



Benefits for the Way You Live





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Welcome to Your CenterWell Home Health Flex Benefits!

As a member of the CenterWell Home Health community, you're able to experience opportunities that go beyond health and support your individual needs for purpose, belonging, and security. Our health and well-being benefits and programs are designed so you can bring your whole self to work and we are empowered to deliver on our passion for holistic well-being.

Starting November 8 until 11:59 pm Eastern Time on November 22, you have the opportunity to enroll in or waive coverage for Medical/Pharmacy and Health Savings Account (HSA) for you and your family during Open Enrollment 2024. **Benefits are effective January 1 – December 31, 2024.** Enrollment is done through Workday.

You're eligible to enroll during Open Enrollment 2024 if you have at least one year of service and have worked on average 30 or more hours per week (1,560 hours total) from October 4, 2022 to October 3, 2023. If you choose not to enroll, your eligibility will be reviewed annually during the Open Enrollment Period.

Because your well-being journey is important, this enrollment booklet should provide all the information you need to make the right choices for you and your family. If your family members are on your benefits plan, involve them in the discussion, so they understand and agree to the choices that they can make.

For more information on these benefits and programs, visit the Open Enrollment Pathway located on the Well-being & Benefits Center on Humana's Intranet at [go/wbc](#).



Eligibility

As a Flex associate with a variable work schedule, you're eligible to enroll for medical coverage during the Open Enrollment Period if you have at least one year of service and have worked on average 30 or more hours per week (1,560 hours total) from October 4, 2022 to October 3, 2023. You can enroll in Medical/Pharmacy and Health Savings Account (HSA).

You may enroll your eligible dependents in many of the same plans you choose for yourself. Eligible dependents include:

- Your legal spouse or domestic partner
- Your natural, adopted, or stepchildren up to age 26
- Children of any age, if incapable of self-support due to mental or physical disability
- One additional adult relative who is your IRS tax dependent

Duplicate Coverage

You can cover your spouse/partner or an additional adult relative and dependent children on your health benefits.

If you and your spouse/partner are eligible associates, you may separately elect coverage under these plans. However, you cannot have duplicate coverage as both an associate and a dependent.

If you and your spouse/partner or another additional adult relative have dependents you wish to cover, they may only be covered under one plan. If dependent children become eligible associates, they cannot be covered both as your dependent and as an eligible associate.

Enrolling & Making Changes

The choices you make when you first become eligible are in effect for the remainder of the plan year. It's important to review your benefit options and choose the best coverage for you and your family.

You have three opportunities to enroll in or make changes to your benefits:

1. Within **31 days** from date of eligibility.
2. During the annual Open Enrollment period.
3. Within **31 days** of a qualified change in family status.

Qualified Changes in Family Status

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Death of a dependent
- Loss or gain of other health coverage for you and/or dependents
- Change in employment status
- Change in Medicaid/Medicare eligibility for you or a dependent
- Receipt of a Qualified Medical Child Support Order



How to Enroll

1. Determine Your Needs

Be a smart health care consumer and ask yourself the following questions:

- **Who should I cover?** Evaluate your coverage options for all dependents who meet eligibility requirements.
- **How much did I spend on health care last year?** Consider your past expenses to help you plan for your future needs.

2. Review Your Options

Review this benefits guide to compare your options and evaluate plan costs and potential savings. You are also encouraged to use resources available through the Workday enrollment tool.

You may make elections for Medical/Pharmacy and Health Savings Account (HSA). You **MUST** log in to enroll and make these elections.

3. Enroll in Your Benefits

When you're on the company network, you can access the benefits enrollment portal via Workday with the following steps:

1. Go to Workday via Humana's Intranet.
2. Click on the Benefits app. Under "Change", click Dependents to add dependents you wish to cover. Click Beneficiaries to add beneficiaries for your plans.
3. Go to your Workday inbox and click on the Change Enrollment task to start your enrollment.

If you have questions, contact Accolade at 866-386-0119 or visit member.accolade.com.

