

Benefit Enrollment Guide

Welcome to 2020 Open Enrollment!

Our company provides benefits that promote healthy lifestyles and wellness for employees and dependent family members.

As an employee of XYZ Company, you are a vital member of a growing team. We consider our employees to be our most valuable resource and strive to keep our benefit options comprehensive and progressive.

Our company encourages everyone to proactively participate.

Please return your election forms by November 15th, 2019.

Sincerely,

Human Resources

Table of Contents

Renew for '20

Page 2 Get Started

Medical Plans

Page 3 United Healthcare HMOs

Page 4 United Healthcare PPOs

Page 5 Kaiser Permanente HMOs

Dental Plans

Page 6 Principal EPO & POS

Vision Plan

Page 7 VSP Choice PPO

Life & Disability Plans

Page 8 Principal Basic / Supp. Life

Page 9 Principal LTD / Standard LTD

Ancillary Plans

Page 10 Colonial Indemnity

Participation

Page 11 Medical Rating Defined

Page 12 Special Enrollment Periods

Disclaimer

Page 13 Guide Notes & Credits

Next Steps

Page 14 Ready to Renew

It's renewal time. Follow these steps to get started:

Step 1. Review your renewal options

Step 2. - Complete election form online [click here]

or - Print & Complete election form and return to HR [click here]

or - eComplete election form and e-mail to theCENTURE [click here]

Step 3. Login as a member [www.benefitslogin.com]

Member Benefits Login credentials:

user name: [xyzcompany2020](#)

password: [easypassword](#)

... let's get started





	† High Copay HMO Plan †† SignatureValue HMO Network	† Low Copay HMO Plan †† SignatureValue HMO Network
Plan Number	(1) - 501	(2) - 501
Benefit Type	Traditional Benefit	Traditional Benefit
Medical Deductible (Med DED)	\$0/Member (Med DED)	\$0/Member (Med DED)
Family Deductible Max	\$0 x Two (2) Members Max	\$0 x Two (2) Members Max
Annual Max Out-of-Pocket	\$5,000/Member & \$10,000/Family	\$2,500/Member & \$5,000/Family
Preventive & Check-Up	\$0	\$0
Primary Care Visit	\$30	\$20
Specialist Care Visit	\$50	\$40
Urgent Care Visit	††† \$30	††† \$20
Emergency Room Visit	\$250	\$100
Emergency Transportation	\$250	\$100
Basic Labs	\$30	\$20
Basic X-Rays	\$50	\$40
Complex Imaging	\$100	\$50
Outpatient Surgery- Facility	\$250	\$100
Outpatient Surgery- Hospital	\$500	\$250
Inpatient Stay- Hospital	\$500/Day- 5 Day Max/Admit	\$250/Day- 3 Day Max/Admit
Rx Deductible (Rx DED)	\$0/Member (Rx DED)	\$0/Member (Rx DED)
Generic Rx	\$15	\$10
Preferred Brand Rx	\$40	\$30
Non-Preferred Brand Rx	\$60	\$50
Specialty Rx	30%- \$250 Max/Script	30%- \$250 Max/Script

† Individual In-Network benefit details. Refer to plan SBC or COC/EOC for Out-of-Network benefit details

†† To find a Network provider online, go to [<https://uhc.com/find-a-physician>] and follow the steps below:

- Click Find a Physician, Hospital, or Health Care Facility
- Select Medical Directory / Select All United Healthcare Plans / Select SignatureValue Plans
- Select Medical Directory / Choose State / Select SignatureValue HMO / Enter Zip Code / Select People / Select Primary Care / Select Within 10 Miles

* helpful tip: Search for a provider with 4-Star (and higher) Patient Reviews

* helpful tip: To find an Urgent Care facility online, search via the network Medical Group/IPA on your United Healthcare ID card on the third-party Medical Group/IPA Website

††† Additional copays, deductibles, or coinsurance may apply for additional facility care, testing or prescriptions



