

ABC Company Employee Benefits Enrollment Guide

Plan Year: 2012



Welcome to Open Enrollment for your 2012 Benefits!

Elections you make during open enrollment will become effective (insert date).

ABC Company offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.





Who is Eligible?

If you are a ABC Company full-time employee (working 30 or more hours per week) you are eligible to enroll in the benefits described in this guide. The following family members are eligible for medical, dental coverage: [Insert dependent coverage information].



How to Enroll

The first step is to review your current benefit elections. Verify your personal information and make any changes if necessary. Make your benefit elections. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.



When to Enroll

The open enrollment period runs from [insert date] through [insert date]. The benefits you elect during open enrollment will be effective from [insert date] through [insert date]



How to Make Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, domestic partnership status change, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, your spouse or domestic partner, commencement or termination of adoption proceedings, or change in spouse's or domestic partner's benefits or employment status.

Medical and Prescription Drugs

Several changes have been implemented to our medical and prescription drug benefits for the upcoming plan year Jan. 1 to Dec. 31, 2012. Our HMO plan no longer requires you to select a primary care physician or secure a referral from one provider to another. As a reminder, the plan does not provide coverage when you use out-of-network providers. Our PPO plan allows you the freedom to use providers in and out-of-network. The following chart compares our current benefits to the new benefits that will take effect Jan. 1, 2012.

| Services | HMO | | PPO | |
|---|--|---|--|---|
| | Current | As of Jan.1, 2012 | Current | As of Jan. 1, 2012 |
| Physician Visit | \$20 Copay | \$25 Copay | \$20 Copay | \$25 Copay |
| Deductible - Individual - Family | None None | None None | \$250 \$750 | \$500 \$1,500 |
| Hospitalization | Plan pays 100% | Plan pays 100% | Plan pays 90% | Plan pays 80% |
| Preventive Care | \$20 Copay | \$25 Copay | \$20 Copay | \$25 Copay |
| Emergency Room | \$75 Copay | \$100 Copay | \$75 Copay | \$100 Copay |
| Out-of-Pocket Max - Individual - Family | \$3,000 \$6,000 | \$3,000 \$6,000 | \$2,000 \$4,000 | \$2,500 \$5,000 |
| Prescription Drugs - Retail/Mail Order - Generic - Preferred - Non-Preferred | \$6 / \$12 Copay \$20 / \$40 Copay \$35 / \$70 Copay | \$67/ \$14 Copay \$30 / \$60 Copay \$50 / \$100 Copay | \$6 / \$12 Copay \$20 / \$40 Copay \$35 / \$70 Copay | \$7 / \$14 Copay \$30 / \$60 Copay \$50 / \$100 Copay |

Your Cost in 2012

ABC Company is pleased to announce there will be no premium increase passed on to you for the new plan year. Bi-weekly payroll deductions will remain as shown.

| EMPLOYEE BI-WEEKLY DEDUCTIONS | | | | |
|-------------------------------|---------------|-------------------|---------------------|-------------------|
| | Employee Only | Employee & Spouse | Employee & Children | Employee & Family |
| HMO | \$ 17.30 | \$ 109.90 | \$ 105.50 | \$ 138.45 |
| PPO | \$ 24.50 | \$ 124.03 | \$ 122.50 | \$ 171.50 |

Dental

(Sample text) There are no plan or cost changes to your dental benefits or cost in 2012. ABC Company's plan allows you to seek treatment from the dentist of your choice.

| Services | Amount You Pay |
|----------------------------|---|
| Preventive Services | Exams, cleanings, x-rays – [insert benefit amount or coinsurance] |
| Deductible | Applies to basic and major services only – [insert benefit amount or coinsurance] |
| Basic Services | Fillings, simple extractions – [insert benefit amount or coinsurance] |
| Major Services | Oral surgery, root canal, crowns – [insert benefit amount or coinsurance] |
| Annual Maximum | [insert annual maximum amount] |
| Bi-Weekly Deduction | Employee only – \$ 0 Employee & Spouse – \$ 10 Employee & Child – \$ 10 Family – \$ 20 |