



Employee Benefits Package

2022 Plan Year



Spider-Man Inc.



Insurance Terms and Definitions

PPO (PREFERRED PROVIDER ORGANIZATION)

A PPO is a type of insurance network. In this type of network, you may choose to obtain care in or out of your network. If you choose to visit a "Preferred", or "In-Network", provider, your out of pocket expense will be significantly less than if you visit a provider outside your network. The reason for this is the In network provider agrees to accept set, contracted rates as payment in full for their services in return for being part of the insurance carrier's Preferred Provider network.

HMO (HEALTH MAINTENANCE ORGANIZATION)

An HMO is a type of insurance network. In this type of network, you must stay in your network to obtain care under your plan. There are no benefits paid out for services obtained outside the network. In some instances, HMO's may require that you have a referral from your primary care physician to obtain services from a specialist.

DEDUCTIBLE

The amount you pay before the insurance carrier starts sharing the expense of your medical care. Major medical expenses apply to the deductible like inpatient/outpatient surgeries, MRI's, CT Scans, etc...

EMBEDDED DEDUCTIBLE

This only applies to employees who have dependents enrolled on their plans. In an Embedded deductible, no member of the family unit can satisfy more than the single deductible during the deductible period. Even though the family is subject to the family deductible as a whole, no one person can satisfy more than the single deductible.

DEDUCTIBLE PERIOD

This is the 12 month time period in which all medical expenses that would apply to your deductible accumulate. Your deductible will reset after this period ends. This time period is important to note, because it does not always align with your plan year

DEDUCTIBLE CREDIT

If your Deductible Period and Plan Year are not the same with your new health insurance carrier, the new carrier will give you "credit" for the portion of the deductible you've satisfied with the old health insurance carrier during the most recent Deductible period. In order to obtain this credit, please supply your Plan Administrator with your most recent Explanation of Benefits (EOB) from the old carrier.

CO-INSURANCE

After you've reached your deductible for the year, the insurance carrier will split the balance of the major medical expense with you. They pay a percentage and you pay a percentage of your medical expense until you've reached your Out of Pocket Maximum

OUT OF POCKET MAXIMUM

This is the maximum amount you will pay for covered medical expenses during your deductible period

CO-PAYS

This is a set Dollar amount you pay when you receive medical care from a PCP, Specialist, Urgent Care, Emergency Room, or Pharmacy. It's called a CO-pay, because you pay the set dollar amount and your insurance carrier pays the rest of the actual charge from the doctor/facility. Co-pays DO NOT apply to the deductible

EXPLANATION OF BENEFITS

Commonly referred to as an "EOB". The EOB is a very useful document as it explains how the insurance carrier processed your claim. It shows the billed charges from the provider, the network discount applied, and what the resulting Negotiated Rate is. (Provider Charge - Network Discount = Negotiated Rate) It also shows whether the service was applied to your deductible or paid as a co-pay. It is not a bill, but merely an explanation of how the insurance carrier paid your claim.

HEALTH REIMBURSEMENT ACCOUNT (HRA)

This is an account funded by your employer, where you are reimbursed a % of the covered in-network medical expenses you incur. The goal is to help lower your overall out of pocket expense for the year and not leave you with a high deductible

HEALTH SAVINGS ACCOUNT (H S A)

This is an Employee Owned savings account that allows you to pay for Qualified Medical Expenses (IRS Publication 502) through tax free contributions. The maximum contributions for 2022 are \$3,650 for single coverage and \$7,300 for family coverage. Members ages 55-64 can contribute an additional \$1,000. If you are age 65 or older, you are no longer eligible to contribute to the H S A. This is a true savings account plan, so you can rollover all unused funds from year to year. With an H S A, money has to be in the account for you to be able to use it.

Important Items to Remember

NEW HIRE WAITING PERIOD

New employees are eligible for company insurance benefits: The day after 30 days of continuous full time employment

TERMINATION OF BENEFITS

When your employment with the company is terminated, your benefits will stop: At the end of that month

ELIGIBLE EMPLOYEES

To be eligible for company benefits, you must be a full time employee working an average of 30 hours per week during the year

DEPENDENT CHILDREN

Children under the age of 26 are eligible to be covered under the benefits. They will be taken off of the plan at the end of the month in which they turn 26

OPEN ENROLLMENT

You can make changes to your plans (enroll in coverage, waive coverage, add/drop dependents, etc..) during this time period each year. Open enrollment occurs 30 days prior to your plan renewal. All changes made during this time period will take effect on the renewal date

