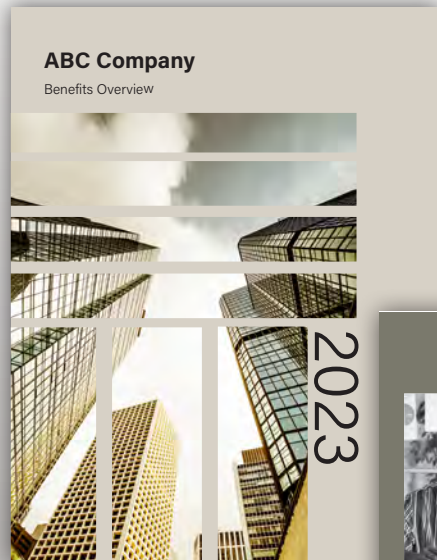
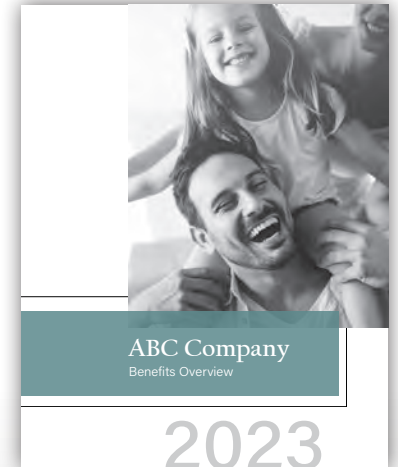
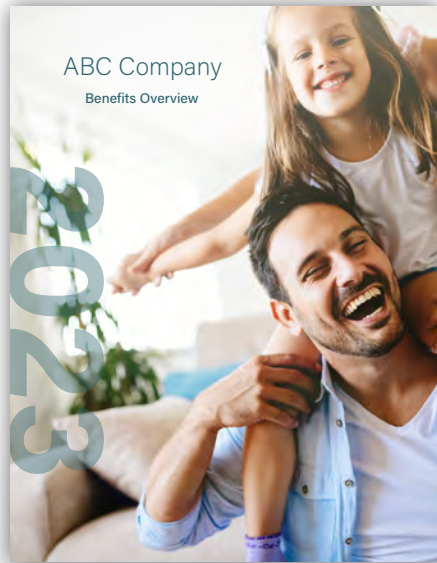




2023 Overview Templates Catalog





ABC Company
Benefits Overview



Disability Benefits

You probably have insurance for your car or home, but what about the source of income that pays for it? You rely on your paycheck for so many things, but what if you were suddenly unable to work due to an accident or illness? How will you put food on the table, pay your mortgage or heat your home? Disability insurance can help replace lost income and make a difficult time a little easier.

	Short-Term Disability	Long-Term Disability
Coverage Amount	60% of salary to maximum \$1,500/week	60% of total earning to maximum \$12,500/month
Maximum payment period: Maximum length of time you can receive disability benefits.	26 weeks	To age 65, standard ADEA
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 8	Day 181
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 8	Day 181
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	30	30



Human Resources Contact:

Name
Phone
Email



Medical Benefits

We all need healthcare that protects our physical health as much as healthcare that protects our financial well-being. That is why ABC Company believes it is important to invest in quality plans that are cost effective, easy to use and valuable to you. ABC Company provides the following medical benefits through Oxford:

- Oxford High Plan - Freedom HSA Gold
- Oxford Plan - Liberty Gold EPO
- Oxford Plan - Silver EPO

2023 Employee Contributions for Medical Benefits Per Month

Level	High Plan Gold	Liberty Gold EPO	Liberty Silver EPO
Employee	\$929.87	\$784.02	\$687.04
Employee + Spouse	\$1,859.74	\$1,568.04	\$1,374.07
Employee + Child(ren)	\$1,580.79	\$1,332.83	\$1,167.96
Employee + Family	\$2,650.14	\$2,234.46	\$1,958.06



2023 Employee Contributions for Dental Benefits Per Month

Level	Plan
Employee	\$21.95
Employee + Spouse	\$53.75
Employee + Child(ren)	\$55.81
Employee + Family	\$90.99

Blue Block Template



ABC Company 2023 Benefits Overview

Eligibility & Enrollment

Employee Eligibility

All full-time employees working 30 or more hours per week are eligible for company-offered benefit plans after one month following date of hire.

