

Your Company Logo Here

Open Enrollment Benefits Guide





Our employees are our most valuable asset.

That's why at **Your Company Name**, we are committed to a comprehensive employee benefits program that helps our employees remain healthy, feel secure and maintain a work/life balance.

As employee benefit costs continue to rise, we are always in search of the best benefit plans for our employees. This year our dental and health insurance will remain with CIGNA. You will have two medical plans to choose from; the Open Access \$3,000 100/50 plan and a HMO \$1,000 80% plan.

As a valued employee **Your Company Name** also provides \$15,000 of Life and AD&D coverage at no cost to you.

We also offer voluntary plans available from Colonial Life, SightCare Vision and the option for you to buy additional life insurance for you and your family.

Open Enrollment Facts



Your Company Name is announcing the annual “Open Enrollment” for all eligible employees. “Open Enrollment” is your opportunity to make coverage changes for you and/or your dependents.

Any changes you make will begin on January 1, 2015 and remain in effect until December 31, 2015. Our medical and dental coverage will remain with CIGNA. Our vision will be remaining with SightCare and our Base Life and Voluntary Life will remain with SunLife.

During the open enrollment period you may enroll in or drop coverage in medical, dental, vision, voluntary life (for yourself or dependents).

It is important that you make your choices carefully, since you cannot change your elections during the year *unless* you have a qualifying event.

Examples are:

- Marriage, divorce, birth or adoption, death of a dependent, change in your spouse’s employment, loss of coverage by a spouse or
- Loss of eligibility under Medicaid or state child health plan or change in eligibility for a premium assistance subsidy under Medicaid or state child health plan.

You have 30 days to notify HR of any changes.

Your eligible dependents include:

- Your spouse
- Your dependent children up to age 26

Recent Health Care Reform legislative changes that took effect January 1, 2011:

- Dependents are now covered to age 26 (medical and dental).
- No pre-existing waiting periods on medical insurance for anyone age 19 and younger.
- Wellness benefit is covered at 100% - no copays or deductibles.

Effective January 2015 everyone is required to obtain health insurance and if not, they will be subject to a penalty of \$325 per person or 2% of their annual household income, whichever amount is higher. This penalty is scheduled to increase in 2016

Taking Advantage of Pre-Tax Benefits

Your Company Name has a Section 125 Pre-Tax Plan. This allows pre-tax payroll deductions for the employee’s cost associated with certain benefits. The IRS stipulates that when you elect to have your deductions taken out with pre-tax dollars, you also agree to remain in the benefit plan of your selection for one full year, unless you experience a change in family status. You must notify Human Resources in writing within 30 days of the family status change and provide appropriate documentation.

Medical Insurance CIGNA



Your Company Name medical insurance benefits will remain with CIGNA. We will be offering you two medical plans for you to choose from; an OAP plan with a \$3,000 deductible and an HMO plan with a \$1,000 deductible.

Cigna 800-244-6224: www.mycigna.com

MEDICAL PLANS	CIGNA OAP \$3,000 Deductible Plan		CIGNA HMO (CMG) \$1,000 Deductible Plan
	In-Network	Out-of-Network	In-Network
Deductible	\$3,000 Individual \$9,000 Family	\$9,000 Individual \$27,000 Family	\$1,000 Individual \$3,000 Family
Co-Insurance	100%	50%	80%
Out-of-Pocket Maximum (Includes deductible and Medical Copay)	\$3,000 Individual \$9,000 Family	\$19,000 Individual \$57,000 Family	\$4,000 Individual \$12,000 Family
Inpatient Hospital	100%*	50%*	\$300 admission copay then 80%*
Outpatient Surgery	100%*	50%*	\$150 per visit copay then 80%*
Office Visit Copay	\$30 PCP / \$60 Specialist	50%*	\$25 PCP / \$50 Specialist
Lab / X-ray	100%	50%*	100%
MRI, CAT, Etc.	100%*	50%*	\$200 copay then 80%*
Emergency Room Urgent Care	\$250 copay \$75 copay	\$250 50%*	\$400 copay \$100 copay
Prescription	\$15/\$35/\$65 20% self-injectables (does not include insulin)	50%*	\$20/\$40/\$60 \$80 self-injectables (does not include insulin)
Wellness	100%	Not Covered	100%
Chiropractic	\$60 copay	50%*	\$50 copay
Lifetime Maximum	Unlimited	Unlimited	Unlimited

*Cost Share applies after member's calendar year deductible has been satisfied.

