



2024 Your Employee Benefits

Enrollment
Handbook

ABC Company | Anytown, US



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Introduction

[Company Name] takes pride in offering a benefit program that provides flexibility for the diverse and changing needs of our employees. The company offers employees and their family members a full range of benefits. You choose the options that best meet your needs.

This brochure provides a summary of your benefit options and is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please contact [Contact] at [Company] at [(000) 000-0000].

Enrollment Information

Who May Enroll

All active, full-time employees regularly scheduled to work a minimum of 30 hours per week and their eligible dependents may participate in [Company Name's] benefits program. Eligible dependents include:

- Legal spouse or legally registered domestic partner (RDP).
- Children (natural, adopted, and step children) from birth up to the age of 26.
- A handicapped child over the age of 26, if they were actively enrolled in the plan at the time they became disabled/handicapped.
- Your registered domestic partner's eligible children.



Adding Dependents

To add dependents up to age 26, a copy of a birth certificate is required. To add a spouse, a copy of the marriage license is required. To add a domestic partner, a copy of the Declaration of Domestic Partnership filed with the state is required. This documentation must be submitted to the Human Resources in order for insurance coverage to begin.



Contacting HR

To contact Human Resources with any dependent updates, please visit hr@abctestcompany.com or call 1-800-000-0000.

Enrollment Period

Eligible employees may enroll at the following times:

- As a new hire, you may participate in [Company Name’s] benefit plans on the first day of the month following your date of hire.
- During annual open enrollment – **in 2024 Enrollment runs from November 1st through November 30!**
- Within 31 days of a qualified change in family status as defined by the IRS – see “Changes to enrollment.”

| NOVEMBER | | | | | | |
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| 24 | 25 | 26 | 27 | 28 | 29 | 30 |

Paying for Your Coverage

The Basic Life, AD&D and Employee Assistance Program benefits are provided at no cost to you and are paid entirely by [Company Name]. You and the Company share in the cost of the Medical, Dental and Vision benefits you elect. The Voluntary benefits you elect will be paid by you at discounted group rates. Your Medical, Dental and Vision contributions are deducted before taxes are withheld which saves you tax dollars.

Changes to Enrollment

Benefit plans are effective [Date] through [Date] of each year. There is an annual open enrollment period each year, during which you can make new benefit elections for the following [Date] effective date.

Other than during annual open enrollment, you may only make changes to your benefit elections if you experience a qualified change in family status as defined by the IRS or if you qualify for a “special enrollment.”

However, any changes you make must be consistent with the change in status. If you qualify for a mid-year benefit change, you may be required to submit proof of the change or evidence of prior coverage.



Enrollment Changes

Other than during annual open enrollment, you may only make changes to your benefit elections if you experience a qualified change in family status as defined by the IRS or if you qualify for a “special enrollment.”

Medical Plan Benefits

The company currently offers regular full-time employees regularly scheduled to work a minimum of 30 hours per week enrollment in medical coverage options after they have been employed for 30 days.

Employees have up to 30 days from their date of hire to make medical plan elections. Once made, elections are fixed for the remainder of the plan year.

Changes in family status, as defined in the Plan document, allow employees to make midyear changes in coverage consistent with the family status change. Please contact the Human Resource department to determine if a family status change qualifies under the Plan document and IRS regulations.



At the end of each calendar year during open enrollment, employees may change medical and dental elections for the following calendar year.

The Human Resource department is available to answer benefits plan questions and assist in enrollment as needed. See the [chart on the next page for coverage details](#).



