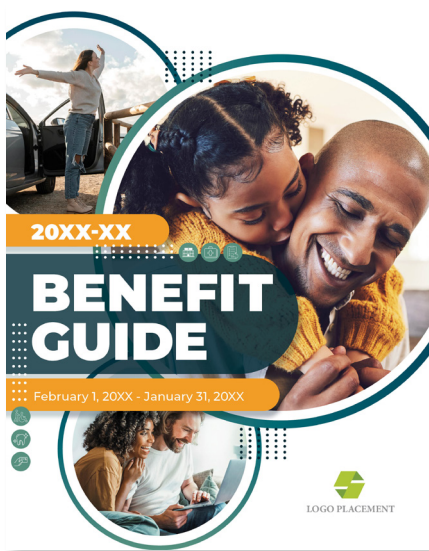


# 2024 Core Covers



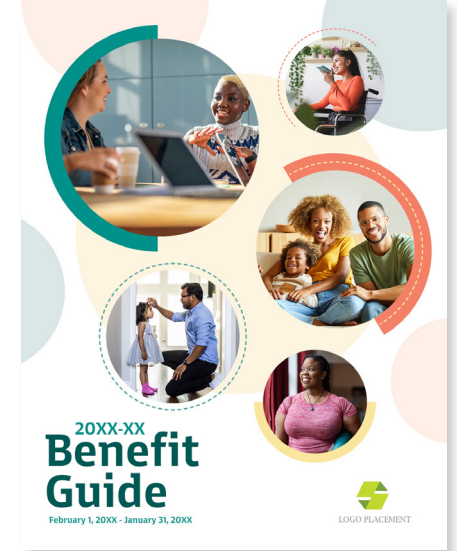
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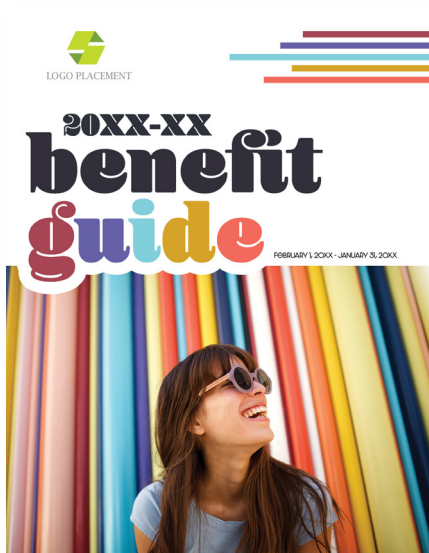
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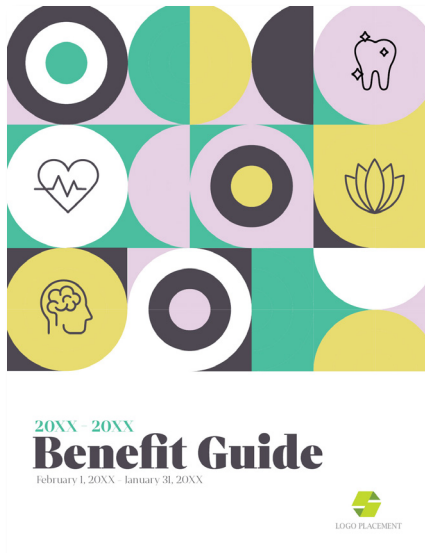
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Globe



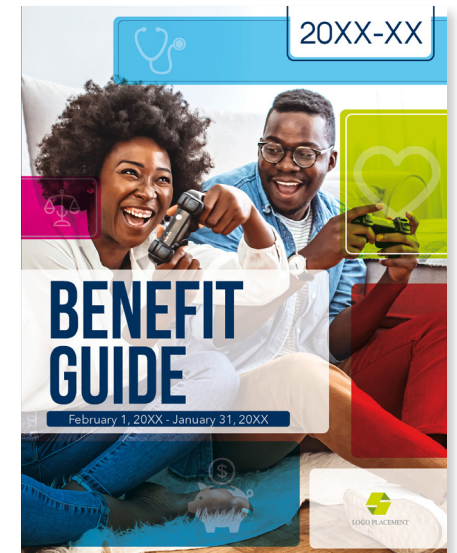
Groovy



Mod



Sunny



Transparent





# Illustrated Layout (Print)

## 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 must also work your regular family member 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, adoptees, 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 Careful!**  
Due to IRS regulations, you cannot change your election 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 your spouse/RDP, plan
- 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 benefit elections, you must contact Human Resources within 31 days of the qualifying life event. If proposed to show documentation of the event, such as a marriage license, you must submit the documentation to change your election.

