BENEFITS SUMMARY

Plan Year: Insert Benefit Year

Insert Client Name

CBSI
CUSTOMIZED BENEFIT SOLUTIONS, INC

Our Goal

We at SAMPLE,are committed to providing our employees with the best benefits package available because we at SAMPLE,believe that employees are the most valuable asset a business has.SAMPLE cares about your health and well-being. Our goal is to assist you and your families in maintaining good health at the best possible cost. To assist you in this effort, we have put together a ‘Benefits at a Glance’ document for your review.

It is important to SAMPLE that our employees understand the value of their benefits. Understanding these benefits will enable you and your family to make the best use of all we have to offer.

Benefits Guide Overview

We have prepared this 2018 ‘Benefits at a Glance’ guide to allow you to review your benefits in condensed form. It is an abbreviated snapshot of what is available to you. We suggest that you use this document to assist you in making the best choices to meet your family’s needs.

Employee Responsibilities

It is your responsibility toreview the details carefully and choose wisely. Be sure to select only options applicable to you. Pay close attention to co-pays/deductibles and exclusions (items not covered).

We at SAMPLE, are pleased to have you onboard and more than happy to assist with anything that you need! For complete details of your benefits, or should you have any questions or would like additional information, please review the actual ‘Plan Document or Employee Handbook’ or contact your business administrator.

Disclaimer

The information provided in this document is intended to highlight benefits offered by SAMPLE. If there is any difference between this document and the actual ‘Plan Document’, the Plan document will govern.

Our Employees Are Our Most Valuable Asset.

(Sample text) At Insert Client Name we are committed to offering a comprehensive employee benefits program that helps our employees stay healthy, feel secure and maintain a work-life balance.

Stay Healthy

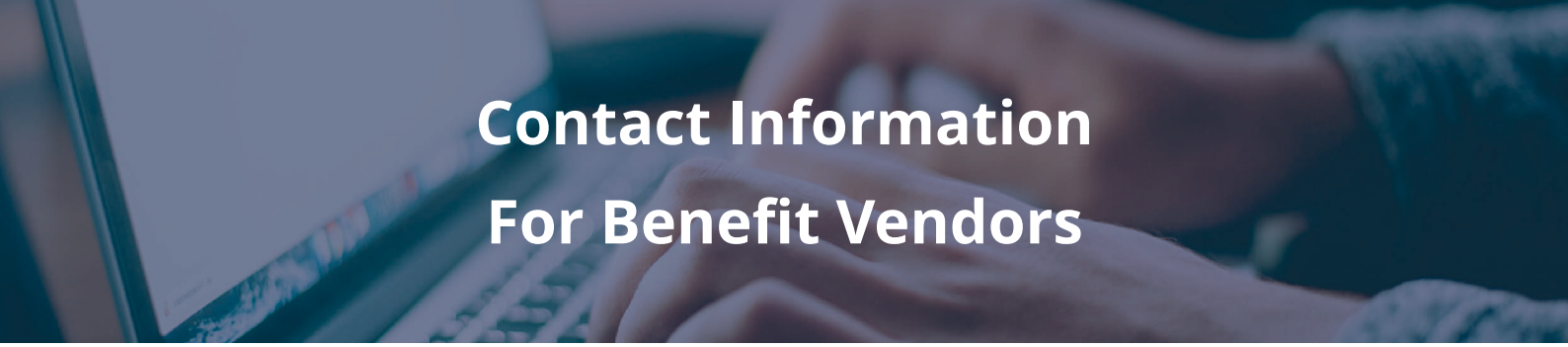
- Medical, dental and vision care
- Flexible spending accounts
- Health savings accounts
- [Insert additional benefits]

Feeling Secure

- Disability insurance
- 401(k)/profit sharing
- Life and accidental death & dismemberment (AD&D) insurance
- [Insert additional benefits]

Work-life Balance

- Employee assistance program
- Paid time off (PTO)
- [Insert additional benefits]