4. Confirm Your Elections

Upon completion of your benefits enrollment, please review your 2024 Benefits Statement carefully to make sure your benefits and dependent information are correct.





Health & Well-being Resources

Virta Health

For medical plan members, Virta includes three unique programs with health coaches to help you manage your health. Learn which program is the right fit for you.

Your Type 2 Diabetes	Your Risk for Diabetes	Your Weight
<p>Virta offers a comprehensive Type 2 diabetes program to help participants decrease their blood sugar and A1c from the safety and comfort of home, while reducing diabetes medication and losing weight without the risks, costs, or side effects of additional medications or surgery.</p> <p>The Virta Diabetes program offers:</p> <ul style="list-style-type: none">▪ Free diabetes testing supplies, including unlimited testing strips, lancets, and a blood glucose meter▪ Medical care from a physician-led team▪ Mobile app with easy-to-use tracking tools and tips▪ Resources such as recipes, grocery lists, and other patient community support <p>The resulting weight loss improves sleep, energy, and overall health.</p>	<p>More than one in three people have prediabetes putting them at greater risk for developing Type 2 diabetes. If your blood sugar levels are higher than normal, Virta's Diabetes Prevention Program can help you lose weight and manage rising blood sugar through nutritional therapy and advanced telehealth.</p> <p>The Diabetes Prevention Program offers:</p> <ul style="list-style-type: none">▪ Devices and labs for remote monitoring of progress▪ Clinical management and support▪ Personalized nutrition and behavioral advice for lasting success▪ Mobile app and online member community for discussion and support <p>Virta helps you stop prediabetes in its tracks.</p>	<p>If your BMI is greater than 30, Virta has a clinical program to help you tackle your weight. Because of a unique nutritional approach and telehealth support, participants experience levels of weight loss greater than what they can generally manage on their own. Virta's nutritional therapy uses a low carb approach without counting calories.</p> <p>The Weight Loss Program offers:</p> <ul style="list-style-type: none">▪ Free remote monitoring devices, including a digital body weight scale▪ Mobile app with meal plans, tracking tools, and educational videos▪ Expert support anywhere, anytime from a clinical care team <p>And best of all, after two years, nearly 90% of the weight loss is sustained.</p>

For more information, contact Virta at **844-847-8216**, or to learn how to join the program, visit [go/Virta](https://go.virtahealth.com).



Nimble Health: Your Trusted Guide for Your Musculoskeletal (MSK) & Imaging Health Care Journey (BCBS Plan Members Only)

Pain is a difficult obstacle for anyone to deal with, especially when it comes to musculoskeletal (MSK) disorders of the neck, back, knee, hip, or shoulder. Joint pain does not have to be a permanent part of your life. The Nimble Health solution is a complete joint and spine program offering concierge services to help you:

- Understand your diagnosis and treatment options
- Find the best physicians for second opinions (Cleveland Clinic)
- Determine which treatment options are right for you
- Schedule appointments for imaging, as well as in-person and virtual physical therapy and surgery.

Nimble Orthopedic Nurse Health Coaches are available to answer questions and support you on your journey. By working with an Orthopedic Nurse Health Coach, you'll receive:

- Educational information about your symptoms and conditions to help you make the most of your care options
- Guidance to find high-quality, in-network physicians and get a second opinion from the Cleveland Clinic, including virtual second opinions
- Advanced imaging scheduling support (MRI, CT, and PET scans)
- Physical therapy, including virtual physical therapy options
- Treatment decisions support with a Nurse Health Coach
- Surgical preparation support and assistance when you need it

Nimble Health is a voluntary concierge program that proactively reaches out to members by phone, text, and email whenever they identify a member who may need help during their MSK journey. Please contact an Accolade Health Assistant at **866-386-0119** or visit member.accolade.com for more information.

When you choose a Nimble Health provider, CWHH waives all coinsurance if you've met your IRS minimum deductible of \$1,600 for an individual or \$3,200 for a family.