	† \$3,500 HDHP PPO (HSA-Comp.) ‡‡ Choice Plus PPO Network	† \$1,500 Deductible PPO Plan ‡‡ Choice Plus PPO Network	† \$750 Deductible PPO Plan ‡‡ Choice Plus PPO Network
Plan Number	(3) - 501	(4) - 501	(5) - 501
Benefit Type	Traditional Benefit	Traditional Benefit	Traditional Benefit
Medical Deductible (Med DED)	\$3,500 /Member (Med+Rx DED)	\$1,500 /Member (Med DED)	\$750 /Member (Med DED)
Family Deductible Max	\$3,500 x Two (2) Members Max	\$1,500 x Two (2) Members Max	\$750 x Two (2) Members Max
Annual Max Out-of-Pocket	\$6,500/Member & \$13,000/Family	\$5,500/Member & \$11,000/Family	\$4,500/Member & \$9,000/Family
Preventive & Check-Up	\$0	\$0	\$0
Primary Care Visit	40% (Med+Rx DED)	\$30	\$20
Specialist Care Visit	40% (Med+Rx DED)	\$50	\$40
Urgent Care Visit	‡‡‡ 40% (Med+Rx DED)	‡‡‡ \$70	‡‡‡ \$60
Emergency Room Visit	\$500+40% (Med+Rx DED)	\$250+30% (Med DED)	\$100+20% (Med DED)
Emergency Transportation	40% (Med+Rx DED)	30% (Med DED)	20% (Med DED)
Basic Labs	40% (Med+Rx DED)	30% (Med DED)	20% (Med DED)
Basic X-Rays	40% (Med+Rx DED)	30% (Med DED)	20% (Med DED)
Complex Imaging	40% (Med+Rx DED)	30% (Med DED)	20% (Med DED)
Outpatient Surgery- Facility	40% (Med+Rx DED)	30% (Med DED)	20% (Med DED)
Outpatient Surgery- Hospital	40% (Med+Rx DED)	30% (Med DED)	20% (Med DED)
Inpatient Stay- Hospital	40% (Med+Rx DED)	30% (Med DED)	20% (Med DED)
Rx Deductible (Rx DED)	\$3,500 /Member (Med+Rx DED)	\$250 /Member (Rx DED)	\$100 /Member (Rx DED)
Generic Rx	40% (Med+Rx DED)	\$15	\$10
Preferred Brand Rx	40% (Med+Rx DED)	\$30 (Rx DED)	\$20 (Rx DED)
Non-Preferred Brand Rx	40% (Med+Rx DED)	\$60 (Rx DED)	\$40 (Rx DED)
Specialty Rx	30%- \$250 Max/Script (Med+Rx DED)	30%- \$250 Max/Script (Rx DED)	30%- \$250 Max/Script (Rx DED)

† Individual In-Network benefit details. Refer to plan SBC or COC/EOC for Out-of-Network benefit details

‡‡ To find an In-Network provider online, go to [<https://uhc.com/find-a-physician>] and follow the steps below:

- Click Find a Physician, Hospital, or Health Care Facility
- Select Medical Directory / Select All United Healthcare Plans / Select Choice Plus / Select People / Select Primary Care / Select All Primary Care Physicians
- Refine to Enter Zip Code / Select Within 10 Miles

* helpful tip: See search for a provider with 4-Star (and higher) Patient Reviews

* helpful tip: To find an Urgent Care facility, go to [<https://connect.werally.com/plans/uhc/1>] select network-services and treatments-office visits- sick visit-urgent care clinic

‡‡‡ Additional copays, deductibles, or coinsurance may apply for additional facility care, testing or prescriptions