**When Coverage Begins**  
New Hires: You must complete the enrollment process within 30 days of your start date. If you enroll on time, coverage is effective on the first of the month following your start date. If you fail to enroll on time, you will NOT have benefits coverage 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, 2024.

## Inside

- Medical
- Dental
- Vision
- Flexible Spending Accounts (FSA)
- Life and AD&D
- Disability
- Employee Assistance Program (EAP)
- Voluntary Benefits
- Valuable Extras
- Cost of Benefits
- Contact Information

## Enrollment

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

**Required Information:** You will be required to provide a Social Security number (SSN) for all dependent coverages when you enroll. The Affordable Care Act (ACA) requires the company to report the information in the IRS each year to allow that year 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 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.

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

**Active 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, copay 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.



### Health Savings Account

The HSA 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, your contribution amounts can be found on the medical overview and:

- Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

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

- You may use your health care provider and still receive coverage, but will maximize your benefits and lower your out-of-pocket costs if you are 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 are enrolled in one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.
- You must 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 are enrolled in 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.

**IRA Contribution Limit 2024**

Employee Only	Family (Employee + 1 or more)
\$12,500	\$15,000
Catch-up age (50+)	\$1,000

For a complete list of qualified health care expenses, visit [www.gov/family-pool-out-of-pocket-2024](http://www.gov/family-pool-out-of-pocket-2024).

## 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	Active Plan HMO In-Network Only		Active Silver Plan PPO Out-of-Network <sup>1</sup>		Active Gold Plan HSA Out-of-Network <sup>1</sup>	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible (per calendar year)</b>	None / None	\$250 / \$750	\$750 / \$1,500	\$1,500 <sup>2</sup> / \$1,000 <sup>3</sup>	\$1,000 / \$6,000 <sup>4</sup>	\$1,000 / \$6,000
<b>Out-of-Pocket Maximum (per calendar year)</b>	None / None	\$2,000 / \$5,000	\$5,000 / \$9,000	\$10,000 / \$6,000 <sup>4</sup>	\$6,000 / \$9,000	\$6,000 / \$9,000
<b>Company Contribution to Your Health Savings Account (HSA) (per calendar year - provided for non-breastfeeding employees)</b>	None	None	None	\$1,000	\$1,000	\$500 / \$1,000
<b>Covered Services</b>	<ul style="list-style-type: none"> <li>Office Visit (general/obstetrics)</li> <li>Virtual Visit</li> <li>Routine Preventive Care</li> <li>Outpatient Diagnostic (lab/x-ray)</li> <li>Cancer Imaging</li> <li>Chiropractic Services</li> <li>Emergency</li> <li>Urgent Care Facility</li> <li>Outpatient Surgery</li> <li>Overnight Hospital Stay</li> <li>Outpatient Surgery (Tier 1 / Tier 2 / Tier 3)</li> <li>Prescription Drugs (30-day supply)</li> <li>Maternal (Prenatal) Care</li> </ul>					
<b>Cost-Sharing</b>	\$20 / \$40 copay	\$20 / \$40 copay	20% / 30% <sup>5</sup>	\$20 / \$40 copay	20% / 30% <sup>5</sup>	20% / 30% <sup>5</sup>
<b>Prescription Drugs (Tier 1 / Tier 2 / Tier 3)</b>	\$5 / \$15 / \$40	\$5 / \$15 / \$40	20% / 30% / 40% <sup>6</sup>	\$5 / \$15 / \$40	20% / 30% / 40% <sup>6</sup>	\$5 / \$15 / \$40
<b>Maternal (Prenatal) Care</b>	\$30 / \$60 / \$90	\$30 / \$60 / \$90	Not covered	Not covered	Not covered	Not covered

**Coverages 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.**

**Not eligible for the HSA:** you cannot be covered through Medicare Part A or Part B or Medicaid programs. See the plan documents for full details.