Dependent Eligibility

Employees who are eligible to participate in the ABC Company benefit program may also enroll their dependents. For the purposes of our benefit plans, your dependents are defined as follows:

- Your spouse or domestic partner
- Your dependent children to age 26

Domestic Partners

Domestic partners are eligible to enroll as a dependent in some of ABC Company plans. You and your partner must meet specific criteria to qualify for domestic partner coverage.

Changing Your Benefits (Qualifying Life Events)

Per Internal Revenue Service (IRS) rules, employees enrolled in pre-tax benefit plans may only make elections or changes to their plans once per year with the exception of the following Qualifying Life Events:

- Marriage
- Birth, adoption or placement for adoption of an eligible child
- Divorce, or annulment of marriage
- Loss of spouse's job or change in work status (when coverage is maintained through spouse's plan)
- A significant change in your or your spouse's health coverage that is attributable to your spouse's employment
- Death of spouse or dependent
- Loss of dependent status
- Employer-directed transfers to facilities out of the benefits network
- Becoming eligible for Medicare or Medicaid during the plan year

30 Days

Qualifying Life Events allow you to make plan changes outside of the Annual Enrollment Period. For any allowable changes, you must inform Human Resources within 30 calendar days of the qualifying event. Benefit changes that are requested due to a 'change of mind' cannot be allowed until the next annual Enrollment Period. For additional information concerning plan changes, please contact Human Resources.



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Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 8	Day 181
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 8	Day 181
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	30	30

Life & Disability Benefits

2023 Employee Contributions for Vision Benefits Per Pay Period

Level	Plan 1
Employee	\$4.57
Employee + Spouse	\$8.69
Employee + Child(ren)	\$10.15
Employee + Family	\$14.31



HRA

To help offset the cost of out-of-pocket deductible expenses each employee enrolled in the Medical Plan is also enrolled in our HRA Plan. ABC Company will reimburse deductible expenses at \$500 for single coverage and \$3,000 per family.

What is an HRA?

A Health Reimbursement Arrangement (HRA) is an employer-funded account that helps employees pay for qualified medical expenses not covered by their health plans. Your employer sets aside a fixed amount of money to your HRA each year for you to use. Unlike other health spending accounts, only your employer can put money into your HRA. Your HRA can be paired with a Healthcare Flexible Spending Account (FSA). Qualified expenses are automatically paid from the FSA first, up to the available balance. Then, funds from the HRA are used for any qualifying medical expenses.

Eligible FSA Medical Expenses

- Abdominal supports
- Abortion
- Acupuncture
- Air conditioner (when necessary for relief from difficulty in breathing)
- Alcoholism treatment
- Ambulance
- Anesthetist
- Arch supports
- Artificial limbs
- Autoette (when used for relief of sickness/disability)
- Birth Control Pills
- Blood tests
- Blood transfusions
- Braces
- Cardiographs
- Chiropractor
- Christian Science Practitioner
- Contact Lenses
- Contraceptive devices (by prescription)
- Convalescent home (for medical treatment only)
- Crutches
- Dental Treatment
- Dental X-rays
- Dentures
- Dermatologist
- Diagnostic fees
- Diathermy
- Drug addiction therapy
- Drugs (prescription)
- Elastic hosiery (prescription)
- Eyeglasses
- Fees paid to health institute prescribed by a doctor
- Fluoridation unit
- Guide dog
- Gum treatment
- Gynecologist
- Hearing services
- Hearing aids and batteries
- Hospital bills
- Hydrotherapy
- Insulin treatment
- Lab tests
- Lead paint removal
- Legal fees
- Lodging (away from home for outpatient care)
- Metabolism tests
- Neurologist
- Nursing (including board and meals)
- Obstetrician
- Operating room costs
- Ophthalmologist
- Optician
- Optometrist
- Oral surgery
- Organ transplant (including donor's expenses)
- Orthopedic shoes
- Orthopedist
- Osteopath
- Oxygen and oxygen equipment
- Pediatrician
- Physician
- Physiotherapist
- Podiatrist
- Postnatal treatments
- Practical nurse for medical services
- Prenatal care
- Prescription medicines
- Psychiatrist
- Psychoanalyst
- Psychologist
- Psychotherapy
- Radium Therapy
- Registered nurse
- Special school costs for the handicapped
- Spinal fluid test
- Splints
- Sterilization
- Surgeon
- Telephone or TV equipment to assist the hard-of-hearing
- Therapy equipment
- Transportation expenses (relative to health care)
- Ultra-violet ray treatment
- Vaccines
- Vasectomy
- Vitamins (if prescribed)
- Wheelchair
- X-rays