	† High Copay HMO Plan †† Kaiser HMO Network	† Traditional HMO Plan †† Kaiser HMO Network
Plan Number	(6) - 501	(7) - 501
Benefit Type	Traditional Benefit	Traditional Benefit
Medical Deductible (Med DED)	\$0/Member (Med DED)	\$0/Member (Med DED)
Family Deductible Max	\$0 x Two (2) Members Max	\$0 x Two (2) Members Max
Annual Max Out-of-Pocket	\$3,000/Member & \$6,000/Family	\$1,500/Member & \$3,000/Family
Preventive & Check-Up	\$0	\$0
Primary Care Visit	\$30	\$20
Specialist Care Visit	\$30	\$20
Urgent Care Visit	††† \$30	††† \$20
Emergency Room Visit	\$100	\$50
Emergency Transportation	\$250	\$150
Basic Labs	\$10	\$0
Basic X-Rays	\$10	\$0
Complex Imaging	\$150	\$75
Outpatient Surgery- Facility	\$250	\$75
Outpatient Surgery- Hospital	\$500	\$150
Inpatient Stay- Hospital	\$500/Day	\$250/Admit
Rx Deductible (Rx DED)	\$0/Member (Rx DED)	\$0/Member (Rx DED)
Generic Rx	\$15	\$5
Preferred Brand Rx	\$40	\$30
Non-Preferred Brand Rx	\$60	\$50
Specialty Rx	30%- \$250 Max/Script	30%- \$250 Max/Script

† Individual In-Network benefit details. Refer to plan SBC or COC/EOC for Out-of-Network benefit details

†† To find a Network provider online, go to [<https://healthy.kaiserpermanente.org/doctors-locations>] and follow the steps below:

- Select Region
- Enter Zip Code & Click Search
- Select provider preferences

* helpful tip: New members should establish care with a Primary Care Physician ASAP. Please refer to the regional HMO contact list to designate a Kaiser Permanente PCP ASAP

* helpful tip: To find an Urgent Care facility online go to [<https://healthy.kaiserpermanente.org/doctors-locations/how-to-find-care/urgent-care>]

††† Additional copays, deductibles, or coinsurance may apply for additional facility care, testing or prescriptions

	† Elect Provider Organization Plan †† First Dental Health Network	† Point of Service Plan (Three-Tier) †† First Dental Health Network / Principal PPO Network / Out-of-Network
Plan Number	(8) - 502	(9) - 502
Benefit Type	Traditional Benefit	Traditional Benefit
Dental Deductible (Den DED)	\$50/Member (Den DED)	\$50/Member (Den DED)
Family Deductible Max	\$50 x Three (3) Members Max	\$50 x Three (3) Members Max
Annual Max Benefit (Member)	\$1,500	\$3,000 / \$2,500 / \$1,500
<u>Type 1- Preventive</u>		
Exam- Two (2) per 12 months	0%	0% / 0% / 0%
X-Rays & Cleaning	0%	0% / 0% / 0%
Oral Cancer Screening	0%	0% / 0% / 0%
<u>Type 2 – Basic</u>		
Restorative	20% (Den DED)	10% (Den DED) / 20% (Den DED) / 20% (Den DED)
Sealants	20% (Den DED)	10% (Den DED) / 20% (Den DED) / 20% (Den DED)
Fillings	20% (Den DED)	10% (Den DED) / 20% (Den DED) / 20% (Den DED)
<u>Type 3 – Major</u>		
Crown/ Surgery	50% (Den DED)	40% (Den DED) / 50% (Den DED) / 50% (Den DED)
Endodontics/Periodontics	50% (Den DED)	40% (Den DED) / 50% (Den DED) / 50% (Den DED)
Removal of Impacted Tooth	50% (Den DED)	40% (Den DED) / 50% (Den DED) / 50% (Den DED)
Waiting Period	††† None – See Late Entrant Below	††† None – See Late Entrant Below
Orthodontia	\$1,000 Lifetime Maximum	\$2,000 Lifetime Max
Rollover Rewards	Included	Included

† Individual In-Network benefit details. Refer to plan Benefit Summary, Schedule of Benefits, or Plan Certificate for Out-of-Network benefit details