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

**2.** Copay waived for all family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.

**3.** If you are enrolled in 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.

## Flexible Spending Accounts

We provide you with an opportunity to participate in our flexible spending accounts (FSAs) administered by HUB. 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 \$5,000 (subject to change) in covered qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Contraception
- Prescriptions
- Over-the-Counter Drugs
- Medical Care
- Orthodontia
- Eye Exams
- Dental Treatment
- 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 not participate in a limited-purpose 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) to cover eligible dependent care expenses (\$2,000 for you and your spouse) for the eligible tax-exempt expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, preschool or day care center.
- 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.gov/publications/p455901.pdf](http://www.gov/publications/p455901.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:** Unfunded funds of up to \$5,000 (or one year) can carry over to the following year. **Dependent Care FSA:** Unfunded funds will not carry over to the following year.

**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 not participate in a limited-purpose 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) to cover eligible dependent care expenses (\$2,000 for you and your spouse) for the eligible tax-exempt expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, preschool or day care center.
- 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.gov/publications/p455901.pdf](http://www.gov/publications/p455901.pdf).

## 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 an accidental death or dismemberment (i.e., the loss of a hand, foot or sight) in the event that your death occurs due to an accidental 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 Type	Benefit Amount	Guaranteed Issue <sup>1</sup>
Employee	\$10,000 minimum; maximum of \$1,000,000 up to \$500,000	\$150,000
Spouse/Dependent Child(ren)	\$5,000 minimum; maximum of \$500,000 up to \$250,000 (not exceed 50% of your adjusted tax earnings)	\$10,000

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amount without having to provide evidence of insurability (EOL) or information about your health. Coverage amounts that require EOL will be in effect unless approved by the insurance carrier.

**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 Type	Benefit Amount	Guaranteed Issue <sup>1</sup>
Employee	\$10,000 minimum; maximum of \$1,000,000 up to \$500,000	\$150,000
Spouse/Dependent Child(ren)	\$5,000 minimum; maximum of \$500,000 up to \$250,000 (not exceed 50% of your adjusted tax earnings)	\$10,000

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amount without having to provide evidence of insurability (EOL) or information about your health. Coverage amounts that require EOL will be in effect 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%  
**Waiting Benefit Maximum:** \$500  
**When Benefits Begin:** After 7th day of disability  
**Maximum Benefit Duration:** 12 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 90 days 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 physical, mental and well-being of our employees and their families. The EAP is provided at NO COST to you through The Human Group.

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

- Mental health
- Relationships or marital
- Grief and loss
- Child or adolescent
- Legal or financial issues

## Valuable Extras

- 401k Retirement Plan
- 529 College Savings Plan
- Group Legal Plan
- Home and Auto Group Insurance
- Paid Assistance
- Traavel Assistance (Company-paid)

## 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 contribution.

## Contact Information

Category	Carrier	Group #	Phone #	Website/Email
Medical	Anthem	1240	(855) 555-5555	<a href="http://www.anthem.com">www.anthem.com</a>
Prescription Drug Coverage	Anthem	1240	(855) 555-5555	<a href="http://www.anthem.com">www.anthem.com</a>
Dental	Delta Dental	6790	(855) 555-5555	<a href="http://www.deltadental.com">www.deltadental.com</a>
Vision	Vision Service Plan (VSP)	5422	(855) 555-5555	<a href="http://www.vsp.com">www.vsp.com</a>
Flexible Spending Accounts (FSA)	WEX	0676	(855) 555-5555	<a href="http://www.wexinc.com">www.wexinc.com</a>
Life/AD&D	Anthem	9999	(855) 555-5555	<a href="http://www.anthem.com/aca">www.anthem.com/aca</a>
Disability	Anthem	9999	(855) 555-5555	<a href="http://www.anthem.com/aca">www.anthem.com/aca</a>
Employee Assistance Program (EAP)	The Human Group	Access Code: 0363	(855) 555-5555	<a href="http://www.thehumangroup.com">www.thehumangroup.com</a>
Voluntary Benefits	Aflac	00000	(855) 555-5555	<a href="http://www.aflac.com">www.aflac.com</a>

## Benefits Website

Your benefits website: <http://www.completemybenefitsite.com>. You can find all the information you need to access insurance you wish additional information on our benefits programs.

