

A photograph of four business professionals (two men and two women) in an office setting, dressed in business attire. They are standing in a row, with the woman in the center slightly in front of the others. The background is a blurred office interior with blue and white tones. A large green geometric shape is overlaid on the bottom left of the image, partially covering the text.

# EMPLOYEE BENEFITS PACKAGE

2025 PLAN YEAR

ABC Company

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# Medical Benefits



**United Healthcare** **United Healthcare** **United Healthcare**  
**Oxford | EPO 2500** **Oxford | EPO 1000** **Oxford | Access POS**

DEDUCTIBLE	IN-NETWORK ONLY	IN-NETWORK ONLY	IN-NETWORK	OUT-OF-NETWORK (390% MC)
Single	\$2,500	\$1,000	\$0	\$1,000
Family	\$5,000	\$2,000	\$0	\$2,000
COINSURANCE				
Member %	40%	0%	0%	30%
OUT OF POCKET MAXIMUM				
Single	\$6,350	\$2,500	\$2,500	\$4,000
Family	\$12,700	\$5,000	\$5,000	\$8,000
COMMONLY USED SERVICES				
Primary Care Physician Office Visit	\$30 copay per visit deductible does not apply	\$30 copay per visit deductible does not apply	\$25 copay per visit deductible does not apply	30% coinsurance
Specialist Office Visit	\$50 copay per visit deductible does not apply	\$50 copay per visit deductible does not apply	\$40 copay per visit deductible does not apply	30% coinsurance
Urgent Care	\$50 copay per visit deductible does not apply	\$50 copay per visit deductible does not apply	\$40 copay per visit deductible does not apply	30% coinsurance
Emergency Room	\$100 copay per visit deductible does not apply	\$100 copay per visit deductible does not apply	\$100 copay per visit deductible does not apply	\$100 copay per visit deductible does not apply
PREVENTIVE CARE				
Preventive Services	No charge	No charge	No charge	30% coinsurance
MAJOR MEDICAL EXPENSES				
Outpatient Surgery	Ambulatory Surgery Center/ Office or Hospital: 40% coinsurance	Ambulatory Surgery Center/ Office or Hospital: 0% coinsurance	Ambulatory Surgery Center/Office or Hospital: \$50 copay per visit, deductible does not apply	30% coinsurance
Inpatient Hospitalization / Surgery	40% coinsurance	0% coinsurance	\$100 copay per visit, deductible does not apply	30% coinsurance

## Plan Explanation

ABC Company employees have the option to choose between three plans in the Oxford Freedom network. Members can use medical facilities in New York, New Jersey and Connecticut as long as those facilities participate in the Freedom network. Members residing or using doctors outside of the tristate area utilize the National United Healthcare Choice Plus Network.

## Disclaimer

If there is a discrepancy between the above plan outlines and the SBC, the SBC governs.





United Healthcare Oxford   EPO 2500	United Healthcare Oxford   EPO 1000	United Healthcare Oxford   Access POS
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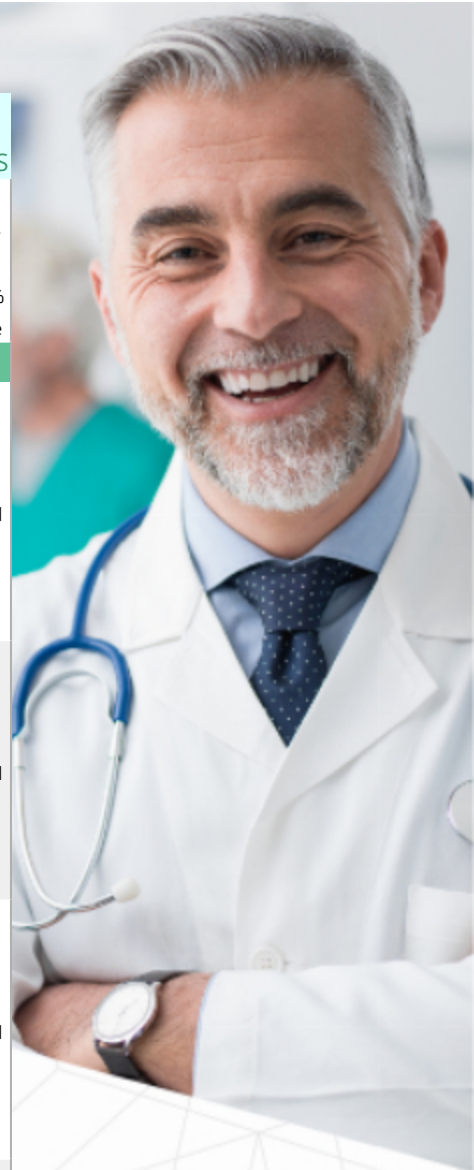
Lab, X-Ray, Imaging (CT/PET scans, MRI)	Lab: 50% coinsurance /X-Ray and Imaging: 40% coinsurance	Lab: 50% coinsurance /X-Ray and Imaging : 0% coinsurance	Lab: \$60 copay / X-Ray and Imaging: No charge	Lab: Not covered / X-Ray and Imaging:30% coinsurance
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### PRESCRIPTION DRUG COVERAGE

