

A photograph of an elderly couple smiling and laughing together outdoors. The woman, in the foreground, has short white hair and is wearing a red and white plaid shirt. The man, behind her, has white hair and is wearing a dark red polo shirt. They are both looking towards the right. The background is a soft-focus view of green trees and foliage, suggesting a park or garden setting. The overall mood is warm and positive.

2024 Open Enrollment (CenterWell Home Health)

Humana.

Agenda

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

Well-being & Benefits Design Principles

Better health & better outcomes

The power to:

- ▶ **Influence** healthy lifestyle choices
- ▶ **Improve** outcomes through prevention, support and barrier removal
- ▶ **Sustain** positive changes by helping associates pursue purpose-based goals
- ▶ **Simplify** the experience and enhance value for associates and the company



Open Enrollment Information



October 11–25, 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*

Medical Plan Networks

(applies to CWHH BCBS Plans only)

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.

CenterWell Home Health medical & pharmacy plans

2024 CenterWell Home Health (CWHH) Medical Plans Comparison

(Blue Cross and Blue Shield)

Plan Features	Copay \$1000 with PCA**	\$2000 HDHP with HSA*	\$2500 HDHP with HSA*	\$4,500 HDHP with HSA**	\$6,550 HDHP with HSA**
Deductible* (Individual / Family)	\$1,000 / \$2,000 (medical only)	\$2,000 / \$4,000 (medical only)	\$2,500 / \$5,000 (medical + Rx)	\$4,500 / \$9,000 (medical + Rx)	\$6,550 / \$13,100
Coinsurance* (Individual / Family)	10% after deductible (plan pays 90%)	20% after deductible (plan pays 80%)	30% after deductible (plan pays 70%)	30% after deductible (plan pays 70%)	0% after deductible (plan pays 100%)
Total Maximum Out-of-Pocket (MOOP)* (Individual / Family)	\$7,900 / \$15,800 (medical + Rx)	\$5,700 / \$6,850 (medical + Rx)	\$6,200 / \$6,850 (medical + Rx)	\$6,550 / \$13,100 (medical + Rx)	\$6,550 / \$13,100 (medical + Rx)
Preventive Services	Covered 100% by the plan	Covered 100% by the plan	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 (applies to deductible)	Cost based on service provided (applies to deductible)	Cost based on service provided (applies to deductible)	Cost based on service provided (applies to deductible)
Primary Care/ Specialist Visit	\$25 / \$50 copay	20% after deductible	30% after deductible	30% after deductible	0% after deductible
Urgent Care Visit	\$75 copay	20% after deductible	30% after deductible	30% after deductible	0% after deductible
Emergency Room Visit	\$350 copay	20% after deductible	30% after deductible	30% after deductible	0% after deductible
Hospital Services	10% after deductible	20% after deductible	30% after deductible	30% after deductible	0% after deductible

*These plans have aggregate deductible. An Individual amount applies only to those with individual coverage; if covering anyone other than yourself, the family amount applies and no individual deductible applies.

**These 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 CenterWell Home Health (CWHH) Pharmacy Plans Comparison

(Humana Associate Rx through OptumRx®)

Plan Features	Copay \$1000 with PCA	\$2000 HDHP with HSA	\$2500 HDHP with HSA	\$4,500 HDHP with HSA	\$6,550 HDHP with HSA
Pharmacy Network	OptumRx Standard Select Pharmacy Network (Walgreens excluded)				
Formulary Tier Copays	Per 30-Day Supply				
Tier 1	\$10 copay	20% after deductible	30% after deductible	30% after deductible	0% after deductible
Tier 2	\$40 copay	20% after deductible	30% after deductible	30% after deductible	0% after deductible
Tier 3	\$70 copay	40% after deductible	50% after deductible	50% after deductible	0% after deductible
Specialty	25% coinsurance	20/20/40% after deductible*	30/30/50% after deductible	30/30/50% after deductible	0% after deductible
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				
Insulins	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.				
Maintenance Rx	Applies to all plans: 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 retail pharmacy. If continue to fill at a retail pharmacy (other than using CVS 90-Saver or CenterWell Pharmacy retail locations), member will pay 100% of the cost of the medication for a 30-day supply.				