## Questions?

If you have additional questions, you may also contact:

- My Benefits Champion: (855) 555-5555
- Champion@hubinternational.com
- HR Team: (855) 555-5555
- hradmin@sample.com



**DISCLAIMER:** The information in this benefits brochure is for informational purposes only and is not intended to constitute an offer of insurance or any other financial product. It is not a contract. For complete details, please refer to the Summary Plan Description (SPD) for the applicable plan. The information in this brochure is not intended to be used as a basis for a contract. The information in this brochure is not intended to be used as a basis for a contract. The information in this brochure is not intended to be used as a basis for a contract. The information in this brochure is not intended to be used as a basis for a contract.



# eGuide Layout

## 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 not qualify for certain benefits if you are on a leave of absence or if you are on a temporary assignment. For more information on eligibility, please contact your HR representative.

**Health Insurance**  
You may choose to enroll in the Health Insurance Plan (HIP) or the Flexible Spending Account (FSA). You may also choose to enroll in the Health Insurance Plan (HIP) and the FSA.

**Life and AD&D**  
You may choose to enroll in the Life and Accidental Death and Dismemberment (AD&D) insurance plan.

**Disability**  
You may choose to enroll in the Short-Term Disability (STD) or Long-Term Disability (LTD) insurance plan.

**Voluntary Benefits**  
You may choose to enroll in the Voluntary Benefits program, which includes options for dental, vision, and other voluntary benefits.

**Cost of Benefits**  
You may choose to enroll in the Cost of Benefits program, which allows you to pay for your benefits through a flexible spending account (FSA).

**Enrollment**  
You may choose to enroll in the Enrollment program, which allows you to enroll in your benefits through a flexible spending account (FSA).

## Inside

**Medical**  
**Dental**  
**Vision**  
**Flexible Spending Accounts (FSA)**  
**Life and AD&D**  
**Disability**  
**Employee Assistance Program (EAP)**  
**Valuable Extras**  
**Voluntary Benefits**  
**Cost of Benefits**  
**Contact Information**

## Enrollment

Go to [my.hub.com](http://my.hub.com).  
You will see detailed information about the plans available to you and instructions for enrolling.

## Medical

We are pleased to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plan also offers health insurance and health care services to you and your family. For a complete description of each plan, please refer to the plan description.

**Medical Plan**  
The Medical Plan is a health insurance plan that provides comprehensive medical and prescription drug coverage. It is available to you and your family. For more information, please refer to the plan description.

**Health Savings Account (HSA)**  
The Health Savings Account (HSA) is a tax-advantaged account that you can use to pay for qualified medical expenses. It is available to you and your family. For more information, please refer to the plan description.



**Health Savings Account (HSA)**  
The HSA allows you to save money for qualified medical expenses. It is available to you and your family. For more information, please refer to the plan description.

**Medical Plan**  
The Medical Plan is a health insurance plan that provides comprehensive medical and prescription drug coverage. It is available to you and your family. For more information, please refer to the plan description.

## 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	2024 Plan Year (HSA)	2024 Plan Year (HSA)	2024 Plan Year (HSA)	2024 Plan Year (HSA)	2024 Plan Year (HSA)
	Individual - Family	Individual - Family	Individual - Family	Individual - Family	Individual - Family
<b>Medical Plan</b>	\$200 - \$750	\$750 - \$1,500	\$1,500 - \$2,250	\$2,250 - \$3,000	\$3,000 - \$3,750
<b>Health Savings Account (HSA)</b>	\$1,000 - \$1,500	\$1,500 - \$2,250	\$2,250 - \$3,000	\$3,000 - \$3,750	\$3,750 - \$4,500
<b>Medical Plan</b>	\$200 - \$750	\$750 - \$1,500	\$1,500 - \$2,250	\$2,250 - \$3,000	\$3,000 - \$3,750
<b>Health Savings Account (HSA)</b>	\$1,000 - \$1,500	\$1,500 - \$2,250	\$2,250 - \$3,000	\$3,000 - \$3,750	\$3,750 - \$4,500

## Dental

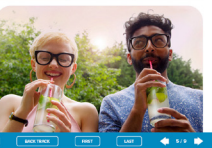
We are pleased to offer you a choice of dental plans. The plan also offers dental insurance and dental care services to you and your family. For a complete description of each plan, please refer to the plan description.