Edison Healthcare Centers of Excellence Program (BCBS Plan Members Only)

To ensure you get high-quality care at an affordable cost, we have partnered with Edison Healthcare to provide the Centers of Excellence Program. This program focuses on reducing your risk of misdiagnoses by connecting you to top surgeons and hospitals in the country for the following procedures:

- Spine surgeries
- Joint replacement surgeries
- Cardiac bypass, stents, and other surgeries
- Cancer surgeries

When you receive care through this program, all your medical coinsurance*, travel, and lodging expenses (including a travel companion) will be covered. **If you or your covered dependent (age 18+) receive care for the procedures noted above outside of a Center of Excellence, you will be 100% responsible for all expenses.**

Other medical conditions/procedures may also be eligible for care at an Edison Healthcare Center of Excellence and will be reviewed on a case-by-case basis.

Contact Accolade at **866-386-0119** or visit member.accolade.com to learn about your next steps.

Note: Kaiser Plan members are not eligible for the Edison Healthcare Centers of Excellence Program.

**As required by IRS regulation, a \$1,600 (\$3,200 family) deductible may apply to Centers of Excellence care if not previously met.*



Telemedicine Offers Care from the Comfort of Home

Doctor On Demand gives you the peace of mind of seeing a doctor when you need to and where you need to. With Doctor On Demand, you can see a U.S. based, board-certified doctor from the comfort of your home, office, or while traveling, through secure video on your smartphone, tablet, or laptop. Doctors are available 24 hours a day, seven days a week, 365 days a year. Consider Doctor On Demand for care if your primary care physician (PCP) is not available, after hours, or on weekends or holidays for non-emergent needs. Doctors can even send prescriptions to your preferred pharmacy.

With the Copay \$1,000 or High Deductible Health Plan (HDHP) medical plans, video visits with a doctor for urgent care are \$57 or less, depending on the medical plan you select, and behavioral health service costs can vary based on the service provided. If you're not on the company medical plan, your cost may vary depending on your insurance carrier.

Doctor On Demand operates subject to state regulations and may not be available in certain states.



Accolade Is Your First Stop for Help (Blue Cross Blue Shield (BCBS) Plan Members)

The health care journey is best traveled with an experienced guide. Accolade has the expertise to support you every step of the way. Whenever you have questions about your health care, or if you need help resolving billing issues, Accolade is here to help you get the most out of your benefits as a BCBS medical plan member:

- Find the right provider
- Save money on medical care
- Understand your options
- Resolve claims issues
- Obtain a second opinion from Accolade

Make Accolade your first contact. Call **866-386-0119** or visit member.accolade.com. You can also connect with Accolade through the Your Health Assistant mobile app. Your Accolade Health Assistant will stay with you from first contact through follow-up.



EAP & Work-Life Services

The TELUS Health Employee Assistance Program and Work-Life Services are there when it matters. The program offers comprehensive information, education, self-assessments, and consultations on a wide range of issues to address family, personal, financial, legal, and emotional concerns. Services include up to five face-to-face counseling sessions per issue per year and referrals to community resources. The EAP is available to you, your family members, and your friends at no cost.

To access the EAP, call TELUS Health at **877-509-0096**, 24/7, 365 days a year or visit go/eap.



Other Health & Well-being Resources

Our company medical benefits are more than just insurance coverage. They're designed with incentives and rewards to encourage and empower you to live a healthy lifestyle. By completing certain activities and challenges, you'll not only take steps to live life to the fullest, but you'll also have more money in your pocket for your health and well-being.

Your Personal Well-being Journey

Each day is another opportunity to choose how you want to live. Whether you're interested in creating new habits with digital apps, finding new activities you can enjoy any time/anywhere, exploring new foods and trends, listening to a podcast, or connecting with others, you'll discover new ways to work on your well-being and embrace healthy living.

