

Your Benefits Guide



SAMPLE
COMPANY





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Welcome

The employee benefits at Sample Company were designed to give you the flexibility to tailor your benefit coverage to meet you and your family’s needs. This enrollment guide is designed to help you understand your benefit options so you can make the choices that meet your needs. Please review your options, their costs, and make sure to ask questions to help you make your benefit choices.

This year’s enrollment period will take place from **Month 1 – Month 10, 2026**. Per IRS guidelines you are not eligible to make changes to the benefits you elect outside of the open enrollment period unless you have a qualifying life event (ex. marriage, divorce, birth, gain/loss of coverage). If you have a qualifying life event during the year, please notify Sample Company HR within 30 days in order to make a change!

What’s New for 2026?

To ensure we are offering the best available benefits to our employees, we have made the following changes this year:

- Medical insurance will now be offered through Carrier
- Dental insurance will now be offered through Carrier
- Vision insurance will now be offered through Carrier
- Long Term Disability coverage is now available
- Supplemental coverages will be offered through Carrier and Carrier

How to Enroll in Your Benefits

This year, all benefit-eligible employees **must** attend an individual benefits meeting with a professional benefit counselor. Your meeting with the counselor is your opportunity to:

- Ask questions
- Get more information
- Receive help in selecting the benefits that best fit your needs
- Complete the enrollment process

Please see your manager for the dates and times a benefit counselor will be visiting your department.

Eligibility

All full-time employees working 30 or more hours a week are eligible for Sample Company benefits. Your dependents are also eligible for coverage; the benefit counselor will discuss enrolling your dependents in the available plans during your meeting. Your eligible dependents include:

- Your legal spouse
- You or your spouse’s children
- Any children for whom you are a legal guardian up to age 26, unless otherwise stated

Important Note: This enrollment is an active enrollment, meaning that you must meet with a benefit counselor and complete your enrollment to ensure coverage for this plan year. Visit sample.mybenefitsappointment.com to schedule an appointment today!

Medical

Sample Company offers three medical coverage options through Carrier. The table below provides a general summary of your medical benefits; please refer to your Summary Plan Description (SPD) for additional details and out-of-network benefits.

All three plans use the Blue Choice PPO network. To find an in-network provider, please visit www.bcbstx.com.

Medical Plan Features			
	1500 PPO	5000 PPO	5000 HSA
Benefit	In-Network Benefits		
Deductibles and Maximums			
Calendar Year Deductible*			
Individual	\$1,500	\$5,000	\$5,000
Family	\$3,000	\$10,000	\$10,000
Coinsurance	80%	80%	80%
Out-of-Pocket Calendar Year Maximum*			
Individual	\$4,000	\$6,350	\$6,350
Family	\$8,000	\$12,700	\$12,700
Covered Services			
Office Visit	\$30 copay	\$50 copay	Deductible + 20%
Specialist Visit	\$30 copay	\$50 copay	Deductible + 20%
Virtual Visit	\$30 copay	\$50 copay	\$50 copay
Preventive	100% of allowable amount	100% of allowable amount	100% of allowable amount
Urgent Care	\$75 copay	\$100 copay	Deductible + 20%
Emergency Care	\$250 copay	Deductible + 20%	Deductible + 20%
Hospital Care	Deductible + 20%	Deductible + 20%	Deductible + 20%
Outpatient Surgery	Deductible + 20%	Deductible + 20%	Deductible + 20%
Prescription Benefits™ (Rx Formulary: Enhanced Drug List)			
Retail (30 day supply)			
Generic	\$15 copay	\$15 copay	Deductible + 20%
Preferred Brand	\$45 copay	\$45 copay	Deductible + 20%
Non-Preferred Brand	\$80 copay	\$80 copay	Deductible + 20%
Mail Order (90 day supply)			
All Brands	2.5x copay	2.5x copay	Deductible + 20%

*Members who have incurred claims year-to-date with the prior Sample Company medical carrier will receive credit with Carrier for the amount that they have paid. Please note that these credits will not be reflected until late June.

**Members electing to purchase Brand Name Drugs when "Brand Medically Necessary" is not indicated and Generic equivalent is available, will be required to pay the differences between the cost of the Generic and Brand Name Drug, plus the applicable Copayment Amount. Please visit www.myprime.com to review the BCBS Enhanced Drug Formulary for a list of covered medications.

Please note: Out-of-network benefits have separate deductible and coinsurance. Please see your Plan Summary for details.

Health Savings Account (HSA)

If you participate in the Carrier HSA Medical Plan, you are eligible to set aside pre-tax dollars into a Health Savings bank account to pay for eligible medical, dental, and vision expenses. Unused money in an HSA account is not forfeited at the end of the year and is carried forward. The HSA account is yours to keep which means that you can take it with you if you change jobs or retire.

