Employee benefits booklet

Fictional example for editing. No coverage is offered by this booklet.

Ridgeline Works | Example plan year 2027

This twelve-page example shows how an employer can explain plan choices, payroll deductions and enrollment steps. Every company, carrier, contact, plan and amount is invented. Replace the example with approved employer and carrier information before distributing it.

Enrollment dates

Example enrollment window: November 2 through November 20, 2026. Example coverage period: January 1 through December 31, 2027.

Start here

Review what is changing on page 2, compare medical coverage on pages 4 to 7, and check what you would pay on pages 8 and 9. Enrollment instructions and the final checklist are on page 12.

How to use this editable file

Update the employer name, logo, plan year, contacts and enrollment deadline. Replace all example benefits and rates from approved carrier documents. Recalculate payroll deductions for the actual contribution rule and pay schedule, then have the employer review the final PDF.

Created by Planlined as a free communication template. This booklet was assembled for editing; it is not an export from a customer case or evidence of automated parsing. planlined.com/resources/employee-benefits-booklet-template/

What is changing this year

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For this fictional renewal, monthly medical premiums increase by 10 percent in every coverage tier. The example employer continues to pay 75 percent of the monthly premium. Because the premium changes, both the employer and employee dollar amounts change.

Item	Current example	Renewal example
Employee only monthly premium	$500.00	$550.00
Family monthly premium	$1,400.00	$1,540.00
Employer contribution	75 percent	75 percent
Pay periods each year	26	26

Decisions to make

Check who needs coverage, which providers and prescriptions matter to your household, and the cost per paycheck for your selected tier. A lower premium does not establish that a plan will cost less overall.

Reading the booklet

The example medical designs on page 4 are invented. They are separate from the premium arithmetic and do not describe insurance available for purchase. In a real booklet, compare the carrier summary, network and exclusions before making a selection.

Employer editing note: replace this page with a specific summary of carrier, benefit, contribution, eligibility and enrollment changes. State clearly when an item is unchanged.

Eligibility and important dates

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This page illustrates the information an employer should confirm. It does not establish eligibility. Use the actual employer policy and governing plan documents to complete the final booklet.

Information to confirm	Example entry to replace
Eligible employees	Employer-approved employee classes
Eligible dependents	Dependents defined in the actual plan documents
Coverage effective date	January 1, 2027 in this example
Enrollment deadline	November 20, 2026 in this example
Where to enroll	Employer-approved enrollment system

Before you enroll

Confirm that the employer has your current household and contact information. Check the documents required for adding a dependent. Provide private identifiers only through the employer-approved secure channel; do not place them in a public booklet or email them to an unverified contact.

Changes during the year

Contact the actual benefits team promptly when your household or employment situation changes. Ask which changes are permitted, what evidence is needed and which deadline applies. This template does not set those rules.

Employer editing note: confirm waiting periods, employee classes, dependent definitions and any required notices before this page is approved.

Compare medical plan designs

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Atlas Sample Health and both plan designs below are fictional. This grid shows a useful comparison structure. Replace every value with the approved carrier terms and add the source document and page.

In network benefit	Example PPO	Example higher deductible plan
Individual deductible	$2,000	$3,500
Family deductible	$4,000	$7,000
Individual out of pocket maximum	$6,000	$7,000
Family out of pocket maximum	$12,000	$14,000
Coinsurance after deductible	Employee pays 20 percent	Employee pays 20 percent
Primary care	$25 copay	Deductible then coinsurance
Specialist	$50 copay	Deductible then coinsurance

What this grid leaves out

A short grid cannot show every limitation, exclusion, authorization requirement or network rule. In a real booklet, link the Summary of Benefits and Coverage, carrier certificate and provider directory beside this table.

Employer editing note: distinguish in-network and out-of-network benefits. Preserve a missing or ambiguous source value for review rather than filling it with a guess.

Understand medical cost sharing

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These short explanations help a reader interpret a plan comparison. The definitions in the actual plan documents govern. Whether an expense counts toward a limit depends on those documents.

Premium

The recurring price of coverage. Page 8 separates the example monthly premium into the employer and employee shares, then converts the employee share into a cost per paycheck.

Deductible

The amount a member may need to pay for certain covered services before the plan begins sharing those costs. Some services can follow different rules, so check each benefit row.

Copay and coinsurance

A copay is a stated amount for a service. Coinsurance is a percentage of the allowed amount, subject to the applicable deductible and plan rules. An office visit amount does not necessarily include every test or procedure performed during that visit.

Out of pocket maximum

The limit on specified member cost sharing for covered services under the plan rules. Premiums and some other expenses may be excluded. Confirm the applicable network, individual and family terms.

Employer editing note: use examples that match the actual plan, and have the carrier or benefits reviewer check the explanation before publication.

Check providers and prescriptions

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Providers and facilities

Before selecting a plan, use the actual carrier directory to check the specific doctor, facility and network. A carrier name alone does not identify the network. Confirm the location and the plan year when you check.

Item	Information to insert before distribution
Carrier directory	Official provider lookup URL
Network	Exact network name for each plan
Member support	Verified carrier telephone number
Prescription list	Official formulary URL for each plan
Prior approval questions	Carrier contact and actual plan rules

Prescriptions

Check the exact drug, strength and formulation against the plan formulary. Ask about tier, pharmacy network, deductible, quantity limits and any approval requirements. A prescription covered under one plan can have different terms under another.

Do not include a list of employee health conditions or prescriptions in the booklet. Readers should use the carrier or employer-approved confidential channel for individual questions.

Employer editing note: verify all URLs and phone numbers from official carrier material and label the plan associated with each link.

Compare a realistic care scenario

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Use a scenario to explain the difference between premium and service cost. The figures on this page are invented teaching numbers, not estimates of a person's care or the carrier's negotiated prices.