Generic ( Tier 1 )	Retail: \$15 copay - deductible does not apply. Mail-Order: \$37.50 copay - deductible does not apply.	Retail: \$15 copay - deductible does not apply. Mail-Order: \$37.50 copay - deductible does not apply.	Retail: \$15 copay. Mail-Order: \$37.50 copay - deductible does not apply.	Not covered
Brand Name ( Tier 2 )	Retail: \$35 copay - deductible does not apply. Mail-Order: \$87.50 copay - deductible does not apply.	Retail: \$35 copay - deductible does not apply. Mail-Order: \$87.50 copay - deductible does not apply.	Retail: \$35 copay. Mail-Order: \$87.50 copay - deductible does not apply.	Not covered
Non-Preferred ( Tier 3 )	Retail: \$75 copay - deductible does not apply. Mail-Order: \$187.50 copay - deductible does not apply.	Retail: \$75 copay - deductible does not apply. Mail-Order: \$187.50 copay - deductible does not apply.	Retail: \$75 copay. Mail-Order: \$187.50 copay - deductible does not apply.	Not covered
Specialty ( Tier 4 )	Not applicable	Not applicable	Not applicable	Not applicable

### PLAN INFORMATION

Plan Year	2024	2024	2024
Deductible Period	Plan Year	Plan Year	Plan Year
Network Type	EPO	EPO	PPO
Network Name	Freedom/Choice	Freedom/Choice	Freedom/Choice
Member Website	<a href="http://www.myuhc.com">www.myuhc.com</a>	<a href="http://www.myuhc.com">www.myuhc.com</a>	<a href="http://www.myuhc.com">www.myuhc.com</a>
Customer Service Phone Number	1-800-444-6222	1-800-444-6222	1-800-444-6222





# Dental Benefits



	Guardian   PPO (NAP)		Guardian   PPO (Value)	
DEDUCTIBLE	IN-NETWORK (MAP)	OUT-OF- NETWORK (UCR)	IN-NETWORK	OUT-OF- NETWORK
Single	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
MAXIMUM THE CARRIER WILL PAY				
Annual Maximum	\$2,000	\$2,000	\$2,000	\$2,000
FREQUENCIES				
Cleaning	Once every six months		Once every six months	
Exam	Once every six months		Once every six months	
DENTAL COVERAGE				
Cleanings	100%	100%	100%	100%
Exams	100%	100%	100%	100%
Bitewing X-Rays	100%	100%	100%	100%
Sealants	100%	100%	100%	100%
Fillings	80%	80%	100%	100%
Full Mouth X-Ray	80%	80%	100%	100%
Root Canal			60%	60%
Single Crowns	50%	50%	60%	60%
Dentures	50%	50%	60%	60%
Bridges	50%	50%	60%	60%
Implants	50%	50%	60%	60%
Orthodontia	50%	50%	60%	60%
Orthodontia Lifetime Maximum	\$2,000		\$2,000	
Orthodontia Maximum Age	Children up to age 19		Children up to age 19	
OUT OF NETWORK EXPLANATION				
	Your insurance carrier will pay the out of network dentist the same rate they pay an in-network dentist, which may result in a balance bill.		Your insurance carrier will pay the out of network dentist the same rate they pay an in-network dentist, which may result in a balance bill.	
PLAN INFORMATION				
Best for	employees whose dentists are out of network.		employees whose dentists are out of network	
Plan Year	2024		2024	
Network Type	PPO		PPO	
Network Name	Guardian NAP		Guardian Value	
Member Website	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>		<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>	
Customer Service Phone Number	(800) 627-4200		(800) 627-4200	

## Plan Explanation

ABC Company employees have the option to choose between two dental plans.

**Plan 1:** The PPO (NAP) Plan offers employees both in and out-of-network benefits. If services are provided out-of-network (Dentist does not participate with Guardian), the plan uses a UCR reimbursement level to cover those expenses at the 80th percentile.

