

Show me the Money...



Every employer knows how much their benefit programs cost, but employees may have no idea. An individual, personalized statement of benefits communicates not only the major features of specific benefit programs, but also the value of each employee's total compensation package.

Unless they are provided, employees do not usually know or have access to information about the cost of employer sponsored benefit plans. Employers contribute an additional 20% to 50% of payroll to provide and administer benefits under many types of plans: pension and profit sharing retirement plans, salary reduction savings plans, life insurance and other survivor benefit plans, short and long term disability plans, comprehensive health care plans, social security benefit programs, worker's compensation programs as well as numerous other optional benefit programs and sponsored activities.

Annual benefit statements can be efficiently produced and tell each individual employee on a customized basis, how much more than his base salary he receives from his employment. Whether delivered electronically or by traditional mail, individual benefit statements educate employees about their benefit programs and their economic value.

Corporate Logo

PERSONAL BENEFITS STATEMENT FOR

Joe Participant

Social Security Number: 123-45-6789
Date of Birth: July 23, 1949

Date of Hire: January 21, 1980
Date of Statement: June 1, 2002

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HEALTH CARE

After 30 days of employment, employees of the Association may select the health care program that best suits their family's needs from several options. You have elected the Blue Cross/Blue Shield HMO Plan for yourself only. Under the HMO plan, medical care must be coordinated through your chosen HMO Illinois participating medical group. For emergency services, the plan provides 100% coverage after a \$50 copay. Physician services by primary & referred specialists are covered at 100% after a \$5 copay per office visit. At participating hospitals, hospital care services are covered at 100% (outpatient mental health and chemical dependency care coverage is limited to 20 visits per calendar year and subject to a \$20 copay per visit).

Prescription drug benefits are paid at 100% after co-payment at participating pharmacies. Prescription drugs are covered under the plan at \$3 per prescription co-pay for generic, \$8 per prescription formulary brand, \$23 per prescription non-formulary brand, and \$50 per prescription for self-administered injectable.

The Association pays 67% of the cost of your coverage. Your contribution is made on a pre-tax basis which provides you with tax savings estimated at \$322.

FLEXIBLE SPENDING ACCOUNTS

All employees of the Association are eligible to elect to contribute from \$300 up to \$5,000 of their pretax salary to accounts designated specifically and exclusively for either the payment of dependent care and/or for un-reimbursed medical expenses. Any amounts contributed but not used prior to each calendar year end are forfeited. You contributed \$0 to a Dependent Care pretax account and \$0 to a Medical Spending Account in 2002.

DENTAL CARE

You and your dependents are covered under the ADA's Dental Direct Reimbursement Program. Dental services are reimbursed up to \$ 1,300 per year per individual (\$650 per year for first year if eligible on or after July 1). All dental services incurred in the plan year are covered and eligible for reimbursement up to the annual maximum.

DISABILITY BENEFITS

Short Term

Short term disability income benefits are based upon anniversary years of employment service, measured by January 1 of each anniversary year. Employees with less than five years receive 65% of pay, those with five but less than 10 years receive 85% of pay, and those with 10 or more years receive 100% of pay. Since 2002 will be the anniversary of your 21st year of employment, in the event that you are unable to work because of an illness or work injury, you will be eligible to receive short term disability benefits 100% of pay.

Association Cost	Your Cost	Total Cost
\$ 1,839	\$ 919	\$ 2,758
\$ 0	\$ 0	\$ 0
\$ 528	\$ 0	\$ 528
\$ 2,938	\$ 0	\$ 2,938