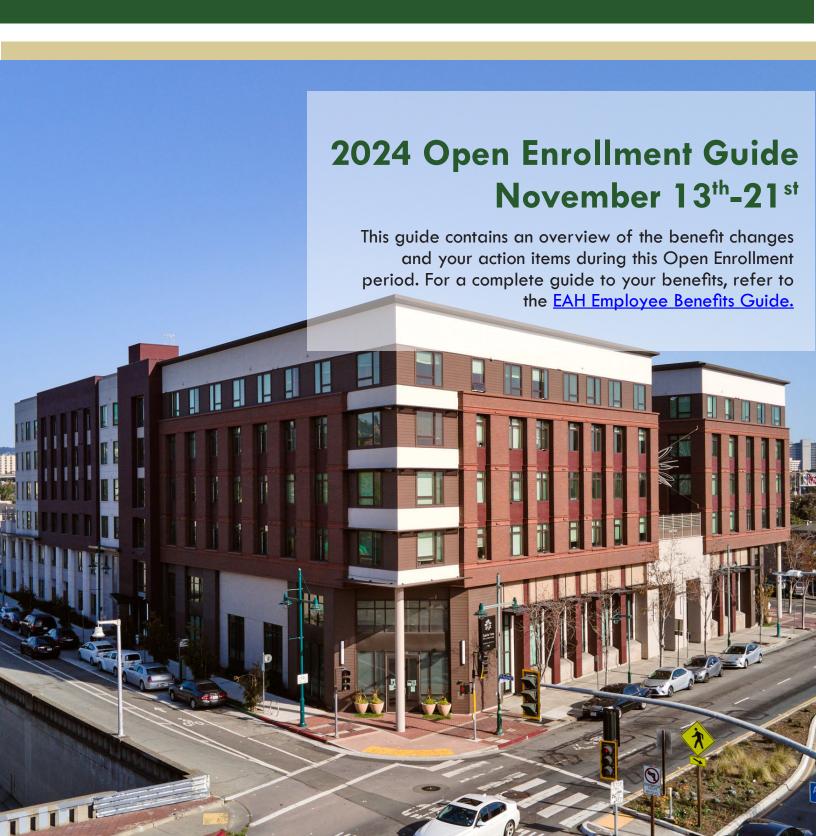


### **California**







## 2024 Benefits Open Enrollment

### What's New?



UMR, UnitedHealthcare's third-party administrator (TPA), will be the new claims administrator in 2024. UMR will be replacing EAH's UHC plan. UMR will be paired with SmithRx as your pharmacy benefit manager.

#### What does this mean for current UHC members?

2023 UHC medical participants will be transferred to the new UMR plan. If you do not indicate changes during Open Enrollment, your coverage will be transferred as is. You only need to re-enroll if you have changes to make to your existing coverage.

#### Will my costs change?

EAH will continue to contribute 100% of the employee premium for full time employees and 50% for part-time. Employees with dependent coverage will pay the dependent portion of the premium. The medical plan design and benefits will not change. Your deductibles, coinsurance and out of pocket maximum will remain the same.

### Do I need to change doctors?

No. Your new UMR plan will be paired with the same network of providers as the current UHC plan. As long as the provider continues to participate in the UnitedHealthcare Choice Plus PPO network, they will continue to be in-network.

### Do I need to transfer my medications?

SmithRX partners with over 83,000 pharmacies nationwide including CVS, Costco, Walgreens and Walmart. Most members will not experience any change for fills at a retail pharmacy. For mail-order pharmacy, you will need to transfer to one of SmithRx's partners: Amazon or Walmart Home Delivery. More information will be provided prior to the end of the year. Specialty medications will need to be transferred to a new specialty pharmacy. Most specialty will require a pre-authorization. We recommend that you reach out to SmithRx Member Support to begin this process.