* Generic, Preferred, Non-Preferred Specialty

**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. Insulin has a separate benefit.

2024 CenterWell Home Health (CWHH) Medical Plans Comparison

(Kaiser - available for California residents only)

Plan Features	HMO Medium Plan	HMO High Plan
Deductible* (Individual / Family)	\$500 / \$1,000	None
Total Maximum Out-of-Pocket (MOOP)* (Individual / Family)	\$1,500 / \$3,000	\$500 / \$1,000
Preventive Services	Covered 100% by the plan	Covered 100% by the plan
Telehealth	Covered 100% by the plan	Covered 100% by the plan
Primary Care/ Specialist Visit	\$25 / \$40 copay	\$15 / \$25 copay
Urgent Care Visit	\$25 copay	\$15 copay
Emergency Room Visit	\$150 copay	\$50 copay
Inpatient Services	10% after deductible	\$125 copay
Outpatient Services	\$250 copay per procedure after deductible	\$50 copay per procedure
Pharmacy - Retail (30-day supply) / Mail Order (90-day supply)		
Generic	\$10 / \$20 copay	\$5 / \$10 copay
Brand/Non-Preferred Brand	\$30 / \$60 copay	\$10 / \$20 copay
Specialty	\$30 / \$60 copay	\$10 / \$20 copay

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

- Not required to be enrolled in a medical plan to participate; no changes allowed during the year
- Healthcare FSA: **\$3,050*** (medical, pharmacy, dental, vision, OTCs) for Kaiser plans and **Copay \$1000 members**
- Limited FSA (dental, vision, preventive) for HDHP members with a HDHP/HSA
- Dependent Care FSA: \$5,000 (no change)

Personal Care Account

- Company-funded account for Copay \$1000 plan members only
- Can be used for medical and pharmacy expenses only for those covered on the Copay \$1000 plan

Health Savings Account (HSA)

- To receive employer-funded contributions and to contribute via pretax deductions, must be enrolled in one of the HDHP/HSA
- **\$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**

2024 Account Funding for BCBS Medical Plan Members*

(applies to BCBS plans only)

Salary	Base funding (individual/family)	Financial Guidance (individual/family)	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

*Complete Financial Guidance requirements by Dec. 1, 2023 to earn account funding in both 2023 and 2024. Complete Financial Guidance requirements by Dec. 31, 2023 to earn account funding in 2024. Learn more at <http://go.humana.com/accountfunding>.

To get started, access the Financial Guidance dashboard from the “Services” tab in Limeade or from within the Humana network at <http://go.humana.com/financialguidance>. You can choose from activities offered by Schwab, Financial Finesse, Enrich, and more and can complete the requirements in no more than 1-2 hours.

Avoid 2024 Additional Costs (formerly Healthy Reward Rate)

(CenterWell Home Health 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.

For the 2024 Medical Plan Year, the Healthy Reward Rate Premium Discount is being replaced by a surcharge referred to as "Additional Cost". Compared to last year, there is no change to the amount saved by completing the required activities by Dec. 31, 2023.

Associates and their covered spouse/partner must complete the biometric screening and Limeade Health Assessment to avoid a per paycheck Additional Cost**.

- \$115.38 for EE + Spouse and EE +Family, and \$57.70 for EE Only and EE + Children/Dependent - for a biweekly additional cost(26 pay periods per year)
- \$57.70 for EE + Spouse and EE +Family, and \$28.85 for EE Only and EE + Children/Dependent - for a weekly additional cost (52 pay periods per year)

*Tobacco use and spouse/partner coverage surcharge applies to all CenterWell Home Health medical plans (BCBS & Kaiser).

**For associates enrolling in Q4 of 2023 and during 2024, these costs will not apply in 2024.

NEW Well-being Program

Beginning January 2024, CWHH associates will have access to a **NEW** Well-being Program!

What is it?

- Easy-to-use, high touch, mobile and web-based program that blends digital apps, engaging experiences, and dynamic content to help you make health-related decisions in a mobile, fun, and social environment.
- The content is tailored to your interests and individual well-being goals.

What's Included?

- Trackers to help you build healthy habits
- Multi-media library with on-demand video and audio content
- Digital coaching
- Daily well-being tips and preventive care reminders
- Nutrition guides and recipes
- Personalized sleep plans and tips for improved energy
- Peer-to-peer challenges to connect with your family and friends

Who has access?

- Associates who enroll in the company medical plan, will automatically be enrolled (associate subscriber and covered spouse/partner) in the Well-being Program.
- Associates who waive medical can enroll in the stand-alone Well-being Program during OE or if a Life Event occurs.

