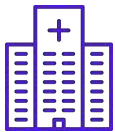




ABC Company Employee Benefits Guide

2019

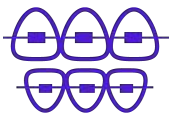
Benefit Offerings



Medical & Prescription Benefits



Health Savings Account (HSA) *\$1,000/\$1,500 Annual Employer Contribution*



Dental Benefits



Vision Benefits



Basic Life and Accidental Death and Dismemberment (AD&D) Benefits *100% Employer-Paid*



Voluntary Life and AD&D Benefits

Benefit Offerings



Short- and Long-Term Disability Benefits
100% Employer-Paid



Critical Illness Benefits



Healthcare Flexible Spending
Account (FSA)



Dependent Care Flexible Spending
Account (DCFSA)



Employee Assistance Program
100% Employer-Paid



401(k) Benefits

Medical Benefits

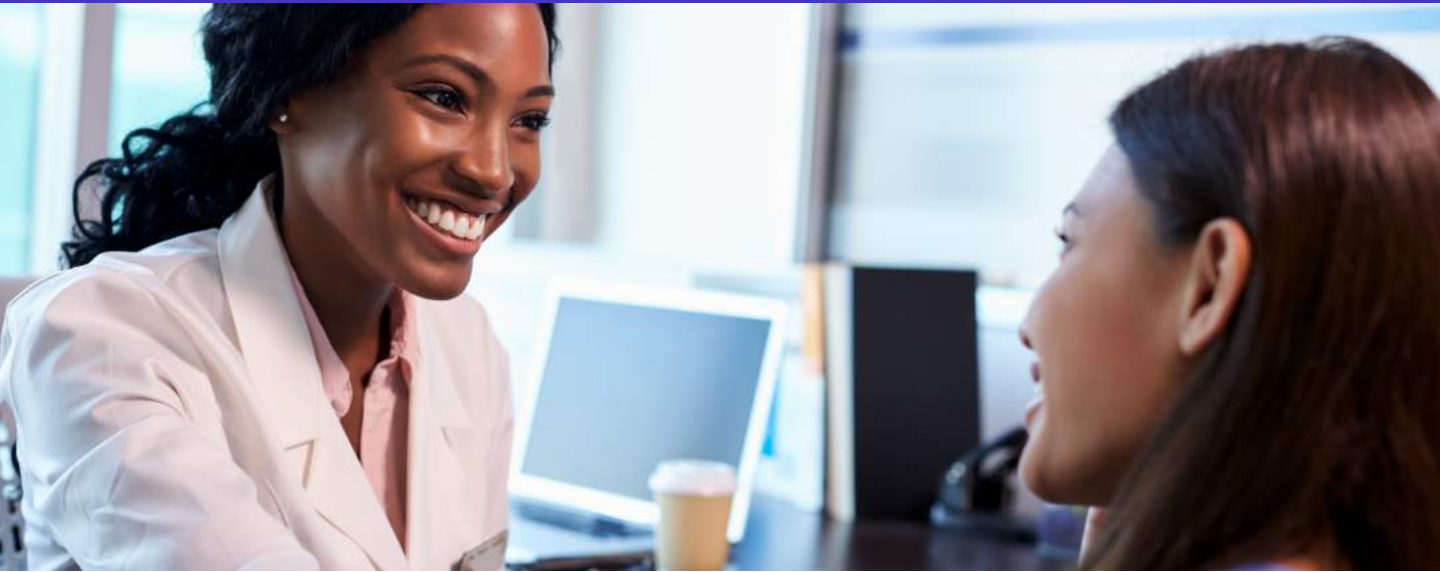


	Cigna \$2,000 HSA Plan		Cigna \$1,000 Low PPO Plan		Cigna \$250 High PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Provider Network	<u>Find Cigna Open Access Plus Providers</u>		<u>Find Cigna Open Access Plus Providers</u>		<u>Find Cigna Open Access Plus Providers</u>	
Calendar Year Deductible						
Employee Only	\$2,000	\$4,000	\$1,000	\$2,000	\$250	\$500
Family	\$4,000	\$8,000	\$3,000	\$6,000	\$750	\$1,500
Calendar Year Out-of-Pocket Maximum						
Employee Only	\$4,000	\$8,000	\$2,000	\$8,000	\$1,000	\$2,000
Family	\$8,000	\$16,000	\$6,000	\$24,000	\$3,000	\$6,000
Visits						
Primary Care	20% coin. after ded.	40% coins. after ded.	\$20 copay	30% coins. after ded.	\$20 copay	30% coins. after ded.
Specialist	20% coin. after ded.	40% coins. after ded.	\$40 copay	30% coins. after ded.	\$20 copay	30% coins. after ded.
Preventive Care	Covered 100%; ded. does not apply	Not covered	Covered 100%; ded. does not apply	30% coins. after ded.	Covered 100%; ded. does not apply	30% coins. after ded.
Outpatient Mental/Behavioral Health	20% coin. after ded.	40% coins. after ded.	\$40 copay	30% coins. after ded..	\$20 copay	30% coins. after ded..
Urgent Care	20% coin. after ded.		\$0 copay		\$0 copay	
