

A smiling couple, a woman with grey hair in a bun and a man, are looking at a laptop in a bright kitchen. The woman is holding a white mug. On the table, there is a plate of toast with jam, a bowl of fruit, and a bag of snacks. The background shows large windows and modern pendant lights.

2024 Open Enrollment: Clinic S Benefit Program

Topics

1. Open Enrollment Dates & Benefits Eligibility
2. Medical and Pharmacy Plans
3. Account Funding and Additional Costs
(for medical plan members)
4. Flexible Spending Accounts
5. Specialty Plans
6. 2024 Default Plans

NOTE: Content marked in plum represents changes for 2024.

Open Enrollment Information



September 20 –
October 4, 2023

Benefits are effective
January 1 – December 31, 2024

Benefits Eligibility

Individual Coverage Type:

- Associate

Family Coverage Types:

- Associate & Spouse or Domestic Partner
 - Legally recognized spouse or domestic partner (same or opposite sex)
- Associate & Child(ren)/ Dependent
 - Children up to age 26
 - One additional family member (called an extended family adult) living in the household who is a dependent for IRS purposes*
- Associate & Family

**Extended family adults are not eligible for Voluntary Term Life and Workplace Voluntary Benefits*

Clinic S medical & pharmacy plans

Medical Plan Networks

(applies to BCBS Plans; based on home address)

Location	Provider Network Name
Florida	NetworkBlue
Georgia	Blue Open Access POS
Wisconsin	Blue Preferred POS
Kansas City (counties in both Kansas and Missouri)	Preferred-Care Blue
All Other Locations	BlueCard PPO

Visit provider.bcbs.com to search for providers. View the [Find A Doctor Quick Reference Guide](#) for more information.

2024 **Clinic S** Medical Plans Comparison

(Blue Cross and Blue Shield)

Plan Features	Copay \$1000 with PCA	Copay \$2000 with PCA	\$3300 EHDHP with HSA
Deductible* (Individual / Family)	\$1,000 / \$2,000 (medical only)	\$2,000 / \$4,000 (medical only)	\$3,300 / \$6,600 (medical + Rx)
Coinsurance* (Individual / Family)	10% after deductible (plan pays 90%)	30% after deductible (plan pays 70%)	20% after deductible (plan pays 80%)
Total Maximum Out-of-Pocket (MOOP)* (Individual / Family)	\$7,900 / \$15,800 (medical + Rx)	\$7,900 / \$15,800 (medical + Rx)	\$5,000 / \$10,000 (medical + Rx)
Preventive Services	Covered 100% by the plan	Covered 100% by the plan	Covered 100% by the plan
Doctor on Demand Telehealth	Cost based on service provided	Cost based on service provided	Cost based on service provided (applies to deductible)
Primary Care/ Specialist Visit	\$25 / \$50 copay	\$35 / \$60 copay	20% after deductible
Urgent Care Visit	\$75 copay	\$75 copay	20% after deductible
Emergency Room Visit	\$350 copay	\$350 copay	20% after deductible
Hospital Services	10% after deductible	30% after deductible	20% after deductible

*All plans have embedded deductibles. Only a single member of a family needs to meet the individual deductible before coinsurance begins; the entire family deductible does not need to be met.

2024 **Clinic S** Pharmacy Plans Comparison

(Humana Associate Rx through OptumRx)

Plan Features	Copay \$1000 with PCA	Copay \$2000 with PCA	\$3300 EHDHP with HSA
Preventive Rx	Copays for the medications on the OptumRx Standard Preventive Drug List are below; For HDHP, copays apply before deductible; medications can be filled at any in-network pharmacy. If the medication is also a maintenance medication, see the information below under Maintenance Rx. Tier 1: \$10 copay Tier 2: \$40 copay Tier 3: \$70 copay		
Maintenance Rx (medications taken on a regular basis)	<u>Applies to all plans:</u> 90-day prescriptions must be filled at Optum Home Delivery, CenterWell Pharmacy retail locations, or using CVS 90-Saver Program after two fills at any in-network retail pharmacy. If continue to fill at a retail pharmacy (other than using CVS 90-Saver), member will pay 100% of the cost of the medication for a 30-day supply.		
Insulins	<ul style="list-style-type: none"> Tier 2 insulins can be obtained at no cost for a 30-day supply from any in-network pharmacy. Tier 3 insulins can be obtained at \$35 for a 30-day supply from any in-network pharmacy. Tier E (excluded) insulins require an approved override exception. If approved, the standard Tier 3 cost share applies. 		
Tier 1	\$10 copay	\$10 copay	20% after deductible
Tier 2	\$40 copay	\$40 copay	20% after deductible
Tier 3	\$70 copay	\$70 copay	20% after deductible
Specialty	25% coinsurance	25% coinsurance	20% after deductible

*This list includes preventive brand and generic medications used for various chronic conditions such as, but not limited to, high blood pressure, depression/mood disorders, high cholesterol, diabetes, asthma, COPD, blood thinners, contraceptives and osteoporosis.