†† To find an In-Network provider online, go to [<https://principal.com/dentist>] and follow the steps below:

- Click Continue
- Select State & Select Network
- Search by Zip Code or Search by Last Name

* helpful tip: California Members- First Dental Health EPO Network provides greatest Network Discount “Contracted Rate”

* helpful tip: Principal Network Dentists can provide a Treatment Plan upon request. Always request a Verification of Benefits or a Treatment Plan to view Patient Responsibility

††† Late Entrant Provision- Members enrolled after 31 days of becoming eligible must satisfy a 12-month waiting period for basic services and 24-month waiting period for major services



+ Vision PPO	
++ VSP Choice Network	
Plan Number	(10) - 503
Benefit Type	Traditional Benefit
Exam – One (1) per 12 Months	\$10
Ophthalmologic Exam	100% Exam Coverage
Optometric Exam	100% Exam Coverage
Materials – One (1) per 12 Months	\$25
Frames – One (1) per 24 Months	\$150 Max Frame Allowance
Lenses (Single, Bifocal, Trifocal)	100% Lenses Coverage
Lenses (Lenticular or Aphakic)	\$100 Max Polycarbonate Allow. (Child)
Contacts – One (1) per 12 Months	\$25
Non-Elective (Hard or Soft)	100% Contacts Coverage
Elective (Cosmetic/Convenient)	\$150 Max Elective Allowance
Network Specifications	Premier Program Provider Options
Walmart/Costco Providers	+++ \$74.47-\$78.96 Max Allowance
Additional Services	
Transitions Sunglasses	Special Member Offer
Lens Upgrades	Up to 40% Discount
Lasik Procedures	25% Discount

+ Individual In-Network benefit details. Refer to plan Benefit Summary, Schedule of Benefits, or Plan Certificate for Out-of-Network benefit details

++ To find an In-Network provider online, go to [<https://vsp.com/find-eye-doctors.html>] and follow the steps below:

- Enter Zip Code
- If allowed, **Select** Doctor Network “Choice”
- **Check** Sort by Premier & **Click** Search

* **helpful tip:** Premier Program Providers include multiple/comprehensive services at a single site location

* **helpful tip:** VSP Members are not mailed a Member ID Card. Members can generate a Member ID Card after registering a Member Account on the VSP Member Site

+++ Wholesale Provision- \$150 allowance is reduced to \$74.47-\$78.96 at participating wholesale providers including Walmart and Costco



Principal- Basic & Supplemental Life Plans (eff. Jan 1st, 2020)

	+ Basic Life + AD&D ++ Employer-Paid Employee Life		+ Additional Life + AD&D (Including Supplemental Life – subject to underwriting) ++ Guaranteed & Non-Guaranteed Employee & Dependent Life		
Plan Number	(11) - 504		(12a) - 505	(12b) - 505	(12c) - 505
Benefit Type	Salary-Based Benefit		Employee Additional Life	Spouse Additional Life	Child(ren) Additional Life
Guaranteed Benefit Coverage	+++ One(1) time(x) Annual Salary		+++ \$10,000 - \$100,000	+++ \$5,000 - \$25,000	+++ \$10,000
AD&D Included	Yes		Yes	Yes	Yes
Non-Guaranteed Benefit Coverage	\$250,000 Maximum Benefit		\$110,000- \$250,000 (Supp.)	\$30,000 - \$250,000 (Supp.)	\$10,000 Max Benefit
Group Benefit Eligibility	Full-Time- 30+ Hrs/Wk (Avg.)		Full-Time- 30+ Hrs/Wk (Avg.)	Legally Married	Legal Child
Eligibility Limitation	Active Employment		Active Employment	See Plan Certificate	See Plan Certificate
Eligibility Start Date	1 st of Month following Full-Time Date of Hire		1 st of Month following Approval Effective Date	1 st of Month following Approval Effective Date	1 st of Month following Approval Effective Date
Life Rate Table (AD&D included)	Employer-Sponsored		Bi-Weekly Rate Per \$10,000	Bi-Weekly Rate Per \$5,000	Bi-Weekly Rate Per \$10,000
Additional Remarks	subject to imputed income tax		subject to imputed income tax	subject to imputed income tax	rate covers all eligible children
	Age				
	< 24		\$ 0.00	\$ 0.00	+++ \$ 0.00
	25-29		\$ 0.00	\$ 0.00	
	30-34		\$ 0.00	\$ 0.00	
	35-39		\$ 0.00	\$ 0.00	
	40-44		\$ 0.00	\$ 0.00	
	45-49		\$ 0.00	\$ 0.00	
	50-54		\$ 0.00	\$ 0.00	
	55-59		\$ 0.00	\$ 0.00	
	60-64		\$ 0.00	\$ 0.00	
	65-69		\$ 0.00	\$ 0.00	
	70-74		+++ \$ 0.00	+++ \$ 0.00	
	75+		+++ \$ 0.00	+++ \$ 0.00	
Important Information	The above referenced info is a brief summary of benefits. See Life Certificate & Plan Documents for details, limitations, & exclusions.				