MAKING PLAN CHANGES DURING THE YEAR

If you've had a major life event (getting married, having a child, getting divorced, losing coverage, becoming eligible for Medicare, etc...) during the year, you're able to make coverage changes to your plan even though it's outside of the Open Enrollment window. Please turn in all paperwork within 30 days of your Qualifying Event to ensure it will be processed timely and any claims incurred will be paid. PLEASE NOTE: If adding a newborn baby to your plan, the baby's social security number will not be available right away. Please submit the paperwork without it, and provide it once it's available

COBRA

PLEASE NOTE: In the event your employment is terminated with the company, you will receive a packet in the mail giving you the opportunity to continue your Medical, Dental and Vision benefits for up to 18 months. This is called COBRA coverage. Your employer DOES NOT contribute to this coverage as they may when you are employed with them. You will be responsible for 102% of the actual cost of the insurance if you wish to continue with it.

STAY IN NETWORK

To obtain the best benefits, it's important to stay in the insurance carrier's network. Always check online or verify over the phone that a doctor or hospital is in network BEFORE your visit. Also, when having a procedure done in a hospital/facility, ask the hospital staff to make sure EVERY doctor/nurse/radiologist/anesthesiologist/etc... is in your network

EXPLANATION OF BENEFITS

Commonly referred to as an "EOB". The EOB is a very useful document as it explains how the insurance carrier processed your claim. It shows the billed charges from the provider, the network discount applied, and what the resulting Negotiated Rate is. (Provider Charge - Network Discount = Negotiated Rate) It also shows whether the service was applied to your deductible or paid as a co-pay. It is not a bill, but merely an explanation of how the insurance carrier paid your claim.

NEED A NEW ID CARD OR ANOTHER ID CARD FOR A DEPENDENT?

You can register for the insurance carrier's website where you can print out temporary ID cards and order new cards, or you can contact: Jane Doe at ABC Insurance Services Email: Phone:

HAVE QUESTIONS ABOUT AN INSURANCE CLAIM?

PLEASE HAVE COPIES OF YOUR EXPLANATION OF BENEFITS ALONG WITH A COPY OF YOUR BILL(S) READY & CONTACT: Jane Doe at ABC Insurance Services Email: Phone:

Health Insurance

Health Insurance explanation - brief synopsis of the plan details for the year. This text could include special instructions on how to use the plan, H S A or H R A contributions, or any other relevant information employees need top know about their plan.

Deductible	In-Network	Out of Network
Single	\$0	\$0
Family	\$0	\$0
Coinsurance		
Member %		
Out of Pocket Maximum		
Single	\$0	\$0
Family	\$0	\$0
Commonly Used Services		
Primary Care Physician Office Visit	\$0	\$0
Specialist Office Visit	\$0	\$0
Urgent Care	\$0	\$0
Emergency Room	\$0	\$0
Preventive Care		
Preventive Services		
Major Medical Expenses		
Outpatient Surgery		
Inpatient Hospitalization / Surgery		
CT scan, PT scan, MRI		
Hospital Newborn Delivery		
Prescription Drug Coverage		
Prescription Deductible	\$0	\$0
Generic (Tier 1)	\$0	\$0
Brand Name (Tier 2)	\$0	\$0
Non-Preferred (Tier 3)	\$0	\$0
Specialty (Tier 4)	\$0	\$0
Specialty (Tier 5)	\$0	\$0
Mail Order - 90 day Supply	\$0	\$0
Plan Information		
Plan Year		
Deductible Period		
Deductible Explanation		
Network Type		
Network Name		
Member Website		
Customer Service Phone Number		

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage

Premiums are per paycheck

Employee Only	\$92.31
Employee + Spouse	\$184.62
Employee + Child(ren)	\$230.77
Family	\$369.23

Health Insurance Dual Option

Health Insurance explanation - brief synopsis of the plan details for the year. This text could include special instructions on how to use the plan, H S A or H R A contributions, or any other relevent information employees need top know about their plan.