2024 Account Funding for BCBS Medical Plan Members*

(applies to BCBS plans only)

Salary	Base funding (lump sum)	Financial Guidance Activities (lump sum)	Total earning opportunity
Less than \$50,000	\$250 / \$500	\$750 / \$1,500	= \$1,000 / \$2,000
\$50,000 - <\$100,000	\$100 / \$200	\$300 / \$600	= \$400 / \$800
\$100,000+	\$0 / \$0	\$100 / \$200	= \$100 / \$200

*To earn 2024 funding, activities must be completed by Dec. 31, 2023 for medical plan members on the plan by Sept. 30, 2023. Members joining the plan Oct. 1, 2023 or later can earn funding in 2024 by completing activities by Dec. 1, 2024. Learn more at go/AccountFunding and track progress toward completing Financial Guidance requirements at go/FinancialGuidance.

2024 Additional Costs

(medical plan members only)

Additional cost	Cost amount	Important information
Tobacco use*	\$40 biweekly/ \$20 weekly cost	Applies if you and any covered dependents age 18+ are not tobacco free or participating in a tobacco cessation program (go/tobacco).
Spouse/partner* coverage	\$45 biweekly/ \$22.50 weekly cost	Applies if your spouse/partner has access to coverage through another employer plan. Charge does not apply if spouse/partner is a Humana associate, enrolled in Medicare or Tricare as a retiree.
Go365 health assessment**	\$10 biweekly/ \$5 weekly cost each for associate and covered spouse/partner	Applies if you and your covered spouse/partner (separate charges) do not complete the Go365 online health assessment (go/additionalcosts).
Biometric screening**	\$20 biweekly/ \$10 weekly cost	Applies if you do not complete a biometric screening (go/biometrics).

*Tobacco use and spouse/partner coverage additional costs apply to all medical plans.

To avoid additional costs in 2024, Go365 health assessment and biometric screening must be completed by Dec. 31, 2023 for medical plan members enrolled in the plan by **June 30, 2023. For associates enrolling in Q3 and Q4 of 2023 and during 2024, these costs will not apply in 2024.

2024 Financial Accounts Limits

In the financial accounts used to pay for healthcare and/or dependent care on a pretax basis, there are limits to the amount that can be contributed on an annual basis.

Flexible Spending Accounts (FSA)

- Not required to be enrolled in a medical plan to participate; no changes allowed during the year
- Healthcare FSA: **\$3,050***
Full FSA (medical, pharmacy, dental, vision, OTCs with prescription) for Copay Plan members
 - Limited FSA (dental, vision, preventive) for HDHP members with an HSA)
- Dependent Care FSA: \$5,000 (no change)

Health Savings Account (HSA)

- To contribute, must be enrolled in one of the associate medical plan HDHPs
- **\$4,150 individual / \$8,300 family**
- Additional catch-up contributions of \$1,000 are allowed for associates age 55+

***2023 limit will be used for 2024**

Specialty plans

2024 Humana Dental Plans (*no changes*)

	Preventive	PPO		Traditional Preferred
Providers	All Providers	In-network Providers	Out-of-network Providers	All Providers
Deductible individual/ family	N/A	\$50/\$150	\$150/\$450	\$75/\$225
Preventive services*	100%	100%	100%	100%
Basic services	Not covered, but <u>may receive</u> discount with HumanaDental providers	80% after deductible	70% after deductible	80% after deductible
Major services**		60% after deductible	40% after deductible	50% after deductible
Orthodontia	Not covered	50% up to \$2,000		
Annual maximum	\$1,500	\$2,000 (excluding orthodontia) plus extended annual maximum***		

*Preventive services covered on all plans include: Exams, cleanings and x-rays, fluoride and sealants for children through 18, A1c screenings and blood glucose testing for those 18 or older who have had a diagnosis of diabetes, and oral cancer screenings for adults age 40 and older.