Emergency Room	20% coin. after ded.		\$100 copay (copay waived if admitted)		\$75 copay (copay waived if admitted)	
Inpatient Hospital Stay	20% coin. after ded.	40% coins. after ded.	20% coins. after ded.	40% coins. after ded.	10% coins. after ded.	30% coins. after ded. .
Prescription Drugs	Generic/Preferred Brand/Non-Preferred Brand					
Retail (up to a 30-day supply)	20% coins. after ded.	Not covered	\$15/\$30/\$60 copay	Not covered	\$10/\$30/\$50 copay	Not covered
Retail (up to a 90-day supply)	20% coins. after ded.	Not covered	\$30/\$60/\$120 copay	Not covered	\$20/\$60/\$100 copay	Not covered
Mail Order (up to a 90-day supply)	20% coins. after ded.	Not covered	\$30/\$60/\$120 copay	Not covered	\$20/\$60/\$100 copay	Not covered

Note: Deductibles, copays and coinsurance accumulate toward the out-of-pocket maximums.

*This document is a high-level overview of your benefits. For official plan documentation, please see the Summary of Benefits.

Medical Benefits – Rates Per Pay Period



Medical - Employee Rates Per Pay Period			
	Cigna \$2,000 HSA Plan	Cigna \$1,000 Low PPO Plan	Cigna \$250 High PPO Plan
Provider Network	Find Cigna OAP Providers	Find Cigna OAP Providers	Find Cigna OAP Providers
Employee Only	\$35.11	\$83.90	\$140.71
Employee + Spouse	\$76.28	\$182.91	\$306.74
Employee + Child(ren)	\$71.05	\$170.32	\$285.63
Employee + Family	\$112.22	\$269.32	\$451.67

Employee rates shown are after ABC Company's contribution.

Medical – ABC Company's Contribution Rates Per Pay Period			
	Cigna \$2,000 HSA Plan	Cigna \$1,000 Low PPO Plan	Cigna \$250 High PPO Plan
Provider Network	Find Cigna OAP Providers	Find Cigna OAP Providers	Find Cigna OAP Providers
Employee Only	\$351.14	\$419.51	\$469.02
Employee + Spouse	\$762.82	\$914.53	\$1,022.47
Employee + Child(ren)	\$710.49	\$851.60	\$952.11
Employee + Family	\$1,122.18	\$1,346.62	\$1,505.56

Health Savings Account – HSA Plan Only



Cigna Health Savings Account (HSA)