### All other plans offered through EAH, will renew without changes for 2024.

### **2024 Medical Plan Options**

|   | 2021 Modical Flam - priority  |  |   |   |
|---|---|--|---|---|
|   | UMR HRA - UHC Choice Plus Network (CA)  |  | Kaiser HRA  |   |
|   | In-Network  | Out-of-Network   | In-Network Only   | TAKE ACTION!  |
| Calendar Year Deductible: Per Member Per One member in Family Per Entire Family | \$3,000<br>\$3,000<br>\$6,000   | \$9,000<br>\$9,000<br>\$18,000                                 | \$4,000<br>\$4,000<br>\$8,000   | If you have not completed the required Go365 activities           |
| HRA Contribution from EAH—dollars towards your deductible!                      | ENHANCED FU<br>BASE FUND  | to obtain Enhanced Funding for 2024, you still have time! Your |   |   |
| Annual Out-of-Pocket Max: Per Member Per One member in Family Per Entire Family | \$5,000<br>\$5,000<br>\$10,000  | \$1 <i>5</i> ,000<br>\$1 <i>5</i> ,000<br>\$30,000             | \$6,500<br>\$6,500<br>\$13,000  | deadline is Nov. 30, 2023.  To find out how you can earn Enhanced |
| Preventive Care   | \$0   | Not covered  | \$0   | Funding, visit your benefits website.                             |
| Prescriptions (RX)  | You will pay the cost of the RX u<br>ductible. Once the de<br>your RX will only ho<br>Generic \$10 / Brand \$35 / | eductible is met,<br>ave a copay:                              | You do NOT have to pay the Plan<br>deductible for RX under Kaiser.<br>Your will have just a copay:<br>Generic \$10 / Brand \$30** |   |

<sup>\*\*</sup>Note that the RX costs for SmithRx (UMR) reflect in-network copays. Both medical plans provide coverage for specialty RX: Kaiser 20% up to \$200 / UHC \$250 copay.

### **EAH Pays a Portion of Your Medical Deductible!**

EAH offers significant deductible funding towards your health plan for your participation in the EAH Wellness Program. In 2024, EAH will partner with Vitality. To access information regarding the wellness program, please visit the EAH Benefits Site at mybenefits.cc/eah. We will hold information sessions for our new Wellness Partner in January. Please look out for the announcements.

#### How do I use the funds that EAH contributes towards my deductible?

When you enroll in either the Kaiser or UMR medical plan through EAH, a Health Reimbursement Account (HRA) through Marin Benefits is opened in your name. You will receive a debit card from Marin Benefits to use to pay for your medical plan expenses.

#### How much will EAH contribute towards my deductible?

EAH will contribute anywhere from \$1,500 - \$5,000:

- 1) If you are enrolled with employee only coverage, you will receive \$1,500 Basic Funding or \$3,000 Enhanced Funding
- 2) If you are enrolled with dependent coverage, you will receive \$3,000 Basic Funding or \$5,000 Enhanced Funding
- 3) Your funding amount depends on whether you participate in the EAH Wellness Program.

### Will I receive a new debit card every year?

No. Once issued, the debit card is good for three (3) years. If you need a new card at any time, prior to the expiration, you can request a replacement by contacting Marin Benefits at 415-526-1401 or email support@marinbenefits.com.

#### How is Vitality associated with my Health Reimbursement Account (HRA) through Marin Benefits?

<u>Beginning in 2024, Vitality is the online system you will use to complete your wellness activities.</u> The completion of activities by **November 30th** of every year through Vitality determine your funding for the following calendar/plan year. <u>Marin Benefits is the administrator for your account (HRA).</u>

Your HRA holds the funds that are contributed by EAH. The debit card issued by Marin Benefits is how you access those funds to pay for your medical expenses.





There will be no other changes to rest of your health plans through EAH in 2024. Visit <a href="maybenefits.cc/eah">mybenefits.cc/eah</a> or scan the QR code to the right for full benefit summaries, costs and additional information.