Note: PPO and Traditional Preferred preventive services also include one periodontal exam every two years and periodontal maintenance.

**Major services include dental implants.

***Extended Annual Maximum is additional 30% plan paid coinsurance for services after the \$2,000 calendar year maximum is met. Member pays the rest.

2024 Vision Plans (*no changes*)

	HumanaVision Plan	EyeMed Discount Program
Eligibility	FT/PT (20+ hours per week)	All associates (Available on Great Deals)
Enrollment	Required	Automatic / not required
Exams with retinal imaging	\$10 (retinal imaging at no cost)	\$5 off retail
Lenses	Free including bifocals/trifocals	Single vision: \$50; Bifocal/Trifocal: \$70/\$105
Lens options	Varies	Varies
Frames	\$130 allowance, then 20% off balance	40% off retail
Contact Lenses: <ul style="list-style-type: none"> Conventional Disposable Medically necessary 	<ul style="list-style-type: none"> \$130 allowance, then 15% off balance \$130 allowance \$0 	15% off retail for all contacts
Frequency: <ul style="list-style-type: none"> Exam Lenses or contacts Frames 	<ul style="list-style-type: none"> Once every plan year Once every plan year Once every 2 plan years 	Unlimited
Diabetic Eye Care - 2 services per year for each service listed	No cost for exams, retinal imaging, extended ophthalmoscopy, gonioscopy and scanning laser	Not covered
Hypertensive Eye Care - 2 services per year for each service listed	No cost for exams and retinal imaging	Not covered

2024 Basic Life and Voluntary Term Life

(no changes to plans and rates; extended family adults are not eligible)

Basic Life: Available for FT associates only (30+ hours per week)

- Clinic S: 1x salary or opt down to \$50,000

Voluntary Term Life: Available for FT & PT associates (20+ hours per week)

- You can elect coverage of up to six times your salary or \$500,000 (whichever is less)
 - During OE, associate can elect an additional \$50,000 of coverage or newly enroll for \$50,000 of coverage without underwriting
 - Coverage must be purchased for the associate in order to purchase coverage for family members (spouse or domestic partner and children)
- Underwriting is required for new or increased elections for spouse/partner. Maximum for spouse/partner is \$250,000 or one-half of the associate coverage (whichever is less)
- You pay one premium and each of your eligible children has coverage
 - Child coverage (age six months or older) is \$10,000 and requires no underwriting
 - Coverage for newborn children up to age six months is \$2,500
- If you're age 70 or older, your coverage options are reduced to \$50,000 associate/\$25,000 spouse/domestic partner

2024 Workplace Voluntary Benefits Additions/Changes

(extended family adults are not eligible)

Accident	Critical Illness and Cancer	Hospital Indemnity
<p>Enrollment age changes to 18+ for associate/spouse/domestic partner (no plan reduction at age 70); children limit remains at up to 26</p> <p>Updated benefit payment schedule: Includes increases for first hospitalization, intensive care, ground and air ambulance.</p>	<p>Enrollment age changes to 18+ for associate/spouse/domestic partner (no plan reduction at age 70); children limit remains at up to 26</p> <p>Second occurrence of any illness in same category: (Vascular, Cancer or Other)</p> <ul style="list-style-type: none"> Second occurrence will pay at 100% (currently limited to one occurrence per category) <p>Recurrence benefit waiting period:</p> <ul style="list-style-type: none"> Reduces from 12-month treatment free to 6-months treatment free 	<p>Enrollment age changes to 18+ for associate/spouse/domestic partner (no plan reduction at age 70); children limit remains at up to 26</p> <p>Hospital Admission Benefit:</p> <ul style="list-style-type: none"> \$1,000 benefit for each admission up to 4 times per year; limited to once per year currently
<p>New Organized Athletic Activity Rider:</p> <ul style="list-style-type: none"> Added at an additional 25% of the benefits payable (children only) 	<p>Additional benefits added at 100%:</p> <ul style="list-style-type: none"> Cerebral Palsy, Cleft Lip/Palate; Cystic Fibrosis, Down Syndrome, Spina Bifida, Diabetes Type 1, Advance Alzheimer's Disease, Sudden Cardiac Attack, Skin Cancer, Benign Brain Tumor, Infectious Disease: 25% Transient Ischemic Attack (TIA): 25% Skin Cancer: \$250 	<p>Hospital Confinement Benefit:</p> <ul style="list-style-type: none"> ICU Hospital Confinement Benefit increases from \$300 to \$400 per day up to 15 days Hospital Confinement Benefit increases from \$150 per day to \$200 per day up to 30 days
<p>New Transportation & Lodging:</p> <ul style="list-style-type: none"> Family member lodging added at \$200 per day Family member transportation - plane added at \$500 up to 3x per accident Family member transportation - ground added at \$200 up to 3x per accident 		

