

HEALTHCARE BENEFITS ENROLLMENT GUIDE

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NaviFloor Robotics, Inc.

Effective Date: January 1, 2024

1. INTRODUCTION

This Healthcare Benefits Enrollment Guide ("Guide") outlines the healthcare benefit options available to eligible employees of NaviFloor Robotics, Inc. ("Company"). This Guide is intended to provide a summary of benefits and enrollment procedures for the 2024 plan year.

2. ELIGIBILITY

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1. Full-time employees working 30 hours or more per week are eligible for h

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2. Eligible dependents include:

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Legal spouse or domestic partner

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Children under age 26

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Disabled dependent children over age 26 (with required documentation)

3. MEDICAL PLAN OPTIONS

- - 2 -

1. High Deductible Health Plan (HDHP)

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Annual deductible: \$2,800 individual / \$5,600 family

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Out-of-pocket maximum: \$5,000 individual / \$10,000 family

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Preventive care covered at 100%

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Health Savings Account (HSA) eligible

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Company HSA contribution: \$1,000 individual / \$2,000 family

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2. Preferred Provider Organization (PPO)

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Annual deductible: \$1,000 individual / \$2,000 family

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Out-of-pocket maximum: \$4,000 individual / \$8,000 family

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Office visit copay: \$30 primary care / \$50 specialist

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Prescription drug coverage: \$10/\$35/\$60 tier structure

4. DENTAL COVERAGE

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1. Basic Plan

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100% preventive care

- - 4 -

80% basic services

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50% major services

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Annual maximum: \$1,500

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Orthodontia: Not covered

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2. Enhanced Plan

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100% preventive care

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90% basic services

- - 5 -

60% major services

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Annual maximum: \$2,500

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Orthodontia: 50% coverage up to \$2,000 lifetime maximum

5. VISION COVERAGE

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1. Vision Plan Features

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Annual eye exam: \$10 copay

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Frames allowance: \$150 every 24 months

- - 6 -

Lenses: \$25 copay

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Contact lens allowance: \$150 annually

6. ENROLLMENT PROCEDURES

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1. Open Enrollment Period

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Annual enrollment: November 1-15, 2023

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Elections effective: January 1, 2024

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Elections are binding for the full plan year unless a qualifying life event occurs

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2. Required Documentation

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Proof of dependent eligibility must be submitted within 30 days

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Documentation requirements detailed in Appendix A

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Failure to provide documentation will result in coverage denial

7. PREMIUM CONTRIBUTIONS

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1. Employee premium contributions are deducted on a pre-tax basis through

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2. Monthly Premium Schedule (Employee Contribution):

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HDHP: \$85 individual / \$250 family

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PPO: \$150 individual / \$400 family

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Dental Basic: \$15 individual / \$45 family

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Dental Enhanced: \$25 individual / \$75 family

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Vision: \$5 individual / \$15 family

8. CHANGES AND APPEALS

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1. Qualifying Life Events

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Marriage, divorce, or legal separation

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Birth or adoption of a child

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Death of a covered dependent

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Loss or gain of other coverage

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Changes must be reported within 30 days

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2. Appeals Process

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Written appeals must be submitted within 60 days

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Appeals should be directed to the Benefits Administration Committee

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Decision will be rendered within 30 days

9. LEGAL NOTICES

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1. This Guide provides a summary of available benefits. The official plan documents govern.

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2. The Company reserves the right to modify, amend, or terminate any benefit plan at any time.

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3. This Guide is not intended to create any contractual rights or obligations.

10. CONTACT INFORMATION

Benefits Department

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Last Updated: December 1, 2023

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