Eligibility	If you enroll in the \$2,000 HSA plan, you may participate in the HSA to set aside pre-tax dollars to pay for qualified health expenses
ABC Company's 2019 Contribution	\$1,000 for individuals (\$250 per quarter) \$1,500 for individuals with dependent coverage (\$375 per quarter)
2019 Maximum Contribution Limit (after ABC Company's Contribution)	\$2,500 for individuals (\$3,500 for individuals 55 years of age and older) \$5,500 for individuals with dependent coverage (\$6,500 for individuals 55 years of age and older with dependent coverage)
Example Eligible Expenses	Medical, Rx, dental, and vision expenses
Rollover	Accounts are individually owned and balances left in your account carry over from year to year

Note: This is not a comprehensive list. For more information on how an HSA works, please click [here](#).
For a list of qualified healthcare expenses, please click [here](#).

Dental Benefits

Cigna Dental DPPO Plan	
	In-Network Out-of-Network
Calendar Year Deductible - Employee Only	\$50
Calendar Year Deductible - Family	\$150
Calendar Year Maximum Benefit	\$1,500
Preventive & Diagnostic Services	0% coinsurance, deductible does not apply
Basic Services	20% coinsurance after deductible
Major Services	50% coinsurance after deductible
Orthodontic Services (Children)	50% coinsurance, no ortho deductible
Lifetime Orthodontia Maximum	\$1,500

Dental - Employee Rates Per Pay Period	
Employee Only	\$3.43
Employee + Spouse	\$6.83
Employee + Child(ren)	\$7.81
Employee + Family	\$12.29

Dental – ABC Company's Contribution Rates Per Pay Period	
Employee Only	\$16.25
Employee + Spouse	\$32.37
Employee + Child(ren)	\$37.00
Employee + Family	\$58.19



Vision Benefits

Cigna Vision Plan

Benefit	Frequency	In-Network Standard Network	Out-of-Network
Eye Exam	Once every 12 months	\$10 copay	Up to \$45
Materials (Frames/Spectacle Lenses or Contact Lenses)	Once every 12 months	\$20 copay	Not Applicable
Eyeglass Lenses	1 pair every 12 months	Single Vision = covered 100% after materials copay Lined Bifocal = covered 100% after materials copay Lined Trifocal = covered 100% after materials copay Lenticular = covered 100% after materials copay	Single Vision = up to \$32 Lined Bifocal = up to \$55 Lined Trifocal = up to \$65 Lenticular = up to \$80
Frames	1 every 24 months	Covered up to \$120 after materials copay	Up to \$66
Contact Lenses	1 pair or single purchase every 12 months	Elective = Covered up to \$120 after materials copay Therapeutic = Covered 100% after materials copay	Elective = up to \$100 Therapeutic = up to \$210

Vision - Employee Rates Per Pay Period

Employee Only	\$0.69
Employee + Spouse	\$1.16
Employee + Child(ren)	\$1.18
Employee + Family	\$1.86

Vision - ABC Company's Contribution Rates Per Pay Period

Employee Only	\$2.74
Employee + Spouse	\$4.61
Employee + Child(ren)	\$4.70
Employee + Family	\$7.44



Basic Life and AD&D Insurance Benefits (100% Employer-Paid)



Unum Basic Life and Accidental Death & Dismemberment (AD&D) Benefit	
Life Benefit	1x annual earnings rounded to the next higher \$1,000
Life Maximum Benefit	\$150,000
Guarantee Issue Amount	\$150,000
Life Benefit Age Reduction	65% at age 70 50% at age 75
AD&D Benefit	1x annual earnings rounded to the next higher \$1,000
AD&D Maximum Benefit	\$150,000
AD&D Benefit Age Reduction	65% at age 70 50% at age 75