# Open Enrollment Checklist— Your Action Items

November 13th - 21st

| Please Ensure You Complete A  | ll Applicable Items by Nov. 21st!                                  |  |  |  |
|---|--|--|--|--|
| November 13th— Meetings Begin   |  |  |  |  |
| *REQUIRED*: <u>Attend</u> an Open Enrollment meeting via Teams. Breakout sessions will be availabed for additional, targeted topics. You can access the schedule at mybenefits.cc/eah.  |  |  |  |  |
| November 13th— UKG Opens for Employee   | Self-Service   |  |  |  |
| OPTIONAL: <u>Login</u> to UKG via OneLogin to make your elections for 2024. This is a PASSIVE Open Enrollment. This means that you only need to login if you have changes to make to your benefits effective $1/1/2024$ .   |  |  |  |  |
| Benefit Informational Sessions— Learn about your new benefits, in targeted 30-minute virtual sessions!  |  |  |  |  |
| OPTIONAL: Breakout sessions will take place during the two weeks of Open Enrollment. You will receive a calendar invite for all sessions. We highly encourage you to attend to learn about your new benefits.   |  |  |  |  |
| Flexible Spending Account (FSA)— New elec   | Flexible Spending Account (FSA)— New election required every year! |  |  |  |
| REQUIRED IF YOU WOULD LIKE TO PARTICIPATE IN 2024: You must actively enroll in Healthcare FSA and/or Dependent Care FSA. The 2024 projected IRS maximums are as follows:  |  |  |  |  |
| >> \$3,200 Healthcare FSA   |  |  |  |  |
| >> \$5,000 Dependent Care FSA (per hou  | sehold)  |  |  |  |
| November 21st— Open Enrollment closes at  | 5:00pm!  |  |  |  |
| Make sure you have completed all elections before OE closes. Don't wait until the last minute!  |  |  |  |  |
| January 1st, 2024— The new plan year begins. The benefit elections you make during Open Enrollment will take effect.  |  |  |  |  |
| *Your new ID cards for any new coverages selected will arrive during the month of December.* If you do not receive your ID cards, please notify HR as soon as possible. Dental and Vision carriers do not issue ID cards. Note that UMR medical participants will receive a new ID card. Please ensure you use this card as of January 1st! |  |  |  |  |
| For general questions or assistance with UKG, contact your EAH HR Team:   |  |  |  |  |
| Human Resources   | (415) 295-8851<br>hrsupport@eahhousing.org                         |  |  |  |
| For all other benefit auestions of  | ontact your Acrisure Service Team                                  |  |  |  |
| Tor an omer benefit questions, co   | That your Mensore octivite realit                                  |  |  |  |
| Erika Estrada   | (925) 299-7202<br>ebestrada@acrisure.com                           |  |  |  |





## 2024 Employee Contributions - California

### Your monthly cost to participate in medical benefits is as follows:

| UMR HRA                  |               |                                     |                                       |
|--------------------------|---------------|-------------------------------------|---------------------------------------|
|                          | Total Premium | Employee Cost 30+<br>Hours per Week | Employee Cost 20-29<br>Hours per Week |
| Employee Only            | \$943.97      | \$0.00                              | \$471.99                              |
| Employee + One Dependent | \$1,982.36    | \$1,038.39                          | \$1,510.38                            |
| Employee + Family        | \$2,831.94    | \$1,887.96                          | \$2,359.95                            |

| Kaiser HRA               |               |                                     |                                       |
|--------------------------|---------------|-------------------------------------|---------------------------------------|
|                          | Total Premium | Employee Cost 30+<br>Hours per Week | Employee Cost 20-29<br>Hours per Week |
| Employee Only            | \$661.58      | \$0.00                              | \$330.79                              |
| Employee + One Dependent | \$1,323.16    | \$661.58                            | \$992.37                              |
| Employee + Family        | \$1,872.27    | \$1,210.69                          | \$1,541.48                            |

### Your monthly cost to participate in dental benefits is as follows:

| MetLife PPO              |               |                                     |                                       |
|--------------------------|---------------|-------------------------------------|---------------------------------------|
|                          | Total Premium | Employee Cost 30+<br>Hours per Week | Employee Cost 20-29<br>Hours per Week |
| Employee Only            | \$52.95       | \$10.00                             | \$26.48                               |
| Employee + One Dependent | \$120.58      | \$77.63                             | \$94.11                               |
| Employee + Family        | \$171.25      | \$128.30                            | \$144.78                              |

| MetLife HMO              |               |                                     |                                       |
|--------------------------|---------------|-------------------------------------|---------------------------------------|
|                          | Total Premium | Employee Cost 30+<br>Hours per Week | Employee Cost 20-29<br>Hours per Week |
| Employee Only            | \$14.66       | \$0.00                              | \$7.33                                |
| Employee + One Dependent | \$27.03       | \$12.37                             | \$19.70                               |
| Employee + Family        | \$42.99       | \$28.33                             | \$35.66                               |

| Voluntary Vision - Paid 100% by<br>Employees |               | MetLife Legal- Paid 100% by Employees |               |
|--|---------------|---------------------------------------|---------------|
|  | Total Monthly |                                       | Total Monthly |
|  | Premium       |                                       | Premium       |
| Employee Only                                | \$7.47        | Employee +Family                      |               |
| Employee + One Dependent                     | \$11.61       |                                       | \$21.25       |
| Employee + Family                            | \$18.42       |                                       |               |