+ Summary of Benefit Details. Refer to plan Benefit Summary or Certificate for covered benefits, limitations, & exclusions

++ To learn more about Guaranteed/ Non-Guaranteed Rates and Benefits, including dependent rating, please contact our insurance broker :

Michael McGrath, theCENTURE benefit solutions

Direct: 949-943-7988

Email: michael@comparemyhealthplan.com

Address: 2901 West Coast Highway, Bldg # 200, Newport Beach, CA 92663

+++ Age-Based Benefit Reductions & Dependent Eligibility Conditions (See Plan Certificates)

Basic Life Benefit is reduced to 65% Benefit @ Age 65 & 50% Benefit @ Age 70+ Supplemental Life Benefit is reduced to 65% Benefit @ Age 70 & 45% Benefit @ Age 75+ Spouse/Child Life (See Certificates)



	+ Long Term Disability ++ Employer-Paid Employee Disability	+ Standard Issue Disability ++ Multi-Life Additional Employee Disability
Plan Number	(13a) - 506	(14a) - 507
Benefit Type	Salary-Based Benefit	Employee Supp. Disability
Guaranteed Benefit Amount	+++ 60% of Pre-Disability Earnings	+++ Subject to Underwriting Approval
Elimination Period	180 Days	Applied Period
Own Occupation Period	Two (2) Years	Applied Period
Any Occupation Period	See Maximum Benefit Period below	Applied Period
Minimum Monthly Benefit	\$100	Applied Benefit
Maximum Monthly Benefit	\$10,000	Applied Benefit
Benefit Offset (Reduction)	Work Earnings, Workers' Compensation, State Disability, etc.	Applied Benefit
Rehabilitation Services	Included	Included
Survivor Benefit	Three (3) Times (x) Monthly Benefit	Three (3) Times (x) Monthly Benefit
Group Benefit Eligibility	Full-Time- 30+ Hrs/Wk (Avg.)	Full-Time- 30+ Hrs/Wk (Avg.)
Eligibility Limitation	Active Employment	Active Employment
Pre-Existing Condition Limit Period	Three (3) Months prior to Employment & Disabled in first 12 Month Start	Applied Benefit
Eligibility Start Date	1 st of Month following Full-Time Date of Hire	1 st of Month following Approval Effective Date
Maximum Benefit Period	Months of Benefit Payment Period	Subject to Underwriting
Additional Remarks	Members Age on the Date Disability Begins	Members Age on Date Disability Begins
Age	+++ Greater of 36 Months or SSNRA	+++ Call HR for More info
≤ 65		
65-67	+++ 24 Months	
68-69	+++ 18 Months	
70-71	+++ 15 Months	
72 +	+++ 12 Months	
Important Information	The above referenced info is a brief summary of benefits. See Disability Certificate & Plan Documents for details, limitations, and exclusions.	