Medical Plan Summary of Benefits

ABC Company

Benefits Coverage

| | In-Network | Out-of-Network |
|---|---|--|
| Calendar Year Plan Deductible | \$1,000 per Member \$2,000 per Family | \$3,000 per Member \$6,000 per Family |
| Out-of-Pocket Maximum | \$3,000 per Member \$6,000 per Family | \$6,000 per Member \$12,000 per Family |
| Lifetime Maximum Benefit | Unlimited | Unlimited |
| Preventive Care | Plan pays 100% (No Deductible) | Not covered |
| Medical Emergency | Plan pays 80%, after Deductible; You pay \$150 | Plan pays 80% after Deductible; You pay \$150 |
| Urgent Care | You pay a \$40 Copayment | Plan pays 60% of the Maximum Allowable Amount after Deductible |
| Primary Care Physician Office Visits | You pay a \$25 Copayment | Plan pays 60% of the Maximum Allowable Amount after Deductible |
| Specialist Office Visits, Inpatient Hospital, Outpatient Surgery | Plan pays 80%, after Deductible | Plan pays 60% of the Maximum Allowable Amount after Deductible |
| Mental Health | | |
| Outpatient | Plan pays 80%, after Deductible | Plan Pays 60% of the Maximum Allowable Amount after Deductible |
| Inpatient | Plan pays 80%, after Deductible | 60% of the Maximum Allowable Amount for covered expenses, after Deductible |
| Prescription Drugs | | |
| Retail & Specialty, 30-day supply | Generic: \$10 Formulary: 25% Non-Formulary: 50% | Not covered |
| Mail Order, 90-day supply | Generic: \$20 Formulary: 25% Non-Formulary: 50% | Not Covered |

Dental

The Dental Plan is a preferred provider dental plan. The benefits cover a wide range of dental services. You may visit a PPO dentist and benefit from the negotiated rate or visit a non-network dentist. When you visit a PPO dentist, your out-of-pocket expenses will be less. You may also obtain services using a non-network dentist; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.

Dental Plan Highlights

- Teeth cleanings are covered twice per year.
- As a PPO member, you may use a PPO dentist outside of the PPO plan network, but you will pay more out-of-pocket and may be responsible for filing claims. Reimbursement for the PPO plan is based on the plan's schedule of maximum allowable charges.
- The plan pays 70% of the approved fees for covered diagnostic, preventive and basic services and 70% of the approved amount for cast and crown benefits.



Flexible Spending Account

As part of the company's Flexible Benefits Plan, we currently offer an employee-funded flexible spending account (FSA) to regular full-time employees hired on or before January 1 of a calendar year. Plan participants may elect an annual amount of flexible dollars to pay for eligible health care expenses, including medical or dental insurance deductibles, copayments, and out-of-pocket costs for vision care and other types of care.

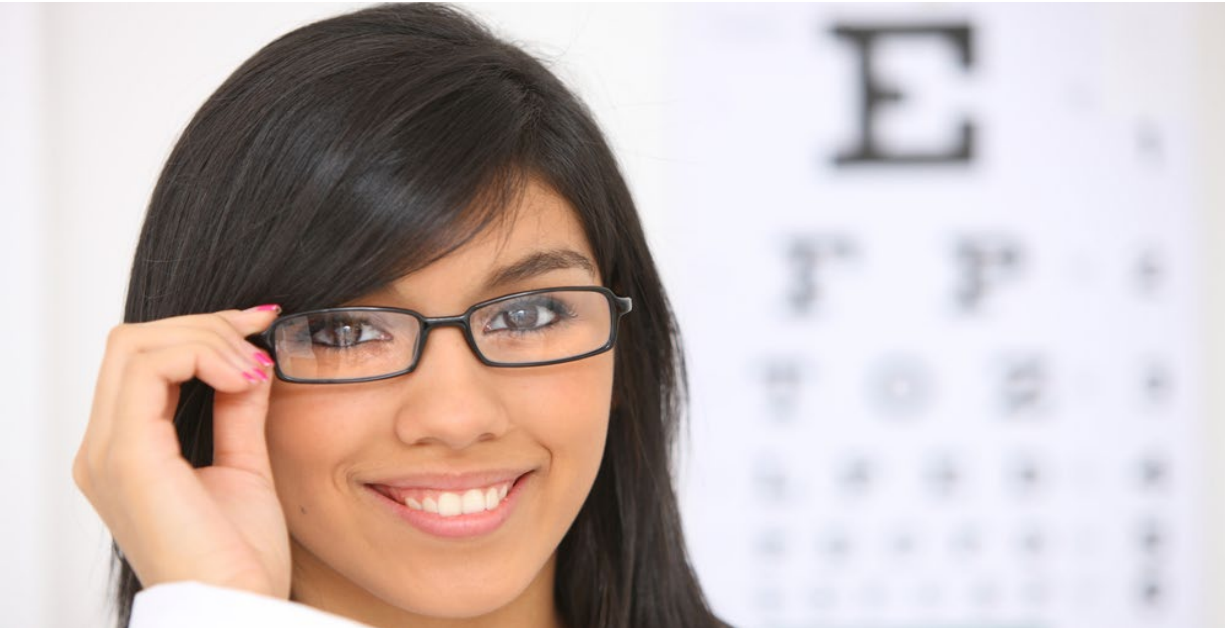
If eligible medical or dental expenses are less than the elected annual amount of flex dollars for that year, the balance will be forfeited.