*The above list of Eligible FSA Medical Expenses is from IRS Publication 502 and is subject to change by the IRS at any time. To see the full IRS Publication 502 list visit: <https://www.irs.gov/pub/irs-pdf/502.pdf>

Blue Green Template

ABC Company

Benefits Overview



2023

Bold Perspective Template

Eligibility & Enrollment



Human Resources Contact:

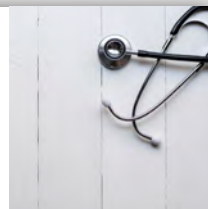
First, Last Name
Phone Number
Email

Medical Benefits

	High Plan - Freedom HSA Gold		Liberty Silver EPO	Liberty Gold EPO
	In-Network	Out-of-Network	In-Network Only	In-Network Only
Primary Care Visit	Plan pays 80% You pay 10% after deductible	Plan pays 60% You pay 40% after deductible	\$30 copay	\$30 copay
Specialist Office Visit	Plan pays 90% You pay 10% after deductible	Plan pays 60% You pay 40% after deductible	\$60 copay	\$60 copay
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Emergency Room	Plan pays 90% You pay 10% after deductible	Plan pays 60% You pay 40% after deductible	\$550 copay after deductible	\$500 copay Deductible waived
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Coinsurance	10%	40%	40%	30%
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Annual Out-of-Pocket Maximum	Individual: \$4,000 Family: \$8,000	Individual: \$7,500 Family: \$15,000	Individual: \$7,900 Family: \$15,800	Individual: \$7,900 Family: \$15,800
Annual Deductible	Individual: \$15,000 Family: \$3,000	Individual: \$3,000 Family: \$6,000	Individual: \$3,000 Family: \$6,000	Individual: \$2,000 Family: \$4,000

We all need healthcare that protects our physical health as much as healthcare that protects our financial well-being. That is why ABC Company believes it is important to invest in quality plans that are cost effective, easy to use and valuable to you. ABC Company provides the following medical benefits through Oxford:

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2023 Employee Contributions for Medical Benefits Per Month

Level	High Plan - Freedom HSA	Liberty Gold EPO	Liberty Silver EPO
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ABC Company will reimburse deductible expenses at \$500 for single coverage and \$1,500 per family.

Dental Benefits

UHC Dental Plan		
Services	In-Network	Out-of-Network
Annual Deductible	\$50/\$150	\$50/\$150
Deductible Accumulation	Calendar Year	Calendar Year
Annual Maximum Benefit	\$1,500	\$1,500
Preventive Dental Services (cleaning, exams, x-rays)	Plan pays 100%	Plan pays 100%
Frequency	2 times per consecutive 12 months	2 times per consecutive 12 months
Basic Dental Services (fillings, root canal)	Plan pays 80% You pay 20%	Plan pays 80% You pay 20%
Waiting Period	1 time per tooth per lifetime	1 time per tooth per lifetime
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs, root canal)	Plan pays 50% You pay 50%	Plan pays 50% You pay 50%
Waiting Period	1 time per tooth per consecutive 60 months	1 time per tooth per consecutive 60 months
Dependent Cut Off Age	26 years old	26 years old



ABC Company Benefits Overview

2023

Welcome

At ABC Company, we appreciate your commitment and contributions to our company's success. Each year, we strive to offer benefit plans to our employees that not only reward you for your hard work, but offer you and your family comprehensive and affordable health and wellness protection. We are confident that you will find our 2022 benefit offerings to be of excellent value to you and to your dependents.

In the following pages, you will find a summary of our benefit plans for 2022. Please read this guidebook carefully as you prepare to make your elections for the upcoming plan year to ensure that you select the coverage that is right for you. Our benefit programs remain highly competitive for 2022.

About this Guidebook

This Benefits Guidebook describes the highlights of ABC Company's benefits program in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents, and not the information in this guidebook.

If there is any discrepancy between the descriptions of the program's elements as contained in this benefits guidebook and the official plan documents, the language in the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. You should be aware that any and all elements of ABC Company's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by ABC Company.

