2024 Open Enrollment

Welcome,



Many amazing benefits!

- Due to increasing medical premium, Stottler Henke will be moving to United Healthcare for 2024/25. Kaiser will remain the same.
- Stottler Henke continues to provide comprehensive benefits to support employees physical, social, emotional, and financial wellbeing.
- Stottler Henke will maintain their current employer contributions for 2024/25
- Stottler Henke will maintain their current HSA contributions for 2024/25 for those enrolled on the High Deductible Health Plans.









Health**Equity**



What is Open Enrollment?

The once-a-year opportunity to change your health insurance elections in Fase:

- Confirm all 2024/25 benefits
- Change plans
- Add/drop coverage for yourself and dependents
- Open Enrollment runs from:
 May 1st to May 10th

When else can I make changes?

The only time you can change plans outside Open Enrollment is if you experience a Qualified Life Event (defined by the IRS):

- Birth or adoption
- Marriage or divorce
- Gain/Loss of other group coverage

Employees have 31 days from the date of Qualified Life Event to notify the HR Team to make a change

First, let's review your United Healthcare medical plans





Medical Plans: United Healthcare

| PPO | | Deductible | In-network | Out-of-network |
|----------------------------------|-----------------------------------|-------------------|-------------------|------------------------|
| 1 1 | coverage in- and out-of- | | \$0 per person | \$ 1,000 per person |
| • | o maximize your benefits! | | \$0 per family | \$2,000 per family |
| | _ | | | |
| Office Visits Lab and X-Ray | \$ 15 PCP / \$ 15 Specialist 10 % | Out-of-pocket max | In-network | Out-of-network |
| Urgent Care Out Patient Hospital | \$ 10 0 10 % | | \$4,000 | \$8,000 |
| Inpatient Hospital | \$750 + 10% | | per person | per person |
| *coverage after annual ded | uctible is met | | \$8,000 | \$ 16,000 |
| Generic Rx | \$5 | | per family | per family |
| Brand Name Rx | \$30 | | | |
| NF Brand Name Rx | \$65 | | | |





Medical Plans: United Healthcare

| PPO | 250 0 l | HSA |
|-----|----------------|-----|
|-----|----------------|-----|

PPO plans provide coverage in- and out-ofnetwork, but we recommend utilizing innetwork providers to maximize your benefits!

NF Brand Name Rx

| In-Network Services | <u>_</u> |
|-----------------------------|-----------------------------|
| Office Visits | \$25 PCP / \$75 Specialist* |
| Lab and X-Ray | 20%* |
| Urgent Care | \$50* |
| Out Patient Hospital | 20%* |
| Inpatient Hospital | 20%* |
| *coverage after annual dedu | actible is met |
| Generic Rx | \$ 10 * |
| Brand Name Rx | \$35 * |
| | |

\$70*

| Deductible | In-network | Out-of-network |
|-------------------|-------------------------------|-------------------------------------|
| | \$2,500 per person | \$5,000 per person |
| | \$5,000 per family | \$ 10,000 per family |
| | | |
| Out-of-pocket max | In-network | Out-of-network |
| Out-of-pocket max | In-network \$5,000 per person | Out-of-network \$ 10,000 per person |

Stottler Henke will continue HSA contributions in the amount of \$110 for employees and \$225 for employee + dependents



Meet Your Plans

HSA Contributions

| Health Savings Accounts (HSA) | 2023 IRS Max. | Age <55 | Age 55+ |
|--|---------------|-----------------------|-----------------------|
| HSA members can make tax-preferred contributions up to the 2024 IRS maximums (combined). | | \$3,850 per person | \$4,850 per person |
| HSA eligible expenses include Deductible Expenses Office Visits | | \$7,750 per family | \$8,750 per family |
| Major Medical Services Pharmacy Claims | 2024 IRS Max. | Age <55 | Age 55+ |
| Dental Expenses (non cosmetic) Vision Expenses Generally, other coverage elsewhere can make you | | \$4,150 per person | \$5,150 per person |
| ineligible for an HSA. Please see eligibility rules. | | \$8,300 per family | \$9,300 per family |

UnitedHealthcare*

Medical Plans: United Healthcare

Register online at myuhc.com



Find Care: Find doctors and hospitals in your plan, read details and reviews, and estimate your costs.



Take a health assessment for tips on how to live a healthy life.



Update your email address to receive important plan information.



View your health account balance, claims, and benefits You can pay your bills, and reimburse yourself if you paid out of your own pocket for any healthcare.