Contact Information For Benefit Vendors

MEDICAL INSURANCE

Single	
Husband / Wife	
Parent / Children	
Family	

MEDICAL INSURANCE

Single	
Husband / Wife	
Parent / Children	
Family	

MEDICAL INSURANCE

Single	
Husband / Wife	
Parent / Children	
Family	

DENTAL

Single	
Husband / Wife	
Parent / Children	
Family	

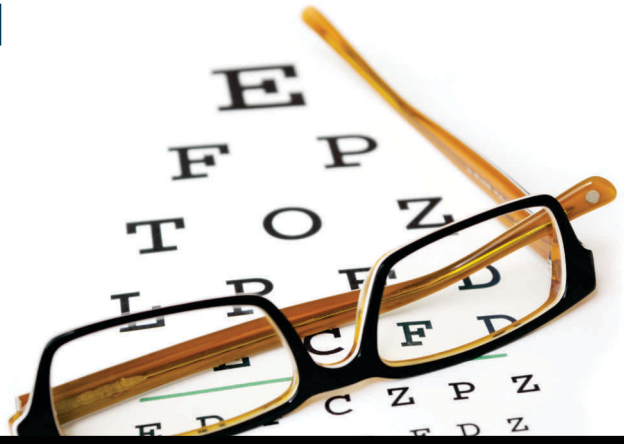
DENTAL

Single	
Husband / Wife	
Parent / Children	
Family	

DENTAL

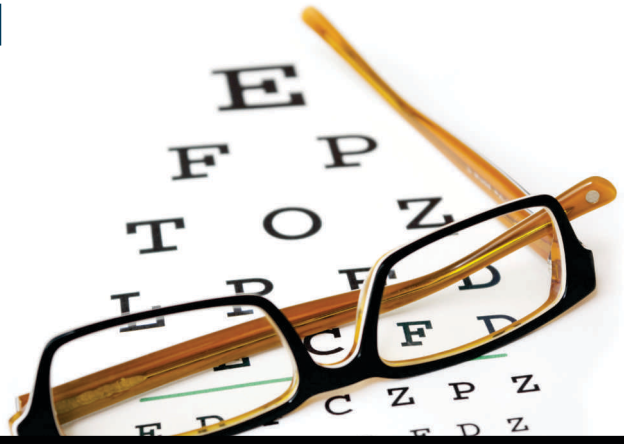
Single	
Husband / Wife	
Parent / Children	
Family	

VISION



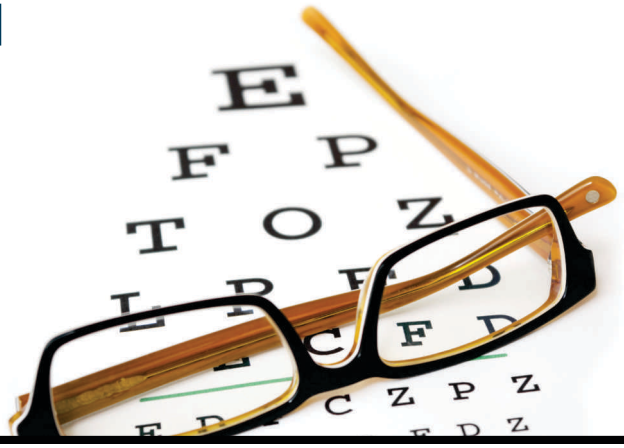
Single	
Husband / Wife	
Parent / Children	
Family	

VISION



Single	
Husband / Wife	
Parent / Children	
Family	

VISION



Single	
Husband / Wife	
Parent / Children	
Family	

LONG TERM DISABILITY

WHO IS ELIGIBLE AND WHEN:

[Insert information here]

BENEFITS YOU RECEIVE:

(Sample text) Insert Client Name provides full-time employees with short- and long-term disability income benefits, and pays for the full cost of this coverage. In the event that you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits, though.

EMPLOYEE PAYS:

[Insert information here]

EMPLOYER PAYS:

[Insert information here]

SHORT TERM DISABILITY

WHO IS ELIGIBLE AND WHEN:

[Insert information here]

BENEFITS YOU RECEIVE:

(Sample text) Insert Client Name provides full-time employees with short- and long-term disability income benefits, and pays for the full cost of this coverage. In the event that you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits, though.

EMPLOYEE PAYS:

[Insert information here]

EMPLOYER PAYS:

[Insert information here]

LIFE INSURANCE

WHO IS ELIGIBLE AND WHEN:

[Insert information here]

BENEFITS YOU RECEIVE:

[Insert information here]

BASIC LIFE AND AD&D INSURANCE

(Sample text) Insert Client Name provides full-time employees with $15,000 of group life and accidental death and dismemberment (AD&D) insurance, and pays the full cost of this benefit. Contact HR to update your beneficiary information.

VOLUNTARY LIFE INSURANCE

(Sample text) Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through bi-weekly payroll deductions. You can purchase coverage on yourself and your spouse in $10,000 increments. Minimum coverage is $20,000 and maximum coverage is $300,000.

EMPLOYEE PAYS:

[Insert information here]

EMPLOYER PAYS:

[Insert information here]

VOLUNTARY BENEFITS

WHO IS ELIGIBLE AND WHEN:

[Insert information here]

BENEFITS YOU RECEIVE:

[Insert information here]

BASIC LIFE AND AD&D INSURANCE

(Sample text) Insert Client Name provides full-time employees with $15,000 of group life and accidental death and dismemberment (AD&D) insurance, and pays the full cost of this benefit. Contact HR to update your beneficiary information.

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EMPLOYEE PAYS:

[Insert information here]

EMPLOYER PAYS:

[Insert information here]

HEALTH SAVINGS ACCOUNT

WHO IS ELIGIBLE AND WHEN:

[Insert information here]

BENEFITS YOU RECEIVE:

(Sample text) Health savings accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs). HDHPs offer lower monthly premiums in exchange for a higher deductible (the amount you pay before insurance kicks in).

USING AN HSA

An HSA is managed by the account holder, giving you the choice of when to use your HSA dollars. You can begin using your HSA money as soon as your account is activated and contributions have been made. Contributions to your HSA can be made by anyone, including you, your employer or a family member; the combined contributions of you and your employer (and anyone else making contributions to your HSA) can not exceed the HSA maximum contribution limit. For 2017, the maximum is $3,400 for single coverage and $6,750 for family coverage. For 2018, the maximum is $3,450 for single coverage and $6,900 for family coverage. Individuals who are age 55 and older can also make additional “catch-up” contributions of up to $1,000 annually.