Voluntary Life and AD&D Insurance Benefits



Unum Voluntary Life and Accidental Death & Dismemberment Benefit

	Employee	Spouse	Child(ren)
Life Benefit	Increments of \$10,000	Increments of \$5,000	Live birth to 6 months: \$1,000 6 months to 26 years: \$2,000 increments up to \$10,000 One policy covers all of your children until their 26th birthday
Life Benefit Maximum	\$500,000, not to exceed 5x Basic Annual Earnings	\$500,000, not to exceed 100% of Employee amount	\$10,000
Life Guarantee Issue Amount	\$70,000	\$25,000	
Life Benefit Reduction	65% at age 70 50% at age 75	65% at age 70 50% at age 75	
AD&D Benefit	Increments of \$10,000	Increments of \$5,000	\$2,000 increments up to \$10,000 One policy covers all of your children until their 26th birthday
AD&D Benefit Maximum	\$500,000, not to exceed 5x Basic Annual Earnings	\$500,00	\$10,000
AD&D Benefit Reduction	65% at age 70 50% at age 75	65% at age 70 50% at age 75	

*This document is a high-level overview of your benefits. For official plan documentation, please see the Summary of Benefits.

Voluntary Life and AD&D Benefits – Rates



Voluntary Life – Rates Per Pay Period

Age	Employee Voluntary Life Rate per \$10,000 of Coverage	Spouse Voluntary Life Rate per \$5,000 of Coverage
15 – 24	\$0.58	\$0.58
25 – 29	\$0.58	\$0.58
30 – 34	\$0.55	\$0.55
35 – 39	\$0.78	\$0.78
40 – 44	\$1.29	\$1.29
45 – 49	\$2.18	\$2.18
50 – 54	\$3.55	\$3.55
55 – 59	\$6.11	\$6.11
60 – 64	\$7.45	\$7.45
65 – 69	\$11.22	\$11.22
Benefit Age Reduction Starts at Age 70		
70 – 74	\$21.50	\$21.50
75 and above	\$21.50	\$21.50

Child Voluntary Life Rate Per Pay Period

\$0.094 per \$2,000 of coverage

AD&D - Rates Per Pay Period

Employee AD&D Rate	Spouse AD&D Rate	Child AD&D Rate
\$0.250 per \$10,000	\$0.125 per \$5,000	\$0.025 per \$2,000

*This document is a high-level overview of your benefits. For official plan documentation, please see the Summary of Benefits.

Voluntary Life and AD&D Benefits – Sample Calculations



Voluntary Life Example Calculation							
	Life Volume	Divided By	Benefit Unit	X	Unit Rate	=	Per pay Period Cost
Employee (Age 30)	\$100,000	Divided By	10,000	X	\$0.545	=	\$5.45
Spouse (Age 30)	\$20,000	Divided By	5,000	X	\$0.545	=	\$2.18
Child (Age 4)	\$4,000	Divided By	2,000	X	\$0.094	=	\$0.188
Total =							\$7.818

Voluntary AD&D Example Calculation							
	AD&D Volume	Divided By	Benefit Unit	X	Unit Rate	=	Per pay Period Cost
Employee (Age 30)	\$100,000	Divided By	10,000	X	\$0.250	=	\$2.50
Spouse (Age 30)	\$20,000	Divided By	5,000	X	\$0.125	=	\$0.50
Child (Age 4)	\$4,000	Divided By	2,000	X	\$0.025	=	\$0.05
Monthly Total =							\$3.05

Short- and Long-Term Disability Benefits (100% Employer-Paid)

Unum Short-Term Disability Benefits

Benefit	60% of weekly earnings
Maximum Weekly Benefit	\$1,000
Maximum Benefit Duration	13 Weeks
Benefit Start Date – Injury	Begins on Day 1 of covered disability
Benefit Start Date – Sickness	Begins on Day 8 of covered disability

Unum Long-Term Disability Benefits

Benefit	60% of monthly earnings
Maximum Monthly Benefit	\$6,000
Maximum Benefit Duration	Social Security Retirement Age/Reducing Benefit Duration
Elimination Period	90 days 30 day accumulation feature
Pre-Existing Conditions	3 months look back; 12 months after exclusion