**Plan 2:** The PPO (Value) offers employees both in and out-of-network benefits. In-Network benefits are covered at a **higher** level than the PPO (NAP). If services are provided out-of-network (Dentist does not participate with Guardian), the plan uses a MAC reimbursement level to cover those expenses.

# Vision Benefits

**Guardian** | Guardian Vision (Davis Network)

VISION COVERAGE	IN-NETWORK	OUT-OF-NETWORK
Eye Exam Copay	\$20	\$20
Single Vision Lens Allowance	100%	\$48
Lined Bi-Focal Lens Allowance	100%	\$67
Lined Tri-Focal Lens Allowance	100%	\$86
Lenticular Lens Allowance	100%	\$126
Elective Contact Lens Allowance	\$120	\$105
Frame Allowance	\$120	\$48
FREQUENCIES		
Exam Frequency	Once per Calendar Year	
Lens Frequency	Once per Calendar Year	
Frame Frequency	Every Other Calendar Year	
OUT OF NETWORK EXPLANATION		
	While you will receive a reimbursement when you go out of network, the out of network provider may not file the claim for you.	
PLAN INFORMATION		
Plan Year	2024	
Network Name	Davis Vision	
Member Website	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>	
Customer Service Phone Number	(800) 627-4200	



## Plan Explanation

The ABC Company Vision plan through Guardian offers significant out-of-pocket savings if members visit one of Davis Vision's network locations, including retail centers such as Walmart, Target, Sam's Club, Pearle, and JCPenney. Expanded online retailers include Warby Parker, Befitting and Glasses.com

## Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.

# LTD Benefits

## Guardian | Long Term Disability (LTD)

LTD INSURANCE BENEFITS	
Monthly Benefit	60% to \$10,000
When do benefits start? (Elimination period)	90 Days
How long do my benefits pay out?	To age 65/Adea
Are there any limitations on coverage for Pre-Existing conditions?	See Guardian certificate of coverage for more information.
Own Occupation Limitation	24 Months
Taxation of Benefit	This plan is Gross-up. Gross-up is additional money an employer pays an employee to offset any additional income taxes (Social Security, Medicare, etc.) an employee would owe the IRS when that employee receives a company-provided cash benefit. If you wish to opt out of the Gross-up, please notify HR.
PLAN INFORMATION	
Plan Year	2024
Member Website	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
Customer Service Phone Number	(800) 627-4200



### Plan Explanation

Disability insurance provides you with income if you have an accident or illness that prevents you from working. Disability from accident or illness can strike anyone at any age. Disability insurance provides you with a regular check to help pay monthly bills when you are unable to work.

### Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your Guardian certificate of coverage.



# Life & AD&D Benefit

Guardian | Life & AD&D

## LIFE INSURANCE BENEFITS

Life Insurance Coverage	Flat \$50,000
Guaranteed Issue	Your Accidental Death and Dismemberment coverage is guaranteed based on your Basic Life coverage.
Age Reduction Schedule	35% at age 65 60% at age 70 75% at age 75 85% at age 80
Are medical questions required?	No
Is the policy portable?	No

## PLAN INFORMATION

Plan Year	2024
Member Website	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
Customer Service Phone Number	(800) 627-4200



## Plan Explanation

This core employer-paid benefit helps meet a portion of your family's income needs in the event of a premature death. AD&D coverage offers additional protection against the financial impacts of death, as well as paralysis or loss of limb, speech, hearing, or sight due to a covered accident.

## Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your Guardian certificate of coverage.

# Insurance Terms and Definitions

## **PPO ( PREFERRED PROVIDER ORGANIZATION )**

A PPO is a type of insurance network. In this type of network, you may choose to obtain care in or out of your network. If you choose to visit a "Preferred", or "In-Network", provider, your out of pocket expense will be significantly less than if you visit a provider outside your network. The reason for this is the In-Network provider agrees to accept set, contracted rates as payment in full for their services in return for being part of the insurance carrier's Preferred Provider network.

## **HMO ( HEALTH MAINTENANCE ORGANIZATION )**

An HMO is a type of insurance network. In this type of network, you must stay in your network to obtain care under your plan. There are no benefits paid out for services obtained outside the network. In some instances, HMO's may require that you have a referral from your primary care physician to obtain services from a specialist.

## **DEDUCTIBLE**

The amount you pay before the insurance carrier starts sharing the expense of your medical care. Major medical expenses apply to the deductible like inpatient/outpatient surgeries, MRI's, CT Scans, etc.

## **EMBEDDED DEDUCTIBLE**

This only applies to employees who have dependents enrolled on their plans. In an Embedded deductible, no member of the family unit can satisfy more than the single deductible during the deductible period. Even though the family is subject to the family deductible as a whole, no one person can satisfy more than the single deductible.