Plan Year

The ABC Company benefit programs begins on July 1st and ends on June 31st.

Employee Eligibility

All full-time employees working 30 or more hours per week are eligible for company-offered benefit plans after one month following date of hire.

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Dental Benefits

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with our dental benefit plan.

2022 Employee Contributions for Dental Benefits Per Month

Level	Plan
Employee	\$21.95
Employee + Spouse	\$53.75
Employee + Child(ren)	\$55.81
Employee + Family	\$90.99



Medical Benefits Plan Comparison

	High Plan Freedom HSA Gold		Liberty Gold EPO	Liberty Silver EPO
	In-Network	Out-of-Network	In-Network Only	In-Network Only
Primary Care Visit	Plan pays 90% You pay 10% after deductible	Plan pays 60% You pay 40% after deductible	\$30 copay	\$30 copay
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Prescription Drugs Card	\$10/\$35/\$75	\$10/\$35/\$75	\$15/\$45/\$75 after \$100 deductible Tier 1	\$15/\$65/\$90 after \$100 deductible Non Tier 1 Max \$800
Prescription Drugs Mail Order	\$25/\$87.50/\$187.50	\$25/\$87.50/\$187.50	\$37.50/\$112.50/\$187.50	\$37.50/\$182.50
Emergency Room	Plan pays 90% You pay 10% after deductible	Plan pays 60% You pay 40% after deductible	\$500 copay Deductible waived	\$550 copay after deductible
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Coinsurance	10%	40%	30%	40%
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Annual Out-of-Pocket Maximum	Individual: \$4,000 Family: \$8,000	Individual: \$7,500 Family: \$15,000	Individual: \$7,500 Family: \$15,800	Individual: \$7,500 Family: \$15,800
Annual Deductible	Individual: \$15,000 Family: \$3,000	Individual: \$3,000 Family: \$6,000	Individual: \$2,000 Family: \$4,000	Individual: \$3,000 Family: \$6,000

Dark Blue Template



Benefits guidebook 2023

ABC Company Logo

Welcome

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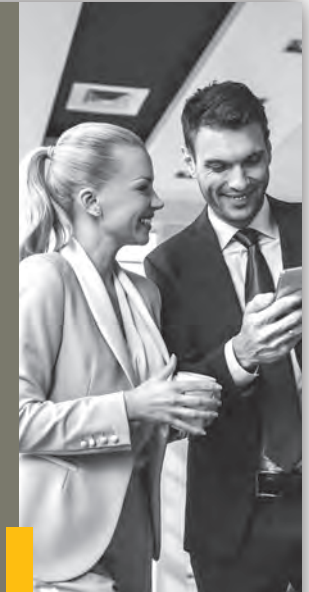
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Yellow Touch Template (Landscape Layout)

Medical Benefits Plan Comparison

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ABC Company

2023 Benefits Overview

Circle Fresh Template

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Coinsurance	10%	40%	30%	40%
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
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6

Dental Benefits

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with our dental benefit plan.

2023 Employee Contributions for Dental Benefits Per Month

Level	High Plan
Employee	\$21.95
Employee + Spouse	\$53.75
Employee + Child(ren)	\$55.81
Employee + Family	\$90.99



9

2023 Employee Contributions for Vision Benefits Per Pay Period

Level	Plan 1
Employee	\$4.57
Employee + Spouse	\$8.69
Employee + Child(ren)	\$10.15
Employee + Family	\$14.31



11

Flexible Spending Accounts

Health Care FSA

A Health Care Flexible Spending Account (FSA) provides you with the ability to save money on a pre-tax basis to pay for any IRS-allowed health expense that is not covered by your health care plan. Examples of these types of expenses include deductibles, co payments, coinsurance payments and uninsured dental and vision care expenses.

You may elect a specific annual contribution for each FSA in which you plan to participate. Your annual contribution is then divided by your number of pay periods and that amount will be deducted pre-tax each pay period. The amount you elect may not be changed or revoked during the plan year unless you experience a qualifying life event. Also, you may not transfer funds between a Health Care FSA and a Dependent Care FSA.