Critical Illness Benefits

Unum Critical Illness Benefits	
How does it work?	If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want.
Example Covered Critical Illnesses	Heart attack, stroke, major organ failure, end-stage kidney failure, invasive cancer, skin cancer, dementia, Parkinson's disease, benign brain tumor, coma, permanent paralysis
Employee Benefit	\$10,000 or \$20,000 of coverage
Spouse Benefit	50% of Employee Coverage Amount
Child(ren) Benefit	Children from live birth to age 26 are automatically covered at no extra cost. 50% of Employee Coverage Amount
Be Well Benefit	\$50 benefit per insured per calendar year Be Well Screenings can include: cholesterol and diabetes screenings, cancer screenings, cardiovascular function screenings, imaging studies, annual examinations by a physician, immunizations



*This document is a high-level overview of your benefits. For official plan documentation, please see the Summary of Benefits.

Critical Illness Benefits – Rates

Critical Illness - Rates per Pay Period Employee Coverage: \$10,000 Spouse Coverage: \$5,000 Be Well Benefit: \$50		
Age	Employee	Spouse
<25	\$1.92	\$1.44
25 – 29	\$2.27	\$1.62
30 – 34	\$2.97	\$1.97
35 – 39	\$3.67	\$2.32
40 – 44	\$5.17	\$3.07
45 – 49	\$7.57	\$4.27
50 – 54	\$11.62	\$6.29
55 – 59	\$16.47	\$8.72
60 – 64	\$23.97	\$12.47
65 – 69	\$35.37	\$18.17
70 – 74	\$52.42	\$26.69
75 – 79	\$72.32	\$36.64
80 – 84	\$98.57	\$49.77
85 and above	\$153.87	\$77.42

Critical Illness - Rates per Pay Period Employee Coverage: \$20,000 Spouse Coverage: \$10,000 Be Well Benefit: \$50		
Age	Employee	Spouse
<25	\$2.87	\$1.92
25 – 29	\$3.57	\$2.27
30 – 34	\$4.97	\$2.97
35 – 39	\$6.37	\$3.67
40 – 44	\$9.37	\$5.17
45 – 49	\$14.17	\$7.57
50 – 54	\$22.27	\$11.62
55 – 59	\$31.97	\$16.47
60 – 64	\$46.97	\$23.97
65 – 69	\$69.77	\$35.37
70 – 74	\$103.87	\$52.42
75 – 79	\$143.67	\$72.32
80 – 84	\$196.17	\$98.57
85 and above	\$306.77	\$153.87



Healthcare Flexible Spending Account



Infinisource Healthcare Flexible Spending Account (FSA)	
Eligibility	Any benefit-eligible employees (not enrolled in the \$2,000 HSA plan) may set aside pre-tax dollars to pay for qualified healthcare expenses. <i>If you are enrolled in the HSA Plan, you may participate in the Health Savings Account (HSA)</i>
Example Eligible Expenses	Medical, Rx, dental, and vision expenses
Annual Maximum Contribution Limit	\$2,700
Rollover	\$500 of unused FSA funds will automatically rollover to next plan year. Unused FSA funds in excess of the \$500 rollover amount will be forfeited.
Grace Period	Claims must be submitted no later than 90 days after the end of plan year

Note: This is not a comprehensive list. For more information on how a FSA works, please click [here](#).
For a list of qualified healthcare expenses, please click [here](#).

*This document is a high-level overview of your benefits. For official plan documentation, please see the Summary of Benefits.

Dependent Care Flexible Spending Account



Infinisource Dependent Care Flexible Spending Account (DCFSA)	
Purpose	Pre-tax dollars can be set aside to pay for qualified dependent care expenses incurred throughout the year
Example Eligible Expenses	Day care centers, preschools, before or after school care
Annual Maximum Contribution Limit	\$5,000 (per household) \$2,500 (if married but file taxes separately)
Eligibility	You must be the custodial parent., your dependent child must be under the age of 13 and lives with you for more than half the year, your spouse or other tax dependent (regardless of age) is mentally or physically incapable of caring for themselves, if you are married, you and your spouse must be employed, actively looking for work, be a full-time student, or your spouse is physically or mentally incapable of self-care, if you are single, you must be the parent with whom the child lives the longest during the year.
Grace Period	Claims must be submitted no later than 90 days after the end of plan year

Note: This is not a comprehensive list. For a list of qualified dependent care expenses, please click [here](#).