## **AGGREGATE DEDUCTIBLE**

This only applies to employees who have dependent enrolled on their plans. In an Aggregate deductible, one member of the family can satisfy the entire family deductible during the deductible period.

## **DEDUCTIBLE PERIOD**

This is the 12 month time period in which all medical expenses that would apply to your deductible accumulate. Your deductible will reset after this period ends. This time period is important to note, because it does not always align with your plan year

## **DEDUCTIBLE CREDIT**

If your Deductible Period and Plan Year are not the same with your new health insurance carrier, the new carrier will give you "credit" for the portion of the deductible you've satisfied with the old health insurance carrier during the most recent Deductible period. In order to obtain this credit, please supply your Plan Administrator with your most recent Explanation of Benefits ( EOB ) from the old carrier.

## **CO-INSURANCE**

After you've reached your deductible for the year, the insurance carrier will split the balance of the major medical expense with you. They pay a percentage and you pay a percentage of your medical expense until you've reached your Out of Pocket Maximum

## **OUT OF POCKET MAXIMUM**

This is the maximum amount you will pay for covered medical expenses during your deductible period

## **CO-PAYS**

This is a set Dollar amount you pay when you receive medical care from a PCP, Specialist, Urgent Care, Emergency Room, or Pharmacy. It's called a CO-pay, because you pay the set dollar amount and your insurance carrier pays the rest of the actual charge from the doctor/facility. Co-pays DO NOT apply to the deductible

## **NEGOTIATED RATE ( CONTRACTED RATE )**

When a Provider (doctor, facility, pharmacy or hospital ) contracts with an insurance carrier, they are considered In-Network. Part of the contract states that the provider will accept a lower payment ( lower than what they normally charge ) from the insurance carrier as payment in full. This lower payment is the Negotiated Rate.

## **EXPLANATION OF BENEFITS**

Commonly referred to as an "EOB". The EOB is a very useful document as it explains how the insurance carrier processed your claim. It shows the billed charges from the provider, the network discount applied, and what the resulting Negotiated Rate is. ( Provider Charge - Network Discount = Negotiated Rate ) It also shows whether the service was applied to your deductible or paid as a co-pay. It is not a bill, but merely an explanation of how the insurance carrier paid your claim.

## **HEALTH REIMBURSEMENT ACCOUNT ( HRA )**

This is an account funded by your employer, where you are reimbursed a % of the covered in-network medical expenses you incur. The goal is to help lower your overall out of pocket expense for the year and not leave you with a high deductible

## **PREMIUM SAVER**

Premium Saver, administered through a company called The Morgan White Group, is a secondary insurance plan that will pay a large portion of your deductible, so you are not stuck with high out of pocket costs. You will receive a second ID card to give to all doctors and hospitals at the time of service. Your medical plan will always pay the provider 1st and Premium Saver will always pay them 2nd.



### HEALTH SAVINGS ACCOUNT ( H S A )

This is an Employee Owned savings account that allows you to pay for Qualified Medical Expenses ( IRS Publication 502 ) through tax free contributions. The maximum contributions for 2024 are \$4,150 for single coverage and \$8,300 for family coverage. Members ages 55-64 can contribute an additional \$1,000. If you are age 65 or older, you are no longer eligible to contribute to the H.S.A. This is a true savings account plan, so you can rollover all unused funds from year to year. With an H.S.A., money has to be in the account for you to be able to use it.

### FLEXIBLE SPENDING ACCOUNT ( F S A )

This is an account funded by the Employee and in part by your employer. The FSA is used to pay for Qualified Medical Expenses ( IRS Publication 502 ) through tax free contributions. The employee chooses the total amount they want in their FSA for the year during open enrollment. That amount is divided up by the number of pays per year and is taken out of each paycheck before taxes. With the FSA, you have access to the Total Amount of funds you Selected during open enrollment at the beginning of your plan year. The maximum amount you can contribute to the FSA is \$3,200 in 2024. Typically, you can only rollover \$640 from year to year.





# Important Items to Remember

## NEW HIRE WAITING PERIOD

New employees are eligible for company insurance benefits: 1st of the month following 60 days.

## TERMINATION OF BENEFITS

When your employment with the company is terminated, your benefits will stop at the end of the month.

## ELIGIBLE EMPLOYEES

To be eligible for company benefits, you must be a full time employee working an average of 30 hours per week during the year.

## DEPENDENT CHILDREN

Medical: Children under the age of 30 are eligible to be covered under the benefits. They will be taken off of the plan at the end of the month in which they turn 30 . Dental/Vision: Children under the age of 26 are eligible to be covered under the benefits. They will be taken off of the plan at the end of the month in which they turn 26.