**Dental Plan**  
The Dental Plan is a dental insurance plan that provides comprehensive dental and dental care services. It is available to you and your family. For more information, please refer to the plan description.

## Vision

We are pleased to offer you a choice of vision plans. The plan also offers vision insurance and vision care services to you and your family. For a complete description of each plan, please refer to the plan description.

**Vision Plan**  
The Vision Plan is a vision insurance plan that provides comprehensive vision and vision care services. It is available to you and your family. For more information, please refer to the plan description.



## Flexible Spending Accounts

We provide you with an opportunity to participate in Flexible Spending Accounts (FSAs). FSAs allow you to set aside pre-tax dollars for eligible expenses. You can use the funds for a wide range of eligible expenses. For more information, please refer to the plan description.

**Health Care FSA**  
The Health Care FSA is a flexible spending account that you can use to pay for qualified medical expenses. It is available to you and your family. For more information, please refer to the plan description.

**Dependent Care FSA**  
The Dependent Care FSA is a flexible spending account that you can use to pay for qualified dependent care expenses. It is available to you and your family. For more information, please refer to the plan description.

## FSAs Rules

**Health Care FSA**  
The Health Care FSA is a flexible spending account that you can use to pay for qualified medical expenses. It is available to you and your family. For more information, please refer to the plan description.

**Dependent Care FSA**  
The Dependent Care FSA is a flexible spending account that you can use to pay for qualified dependent care expenses. It is available to you and your family. For more information, please refer to the plan description.

## Life and AD&D

We provide you with an opportunity to participate in Life and Accidental Death and Dismemberment (AD&D) insurance. Life insurance provides a death benefit to your beneficiaries. AD&D insurance provides a benefit to you or your family in the event of an accidental death or dismemberment. For more information, please refer to the plan description.

**Life Insurance**  
The Life Insurance plan provides a death benefit to your beneficiaries. It is available to you and your family. For more information, please refer to the plan description.

**AD&D Insurance**  
The AD&D Insurance plan provides a benefit to you or your family in the event of an accidental death or dismemberment. It is available to you and your family. For more information, please refer to the plan description.

## Disability

We provide you with an opportunity to participate in Short-Term Disability (STD) and Long-Term Disability (LTD) insurance. STD insurance provides a benefit to you in the event of a short-term disability. LTD insurance provides a benefit to you in the event of a long-term disability. For more information, please refer to the plan description.

**Short-Term Disability (STD)**  
The STD insurance plan provides a benefit to you in the event of a short-term disability. It is available to you and your family. For more information, please refer to the plan description.

**Long-Term Disability (LTD)**  
The LTD insurance plan provides a benefit to you in the event of a long-term disability. It is available to you and your family. For more information, please refer to the plan description.

## Valuable Extras

We provide you with an opportunity to participate in Valuable Extras. These extras include options for dental, vision, and other voluntary benefits. For more information, please refer to the plan description.

**Dental**  
The Dental Plan is a dental insurance plan that provides comprehensive dental and dental care services. It is available to you and your family. For more information, please refer to the plan description.

**Vision**  
The Vision Plan is a vision insurance plan that provides comprehensive vision and vision care services. It is available to you and your family. For more information, please refer to the plan description.



## Voluntary Benefits

We provide you with an opportunity to participate in Voluntary Benefits. These benefits include options for dental, vision, and other voluntary benefits. For more information, please refer to the plan description.

**Dental**  
The Dental Plan is a dental insurance plan that provides comprehensive dental and dental care services. It is available to you and your family. For more information, please refer to the plan description.

**Vision**  
The Vision Plan is a vision insurance plan that provides comprehensive vision and vision care services. It is available to you and your family. For more information, please refer to the plan description.



## Cost of Benefits

We provide you with an opportunity to participate in Cost of Benefits. This program allows you to pay for your benefits through a flexible spending account (FSA). For more information, please refer to the plan description.

**Cost of Benefits**  
The Cost of Benefits program allows you to pay for your benefits through a flexible spending account (FSA). It is available to you and your family. For more information, please refer to the plan description.

## Contact Information

For more information about our benefits, please contact your HR representative. You can also visit our website at [my.hub.com](http://my.hub.com). For more information, please refer to the plan description.

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