Employee Assistance Program Benefits (100% Employer-Paid)



Unum Employee Assistance Program (EAP)

Program Benefits	<p>Your EAP is designed to help you lead a happier and more productive life at home and at work.</p> <p>Online/multi-lingual phone support: Unlimited, confidential, 24/7 at 800-854-1446</p> <p>In-person: Up to 3 visits available at no additional cost with a Licensed Professional Counselor.</p>
Eligibility	<p>Available to all eligible employees, their spouses or domestic partners, dependent children, parents and parents-in-law.</p>
Licensed Professional Counselors	<p>A Licensed Professional Counselor can help you with: stress, depression, anxiety, relationship issues, divorce, job stress, work conflicts, family and parenting problems, anger, grief, and loss.</p> <p>Up to 3 visits available at no additional cost with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.</p>
Work/Life Balance Services	<p>A Work/Life Specialist can help with balancing work and life issues. They can answer your questions and help you find resources in your community. Topics include: child care, elder care, legal questions, identity theft, financial services, debt management, credit report issues, and reducing your medical/dental bills</p>
Convenient Website	<p>Monthly webinars and Medical Bill Saver™ which helps you save on medical bills</p> <p>www.unum.com/lifebalance</p>

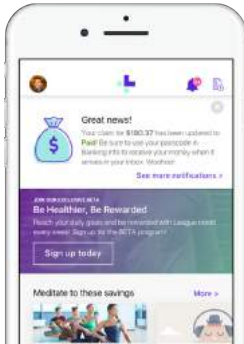
401(k) Benefits



Empower Retirement 401(k) Plan

Eligibility	You may enroll in the 401(k) on or anytime after your date of hire.
Deferral Limit	You may contribute a portion of your eligible compensation by making pre-tax salary deferrals or Roth salary deferrals through regular payroll deductions, up to the current IRS maximum of \$18,500 per year. Those participants who will attain age 50 by December 31, 2018 are eligible to defer an additional \$6,000.
Employer Matching Contribution	ABC Company will contribute \$0.50 for every \$1 you contribute to your 401k up to an annual maximum company match of \$3,000. You are eligible to received the match after you have completed 6 months of employment with the company.
Vesting	Employee salary deferrals are always 100% vested. This means that you will always be entitled to all amounts that you defer. This money will, however, be affected by any investment gains or losses. If there is an investment gain, then the balance in your account will increase. If there is an investment loss, then the balance in your account will decrease. Any discretionary employer matching contributions are subject to a 4-year vesting schedule, with 25% vesting after 1 year of service, and increasing 25% per year thereafter, with full vesting after 4 years of service. Participants are credited with a year of service for every plan year during which they work at least 1,000 hours.

Your League Experience

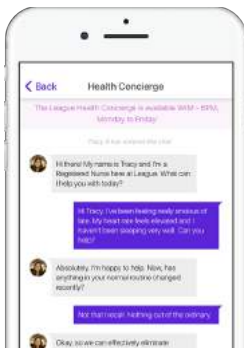
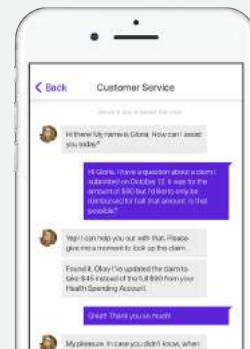


Home

Welcome to your League home! Easily navigate through the App via the bottom banner.

Chat

Speak with a customer service representative to answer questions you have about your League app, your benefits, or fitness spending account claims.