Check the price of a medicine or refill a prescription.



UnitedHealthcare*

Medical Plans: United Healthcare

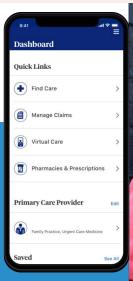
United Healthcare mobile app

Download the mobile app to take full advantage of your United Healthcare plan.

Use it to:

- Find care and check costs.
- See all benefits.
- View claims and payment information.
- View and use digital ID cards.
- Manage prescription orders and refills.

- Get answers quickly with the interactive chat feature.
- Access virtual care.
- Access wellness resources and rewards.
- Sync with your fitness tracker.
- Reach Member Services for support





Next, let's review Kaiser

KAISER PERMANENTE®

Medical Plans: Kaiser

| | | 250 |
|------|---|-----|
| ПІУІ | U | 250 |

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Kaiser's HMO plans provide in-network benefits to employees that reside in California.

In-Network Services

| Office visits | \$33 PCP / \$33 Spec |
|---------------|----------------------|
| Most Labs | \$35 |
| X-Rays | \$55 |
| Urgent Care | \$35 |
| | |

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Out Patient Hospital \$335 Per Procedure*
Inpatient Hospital \$600 per day; 5 max*

*coverage after annual deductible is met

| Generic Rx | \$ 15 |
|---------------|-------|
| Brand Name Rx | \$40 |

Specialty Rx 20% up to \$250 max

| Deductible | ctible In-network | |
|-------------------|-----------------------|-------------------|
| | \$250 per person | N/A per person |
| | \$500 per family | N/A per family |
| Out-of-pocket max | In-network | Out-of-network |
| | III-IIC tWOIK | Out-of-network |
| | \$7,800 per person | N/A per person |

KAISER PERMANENTE®

Medical Plans: Kaiser

HMO 2850 HSA

Kaiser's HMO plans provide in-network benefits to employees that reside in California.

In-Network Services

| Office Visits | 25% * | | | |
|--|--------------|--|--|--|
| Most Labs | 25% * | | | |
| X-Rays | 25% * | | | |
| Urgent Care | 25% * | | | |
| Out Patient Hospital | 25% * | | | |
| Inpatient Hospital | 25% * | | | |
| *coverage after annual deductible is met | | | | |
| Generic Rx | 25%* | | | |
| Brand Name Rx | 25% * | | | |

| De ductible | In-network | Out-of-network |
|-------------------|-------------------------|-------------------|
| | \$2,850 per person | N/A per person |
| | \$5,700 per family | N/A per family |
| Out-of-pocket max | In-network | Out-of-network |
| | \$7,500 per person | N/A per person |
| | \$ 15,000 per family | N/A per family |

Stottler Henke will continue HSA contributions in the amount of \$110 for employees and \$225 for employee + dependents

Medical Plans: Kaiser



Manage your health, anytime, anywhere

Online at kp.org or with our mobile app, you can stay on top of your care 24/7 with these convenient features:*

- Schedule and cancel routine appointments.
- View most lab test results as soon as they are available.
- Email your doctor's office with non-urgent questions.
- Print vaccination records for school, sports, or camp.
- Manage a family member's health.**
- Re fill most prescriptions, with no charge for shipping when you order online.



Let's review your Dental benefits



Dental: The Standard

| D | eı | nt | al |
|---|----|----|----|
| | | | |

DPPO plans provide coverage in- and out-of-network, but we recommend utilizing in-network providers to maximize your benefits!

Maximum Benefits per Member

\$1,500/ calendar year per person \$1,200 Lifetime Max Ortho (Child Only)

Find out with a pre-treatment review

- Ask your dentist to submit the proposed dental treatment plan to Guardian
- We will review the treatment plan and create an estimate
- Estimate will be sent to you and your dentist

| Deductible | In-network | Out-of-network |
|------------------------------|--------------------|--------------------|
| | \$0 per person | \$50 per person |
| | \$00 per family | \$ 150 per family |
| Dental Coverage | In-network | Out-of-network |
| Preventive - Cleanings | 100% | 100% of UCR |
| Basic — Fillings/Root Canals | 90% | 75% of UCR |
| Major — Crowns/Bridges | 60% | 50% of UCR |
| Orthodontics | 50% | 50% of UCR |

Let's look at Stottler Henkes Vision plan

Vision: VSP



Vision

Don't forget to have your eyes checked! Benefits are maximized when employees access providers in the VSP vision network.

