

# HEALTH INSURANCE BENEFITS GUIDE 2023

**Summit Digital Solutions, Inc.**

*Effective Date: January 1, 2023*

## 1. INTRODUCTION

1 This Health Insurance Benefits Guide ("Guide") outlines the health insurance benefits available to eligible employees of Summit Digital Solutions, Inc. ("Company") for the 2023 plan year. This Guide is intended to provide a summary of benefits and does not constitute the full Plan Document or Summary Plan Description.

2 The Company reserves the right to modify, amend, or terminate any benefits described herein at any time, subject to applicable law and insurance carrier agreements.

## 2. ELIGIBILITY

1 Regular full-time employees working 30 or more hours per week are eligible for health insurance benefits on the first day of the month following their date of hire.

2 Eligible dependents include:

- Legal spouse or domestic partner
- Children up to age 26
- Disabled dependent children over age 26 (with required documentation)

## 3. MEDICAL PLAN OPTIONS

1 **\*\*Premium PPO Plan\*\***

- Annual Deductible: \$500 Individual / \$1,000 Family
- Out-of-Pocket Maximum: \$3,000 Individual / \$6,000 Family
- Primary Care Visit: \$20 copay
- Specialist Visit: \$40 copay
- Preventive Care: Covered 100%
- Prescription Drug Coverage: \$10/\$30/\$50 copay tiers

2 **\*\*Standard HSA Plan\*\***

- Annual Deductible: \$1,500 Individual / \$3,000 Family
- Out-of-Pocket Maximum: \$4,000 Individual / \$8,000 Family
- Company HSA Contribution: \$750 Individual / \$1,500 Family
- All services subject to deductible except preventive care
- Prescription Drug Coverage: Subject to deductible, then 20% coinsurance

#### **4. DENTAL COVERAGE**

##### **1 \*\*Comprehensive Dental Plan\*\***

- Annual Deductible: \$50 Individual / \$150 Family
- Annual Maximum Benefit: \$2,000 per person
- Preventive Services: Covered 100%
- Basic Services: Covered 80%
- Major Services: Covered 50%
- Orthodontia: 50% coverage up to \$2,000 lifetime maximum

#### **5. VISION COVERAGE**

##### **1 \*\*Vision Plan\*\***

- Eye Exam: \$10 copay (once every 12 months)
- Frames: \$150 allowance (once every 24 months)
- Lenses: \$25 copay (once every 12 months)
- Contact Lenses: \$150 allowance (in lieu of frames/lenses)

#### **6. PREMIUM CONTRIBUTIONS**

1 The Company contributes 80% of the premium cost for employee-only coverage and 70% for dependent coverage across all plans.

2 Employee premium contributions are deducted on a pre-tax basis through payroll deduction.

#### **7. ENROLLMENT AND CHANGES**

##### **1 \*\*Open Enrollment Period\*\***

- Occurs annually in November

- Changes effective January 1
- Elections are binding for the full plan year unless a qualifying life event occurs

## 2 **\*\*Qualifying Life Events\*\***

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Death of a covered dependent
- Loss or gain of other coverage
- Change in employment status
- Changes must be requested within 30 days of the qualifying event

## **8. CLAIMS AND APPEALS**

1 Claims should be submitted directly to the respective insurance carriers.

2 Appeals must be filed within:

- 180 days for medical claims
- 90 days for dental claims
- 60 days for vision claims

## **9. CONTINUATION OF COVERAGE**

1 COBRA continuation coverage is available for up to 18 months (or longer in certain circumstances) following qualifying events.

2 COBRA notices will be provided to eligible individuals as required by law.

## **10. LEGAL NOTICES**

1 This Guide is subject to the terms of the official plan documents. In the event of any conflict between this Guide and the official plan documents, the plan documents shall govern.

2 This Guide complies with all applicable requirements of:

- Employee Retirement Income Security Act (ERISA)
- Health Insurance Portability and Accountability Act (HIPAA)
- Patient Protection and Affordable Care Act (PPACA)

- Other applicable federal and state laws

## **11. CONTACT INFORMATION**

Benefits Department

Summit Digital Solutions, Inc.

Email: [benefits@summitdigital.com](mailto:benefits@summitdigital.com)

Phone: (555) 123-4567

Insurance Carriers:

- Medical: BlueCross BlueShield (Policy #SDS2023-M)
- Dental: Delta Dental (Policy #SDS2023-D)
- Vision: VSP (Policy #SDS2023-V)

*Last Updated: December 1, 2022*