Specialty

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 discount</u> 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 to plans or rates)*

	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 Center - [go/openenrollment](https://go.openenrollment)

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



Accolade - member.accolade.com

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



Workday Journey - [go/w](https://go.w)

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



Associate Support Center - [go/asc](https://go.asc)

- 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. 27 for CWHH)**

The Pathway will include:

1. Open Enrollment timeframes for each benefits group
2. Quick Links for learning resources:
 - Benefits guide
 - OE FAQs
 - ASC knowledge article with links to benefits summaries, SBCs and drug lists
 - Associate OE benefits presentation
3. Activity reminders to avoid additional costs in 2024
4. What happens if I don't enroll during OE

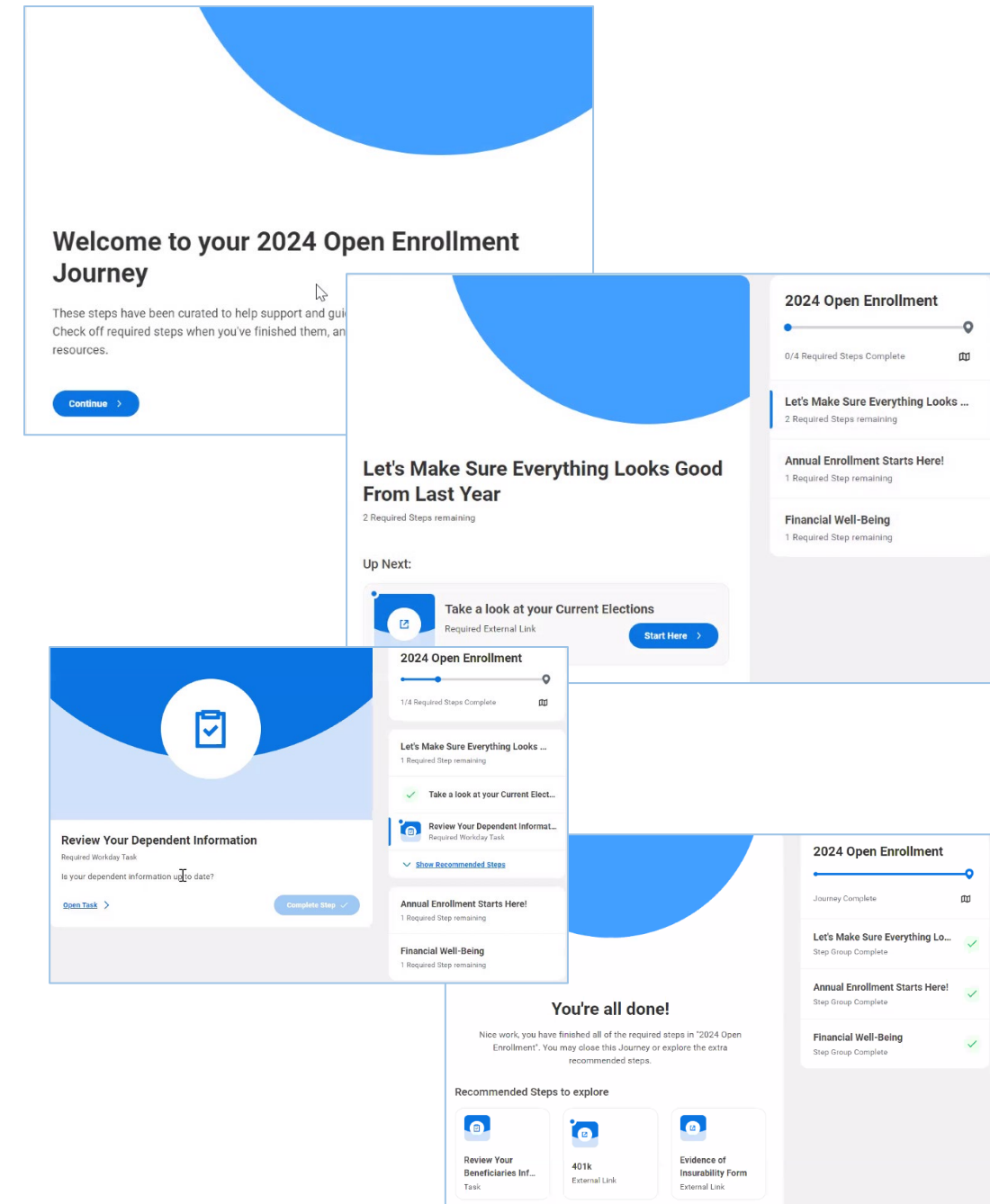


Workday Journey go/w

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
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 associates are currently enrolled in one of the HDHPs and wants to enroll in the new Copay \$1000, they must actively enroll in the plan for 2024.
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 (includes Accident, Critical Illness and Cancer, Hospital Indemnity)	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)*	No default. Associate must enroll in the new Well-being Rewards Program to participate in 2024.

*Associates who enroll in a 2024 medical plan will receive the new Well-being Rewards Program (Limeaid is sunsetting at the end of 2023). 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.