Extra Savings

20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam

| | In-network | Frequency |
|-----------------|---|-----------------------------------|
| Vision Exam | \$ 10 Copay | Every 12 Months |
| Lenses | \$20 Copay | Every 12 Months |
| Standard Frames | \$ 13 0 Frame Allowance (20% savings after allowance) | Every 12 months |
| Contacts | \$20 Allowance | Every 12 Months Instead of lenses |

Next let's cover your Life & Disability benefits



Life, Accident and Critical Illness

Life

- One times annual salary not to exceed \$300,000.
- Max benefit is \$300,000

Travel Assistance

- Lost or stolen travel documents assistance
- Emergency medical evacuation and transportation

EAP - Employee Assistance Program

- 24 hours a day 7 days a week, either by phone or online. No charge to you or your family for use
- Includes 3 face to face visits a year with an EAP network provider
- Common issues include: Mental Health, personal/profession relationship, family life, stress, etc.

Code: MUTUALWILLS to register

Will Preparation

- Log on to www.willprepservices.com
- Answer simple multiple-choice questions
- Identify areas that need further review
- Follow instructions to make document legally binding



Services available for business and personal travel 24 hours a day, seven days a week. For inquiries within the U.S. call toll free:

1-800-856-9947

Outside the U.S. call collect: (312) 935-3658





Disability Benefits: Mutual of Omaha

Disability

Disability benefits provide income protection should you become unable to work due to an illness or injury.

Benefits are offset against other sources of disability income such as California SDI and are considered taxable income.

Short Term Disability

10 days

Elimination Period

60%

Weekly Earnings

11 weeks Max Duration

\$2,500/wk

Max. Benefit

Long Term Disability

90 days Elimination Period 60%

Monthly Earnings

SSNRA

\$10,000/mo

Max Duration

Max. Benefit

Accidental Death

Emergency Room Visit



Accident Plan - Voluntary

| Accident Plan | A supplemental plan that pays cash directly to you if you experience an accidental injury off the job. |
|----------------|--|
| ACCIDEIL FIAIL | A Supplemental plan that pays cash unectly to you if you expend to an accidental injury on the job. |

\$400

\$50,000 employee / \$25,000 spouse / \$5,000 children

Hospital Admission \$2,000

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Hospital Confinement \$400 per day \$800 per day ICU

Ambulance \$200 Ground \$1.500 Air

Ambulance \$200 Ground \$1,500 Air

Dislocations Up to \$5,000

DislocationsUp to \$5,000FracturesUp to \$8,000

Wellness Benefit \$100 per person per year

Now let's review your 2024 FSA plans



Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSA)

These voluntary plans allow employees make pre-tax payroll deductions to spend on eligible services.

Health FSA eligible services include medical, dental, vision, and pharmacy expenses.

Limited Purpose FSA eligible services include dental and vision expenses only.

Dependent Care FSA eligible services include childcare services for children up to age 13.

Note: Once enrolled, changes can only be made if there is a qualifying event or during the next open enrollment.

| Health FSA | Dependent Care FSA |
|-------------------------|--------------------------------------|
| \$3,200 Max Election | \$5,000 Max. Election (Household) |
| Up to \$640 | N/A |

No Carryover

Max Carryover

Sounds great. So what next?

What comes next?

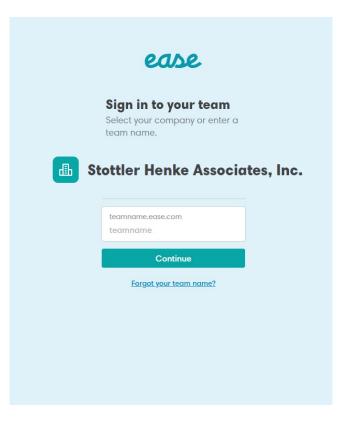
Review your options in EASE

Log-in to EASE to view and confirm all personal information is current & accurate including address and dependent information.

2 Choose your plans and complete enrollment

Confirm your 2024 benefits decisions in EASE no later than Friday May 10th

Reminder that Flex-Spending (FSA) requires an active enrollment each year.





Remember to contact Acrisure for support!

Acrisure is available to support employees and their families throughout the year with questions about their benefits, billing, locating providers, and more...

Acrisure: Rebecca Ebrahimi- rmebrahimi@acrisure.com

Rob Kidwell - rkidwell@acrisure.com

Your benefits website: m ybenefits.cc/ Stottler Henke

Thank you!