You can use your HSA account for any purpose, including paying expenses that are not qualified medical expenses. However, you only get the tax benefits of an HSA when you use the account for qualified medical expenses. If you use it for another purpose, you will be required to pay income tax on the withdrawal, and you may also be required to pay another 20 percent tax, unless you make the withdrawal after you reach age 65, become disabled or after your death.

FLEXIBLE SPENDING ACCOUNT

WHO IS ELIGIBLE AND WHEN:

[Insert information here]

BENEFITS YOU RECEIVE:

(Sample text) Flexible spending accounts (FSAs) provide you with an important tax advantage that can help you pay for health care and dependent care expenses on a pre-tax basis. By estimating your family's health care and dependent care costs for the next year, you can lower your taxable income and save money.

HEALTH CARE REIMBURSEMENT FSA

This program lets Insert Client Name's employees pay for certain IRS-approved medical care expenses with a prescription not covered by their insurance plan with pre-tax dollars. The current limit on salary reduction contributions to a health FSA offered under a cafeteria plan is $2,550 and is applicable to both grandfathered and non-grandfathered health FSAs. This limit is indexed for cost-of-living adjustments in subsequent years. Some examples of eligible expenses include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Prescription contraceptives

DEPENDENT CARE FSA

The Dependent Care FSA lets Insert Client Name's employees use pre-tax dollars toward qualified dependent care such as caring for children under the age 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is $5,000 (or $2,500 if married and filing separately) per calendar year. Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

RETIREMENT BENEFITS

WHO IS ELIGIBLE AND WHEN:

[Insert information here]

BENEFITS YOU RECEIVE:

(Sample text) To help you prepare for the future, Insert Client Name sponsors a 401(k) plan as part of its benefits package. As a full- or part-time employee, you may start participating in this plan on the first day of the calendar quarter and after completing one year of service. With this plan, you may save up to 15 percent of your pay on a pre-tax basis, receiving matching contributions from Insert Client Name on part of your savings after one year of service. Your length of service at Insert Client Name determines the amount of your matching contribution as shown in the chart below.

Years of Service	Matching Contribution
2-5 years	$1 for $1 up to $500
6-10 years	$1 for $1 up to $500
11+ years	$1 for $1 up to $500

By saving on a pre-tax basis, you can reduce the taxes you pay today and delay paying taxes on the money you save, as well as your account earnings, until you withdraw the money from the plan.
In addition to your contributions, Insert Client Name helps you save by matching the money that you save based on your years of service. You vest, or gain ownership, in the matching contributions from Insert Client Name based on the schedule below.

Years of Service	Total Amount Vested
0-1	0%
2	20%
3	40%
4	50%
5	80%
6	100%

EMPLOYEE ASSISTANCE PROGRAM

WHO IS ELIGIBLE AND WHEN:

[Insert information here]

BENEFITS YOU RECEIVE:

(Sample text) The Employee Assistance Program is offered to all employees and immediate family members of Insert Client Name through [insert name of agency]. It is a completely confidential counseling program that covers issues such as marital and family concerns, depression, substance abuse, grief and loss, financial entanglements and other personal stressors.
You can contact [insert name of agency] toll-free at [insert phone number], or you can visit their website at [insert website].

EMPLOYEE PAYS:

[Insert information here]

EMPLOYER PAYS:

[Insert information here]

PAID TIME OFF

WHO IS ELIGIBLE AND WHEN:

[Insert information here]

BENEFITS YOU RECEIVE:

[Insert information here]

SICK LEAVE

(Sample text) Sick leave benefits allow you be paid for time away from work if you or a family member becomes ill or injured. You may ask to use these benefits 90 days after you start earning sick leave benefits. You earn the following benefits based on your employment status:

- **Full-time employees**—You'll earn six days of sick leave per year (one-half of a day for each full month of service).
- **Part-time employees**—You'll earn sick leave based on your current work schedule. For example, if you are regularly scheduled to work three days a week, you'll earn one-fourth of a day per month of service (three full days per benefit year).

VACATION

(Sample text) You begin earning vacation after one year of service, based on the schedule below. You may not carry over vacation days from year to year, and if you leave Insert Client Name, you will not receive pay for any unused vacation benefits.

Years of Eligible Service	Vacation Days Earned Each Year
1+ Years	1 week (40 hours)
3+ Years	2 weeks (80 hours)
7+ Years	3 weeks (120 hours)

HOLIDAYS

(Sample text) As a full- or part-time employee, you will receive the following paid holidays each year:

- Memorial
- Fourth of July
- DayLabor Day
- Thanksgiving
- Christmas Eve
- Christmas Day

OTHER BENEFITS

(Sample text) Insert Client Name also pays for bereavement leave, jury and witness duty, and military leave.

- [List benefit details here]
- [List benefit details here]
- [List benefit details here]

For more information, contact HR.

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact HR.