Deductible	In-Network	Out of Network	In-Network	Out of Network
Single	\$0	\$0	\$0	\$0
Family	\$0	\$0	\$0	\$0
Coinsurance				
Member %				
Out of Pocket Maximum				
Single	\$0	\$0	\$0	\$0
Family	\$0	\$0	\$0	\$0
Commonly Used Services				
Primary Care Physician Office Visit	\$0	\$0	\$0	\$0
Specialist Office Visit	\$0	\$0	\$0	\$0
Urgent Care	\$0	\$0	\$0	\$0
Emergency Room	\$0	\$0	\$0	\$0
Preventive Care				
Preventive Services				
Major Medical Expenses				
Outpatient Surgery				
Inpatient Hospitalization / Surgery				
CT scan, PT scan, MRI				
Hospital Newborn Delivery				
Prescription Drug Coverage				
Prescription Deductible	\$0	\$0	\$0	\$0
Generic (Tier 1)	\$0	\$0	\$0	\$0
Brand Name (Tier 2)	\$0	\$0	\$0	\$0
Non-Preferred (Tier 3)	\$0	\$0	\$0	\$0
Specialty (Tier 4)	\$0	\$0	\$0	\$0
Specialty (Tier 5)	\$0	\$0	\$0	\$0
Mail Order - 90 day Supply	\$0	\$0	\$0	\$0
Plan Information				
Plan Year				
Deductible Period				
Deductible Explanation				
Network Type				
Network Name				
Member Website				
Customer Service Phone Number				

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Premiums are per paycheck

Employee Only	\$46.15	\$115.38
Family	\$323.08	\$576.92

Health Insurance Triple Option

Health Insurance explanation - brief synopsis of the plan details for the year. This text could include special instructions on how to use the plan, H S A or H R A contributions, or any other relevent information employees need top know about their plan.

Deductible	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Single	\$0	\$0	\$0	\$0	\$0	\$0
Family	\$0	\$0	\$0	\$0	\$0	\$0
Coinsurance						
Member %						
Out of Pocket Maximum						
Single	\$0	\$0	\$0	\$0	\$0	\$0
Family	\$0	\$0	\$0	\$0	\$0	\$0
Commonly Used Services						
Primary Care Physician Office Visit	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Office Visit	\$0	\$0	\$0	\$0	\$0	\$0
Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Emergency Room	\$0	\$0	\$0	\$0	\$0	\$0
Preventive Care						
Preventive Services						
Major Medical Expenses						
Outpatient Surgery						
Inpatient Hospitalization / Surgery						
CT scan, PT scan, MRI						
Hospital Newborn Delivery						
Prescription Drug Coverage						
Prescription Deductible	\$0	\$0	\$0	\$0	\$0	\$0
Generic (Tier 1)	\$0	\$0	\$0	\$0	\$0	\$0
Brand Name (Tier 2)	\$0	\$0	\$0	\$0	\$0	\$0
Non-Preferred (Tier 3)	\$0	\$0	\$0	\$0	\$0	\$0
Specialty (Tier 4)	\$0	\$0	\$0	\$0	\$0	\$0
Specialty (Tier 5)	\$0	\$0	\$0	\$0	\$0	\$0
Mail Order - 90 day Supply	\$0	\$0	\$0	\$0	\$0	\$0
Plan Information						
Plan Year						
Deductible Period						
Deductible Explanation						
Network Type						
Network Name						
Member Website						
Customer Service Phone Number						

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Dental Insurance

Dental Insurance explanation - brief synopsis of the plan details for the year. This text could include special instructions on how to use the plan, or any other relevent information employees need to know about their plan.

Deductible	In-Network	Out of Network
Single	\$0	\$0
Family	\$0	\$0
Maximum the carrier will pay		
Annual Maximum	\$0	\$0
Frequencies		
Cleaning		
Exam		
Dental Coverage		
Cleanings		
Exams		
X-Rays		
Sealants		
Fillings		
Simple Extractions		
Root Canal		
Periodontal Gum Disease		
Oral Surgery		
Crowns		
Dentures		
Bridges		
Implants		
Orthodontia		
Orthodontia Lifetime Maximum		
Orthodontia Maximum Age		
Out of Network Explanation		
Out of network dentists are NOT contracted with your dental insurance carrier. After you pay for the service based on your benefit plan, the insurance carrier will pay the out of network dentist the same rate they pay an in-network dentist. In most cases, the out of network dentist does not consider this as payment in full (like an in-network dentist would) and may "Balance bill" you. That is, they may ask you to pay the difference.		
Plan Information		
Waiting Period for Major Services		
Plan Year		
Network Type		
Network Name		
Member Website		
Customer Service Phone Number		

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Premiums are per paycheck

Employee Only	\$6.92
Employee + 1	\$16.15
Employee + 2 or more	\$39.23

Dental Insurance Dual Option

Dental Insurance explanation - brief synopsis of the plan details for the year. This text could include special instructions on how to use the plan, or any other relevent information employees need to know about their plan.