2026 HSA Contribution Limits



Individual
\$4,400



Family
\$8,750



Catch-Up
Contributions
(Age 55 and older)
\$1,000

Dental

Sample Company offers two dental plans through Carrier: a **PPO plan** through the **PDP Plus network** and a **DMO** through the **Dental HMO/Managed Care network**. If you enroll in the PPO plan you can seek treatment from an in-network or out-of-network provider. If you enroll in the DMO plan, you are required to see an in-network provider and select that provider in the enrollment system.

To find an in-network provider, please visit **Carrier.com**.

Dental Plan Features		
	PPO Plan	DMO Plan
Deductibles and Maximums		
Calendar Year Deductible		
Individual	\$50	\$0
Family	\$150	\$0
Benefit Maximum <i>per member</i>		
Annual	\$1,250	Unlimited
Covered Services*		
Preventive		<i>Sample Fee Schedule</i>
Exam	100%	\$0 Copay
Cleanings	100%	\$5 Copay
Basic Services		
Fillings	80%	\$12 - \$30 Copay
Major Services		
Crowns	50%	\$335 - \$660 Copay
Extractions	50%	\$50 - \$135 Copay
Orthodontia	Not Covered	\$1,260 - \$2,410 Copay
Out-of-Network Reimbursement		
Percentile	90th Percentile	No Coverage

*Please reference the Schedule of Benefits online for a detailed summary and cost of services under the Dental Plans.

Dental ID Cards:

- **PPO Plan:** ID card available on the Carrier mobile app and MyBenefits portal online. Physical ID cards will not be provided.
- **DMO Plan:** ID card will be mailed to member addresss upon provider election. Subsequent ID cards will be available on the Carrier mobile app and MyBenefits portal.

Vision

We are proud to offer you vision insurance through Carrier within the **Carrier Vision PPO network**. Although you have the option to see any provider you wish, you will receive the best benefits when you choose an in-network provider.

To find an in-network provider, please visit **Carrier.com**.

Vision Plan Features	
Covered Services*	PPO Plan - In-Network Benefits*
Vision Examination - Every 12 months	\$10 Copay
Eyeglass Frames - Every 24 months	\$130 Allowance + 20% off
Single Vision Lenses - Every 12 months	\$10 Copay
Contact Lenses - Every 12 months	\$130 Allowance (in lieu of frames + lenses)

** Please reference the Schedule of Benefits online for a detailed summary and separate out-of-network benefits under the Vision Plan.*

Accident

When you suffer an accident (on and off-the-job) such as a burn or broken bone, Accident Insurance through Carrier provides a lump-sum cash benefit based on your injury(s) and the treatment you receive. These benefits are paid on top of what your health insurance covers, and can be used at your own discretion.

Example Benefits*	
Ambulance Transportation	\$400
Emergency Room Treatment	\$200
Laceration	\$500 - \$600
Accident Follow-up Visit	\$100
Physical Therapy Benefit	\$50
Major Diagnostic Examination (CT Scan, MRI, etc.)	\$300

**This is not a comprehensive list of covered injuries and treatments. Speak to a benefit counselor for a complete list of covered events. Limitations may apply.*

Critical Illness

No one can be completely prepared for when critical illness strikes, but if you or a loved one is diagnosed with a covered condition such as cancer, stroke, or heart attack, Critical Illness Insurance through Carrier provides a lump-sum cash benefit to help pay for out-of-pocket medical expenses or any other bills that need attention, including rent or groceries. And every year that you complete a qualified health screening, you are eligible for a \$50 Wellness Benefit.

Hospital Indemnity

Even with health insurance, a stay in the hospital can become very costly very quickly as out-of-pocket charges begin to add up. Hospital Indemnity Insurance through Carrier can reduce the financial and emotional stress of a hospital stay by providing a lump-sum cash benefit directly to you that can be used however you need, whether that's for coinsurance or childcare.

Example Benefits*	
First Day Hospital Confinement	\$1000; once/year
Daily Hospital Confinement	\$200; Up to 90 days/year
Daily ICU Confinement	\$400; Up to 30 days/year
Health Screening Exam	\$50

**This is not a comprehensive list of covered injuries and treatments. Speak to a benefit counselor for a complete list of covered events. Benefit limitations apply.*

Cancer Guardian

A new and innovative, high touch support program designed to provide an individual and their family with the dedicated resources, technology, and genetic testing needed to effectively navigate cancer while improving chances of survival. Some features of Cancer Guardian include a Cancer Guardian Support Line, Dedicated Nurse Case Manager, Medical Records Storage & Transmission Platform and Comprehensive Genomic (DNA) Profiling.

Disability Insurance

Short Term Disability (STD) Insurance is available for purchase through Carrier. This policy provides employees with a portion of your income for up to 13 weeks if you become disabled due to a non-occupational injury or illness.

Long Term Disability (LTD) Insurance is available for purchase through Carrier. This policy can help you protect your income should you become disabled and are unable to work for more than 90 days. Long Term Disability is a new benefit offered to Sample Company employees.