If you elected to participate in an FSA account last year, you must enroll again and specify your annual contribution if you wish to participate in the upcoming Plan Year. Your previous elections will not carry over to the new plan year. **For the 2023 Plan Year, the maximum amount that you may contribute to a Health Care FSA is \$3,050.**

Dependent Care FSA

A Dependent Care Flexible Spending Account (FSA) provides you with the ability to set aside money on a pre-tax basis for day care expenses for your child, disabled parent or spouse. Generally, expenses will qualify for reimbursement if they are the result of care for:

- Your children, under the age of 13, for whom you are entitled to a personal exemption on your Federal income tax return.
- Your spouse or other dependent, including parents, who are physically or mentally incapable of self-care.

The IRS has set the maximum allowable contribution per calendar year for a Dependent Care Flexible Spending Account as follows:

- \$5,000 for a married couple filing jointly
- \$2,500 for a married individual filing separately

Health Care FSA Debit Card

Employees enrolled in a health care FSA will receive a Benefits Debit Card, which allows you to access your FSA account to pay for eligible expenses immediately and conveniently at point of service. Be sure to save your receipts as you may be audited or will need to submit proof of qualified expenses.

Transportation and Parking Benefits

Transportation Spending Account allows employees to use money on a pre-tax basis to pay for qualified work-related commuting and parking expenses.

Qualified Transportation and Parking Limit: \$300 pre-tax per month for qualified transportation.

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ABC Company

Benefits Overview



2023

Winter Green Template

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Medical Benefits

We all need healthcare that protects our physical health as much as healthcare that protects our financial well-being. That is why ABC Company believes it is important to invest in quality plans that are cost effective, easy to use, and valuable to you. ABC Company provides the following medical benefits through Oxford:

- Oxford High Plan - Freedom HSA Gold
- Oxford Plan - Liberty Gold EPO
- Oxford Plan - Silver EPO



2022 Employee Contributions for Medical Benefits Per Month

Level	High Plan - Freedom HSA Gold	Liberty Gold EPO	Liberty Silver EPO
Employee	\$929.87	\$784.02	\$687.04
Employee + Spouse	\$1,859.74	\$1,568.04	\$1,374.07
Employee + Child(ren)	\$1,580.79	\$1,332.83	\$1,167.96
Employee + Family	\$2,650.14	\$2,234.46	\$1,958.06

Dental Benefits

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with our dental benefit plan.



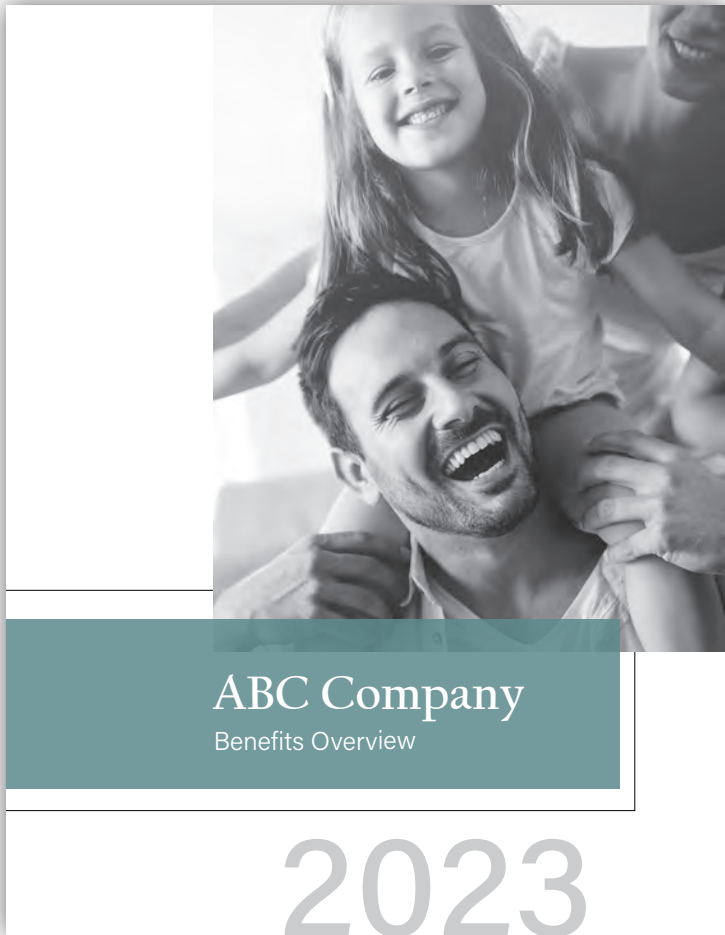
2022 Employee Contributions for Dental Benefits Per Month