Deductible	In-Network	Out of Network	In-Network	Out of Network
Single	\$0	\$0	\$0	\$0
Family	\$0	\$0	\$0	\$0
Maximum the carrier will pay				
Annual Maximum	\$0	\$0	\$0	\$0
Frequencies				
Cleaning				
Exam				
Dental Coverage				
Cleanings				
Exams				
X-Rays				
Sealants				
Fillings				
Simple Extractions				
Root Canal				
Periodontal Gum Disease				
Oral Surgery				
Crowns				
Dentures				
Bridges				
Implants				
Orthodontia				
Orthodontia Lifetime Maximum				
Orthodontia Maximum Age				
Out of Network Explanation				
Out of network dentists are NOT contracted with your dental insurance carrier. After you pay for the service based on your benefit plan, the insurance carrier will pay the out of network dentist the same rate they pay an in-network dentist. In most cases, the out of network dentist does not consider this as payment in full (like an in-network dentist would) and may "Balance bill" you. That is, they may ask you to pay the difference.				
Plan Information				
Waiting Period for Major Services				
Plan Year				
Network Type				
Network Name				
Member Website				
Customer Service Phone Number				

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Dental Insurance Triple Option

Dental Insurance explanation - brief synopsis of the plan details for the year. This text could include special instructions on how to use the plan, or any other relevant information employees need to know about their plan.

Deductible	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Single	\$0	\$0	\$0	\$0	\$0	\$0
Family	\$0	\$0	\$0	\$0	\$0	\$0
Maximum the carrier will pay						
Annual Maximum	\$0	\$0	\$0	\$0	\$0	\$0
Frequencies						
Cleaning						
Exam						
Dental Coverage						
Cleanings						
Exams						
X-Rays						
Sealants						
Fillings						
Simple Extractions						
Root Canal						
Periodontal Gum Disease						
Oral Surgery						
Crowns						
Dentures						
Bridges						
Implants						
Orthodontia						
Orthodontia Lifetime Maximum						
Orthodontia Maximum Age						
Out of Network Explanation						
Out of network dentists are NOT contracted with your dental insurance carrier. After you pay for the service based on your benefit plan, the insurance carrier will pay the out of network dentist the same rate they pay an in-network dentist. In most cases, the out of network dentist does not consider this as payment in full (like an in-network dentist would) and may "Balance bill" you. That is, they may ask you to pay the difference.						
Plan Information						
Waiting Period for Major Services						
Plan Year						
Network Type						
Network Name						
Member Website						
Customer Service Phone Number						

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Vision Insurance

Vision Insurance explanation - brief synopsis of the plan details for the year. This text could include special instructions on how to use the plan, or any other relevent information employees need to know about their plan.

Vision Coverage	In-Network	Out of Network
Eye Exam	\$0	\$0
Single Vision Lens	\$0	\$0
Lined Bi-Focal Lens	\$0	\$0
Lined Tri-Focal Lens	\$0	\$0
Lenticular Lens	\$0	\$0
Contact Lens Allowance	\$0	\$0
Frame Allowance	\$0	\$0
Frequencies		
Exam Frequency		
Lens Frequency		
Frame Frequency		
Out of Network Explanation		
While you will receive a reimbursement when you go out of network, the out of network provider may not file the claim for you. You may have to file the claim yourself		
Plan Information		
Plan Year		
Network Name		
Member Website		
Customer Service Phone Number		

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Premiums are per paycheck

	Base Plan	Incentive Plan
Employee Only	\$2.31	\$0.69
Family	\$20.77	\$9.92

Vision Insurance Dual Option

Vision Insurance explanation - brief synopsis of the plan details for the year. This text could include special instructions on how to use the plan, or any other relevent information employees need to know about their plan.

Vision Coverage	In-Network	Out of Network	In-Network	Out of Network
Eye Exam	\$0	\$0	\$0	\$0
Single Vision Lens	\$0	\$0	\$0	\$0
Lined Bi-Focal Lens	\$0	\$0	\$0	\$0
Lined Tri-Focal Lens	\$0	\$0	\$0	\$0
Lenticular Lens	\$0	\$0	\$0	\$0
Contact Lens Allowance	\$0	\$0	\$0	\$0
Frame Allowance	\$0	\$0	\$0	\$0
Frequencies				
Exam Frequency				
Lens Frequency				
Frame Frequency				
Out of Network Explanation				
While you will receive a reimbursement when you go out of network, the out of network provider may not file the claim for you. You may have to file the claim yourself				
Plan Information				
Plan Year				
Network Name				
Member Website				
Customer Service Phone Number				

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Life Insurance

Life Insurance explanation - brief synopsis of the plan details for the year. This text could include special instructions on how to use the plan, or any other relevent information employees need to know about their plan.