Learning Resources

Learning Resources for Associates



Well-being & Benefits Center - [go/openenrollment](#)

- Review the Open Enrollment Pathway on the Well-being & Benefits Center to learn more about the 2024 benefits



Enrollment Guides

- [Clinic S Enrollment Guides List](#)



Accolade - [member.accolade.com](#) or call 1-844-467-3579

- Ask a question about medical, dental, vision, life insurance, spending accounts and voluntary benefit plans



Workday Journey - [go/w](#)

- A new journey to start your Open Enrollment experience on Workday



Associate Support Center - [go/asc](#)

- Link to Open Enrollment Pathway on the Associate Support Center
- Ask a question about Workday navigation, “life events” (marriage, divorce, new baby, etc.), systems, payroll deductions and well-being programs

Open Enrollment Pathway

go/OpenEnrollment


Available when Communications are Released
(Sept. 6 for Clinic S)

The Pathway will include:

1. Open Enrollment timeframes for each benefits group
2. Quick Links for learning resources:
 - Benefits guides
 - Open Enrollment FAQs (what's new for 2024)
 - ASC Knowledge article with links to benefits summaries and drug lists
3. Activity reminders to avoid additional costs in 2024
4. What happens if I don't enroll during OE
5. Link to Workday enrollment tool for Clinic S on Sept. 20



Benefits for the Way You Live

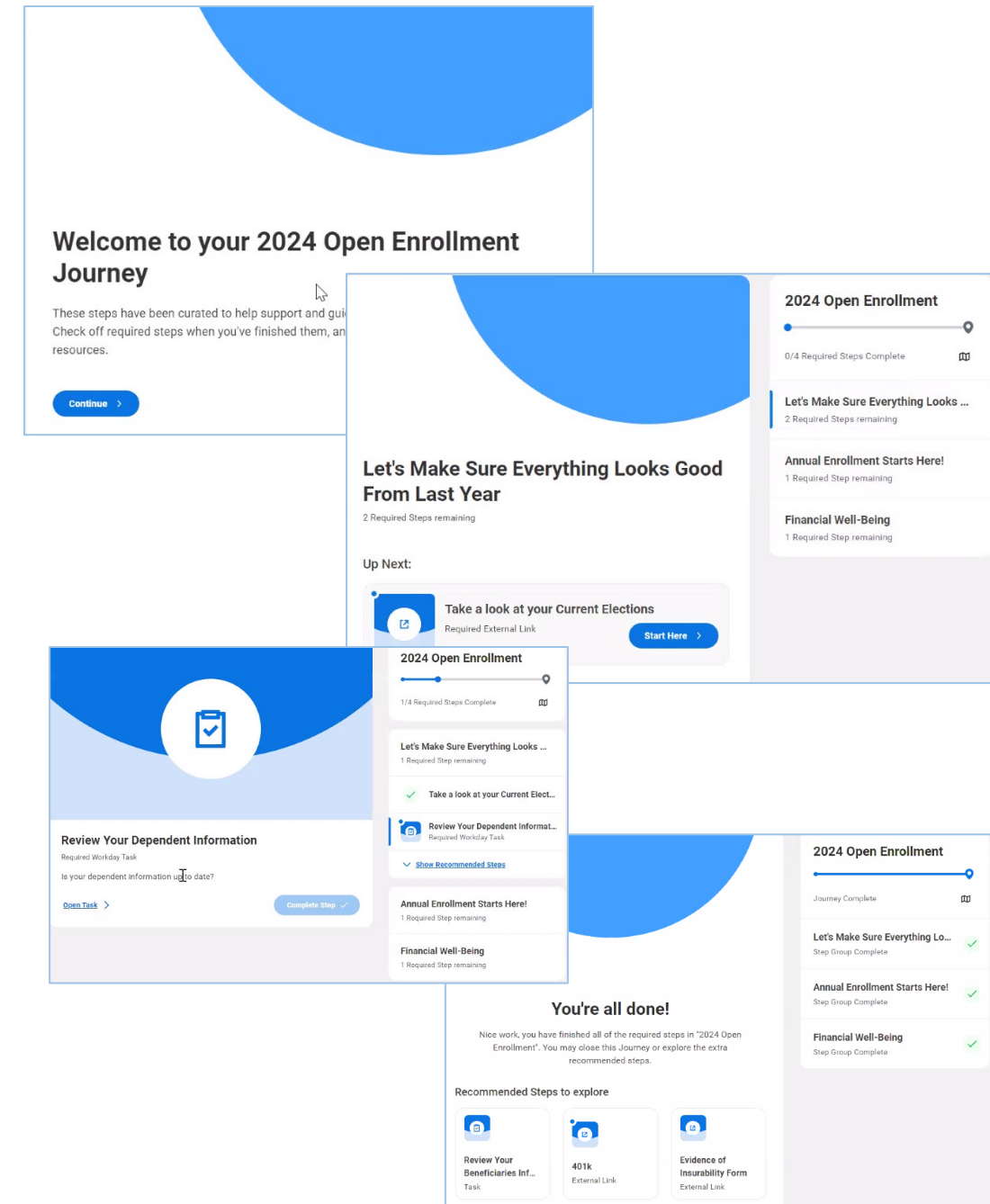
 Administered by Blue Cross and Blue Shield of North Carolina Clinic S EHDHP \$3,300 Plan		
The following is a summary of your benefits coverage. Please refer to your Summary Plan Description for all benefits coverage questions. Effective January 1, 2024		
Benefit	In-Network (You Pay)	Out-of-Network (You Pay)
Annual Deductible (amount paid by member per plan year)		
Individual Deductible (per year)	\$3,300	\$9,900
Family Deductible (per plan year)	\$6,600	\$19,800
Member after the deductible		
	20%	50%
Copays (amount paid by member, including deductible, copays and coinsurance per plan year) for medical and pharmacy		
Primary Care	\$5,000	\$15,000
Specialty	\$10,000	\$30,000
Coinsurance		
	Unlimited	Unlimited
In-Network (You Pay)		
	20% after Deductible	50% after Deductible
Out-of-Network (You Pay)		
	20% after Deductible	50% after Deductible
Surgery		
	20% after Deductible	50% after Deductible
In-Network (You Pay)		
	20% after Deductible	50% after Deductible
Out-of-Network (You Pay)		
	20% after Deductible	50% after Deductible
(including tests, lab/x-rays, excluding advanced imaging)	20% after Deductible	50% after Deductible
Allergy injections	20% after Deductible	50% after Deductible
Allergy testing and serum	20% after Deductible	50% after Deductible
Surgery performed in the physician's office	20% after Deductible	50% after Deductible
Emergency room physician services (True emergency)	20% after Deductible	20% after In-Network Deductible
Emergency room physician services	20% after Deductible	50% after Deductible