Illustrative step	Arithmetic
Assumed allowed covered charge	$1,000.00
Deductible remaining before this service	$600.00
Amount subject to 20 percent coinsurance	$1,000 minus $600 = $400
Illustrative coinsurance	$400 times 20 percent = $80
Illustrative member service cost	$600 plus $80 = $680

This illustration assumes the deductible applies to the entire service, the charge is covered and in network, the remaining amount is shared at 20 percent, and no other limit changes the calculation. Real services and plan provisions can produce a different result.

Use the right comparison

Compare the annual employee premium plus the service costs for the same scenario under each actual plan. Also consider network access, prescription rules and individual circumstances. Do not present the example as a prediction or recommendation.

Employer editing note: replace these assumptions only after the plan reviewer confirms the arithmetic and benefit terms.

Your medical cost per paycheck

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This example uses renewal monthly premiums, an employer contribution of 75 percent in every tier and 26 equal deductions each year. The employer and employee shares add to the monthly premium.

Coverage tier	Monthly premium	Employer monthly	Employee monthly	Employee per pay
Employee only	$550.00	$412.50	$137.50	$63.46
Employee and spouse	$1,100.00	$825.00	$275.00	$126.92
Employee and children	$990.00	$742.50	$247.50	$114.23
Family	$1,540.00	$1,155.00	$385.00	$177.69

Check one calculation

Employee-only coverage is $550.00 per month. The employee pays 25 percent, or $137.50 per month. Multiply by 12 and divide by 26: $137.50 times 12 divided by 26 equals $63.46 per paycheck after rounding.

Actual payroll schedules, rounding and contribution rules can differ. This example does not model tax effects, partial months, arrears, catch-up deductions or the employer's payroll processing rules.

Employer editing note: replace the premiums, contribution policy and number of deductions, then confirm the result with payroll before distribution.

Check the annual contribution totals

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For this fictional group, enrollment is five employee-only, two spouse, one child and two family contracts. These are contracts by tier, not the number of covered people.

Annual program amount	Current example	Renewal example
Total premium	$98,400.00	$108,240.00
Employer share at 75 percent	$73,800.00	$81,180.00
Employee share at 25 percent	$24,600.00	$27,060.00
Total premium increase		$9,840.00

Reconcile to the monthly figures

Renewal monthly premium is (5 times $550) plus (2 times $1,100) plus (1 times $990) plus (2 times $1,540), which equals $9,020. Multiplying by 12 gives $108,240. The example employer monthly contribution is $6,765 and employees together contribute $2,255.

The total group deduction is calculated before rounding individual tier paycheck amounts. Multiplying rounded paycheck values can differ by a few cents. These are invented program figures, not reported customer results.

Employer editing note: an employee-facing booklet may not need group totals. Replace this page with contribution policy details or remove it after checking the print page count.

Dental vision life and disability

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Add the other benefits the employer actually selected. The rows below are editorial prompts, not offers of coverage. Leave a benefit out if it is not part of the approved program.

Benefit	Details to confirm
Dental	Carrier, network, deductible, annual maximum, service categories, waiting periods and employee cost
Vision	Carrier, exam copay, lenses, frame or contact allowance, frequency and employee cost
Life and AD and D	Benefit amount, eligibility, reductions, beneficiary steps and employee cost
Short term disability	Benefit percentage, weekly maximum, waiting period and duration
Long term disability	Benefit percentage, monthly maximum, waiting period and duration

How to read the finished page

For each included benefit, show a concise comparison, its cost basis and a link to the actual carrier material. A rate per thousand dollars of benefit is different from a flat monthly employee premium. Label the unit and contribution rule.

Employer editing note: do not infer exclusions, guaranteed issue or waiting periods. Verify them against the applicable documents and retain unresolved questions for review.

Common enrollment questions

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Do I need to make a selection again

Insert the employer's confirmed active or passive enrollment rule. State what happens if no election is submitted and which benefits require a new election.

Can I add a dependent

Insert the actual dependent eligibility and documentation instructions. Direct individual questions to the approved benefits contact.

How do I choose a coverage tier

Match the tier to the people you are enrolling under the plan's definitions. The cost table shows employee only, employee and spouse, employee and children, and family examples.

What if the booklet and carrier documents differ

Ask the benefits team to resolve the difference before relying on the summary. Keep the relevant carrier document available alongside the booklet.

What if I miss the deadline

Contact the actual benefits team promptly. Do not assume an election can be changed after the deadline. This template does not define exceptions or enrollment rights.

Where do I ask a private question

Use the employer-approved confidential channel. Avoid including private health or dependent information in public comments or shared enrollment materials.

How to enroll and who to contact

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Enrollment checklist

1. Read the approved plan comparisons and check provider and prescription information.
2. Choose the correct plan and coverage tier.
3. Sign in to the employer-approved enrollment system.
4. Enter required information through that secure system.
5. Review elections, costs and any beneficiary details.
6. Submit by the confirmed deadline and save the confirmation.

Contact	Example to replace
Employer benefits team	benefits@ridgeline.example
Enrollment portal	https://enroll.ridgeline.example/
Benefits adviser	adviser@agency.example
Carrier questions	Insert verified carrier contact for each selected plan

The .example addresses are intentionally nonworking placeholders. Replace them with verified employer and carrier contacts. Never ask employees to send passwords, health information or identity documents to an unverified address.

Before distributing your edited booklet

Confirm rates and pay periods, enrollment dates, eligibility, plan terms, links, contacts and required companion documents. Remove every fictional name and editing instruction. Export a fresh PDF and inspect every page after editing.

Free editable communication template from Planlined. See the product and template guidance at planlined.com.