Level	Plan
Employee	\$21.95
Employee + Spouse	\$53.75
Employee + Child(ren)	\$55.81
Employee + Family	\$90.99

Vision Benefits Plan Comparison

Benefits	Plan 1	
	In-Network	Out-of-Network
Eye Exam	\$15 copay	Plan pays up to \$40
Single Vision Lenses	\$30 copay	Plan pays up to \$40
Bifocal Lenses	\$30 copay	Plan pays up to \$60
Trifocal Lenses	\$30 copay	Plan pays up to \$80
Lenticular Lenses	\$30 copay	Plan pays up to \$80
Frames	\$30 copay	Plan pays up to \$45
Contact Lenses Elective	\$30 copay	Plan pays up to \$125
Contact Lenses Medically Necessary	\$30 copay	Plan pays up to \$210
Dependent Cut Off Age	26 years old	26 years old

Frequency is 1 per calendar year for exams, lenses, contact lenses, and 1 per 2 calendar years for frames.



ABC Company

Benefits Overview

2023

Modern Frame Template

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Medical Benefits

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- Oxford High Plan - Freedom HSA Gold
- Oxford Plan - Liberty Gold EPO
- Oxford Plan - Silver EPO

2023 Employee Contributions for Medical Benefits Per Month

Level	High Plan - Freedom	Liberty Gold EPO	Liberty Silver EPO
Employee	\$929.87	\$784.02	\$687.04
Employee + Spouse	\$1,859.74	\$1,568.04	\$1,374.07
Employee + Child(ren)	\$1,580.79	\$1,332.83	\$1,167.96
Employee + Family	\$2,650.14	\$2,234.46	\$1,958.06

Dental Benefits

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with our dental benefit plan.

UHC Dental Plan

Services	In-Network	Out-of-Network
Annual Deductible	\$50/\$150	\$50/\$150
Deductible Accumulation	Calendar Year	Calendar Year
Annual Maximum Benefit	\$1,500	\$1,500
Preventive Dental Services (cleaning, exams, x-rays)	Plan pays 100%	Plan pays 100%
Frequency	2 times per consecutive 12 months	2 times per consecutive 12 months
Basic Dental Services (fillings, root canal)	Plan pays 80% You pay 20%	Plan pays 80% You pay 20%
Waiting Period	1 time per tooth per lifetime	1 time per tooth per lifetime
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs, root canal)	Plan pays 50% You pay 50%	Plan pays 50% You pay 50%
Waiting Period	1 time per tooth per consecutive 60 months	1 time per tooth per consecutive 60 months
Dependent Cut Off Age	26 years old	26 years old

Employer Paid Life Insurance

Your family depends on you in many ways and you've worked hard to ensure their financial security. But if something happened to you, will your family be protected? Will your loved ones be able to stay in their home, pay bills, and prepare for the future. Life insurance provides a financial benefit that your family can depend on.

ABC Company pays the entire cost of Basic Term Life Insurance and Basic AD&D for you and you are automatically enrolled upon meeting eligibility.

If you would like additional coverage you can choose to enroll in one of our voluntary options listed on the next page.

Type	Available Coverage
Basic Term Life	200% of salary to a maximum of \$500,000
Basic AD&D	200% of salary to a maximum of \$500,000
Benefit Reductions	Age
	65 35%
	70 60%
	75 75%
80 85%	



ABC Company
2023 Benefits Guidebook

Open Light Template (Landscape Layout)

We all need healthcare that protects our physical health as much as healthcare that protects our financial well-being. That is why ABC Company believes it is important to invest in quality plans that are cost effective, easy to use and valuable to you. ABC Company provides the following medical benefits through Oxford:

Oxford High Plan - Freedom HSA Gold
Oxford Plan - Liberty Gold EPO
Oxford Plan - Silver EPO

2023 Employee Contributions for Medical Benefits Per Month

Level	High Plan - Freedom HSA	Liberty Gold EPO	Liberty Silver EPO
Employee	\$929.87	\$784.02	\$687.04
Employee + Spouse	\$1,859.74	\$1,568.04	\$1,374.07
Employee + Child(ren)	\$1,580.79	\$1,332.83	\$1,167.96
Employee + Family	\$2,650.14	\$2,234.46	\$1,958.06