Life Insurance Benefits		
Life Insurance Coverage		
Accidental Death & Dismemberment		
Age Reduction Schedule		
Beneficiary		
Taxation of Benefit		
Plan Information		
Plan Year		
Member Website		
Customer Service Phone Number		

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Premiums are per paycheck

Employee Premium Per Paycheck	\$0.125
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Supplemental Life Insurance

Life Insurance explanation - brief synopsis of the plan details for the year. This text could include special instructions on how to use the plan, or any other relevent information employees need to know about their plan.

Life Insurance Benefits	
Employee Life Insurance Coverage	
Spouse Life Insurance Coverage	
Child(ren) Life Insurance Coverage	
Accidental Death & Dismemberment	
Age Reduction Schedule	
Guaranteed Insurability	
Beneficiary	
Taxation of Benefit	
Plan Information	
Plan Year	
Member Website	
Customer Service Phone Number	

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Premiums are per paycheck

< 20	0.462
20 - 24	0.923
25 - 29	1.385
30 - 34	1.846
35 - 39	2.308
40 - 44	2.769
45 - 49	3.231
50 - 54	3.692
55 - 59	4.154
60 - 64	4.154
65 - 69	4.154
70 - 74	4.154
75 - 79	4.154
80+	4.154

Premium Calculation	
<div>Coverage Amount</div>	<div><div><div><div>\$1,000</div><div>Per \$1,000</div></div><div>x</div><div><div>Unit Rate</div><div>=</div><div>Premium per paychecks</div></div></div></div>

Short Term Disability Insurance

STD Insurance explanation - brief synopsis of the plan details for the year. What is short term disability and what is it used for?

STD Insurance Benefits	
How does my insurance carrier define Disability?	
Weekly Benefit	
When do benefits start? (Elimination period)	
How long do my benefits pay out?	
Are there any limitations on coverage for Pre-Exisitng conditions?	
Is Maternity Covered?	
Guaranteed Insurability	
Taxation of Benefit	
Plan Information	
Plan Year	
Member Website	
Customer Service Phone Number	

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Premiums are per paycheck

< 20	0.462
20 - 29	0.923
30 - 39	1.385
40 - 49	1.846
50 - 59	2.308
60 - 69	2.769
70 - 79	3.231
80 - 89	3.692
90+	4.154

Premium Calculation	
<div><div><div><div></div><div>% of weekly pay</div></div><div>/</div><div><div><div>\$10</div><div>per \$10</div></div><div>x</div><div><div></div><div>Unit Rate</div></div><div>=</div><div><div></div><div>Premium per paychecks</div></div></div></div></div>	

Long Term Disability Insurance

LTD Insurance explanation - brief synopsis of the plan details for the year. What is long term disability and what is it used for?

LTD Insurance Benefits		
How does my insurance carrier define Disability?		
Monthly Benefit		
When do benefits start? (Elimination period)		
How long do my benefits pay out?		
Are there any limitations on coverage for Pre-Exisitng conditions?		
Own Occupation Limitation		
Guaranteed Insurability		
Taxation of Benefit		
Plan Information		
Plan Year		
Member Website		
Customer Service Phone Number		

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Premium Calculation
<div>Monthly Pay / $\frac{\\$100}{\text{per\\$100}}$ x Unit Rate = Premium per paychecks</div>

Accident Insurance

Accident Insurance explanation - brief synopsis of the plan details for the year. This text could include special instructions on how to use the plan, or any other relevent information employees need to know about their plan.

Injury	Schduled Benefit	
Burn - 2nd Degree		
Burn - 3rd degree		
Coma		
Concussion		
Dental Injury		
Dislocation - Hip		
Dislocation - Knee		
Dislocation - Shoulder		
Fracture - Hip		
Fracture - Skull		
Fracture - Arm		
Fracture - Hand		
Quadriplegia		
Paraplegia		
Loss of Speech		
Loss of Hearing		
Wellness Benefit		
Accidental Death & Dismemberment		
Plan Information		
Plan Year		
Member Website		
Customer Service Phone Number		

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Critical Illness Insurance

Critical Illness Insurance explanation - brief synopsis of the plan details for the year. This text could include special instructions on how to use the plan, or any other relevent information employees need to know about their plan.

Critical Illness Benefit		
Minimum Benefit		
Maximum Benefit		
Employee Scheduled Benefit		
Spouse Scheduled Benefit		
Child Scheduled Benefit		
Guaranteed Insurability		
Pre-Existing Condition Clause		
Wellness Benefit		
Illness	% of Schedule Benefit	
Cancer		
Cancer - Carcinoma in situ		
Heart Attack		
Major Organ Failure		
Stroke		
Plan Information		
Plan Year		
Member Website		
Customer Service Phone Number		

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Notes