Workday Journey go/w

Available when the OE Event Opens

The Journey will include options to:

1. View your current year benefit elections
2. View and update your dependents and beneficiaries
3. Link to Workday enrollment tool beginning September 20
4. View information on Financial Well-being, including the new Emergency Savings Program.



Default Plans

If you had coverage in 2023 and made no elections during the current Open Enrollment...	Your 2024 coverage will be...
Medical Plan*	<ul style="list-style-type: none"> Current plan with current (same family members covered) If member is currently enrolled in the Clinic S \$3000/\$6000 HDHP, they will be defaulted to the new plan \$3300/\$6600 HDHP
Health Savings Account (HSA)	Active HSA with a contribution level equal to what the associate had as of the date of OE start
Flexible Spending Accounts (Healthcare FSA and Dependent Care FSA)	No contributions (not defaulted)
Dental Plan	Same plan as current (same family members covered)
Vision Plan	Same plan as current (same family members covered)
Basic Life Insurance	Same coverage as current
Voluntary Term Life Insurance	Same coverage as current (same family members covered)
Workplace Voluntary Benefits <i>(includes Accident, Critical Illness and Cancer, Hospital Indemnity)</i>	Same coverage as current (same family members covered) for Accident, Critical Illness and Cancer and Hospital Indemnity
New Well-being Rewards Program (without a medical plan)*	Associates must enroll (even if they're currently enrolled in Go365 NIM)

*Associates who enroll in a 2024 medical plan will receive the new Well-being Rewards Program. Covered spouse/partner will also be included. Associates who waive the medical plan can enroll in the new Well-being Rewards Program separately. They are required to enroll to participate in 2024.

Open Enrollment 2024

Sept. 20 – Oct. 4