- Wel at Humana™ offers a monthly newsletter, Wel Tips, Coaches Corner—real fitness talk podcasts and more. Visit [go/WelatHumana](#).
- Our Registered Dietician shares recipes, healthy eating tips and meal planning for prevention and performance. Check out Amanda's Everyday Kitchen and YouTube videos, created specifically for Humana associates. Visit [go/Nutrition](#).
- Listen to Well-being In-Sync podcasts from psychologist, Bea Harris. 10 minutes of inspiration to help you take on life's challenges. Visit [go/Optimism](#).
- Sharing our time, talents, and skills creates purpose and meaning in our lives. Find volunteer opportunities and participate in the Humana Foundation Matching Gift Program. Visit [go/HumanaTogether](#).

With our well-being tools, you'll be able to make the best choices for a healthier life. For more information, visit the Well-being & Benefits Center at [go/wbc](#).



Other Health and Well-being Resources (continued)

Financial Well-being

Your financial well-being is about more than just money—it's about the freedom to focus on the goals that are most important to you. It could mean being able to pay your bills, weather an unexpected expense, retire comfortably or take the trip of your dreams. Just like any other dimension of well-being, this is deeply personal, and progress does not happen overnight.

With Humana's financial well-being programs, you have comprehensive tools and resources at your fingertips to help you be in your best financial position no matter where you are on your well-being journey.

- **Financial Finesse** provides associates with unlimited coaching support to enhance their financial well-being at no cost. Associates have on-demand access to Certified Financial Planner™ professionals as well as an empowering digital hub. All information shared is kept completely confidential. Learn more at [go/FinancialFinesse](https://go.FinancialFinesse).
- **Enrich** is a financial education program that offers online courses and webinars, tools and templates, plus helpful assessments, articles, and videos. Learn more at go/Enrich.
- **ONE@Work** is a secure financial mobile app that can help you access your pay earlier than your regular paycheck, budget automatically, and save for the future. Learn more at go/ONE@Work.
- **Helping Hands** provides emergency financial assistance for Humana associates when they need it most—when facing severe financial strain due to an unforeseen challenge. Learn more at go/HelpingHands.
- **Great Deals** provides access to discounted pricing and special offers from nationally available vendors. Learn more at go/GreatDeals.
- Through the **Preferred Banking Program** Humana associates receive special banking benefits and may be eligible for creation discounts on a new mortgage through Bank of America. Learn more at go/PreferredBanking.



Get to Know Your Care Options

Need medical attention, but it's not a true emergency? Save time and money by using telemedicine services, scheduling an appointment with your primary physician, or visiting urgent care.

Emergency room (ER) copays are expensive, and the average wait time is 4.5 hours! Telemedicine, your primary physician, and urgent care centers provide quality care just like the ER, but you could save hundreds of dollars and hours of time in the waiting room for non-life-threatening issues. Once the plan year begins, if you have questions about where to go for care, reach out to Accolade for assistance at member.accolade.com or call **866-386-0119**.

 Telemedicine (Non-Life-Threatening)	 Doctor's Office (Non-Life-Threatening)	 Urgent Care Center (Non-Life-Threatening)	 Emergency Room (Life-Threatening)
<ul style="list-style-type: none"> Headaches Fever and flu symptoms Cough, cold, and sore throat Skin irritations/rashes 	<ul style="list-style-type: none"> Headaches Fever and flu symptoms Cough, cold, and sore throat Skin irritations/rashes Earaches and infections Minor cuts, bumps, sprains, and burns Urinary tract infections Back and joint pain 	<ul style="list-style-type: none"> Headaches Fever and flu symptoms Earaches and infections Minor cuts, bumps or sprains Urinary tract infections Back and joint pain Allergic reactions Animal bites 	<ul style="list-style-type: none"> Sudden numbness or weakness Disorientation or difficulty speaking Sudden dizziness or loss of coordination Seizure or loss of consciousness Shortness of breath or severe asthma attack Head injury or major trauma Blurry or lost vision Severe cuts or burns Overdoses Uncontrolled bleeding Coughing or vomiting blood Heart attack or chest pain Severe allergic reactions

Helpful Benefit Terms & Definitions

To better understand your coverage, it's helpful to be familiar with benefits vocabulary. Take a moment to review these terms, which may be referenced throughout this guide.