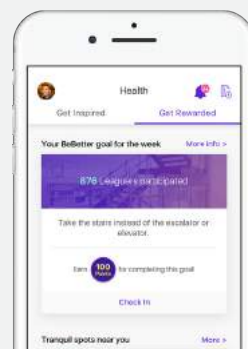


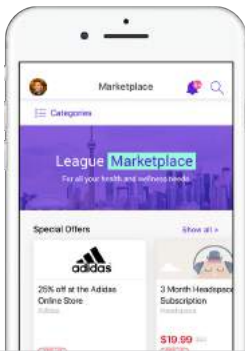
Health Concierge

Speak with a health professional about making informed health decisions, ask for assistance in understanding the health programs already offered through your benefits, and be educated about daily lifestyle & wellness tips to live your best life.

Health

Be inspired with health and wellness content and enroll in the Health Rewards program. You accrue points as you complete a variety of challenges based on League's Four Pillars of Health. The points translate to League credit to be redeemed in the League Marketplace.





Marketplace

Browse the marketplace for products, services, deals – and Health@Work at your office. Book appointments and pay for products. Access our health, mental and nutrition services.

Wallet

Easily view & manage your coverage, all in one place: Lifestyle Spending Account, Medical, Dental, Voluntary Benefits, League Credits, and Credit Card.

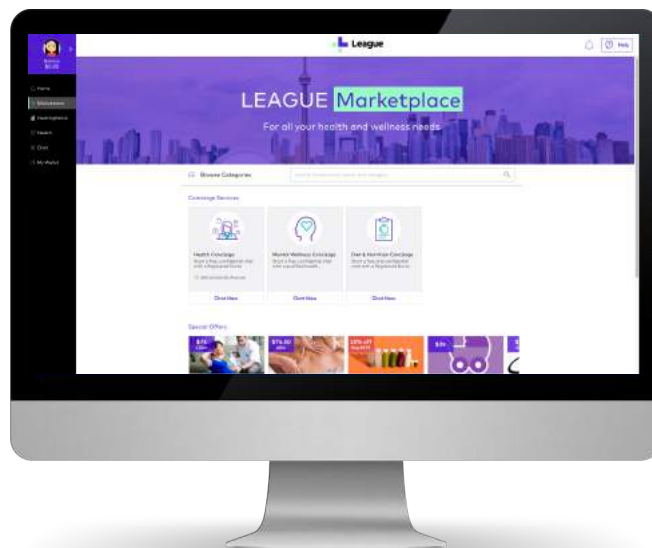


Web Access

Prefer using the web versus mobile app? You can navigate your League account online at www.league.com using your login credentials.

You can find the Help button, browse for providers, and submit claims!

Alternatively, you can email help@league.com at anytime.



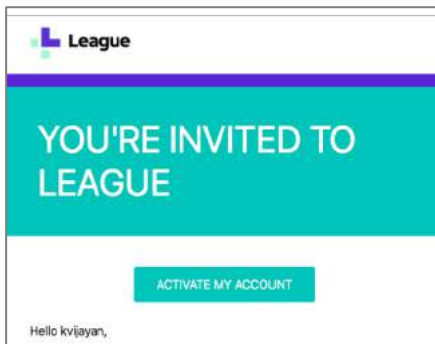
Enrollment Information

As a benefit-eligible new employee, you have the opportunity to enroll in benefits during New Hire Open Enrollment.

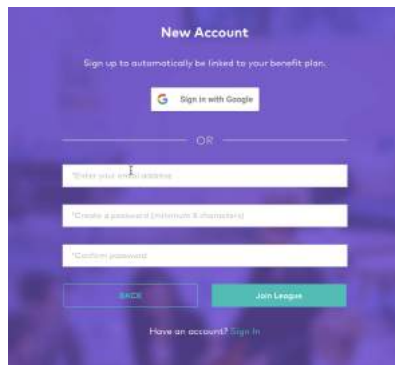
As a benefit-eligible employee, you have the opportunity to enroll in or make changes to your benefits during Annual Open Enrollment.

