society.

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	www.aetna.com
Prescription Drug Coverage	Aetna	12345	(555) 555-5555	www.aetna.com
Dental	Delta Dental	67890	(555) 555-5555	www.deltadental.com
Vision	Vision Service Plan (VSP)	54321	(555) 555-5555	www.vsp.com
Flexible Spending Accounts (FSAs)	WEX	09876	(555) 555-5555	www.wexinc.com
Life/AD&D	Anthem	99999	(555) 555-5555	www.anthem.com/ca
Disability	Anthem	99999	(555) 555-5555	www.anthem.com/ca
Employee Assistance Program (EAP)	The Holman Group	Access Code: abcco	(555) 555-5555	www.theholmangroup.com
Voluntary Benefits	Aflac	00000	(555) 555-5555	www.aflac.com

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

HR Team
(555) 555-5555
hradmin@sample.com