Aggregate Deductible: The entire family deductible amount must be met before the plan begins to pay, even if only one family member has medical costs.

Balance Bill: When a health care provider bills a patient for the difference between what the patient's health insurance reimburses and the provider charges.

Coinsurance: The percentage paid for a covered service, shared by you and the plan. Coinsurance can vary by plan and provider network. Review the plans carefully to understand your responsibility. You are responsible for coinsurance until you reach your plan's MOOP.

Copay: A fixed dollar amount you pay the provider at the time of service.

Deductible: The amount you pay each calendar year before the plan begins paying benefits. Not all covered services are subject to the deductible. For example, the deductible does not apply to preventive care services and some preventive medications.

Embedded Deductible: 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.

In-Network Care: Care provided by contracted doctors within the plan's network of providers. This enables participants to receive care at a reduced rate compared to care received by out-of-network providers.

Maximum Out-of-Pocket (MOOP): The maximum amount you pay per year before the plan begins paying 100% for covered expenses. This limit protects you from unexpected, catastrophic expenses.

Out-of-Network Care: Care provided by a doctor or at a facility outside of the plan's network. Your costs may increase, and services may be subject to balance billing.

Premium: The complete cost of your plans. You may share this cost with the company and pay your portion through regular payroll deductions.

Preventive Care: Routine health care, including annual physicals, screenings, and recommended vaccines to prevent disease, illness, and other health issues. In-network preventive care is covered at 100%.

Well-being: A sense of health and vitality that arises from your thoughts, emotions, actions, and experiences. When you feel healthy, socially connected, and purposeful—you flourish.

In-Network Providers

BCBS in-network providers will vary based on your home address. Review the chart for your medical plan network.

Location	Provider Network Name
Florida	NetworkBlue
Georgia	Blue Open Access POS
Wisconsin	Blue Preferred POS
Kansas City (Counties in both Kansas & 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.

Benefit Acronyms

HDHP

High Deductible Health Plan

HMO

Health Maintenance Organization

HSA

Health Savings Account

PPO

Preferred Provider Organization



BCBS Medical Plan Comparison*

Plan Features	Copay \$,1000 with PCA**	\$2,000 HDHP with HSA***	\$2,500 HDHP with HSA***	\$4,500 HDHP with HSA**	\$6,550 HDHP with HSA**
Annual Deductible** Individual/Family	\$1,000 / \$2,000 (medical only)	\$2,000 / \$4,000 (medical + Rx)	\$2,500 / \$5,000 (medical + Rx)	\$4,500 / \$9,000 (medical + Rx)	\$6,550 / \$13,100 (medical + Rx)
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)
	You pay:	You pay:	You pay:	You pay:	You pay:
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 (Urgent Care & Behavioral Health)	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 Visit/ 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

*In-network amounts shown. All plans include out-of-network (OON) coverage. When OON providers are used, the member will meet separate, higher deductible, coinsurance, and MOOP amounts.

**These plans have aggregate deductibles. 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.

Prescription Plan Comparison

Plan Features	Copay \$,1000 with PCA**	\$2,000 HDHP with HSA***	\$2,500 HDHP with HSA***	\$4,500 HDHP with HSA**	\$6,550 HDHP with HSA**
Pharmacy Network	OptumRx Select Pharmacy Network (Walgreens excluded)				
Preventive Rx	Copays for the medications on the OptumRx 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	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Tier 2	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Tier 3	\$70 copay	\$70 copay	\$70 copay	\$70 copay	\$70 copay
Maintenance Rx (medications taken on a regular basis)	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 30-day fills at any retail pharmacy. If continue to fill at a retail pharmacy (other than using CVS 90-Saver), the medication will not be covered.				
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 Tier 3 cost share applies.				
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

*The OptumRx Preventive Drug 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.