## OPEN ENROLLMENT

You can make changes to your plans ( enroll in coverage, waive coverage, add/drop dependents, etc. ) during this time period each year. Open enrollment occurs 30 days prior to your plan renewal. All changes made during this time period will take effect on the renewal date of December 1st.

## MAKING PLAN CHANGES DURING THE YEAR

If you've had a major life event ( getting married, having a child, getting divorced, losing coverage, becoming eligible for Medicare, etc. ) during the year, you're able to make coverage changes to your plan even though it's outside of the Open Enrollment window. Please turn in all paperwork within 30 days of your Qualifying Event to ensure it will be processed timely and any claims incurred will be paid.

PLEASE NOTE: If adding a newborn baby to your plan, the baby's social security number will not be available right away. Please submit the paperwork without it, and provide it once it's available.

## COBRA

PLEASE NOTE: In the event your employment is terminated with the company, you will receive a packet in the mail giving you the opportunity to continue your Medical, Dental and Vision benefits for up to 36 months in New York. This is called COBRA coverage. Your employer DOES NOT contribute to this coverage as they may when you are employed with them. You will be responsible for 102% of the actual cost of the insurance if you wish to continue with it.

## STAY IN NETWORK

To obtain the best benefits, it's important to stay in the insurance carrier's network. Always check online or verify over the phone that a doctor or hospital is in network BEFORE your visit. Also, when having a procedure done in a hospital/facility, ask the hospital staff to make sure EVERY doctor/nurse/radiologist/anesthesiologist/etc. is in your network

## EXPLANATION OF BENEFITS

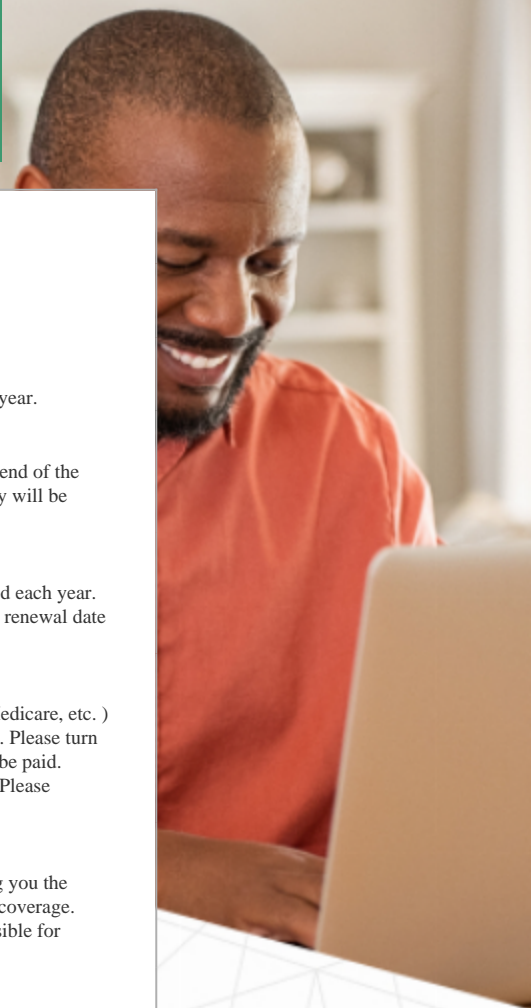
Commonly referred to as an "EOB". The EOB is a very useful document as it explains how the insurance carrier processed your claim. It shows the billed charges from the provider, the network discount applied, and what the resulting Negotiated Rate is. ( Provider Charge - Network Discount = Negotiated Rate ) It also shows whether the service was applied to your deductible or paid as a co-pay. It is not a bill, but merely an explanation of how the insurance carrier paid your claim.

## NEED A NEW ID CARD OR ANOTHER ID CARD FOR A DEPENDENT?

You can register for the insurance carrier's website where you can print out temporary ID cards and order new cards, or you can contact your account manager at PF Compass.

## HAVE QUESTIONS ABOUT AN INSURANCE CLAIM?

PLEASE HAVE COPIES OF YOUR EXPLANATION OF BENEFITS ALONG WITH A COPY OF YOUR BILL(S) READY & CONTACT YOUR PF COMPASS ACCOUNT MANAGER.



## Notes

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# **This Benefit Booklet**

**Presented by**



**PF-Compass**

**Agency Website : [www.pfcompass.com](http://www.pfcompass.com)**

**Agency Phone number : (908) 791-5797**

**440 Rt 22 E, Bridgewater NJ**