Employee Costs Per Pay Period	CIGNA OAP \$3,000 Deductible Plan	CIGNA HMO \$1,000 Deductible Plan
Employee	\$0.00	\$0.00
Employee + Spouse	\$140.82	\$120.87
Employee + Child(ren)	\$112.65	\$96.70
Employee +Family	\$295.72	\$253.84

This is intended to be a brief summary of the benefits offered if care is provided. For a comprehensive overview of all covered benefits, including out-of-network coverage's, and where benefits may vary, please refer to your detailed benefit summary from the carrier.

Dental Insurance CIGNA



Your Company Name dental insurance will remain with CIGNA. The PPO plan allows you to use any dentist, but if you decide to use an in network dentist you will receive higher payment levels on Basic and Major services.

CIGNA Customer Service: (800) 244-6224 Website: www.mycigna.com

PPO Plan

Type of Service	In-Network	Out-Network
Preventive Services	100%	100%
Basic Services	90%*	80%*
Major Services	60%*	50%*
Reimbursement Level (out of network)	Negotiated Fee Schedule	90 th Percentile UCR
Orthodontia (child only)	50%	50%
Orthodontia Lifetime Maximum	\$1,000	
*Deductible (applies to Basic & Major)	\$50 Individual / \$150 Family	
Annual Maximum	\$1,500	
	Employee Costs Per Pay Period	
Employee	\$0.00	
Employee + 1 or More	\$15.19	

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Vision SightCare



Your Company Name offers you a Vision plan through SightCare.

SightCare Customer Service: (480) 961-1702 Website: www.sightcareaz.com

Type of Service	Nationwide Network	SightCare Network	Out-of-Network
Eye Exam Every 12 Months	No Copay	\$10 copay	\$35 allowance
Materials Every 12 Months			
Single Vision Lenses	100%	100%	\$25 allowance
Bifocal Vision Lenses	100%	100%	\$40 allowance
Trifocal Vision Lenses	100%	100%	\$50 allowance
Lenticular Vision Lenses	100%	100%	\$75 allowance
Contact Lens: Elective In Lieu of frames & lenses	\$10 copay up to \$120	\$10 copay up to \$120	\$100 allowance
Frames Every 12 Months	\$10 copay up to \$120	\$10 copay up to \$120	\$45 allowance

This is intended to be a brief summary of the benefits offered if care is provided. For a comprehensive overview of all covered benefits, including out-of-network coverage's, and where benefits may vary, please refer to your detailed benefit summary from the carrier.

	Employee Costs Per Pay Period
Employee	\$1.41
Employee + Spouse	\$2.53
Employee + Child(ren)	\$2.81
Employee +Family	\$3.65

Life Insurance Sun Life



Your Company Name provides each employee with \$15,000 of life insurance with Accidental Death and Dismemberment (AD&D) at no cost to you. **Basic Life Insurance is subject to a benefit reduction schedule at age 65.**

Website: www.sunlife.com

Supplemental Life Insurance

Your Company Name provides optional supplemental life insurance for employees and dependents.

Website: www.sunlife.com

Employee: Benefit amounts in increments of \$10,000 up to the lesser of 5X your annual salary or \$300,000 in coverage. No medical underwriting required for first \$100,000 of coverage for newly eligible employees under age 65.

Spouse: Benefit amounts in increments of \$5,000 up to \$50,000, not to exceed 50% of employee's amounts. No medical underwriting required for the first \$25,000 of coverage for newly eligible spouses under age 65.

Children: Benefit amounts of \$5,000 for a child 6 months to age 19 and \$5,000 for a child 19 to 25, if a full-time student. The maximum benefit for a child 15 days to 6 months is \$250 and no coverage for child under 15 days old. No medical underwriting required.