**Generic, Preferred, Non-Preferred Specialty

Pharmacy Benefits

Your pharmacy benefit is administered by OptumRx. This program ensures you get the medications you need, including:

- **Short-term medications:** Drugs used for conditions such as a sinus infection or strep throat.
- **Maintenance medications:** Drugs used on a regular basis, such as those for diabetes, high blood pressure, cholesterol, or depression.
- **Specialty medications:** Drugs used to treat serious, complex conditions such as cancer, rheumatoid arthritis, and multiple sclerosis.

Pharmacy Design

Drugs on the pharmacy list are placed in different tiers. The cost you pay for each type of medication depends on the tier of the medication and the plan you choose. Please refer to the [Prescription Plan Comparison](#) page for your plan's pharmacy coverage.

To view the Humana Associate Rx Premium Standard Drug List, [click here](#).

To view the OptumRx Preventive Drug List, [click here](#).

Ways to Save

You can benefit from these savings features, which are designed around using your pharmacy benefits wisely.

Insulin Benefit

There is an insulin benefit included with all plans.

- 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 covered, the Tier 3 copay applies.

Preventive Rx Program

Medical plan members have access to the Preventive Rx program. The program includes a list of 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.

When filling these medications for a 30-day supply at any in-network pharmacy, you will pay a copay based on the tier of the drug.

For HDHP members, copays for these medications apply before meeting a deductible. If you take the medications regularly, the Maintenance Rx requirements will apply.





Pharmacy Benefits (continued)

Where Can I Fill Prescriptions?

- **Short-Term Prescriptions:** For all plans, your short-term prescriptions can be filled at any in-network pharmacy.
- **Maintenance Prescriptions:** With all medical plans, you can fill maintenance medications at any retail network pharmacy location for a maximum of two 30-day fills.

After these initial 30-day fills, the third and subsequent fills of the maintenance medication must be 90-day fills via Optum Home Delivery, CenterWell Pharmacy retail locations or CVS-90 Saver.

If the third and subsequent retail fills of the maintenance medication are filled for 30-days at a retail pharmacy, the medication will not be covered.

- **Specialty Medication Prescriptions:** For all plans, your specialty prescriptions must be filled at Optum Specialty Pharmacy.

Skip the Pharmacy. Optum Delivers to You.

If you take medication regularly, you could save time and money with Optum Home Delivery.

- Order up to a 3-month supply.
- Get your medications delivered right to your mailbox with free standard shipping.
- Talk to a pharmacist 24/7.

You can submit your order one of three ways:

- Online at humanaassociaterx-rxportal.sxc.com.
- Through the Optum Rx App.
- Call **800-382-7015**.

Kaiser Medical Plan Comparison

California Residents Only

Plan Features	Kaiser HMO Medium Plan	Kaiser HMO High Plan
	In-Network Only	In-Network Only
	You pay:	You pay:
Annual Deductible Individual/Family	\$500 / \$1,000	None
Annual Out-of-Pocket Maximum Individual/Family	\$1,500 / \$3,000	\$500 / \$1,000
Preventive Care Visit	Covered in full	Covered in full
Telemedicine	Covered in full	Covered in full
Primary Care Visit	\$25 copay	\$15 copay
Specialist Visit	\$40 copay	\$25 copay
Lab & X-ray	Covered in full	Covered in full
Urgent Care	\$25 copay	\$15 copay
Emergency Room (copay waived if admitted)	\$150 copay	\$50 copay
Inpatient Hospital Services	10% after deductible	\$125 copay
Outpatient Hospital Services	\$250 copay per procedure after deductible	\$50 copay per procedure
Pharmacy – Retail (30-day Supply)		
Generic	\$10 copay	\$5 copay
Brand/Non-Preferred Brand	\$30 copay	\$10 copay
Specialty	\$30 copay	\$10 copay
Pharmacy – Mail Order (90-day Supply)		
Generic	\$20 copay	\$10 copay
Brand/Non-Preferred Brand	\$60 copay	\$20 copay
Specialty	\$60 copay	\$20 copay