+ Summary of Benefit Details. Refer to plan Benefit Summary or Plan Certificate for covered benefits, limitations, & exclusions

++ To learn more about benefit eligibility, carrier contact information and more, contact our insurance broker:

Michael McGrath, theCENTURE benefit solutions

Direct: 949-943-7988

Email: michael@comparemyhealthplan.com

Address: 2901 West Coast Highway, Bldg # 200, Newport Beach, CA 92663

+++ Age-Based Benefit Reductions & General Benefit Exclusions (See Plan Certificates) **Long Term Disability Benefit** is reduced when a disability occurs at a Specified Age

General Exclusions No benefit is payable when a disability occurs as a result of willful self-injury, war or act of war, and felony circumstances. And within the Pre-Existing Condition Period. (See Certificates)



Colonial- Ancillary Indemnity Plans (eff. Jan 1st, 2020)

	† Limited Disability †† Employee Coverage	† Hospital ††4-Tier Coverage	† Accident ††4-Tier Coverage	† Critical Illness ††4-Tier Coverage	† Cancer ††4-Tier Coverage
Plan Number	(15a) - 508	(15b) - 508	(15c) - 508	(15d) - 508	(15e) - 508
Benefit Type	††† Monthly Benefit	††† Lump Sum Benefits	††† Lump Sum Benefits	††† Lump Sum Benefits	††† Lump Sum Benefits
Number of Plans Available	Three (3)	Two (2)	Three (3)	One (1)	Four (4)
Benefit Customization Available	Yes	Yes	Yes	Yes	Yes
Additional Rider Available	Yes	Yes	Yes	Yes	Yes
On & Off Job Event Coverage	Available	Covered	Available	Covered	Covered
Base Plan Rating	Age-Band Rates	Age-Band Rates	Composite Rates	Age-Band Rates	Composite Rates
Guaranteed Approval	No	No	No	No	No
Group Benefit Eligibility	Full-Time- 30 or more Hours/Week on Average (Individual Eligibility Does Not Apply)				
Eligibility Limitation	Active Employment				
Pre-Existing Coverage Limitation	Yes, See Plan Certificate				
Eligibility Start Date	1 st of Month following Approval Effective Date				
††† Indemnity Payment Schedule	# of Units (x) \$50-\$100	\$500-\$5,000	30+ (\$) Benefits	\$5,000-\$100,000	30+ (\$) Benefits
Additional Remarks	††† Tax-Free Benefit	††† Tax-Free Benefit	††† Tax-Free Benefit	††† Tax-Free Benefit	††† Tax-Free Benefit
Issue Age(s)	17-49 50-64 65-74	17-49 50-59 60-64 65-75	17-79	17-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64	17-75

Important Information The above referenced info is a brief summary of benefits. See Colonial Certificates & Plan Documents for details, limitations, and exclusions.

† Summary of benefit details. Refer to plan Benefit Summary or Plan Certificate for covered benefits, limitations, and exclusions

†† To learn more about benefit eligibility, carrier contact information and more, contact our insurance broker:

Michael McGrath, theCENTURE benefit solutions

Direct: 949-943-7988

Email: michael@comparemyhealthplan.com

Address: 2901 West Coast Highway, Bldg # 200, Newport Beach, CA 92663

††† Age-Based Benefit Reductions & General Benefit Exclusions (See Plan Certificates) **Age-Based Benefit Reductions** exists when a Claim occurs at a Specified Age. (See Certificates)

General Exclusions No benefit is payable when a claim event occurs as a result of willful self-injury, war or act of war, and felony circumstances. And in any Pre-Existing Condition Period. (See Certificates)



* Eligible Dependents

Your eligible dependents include:

- Your spouse, unless legally separated or divorced (including a common-law spouse if recognized in your state of residence), or your domestic partner.
- Your child or your domestic partner's child under age 26 (regardless of "dependent status" for tax purposes).
- Any unmarried child age 26 or older, if the child is mentally or physically disabled and dependent on you for maintenance and support. The child's disabling sickness or injury must have begun prior to age 26.