Medical Benefits

	High Plan Freedom HSA Gold		Liberty Gold EPO	Liberty Silver EPO
	In-Network	Out-of-Network	In-Network Only	In-Network Only
Primary Care Visit	Plan pays 90% You pay 10% after deductible	Plan pays 60% You pay 40% after deductible	\$30 copay	\$30 copay
Specialist Office Visit	Plan pays 90% You pay 10% after deductible	Plan pays 60% You pay 40% after deductible	\$60 copay	\$60 copay
Urgent Care Visit	Plan pays 90% You pay 10% after deductible	Plan pays 60% You pay 40% after deductible	\$75 copay	\$75 copay
Prescription Drugs Card	\$10/\$35/\$75	\$10/\$35/\$75	\$15/\$45/\$75 after \$100 deductible Tier 1	\$15/\$65/\$00; after \$100 deductible Non Tier 1 Max \$800
Prescription Drugs Mail Order	\$25/\$87.50/\$187.50	\$25/\$87.50/\$187.50	\$37.50/\$112.50/\$187.50	\$37.50/\$162.50
Emergency Room	Plan pays 90% You pay 10% after deductible	Plan pays 60% You pay 40% after deductible	\$500 copay Deductible waived	\$550 copay after deductible
Inpatient Services	Plan pays 90% You pay 10% after deductible	Plan pays 60% You pay 40% after deductible	Plan pays 70% You pay 30% after deductible	Plan pays 60% You pay 40% after deductible
Outpatient Services	Plan pays 90% You pay 10% after deductible	Plan pays 60% You pay 40% after deductible	Plan pays 70% You pay 30% after deductible	Plan pays 60% You pay 40% after deductible
Lab & X-ray	Plan pays 90% You pay 10% after deductible	Plan pays 60% You pay 40% after deductible	Lab: No Charge X-ray: Plan pays 70% You pay 30% after deductible	Lab: No Charge X-ray: Plan pays 60% You pay 40% after deductible
Radiology	Plan pays 90% You pay 10% after deductible	Plan pays 60% You pay 40% after deductible	Plan pays 70% You pay 30% after deductible	Plan pays 60% You pay 40% after deductible
Coinsurance	10%	40%	30%	40%
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Annual Out-of-Pocket Maximum	Individual: \$4,000 Family: \$8,000	Individual: \$7,500 Family: \$15,000	Individual: \$7,900 Family: \$15,800	Individual: \$7,900 Family: \$15,800
Annual Deductible	Individual: \$15,000 Family: \$3,000	Individual: \$3,000 Family: \$6,000	Individual: \$2,000 Family: \$4,000	Individual: \$3,000 Family: \$6,000

Eligibility

Changing Your Benefits (Qualifying Life Events)

Per Internal Revenue Service (IRS) rules, employees enrolled in pre-tax benefit plans may only make elections or changes to their plans once per year with the exception of the following Qualifying Life Events:

- Marriage
- Birth, adoption or placement for adoption of an eligible child
- Divorce, or annulment of marriage
- Loss of spouse's job or change in work status (when coverage is maintained through spouse's plan)
- A significant change in your or your spouse's health coverage that is attributable to your spouse's employment
- Death of spouse or dependent
- Loss of dependent status
- Employer-directed transfers to facilities out of the benefits network
- Becoming eligible for Medicare or Medicaid during the plan year

30 Days

Qualifying Life Events allow you to make plan changes outside of the Annual Enrollment Period. For any allowable changes, you must inform Human Resources within 30 calendar days of the qualifying event. Benefit changes that are requested due to a 'change of mind' cannot be allowed until the next Annual Enrollment Period. For additional information concerning plan changes, please contact Human Resources.

Employee Eligibility

All full-time employees working 30 or more hours per week are eligible for company-offered benefit plans after one month following date of hire.

Domestic Partners

Domestic partners are eligible to enroll as a dependent in some of ABC Company plans. You and your partner must meet specific criteria to qualify for domestic partner coverage.

Dependent Eligibility

Employees who are eligible to participate in the ABC Company benefit program may also enroll their dependents. For the purposes of our benefit plans, your dependents are defined as follows:

Your spouse or domestic partner
Your dependent children to age 26

Human Resources Contact:

Full Name, Phone Email