Benefit Cost: Employee pays 100% of the cost

	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
\$ 10,000	0.23	0.28	0.32	0.37	0.44	0.65	0.95	1.68	2.56	4.87	7.85	7.85
\$ 15,000	0.35	0.42	0.48	0.55	0.66	0.97	1.42	2.53	3.84	7.30	11.77	11.77
\$ 20,000	0.46	0.55	0.65	0.74	0.88	1.29	1.89	3.37	5.12	9.74	15.69	15.69
\$ 25,000	0.58	0.69	0.81	0.92	1.10	1.62	2.37	4.21	6.40	12.17	19.62	19.62
\$ 30,000	0.69	0.83	0.97	1.11	1.32	1.94	2.84	5.05	7.68	14.61	23.54	23.54
\$ 35,000	0.81	0.97	1.13	1.29	1.53	2.26	3.31	5.90	8.97	17.04	27.46	27.46
\$ 40,000	0.92	1.11	1.29	1.48	1.75	2.58	3.78	6.74	10.25	19.48	31.38	31.38
\$ 45,000	1.04	1.25	1.45	1.66	1.97	2.91	4.26	7.58	11.53	21.91	35.31	35.31
\$ 50,000	1.15	1.38	1.62	1.85	2.19	3.23	4.73	8.42	12.81	24.35	39.23	39.23
\$ 60,000	1.38	1.66	1.94	2.22	2.63	3.88	5.68	10.11	15.37	29.22	47.08	47.08
\$ 70,000	1.62	1.94	2.26	2.58	3.07	4.52	6.62	11.79	17.93	34.08	54.92	54.92
\$ 80,000	1.85	2.22	2.58	2.95	3.51	5.17	7.57	13.48	20.49	38.95	62.77	62.77
\$ 90,000	2.08	2.49	2.91	3.32	3.95	5.82	8.52	15.16	23.05	43.82	70.62	70.62
\$ 100,000	2.31	2.77	3.23	3.69	4.38	6.46	9.46	16.85	25.62	48.69	78.46	78.46
\$ 110,000	2.54	3.05	3.55	4.06	4.82	7.11	10.41	18.53	28.18	53.56	86.31	86.31
\$ 120,000	2.77	3.32	3.88	4.43	5.26	7.75	11.35	20.22	30.74	58.43	94.15	94.15
\$ 130,000	3.00	3.60	4.20	4.80	5.70	8.40	12.30	21.90	33.30	63.30	102.00	102.00
\$ 140,000	3.23	3.88	4.52	5.17	6.14	9.05	13.25	23.58	35.86	68.17	109.85	109.85
\$ 150,000	3.46	4.15	4.85	5.54	6.58	9.69	14.19	25.27	38.42	73.04	117.69	117.69
\$ 160,000	3.69	4.43	5.17	5.91	7.02	10.34	15.14	26.95	40.98	77.91	125.54	125.54
\$ 170,000	3.92	4.71	5.49	6.28	7.45	10.98	16.08	28.64	43.55	82.78	133.38	133.38
\$ 180,000	4.15	4.98	5.82	6.65	7.89	11.63	17.03	30.32	46.11	87.65	141.23	141.23
\$ 190,000	4.38	5.26	6.14	7.02	8.33	12.28	17.98	32.01	48.67	92.52	149.08	149.08
\$ 200,000	4.62	5.54	6.46	7.38	8.77	12.92	18.92	33.69	51.23	97.38	156.92	156.92
\$ 210,000	4.85	5.82	6.78	7.75	9.21	13.57	19.87	35.38	53.79	102.25	164.77	164.77
\$ 220,000	5.08	6.09	7.11	8.12	9.65	14.22	20.82	37.06	56.35	107.12	172.62	172.62
\$ 230,000	5.31	6.37	7.43	8.49	10.08	14.86	21.76	38.75	58.92	111.99	180.46	180.46
\$ 240,000	5.54	6.65	7.75	8.86	10.52	15.51	22.71	40.43	61.48	116.86	188.31	188.31
\$ 250,000	5.77	6.92	8.08	9.23	10.96	16.15	23.65	42.12	64.04	121.73	196.15	196.15
\$ 260,000	6.00	7.20	8.40	9.60	11.40	16.80	24.60	43.80	66.60	126.60	204.00	204.00
\$ 270,000	6.23	7.48	8.72	9.97	11.84	17.45	25.55	45.48	69.16	131.47	211.85	211.85
\$ 280,000	6.46	7.75	9.05	10.34	12.28	18.09	26.49	47.17	71.72	136.34	219.69	219.69
\$ 290,000	6.69	8.03	9.37	10.71	12.72	18.74	27.44	48.85	74.28	141.21	227.54	227.54
\$ 300,000	6.92	8.31	9.69	11.08	13.15	19.38	28.38	50.54	76.85	146.08	235.38	235.38

Contact Information

Refer to this list when you need to contact one of your benefit vendors. For general information contact your Human Resources Dept. or our insurance broker.

MEDICAL : _____page 4

CIGNA Medical
Customer Service: 800-244-6224
www.mycigna.com

DENTAL : _____page 5

CIGNA Dental
Customer Service: 800-244-6224
www.mycigna.com

VISION _____page 6

SightCare
Customer Service: 480-961-1702
www.sightcareaz.com

BASE LIFE & VOLUNTARY LIFE _____page 6- 7

SunLife
Customer Service: 800-786-5433
www.sunlife.com

COLONIAL VOLUNTARY PLANS : _____page 8

Manny Torres: 602-369-4550
www.coloniallife.com

Benefit Specialists of Arizona

Mike Whitehouse
Benefit Consultant
Phone: 480-857-9464
Email: Mike@BenefitSpecialistsAZ.com

Debbie Bevacqua
Account Manager
Phone: 623-271-9548
Email: Debbie@BenefitSpecialistsAZ.com