Dependent Information

All eligible full-time employees of XYZ Company are provided an opportunity to participate in the benefit programs upon their initial employment and annually during open enrollment. Employees and dependent family members are offered coverage through our benefit plans. Our plan options are subject to Medicare Secondary Payor.

XYZ Company medical benefit plans follow the guidelines of ERISA. Employee and Dependent premiums are aggregate composite-rated. If you require a review of the medical benefit offerings, please contact our benefits representative, Michael McGrath, to assist in your plan selection for the upcoming benefit year.

Continuing January 1, 2020, the XYZ Company medical benefit plans insured through United Healthcare & Kaiser Permanente will include the sum of a total enrolled member(s) rate class. Rates do not vary based on age or residential locale.

2020 United Healthcare & Kaiser Permanente rating defined:

- Employee Only
- Employee + Spouse / Domestic Partner
- Employee + Child(ren)
- Employee + Family
- Child(ren) Only- Court Order

* Federal Law recognizes additional events which permit plan changes outside open enrollment. Refer to the [[SEP List Page](#)] on Healthcare.gov to view additional event information.



Qualified Life Events

Can I make changes during the plan year?

When your life changes, chances are your benefits will need to change too. Although you are generally not permitted to make benefit changes during the year, the IRS does allow changes to be made that are consistent with certain life events.

How do I make benefit changes if I experience a life event?

If you have an eligible change, contact Human Resources as soon as possible because you have 30 days from the event date to make changes to your benefits.

Is there required documentation to make changes?

Yes, many carriers will require you to submit documentation supporting your life event. After enrolling or making changes you will receive a letter from the carrier that will provide details regarding acceptable forms of documentation, deadlines, etc. You must submit all required documentation within one (1) month from the date of the letter. If you fail to provide the required documentation, your requested change(s) may be denied.

* Examples of Qualified Life Events

- Marriage
- Registering a Domestic Partnership
- Divorce
- Birth or Adoption of a Dependent Child
- Death of a Dependent
- Change in Employment Status - beginning or end of employment for You or your Spouse/Domestic Partner; beginning of or returning from an unpaid leave of absence; going from benefits-eligible to benefits-ineligible; going from benefits-ineligible to benefits-eligible
- Dependent Losing Eligibility
- Dependent Gaining Eligibility
- Change in Health Coverage – significant change in health care coverage or cost for you or your Spouse/Domestic Partner
- Retirement
- Moving In-State or Moving Out-of-State

* Federal Regulations, Carrier Guidelines, and Employer Policies outline the parameters of dependent eligibility. Contact HR for dependent participation Guidance.



XYZ Company

123 Company Street
Company City, CA 90000
(555) 555-5555

NOTES:

Benefit Enrollment Guide Disclaimer: The information in the Benefit Enrollment Guide is presented for illustrative purposes and is based on information provided by Michael McGrath. The text contained in this Guide was taken from various benefit summaries, sbcs, and plan certificates. While every effort was taken to accurately display benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents; the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

Attention:
**2020 PLAN YEAR
EMPLOYEE NOTICE**

XYZ Company has adopted an “Active Open Enrollment” for the 2020 Benefit Plan Year.

All benefit eligible employees are **required** to complete the 2020 Election & Deduction Authorization Form by **November 15th, 2019** for enrollment/plan changes effective:

January 1st– December 31st, 2020 (United Healthcare)

January 1st– December 31st, 2020 (Kaiser Permanente)

January 1st– December 31st, 2020 (Principal Financial)

January 1st– December 31st, 2020 (Vision Service Plan)

January 1st– December 31st, 2020 (Colonial Life)

See **Page 2** for Election Form Submission Options



For additional benefit/election questions, please contact our insurance broker :

call: (949) 943-7988 text: (949) 943-7988

e-mail: michael@comparemyhealthplan.com