Vision

The Vision Plan is a voluntary program that offers members access to more than 57,000 providers at approximately 25,000 locations, including independent ophthalmologists, optometrists and opticians, and retail chains, including the nation's leading optical retailers: LensCrafters, Target Optical, Sears Optical, JCPenney Optical and most Pearle Vision locations. When you choose a network provider, you get higher benefits.

You may also use the provider of your choice. There is no precertification required whether you use in-network or out-of-network providers. See the Vision Plan Brochure for more details.



Disability & Life Insurance

Group Life Insurance

The company offers regular full-time employees who have been employed by [Company Name] for 30 days an employer-paid basic group term life policy along with an accidental death and dismemberment policy. Each policy generally pays a death benefit equal to the lesser of their "Life Salary" (as defined in the Plan document) or \$50,000.

Short-Term Disability Benefits

The company's short-term disability plan is a benefit that provides partial pay for employees who are unable to work due to illness, injury or disability not related to work, after an absence of more than seven consecutive calendar days. Benefits begin on the eighth day of disability and continue for related absences up to a maximum of 26 weeks. Employees will not be able to return to work without submitting to Human Resources a note from a physician or licensed health care professional authorizing the employee's return. Any time spent on short-term disability counts as part of the employee's FMLA leave.



Resources and Contacts

Below is a list of insurance carrier contacts should you require assistance with your benefit questions following open enrollment.

Contact Information

Medical Carrier

| | |
|------------------------------|-------------------|
| Medical Member Services..... | [phone] |
| Medical Website | [www.website.com] |

Prescription Drugs

| | |
|-------------------------|-----------|
| Rx Member Services..... | [phone] |
| Rx Website..... | [website] |

Dental

| | |
|------------------------------|-----------|
| Dental Member Services | [phone] |
| Dental Website..... | [website] |

Vision

| | |
|-----------------------------|-----------|
| Vision Member Services..... | [phone] |
| Vision Website | [website] |

Life Insurance

| | |
|--------------------------------------|-----------|
| Life Insurance Member Services | [phone] |
| Life Insurance Website | [website] |

Employee Assistance Program

| | |
|-----------------------------|-----------|
| EAP Member Services | [phone] |
| EAP Insurance Website | [website] |

Spending Accounts

| | |
|---|-----------|
| Spending Accounts Member Services | [phone] |
| Spending Accounts Website..... | [website] |



For more information

To contact Human Resources for other questions and information, please visit hr@abctestcompany.com or call 1-800-000-0000.

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This document is just a few sample pages of an
Employee Benefits Enrollment Booklet.
When you need assistance with professional Microsoft
Word document design services, please visit
www.carolallendesign.com

Thank you!