Medical Plan Account Funding

CenterWell Home Health offers medical plan account funding when you enroll in any of the plans offered. When you enroll in the Copay \$1,000, a Personal Care Account (PCA) will be opened on your behalf. With the High Deductible Health Plan (HDHP), you can enroll in a Health Savings Account (HSA). If you enroll in the HSA, base funding will automatically be contributed to these accounts in January 2024 and is based on your salary and medical plan coverage level. You can earn additional funding when you complete Financial Guidance activities. You have from January 1 - December 31, 2023 to complete Financial Guidance activities for 2024 Account Funding. New hires and first-time health plan enrollees with a benefits effective date on or after October 1, 2023 will have an opportunity to earn 2024 Account Funding in the new year.

PCA Contributions

The PCA is an employer-funded account only and can be used to pay for medical and pharmacy expenses for you and your covered family members. All unused PCA funds roll over from year to year if you enroll in a plan with a PCA.

HSA Contributions

Both you and your employer can fund the HSA, which can be used to pay for medical, dental, vision, and over-the-counter medicines for you and your IRS tax dependents, regardless of whether they're enrolled in your medical plan. For a complete list of eligible expenses, refer to [IRS Publication 969](#).

For 2024, the maximum HSA funding (both employer and associate together) cannot exceed the annual IRS maximum of \$4,150 for HDHP individual coverage and \$8,300 for HDHP family coverage (any other coverage level). If you are age 55+, you can fund catch-up amounts up to \$1,000.

Salary Tier	2024 Company PCA/HSA Contributions (Individual/Family)		2024 Annual Earning Opportunity (Individual/Family)
	Base Funding	Financial Guidance Activities	
<\$50,000	\$250 / \$500	\$750 / \$1,500	\$1,000 / \$2,000
\$50,000-<\$100,000	\$100 / \$200	\$300 / \$600	\$400 / \$800
\$100,000+	\$0	\$100 / \$200	\$100 / \$200

How the Health Savings Account (HSA) Works

Benefits of an HSA

- You can set aside tax-free* money to pay for health care expenses.
- An HSA is your bank account. If you leave the company, the account goes with you.
- All unused contributions roll over year to year.
- HSAs can make a great retirement savings account for health care and may be invested by the account holder.
- Associate HSA contributions can be stopped, started, or changed anytime throughout the plan year.

To Contribute to an HSA

The IRS has several eligibility requirements that must be met to open an HSA:

- You must be enrolled in a qualified HDHP.
- You cannot be covered under any other non-qualified plan, including your spouse's Health Care FSA.
- You cannot be enrolled in Medicare or Tricare.
- You cannot be claimed as a dependent on someone else's tax return.

Questions? Refer to [IRS Publication 969](#) for complete HSA rules.

HSA Tax Advantages

1. Your contributions to the HSA are not taxed.
2. Payments of qualified expenses are tax-free.
3. Earnings are tax-free.*

**State taxes may still apply in CA and NJ. For detailed tax implications of an HSA, please contact your professional tax advisor.*





Your Cost for Coverage - Bi-Weekly

Your bi-weekly payroll deductions for medical, dental, and vision are shown here.

Medical*

Benefit Plan	Associate Only	Associate + Spouse/Partner	Associate + Child(ren)/Dependent	Associate + Family
BCBS \$1,000 Copay with PCA	\$104.90	\$275.28	\$199.16	\$335.56
BCBS \$2,000 HDHP with HSA	\$55.48	\$199.48	\$147.08	\$243.10
BCBS \$2,500 HDHP with HSA	\$41.20	\$162.34	\$118.26	\$208.44
BCBS \$4,500 HDHP with HSA	\$22.10	\$119.52	\$81.94	\$150.16
BCBS \$6,500 HDHP with HSA	\$7.48	\$86.82	\$56.58	\$107.02
Kaiser Northern CA HMO High Plan	\$141.26	\$461.58	\$388.96	\$549.84
Kaiser Northern CA HMO Medium Plan	\$103.62	\$380.74	\$312.50	\$443.46
Kaiser Southern CA HMO High Plan	\$72.06	\$283.76	\$201.14	\$367.86
Kaiser Southern CA HMO Medium Plan	\$41.24	\$229.56	\$145.14	\$291.24