If you have a Qualifying Life Event (QLE), you may be able to enroll or make changes to your benefits outside of the Annual Open Enrollment period. For examples of QLEs, please click [here](#).

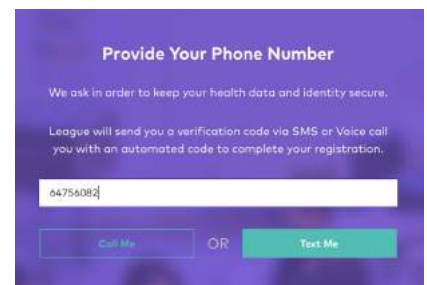
How to Enroll



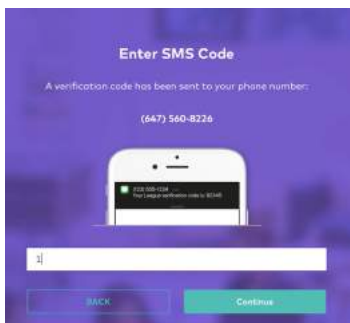
1. You will receive an introductory email where you will simply click on **Activate My Account**.



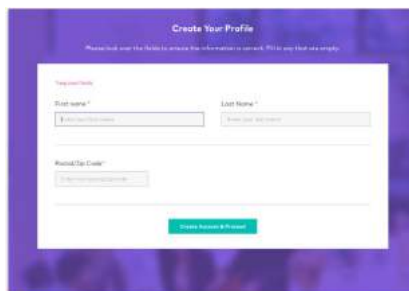
2. Enter your email address, pick a password or sign in with Google.



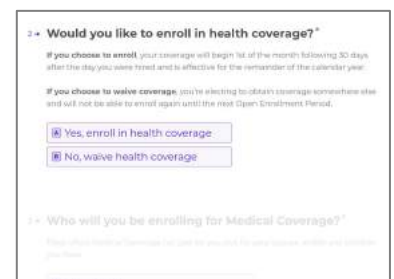
3. Provide us with your phone number for security sign-on purposes (don't worry, we won't call you—we'll only text your verification code)



4. Check your phone and enter the SMS code provided.



5. Get ready to create your profile with a little bit of information about you.



6. **Make your selections!**

Contacts

Benefit	Contact	Call/Chat	Visit/Email	Plan/Group ID
Medical/Rx	Cigna	1-800-244-6224	www.mycigna.com	1234567
Dental	Cigna	1-800-244-6224	www.mycigna.com	1234567
Vision	Cigna	1-877-478-7557	www.mycigna.com	1234567
Basic Life/AD&D	Unum	1-866-679-3054	www.unum.com/employees/contact-us	1234567
Voluntary Life and AD&D	Unum	1-866-679-3054	www.unum.com/employees/contact-us	1234567
Short-Term Disability	Unum	1-866-679-3054	www.unum.com/employees/contact-us	1234567
Long-Term Disability	Unum	1-866-679-3054	www.unum.com/employees/contact-us	1234567
Critical Illness	Unum	1-866-679-3054	www.unum.com/employees/contact-us	1234567
Health Savings Account	Cigna	1-800-244-6224	www.mycigna.com	1234567
Flexible Spending Account	Infinisource	1-866-370-3040	www.infinisource.com/login	N/A
Dependent Care FSA	Infinisource	1-866-370-3040	www.infinisource.com/login	N/A
Employee Assistance Program	Health Advocate through Unum	1-800-854-1446	www.unum.com/lifebalance	N/A
401(K)	Empower Retirement	1-855-756-4738	https://participant.empower-retirement.com/participant/#/login	N/A

Note: This statement is intended to summarize the benefits you receive from ABC Company. The actual determination of your benefits is solely based on the plan document provided by the carrier of each plan. This summary is not legally binding, is not a contract, and does not alter any original plan documents. For additional information, please contact ABC Company.