Benefit	Benefit Amount	Maximum Benefit	Benefits Begin After	Benefits Last
Short Term Disability	60% of weekly pay	Up to \$1,000 per week	14 days	Up to 13 weeks
Long Term Disability	60% of monthly pay	Up to \$5,000 per month	90 days	Up to 2 years

Life Insurance

Basic Life Insurance and Accidental Death & Dismemberment Insurance (AD&D) through Carrier is available at no cost to you and is paid for by Sample Company. Eligible employees are covered in the amount of \$25,000. Please make sure to update your beneficiary information in the enrollment system.

Benefit Reduction	
Age 65	35%
Age 70	60%
Age 75	75%

Voluntary Life and AD&D Insurance is available for purchase through Carrier in addition to your Sample Company-provided basic life coverage. If you have in-force coverage with the previous carrier that exceeds the guarantee issue amount, you will be approved for the coverage amount you currently have in place. If you purchase coverage for yourself, you may also purchase coverage for your dependents. All employees and dependents are eligible for Guarantee Issue for this Open Enrollment only. There are no age reductions.

	Benefit Increment	Guarantee Issue	Max Amount
Employee	\$10,000	\$100,000	Lesser of 5x earnings or \$150,000
Spouse	\$5,000	\$25,000	\$50,000, not to exceed 50% of employee's amount of coverage
Child	N/A	\$10,000	15 days - 6 mos: \$1,000; 6 mos - 26 years: \$10,000

Permanent Life Insurance with Long Term Care

Permanent Life Insurance with Long Term Care through Carrier provides permanent, flexible protection. The policy's living benefits provide financial support to cover the cost of long term care you might need as a result of an accident, illness, or aging. The policy protects your family with money that can be used any way they choose like your mortgage or rent, education for children, retirement, and final expenses.

During this enrollment period only, you can elect up to \$75,000 of coverage for yourself without answering any medical questions.

Employee Assistance Program (EAP)

Carrier in partnership with LifeWorks will provide all Sample Company Employees an Employee Assistance Program at no cost to you! This program will provide services such as counseling (Face to Face or Telephonic), guidance on childcare, eldercare, financial and pre-retirement planning. Learn more about these services and more online.

The Cost of Your Benefits

The benefits that Sample Company offers are a valuable part of your overall compensation package. The tables below show the employee cost for your benefits. Meet with a benefit counselor to find out your customized rates for Critical Illness, Short Term Disability, Long Term Disability, and Life with Long Term Care plans.

Medical			
Coverage Tier	1500 PPO	5000 PPO	5000 HSA
Per Week			
Employee only	\$43.02	\$20.41	\$17.80
Employee & spouse	\$133.79	\$94.53	\$77.24
Employee & child(ren)	\$110.98	\$74.55	\$58.05
Family	\$199.91	\$139.44	\$117.49

Dental		
Coverage Tier	PPO	DMO
Per Week		
Employee only	\$6.03	\$2.64
Employee & spouse	\$11.91	\$5.02
Employee & child(ren)	\$13.56	\$5.29
Family	\$19.43	\$8.20

Vision	
Coverage Tier	PPO
Per Week	
Employee only	\$1.70
Employee & spouse	\$2.86
Employee & child(ren)	\$2.92
Family	\$4.62

Accident		
Coverage Tier	High Plan	Low Plan
Per Week		
Employee only	\$3.18	\$1.65
Employee & spouse	\$5.22	\$2.73
Employee & child(ren)	\$6.54	\$3.41
Family	\$8.19	\$4.26

Benefit Contact information

Plan	Plan Provider/Contact	Phone Number	Website
Medical	Carrier	800-521-2227	Carrier.com
Pharmacy	Carrier	855-457-0007	Carrier.com
Virtual Visits	Carrier	888-680-8646	Carrier.com
Health Savings Account	Carrier	800-357-6246	Carrier.com
Carrier My Benefits Portal	Carrier	800-438-6388	Carrier.com
Dental	Carrier	800-942-0854	Carrier.com
Vision	Carrier	855-638-3931	Carrier.com
Accident & Critical Illness	Carrier	800-438-6388	Carrier.com
Hospital Indemnity	Carrier	800-357-6246	Carrier.com
Cancer Guardian	Cancer Guardian	855-926-2374	CancerGuardian.com
Short & Long Term Disability	Carrier	800-858-6506	Carrier.com
Life and AD&D / Disability	Carrier	800-638-5000	Carrier.com
Permanent Life Insurance with Long Term Care	Carrier	866-324-8222	Carrier.com
Employee Assistance Program (EAP)	Carrier	800-438-6388	Carrier.com

Don't miss out on your chance to enroll in your benefits for this plan year!

Schedule an appointment with a benefit counselor today!
sample.mybenefitsappointment.com



This guide summarizes the key features of Sample Company's Benefit Plans. If any conflict arises between the information stated here and any Plan provisions, the terms of the actual Plan documents or other applicable documents will govern in all cases. Provisions of the plans and eligibility for coverage do not constitute a contract of employment with any individual. Plans described in this Guide are subject to change at the discretion of Sample Company.