**The rates above do not include additional costs for tobacco users or spouse/partner coverage when other group coverage is available.*

Tobacco Use Surcharge: A \$40 additional charge is deducted bi-weekly if you or any of your covered family members (age 18+) used tobacco in the last 12 months and are not participating in a tobacco cessation program.

Spouse/Partner Coverage Surcharge: A \$45 additional charge is deducted bi-weekly for a spouse/partner who is covered by our company medical plan but has coverage available through their workplace. Fees do not apply if your spouse/partner is another associate, self-employed, unemployed, or enrolled in Medicare, Medicaid, or TRICARE as a retiree.



Your Cost for Coverage - Weekly

Your weekly payroll deductions for medical, dental, and vision are shown here.

Medical*

Benefit Plan	Associate Only	Associate + Spouse/Partner	Associate + Child(ren)/Dependent	Associate + Family
BCBS \$1,000 Copay with PCA	\$52.45	\$137.64	\$99.58	\$167.78
BCBS \$2,000 HDHP with HSA	\$27.74	\$99.74	\$73.54	\$121.55
BCBS \$2,500 HDHP with HSA	\$20.60	\$81.17	\$59.13	\$104.22
BCBS \$4,500 HDHP with HSA	\$11.05	\$59.76	\$40.97	\$75.08
BCBS \$6,500 HDHP with HSA	\$3.74	\$43.41	\$28.29	\$53.51
Kaiser Northern CA HMO High Plan	\$70.63	\$230.79	\$194.48	\$274.92
Kaiser Northern CA HMO Medium Plan	\$51.81	\$190.37	\$156.25	\$221.73
Kaiser Southern CA HMO High Plan	\$36.03	\$141.88	\$100.57	\$183.93
Kaiser Southern CA HMO Medium Plan	\$20.62	\$114.78	\$72.57	\$145.62

*The rates above do not include additional costs for tobacco users or spouse/partner coverage when other group coverage is available.

Tobacco Use Surcharge: A \$20 additional charge is deducted weekly if you or any of your covered family members (age 18+) used tobacco in the last 12 months and are not participating in a tobacco cessation program.

Spouse/Partner Coverage Surcharge: A \$22.50 additional charge is deducted weekly for a spouse/partner who is covered by our company medical plan but has coverage available through their workplace. Fees do not apply if your spouse/partner is another Associate, self-employed, unemployed, or enrolled in Medicare, Medicaid, or TRICARE as a retiree.

Your Benefit Contacts

Coverage	Contact	Phone	Website/Email
Benefits Assistance During Open Enrollment	Accolade	866-386-0119	member.accolade.com
Benefits Enrollment	Workday	N/A	Workday
Employee Assistance Program (EAP) & Work-Life Services	TELUS Health	877-509-0096	go/eap
Medical	Accolade	866-386-0119	member.accolade.com
PCA & HSA	Humana	800-604-6228	humanaaccess.com
Prescription Drugs	Humana Associate Rx (through Optum Rx)	800-382-7015	humanaassociaterx-rxportal.sxc.com
Telemedicine	Doctor on Demand	800-997-6196	doctorondemand.com/getcare
	Kaiser Permanente	Northern CA: 650-358-7015 Southern CA: 833-574-2273	kp.org
Workday Navigation & Life Events	Humana Associate Support Center	888-431-4748	humanaprod.service-now.com/asc

This communication highlights some of your CenterWell Home Health benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. CenterWell Home Health reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.

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