



2024-2025

Open Enrollment

Agenda

2024-2025 Benefits Overview

WHAT'S NEW?

1. Two new CIGNA Medical Plans will be administered through EBMS
2. Enhanced Lab Benefit for RBP Medical Plans
3. Increased HSA Limits for 2025

REMINDERS

1. Premium Credits – Due by 12/02/2024
2. Select/Update your Beneficiary
3. Qualifying Life Events – Must notify Talent Management within 30 days of the qualifying life event.

WHAT'S NEXT?

1. Open Enrollment Period 10/22/2024 -11/01/2024

What's New?

CIGNA Network Plans

- The CIGNA Plan is a non-reference-based option that utilizes the CIGNA Network to negotiate rates with providers.
- Team Members can choose either the HDHP or PPO option and utilize the CIGNA Network
- Both the CIGNA plan and the RBP (Reference-Based Pricing) options are administered through EBMS.
- Team Members who select the CIGNA Plan will continue to utilize [TrueRx and Sharx for prescriptions](#).
- There are no changes to the Dental and Vision Plans this year. Both these plans continue to be administered by EBMS. The CIGNA Plan only applies to Medical Coverage.

CIGNA Medical Plan Options

Benefit	Cigna HDHP Plan In-Network	Cigna HDHP Plan Out-of-Network	Cigna PPO Plan In-Network	Cigna PPO Plan Out-of-Network
Deductible Single/Family	\$2,500 / \$5,000	\$3,000 / \$6,000	\$500 / \$1,500	\$1,000 / \$3,000
Out-of-Pocket Maximum Single/Family	\$5,000 / \$10,000	\$10,000 / \$20,000	\$5,000 / \$10,000	\$10,000 / \$20,000
Coinsurance (amount you pay after deductible)	20%	40%	20%	40%
Office Visits Primary Care & Specialist	20% after deductible	40% after deductible	20%, deductible does not apply	40% after deductible
Preventive Care	Covered in full	Covered in full	Covered in full	Covered in full
Urgent Care	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Emergency Room	20% after deductible then \$500 copay (copay waived if admitted)		\$500 copay then 20% after deductible (copay waived if admitted)	

CIGNA Provider Access

In-Network Providers and Hospitals

Cigna >> mycigna.com

Contracted facilities, physicians and specialists (Search covered by Employer/School, then “PPO, Choice Fund PPO”)

Non-Cigna Providers and Hospitals

Out-of-network benefits may apply.

Confirm Eligibility and Benefits

No matter which provider you see, you and your providers must contact EBMS - not Cigna – for assistance.

Providers can call the provider number on the back of your ID card to confirm eligibility and benefits.

Need help? Call the number on your Benefits ID card.

TrueRx Prescription Drug Plan – CIGNA

Prescription Drug - Retail	HDHP	PPO
Generic	20% coinsurance per prescription after medical deductible	\$10 Copay
Preferred Brand		\$30 Copay
Non-Preferred Brand		\$75 Copay
Specialty	Applicable drug tier copayment applies*	
Prescription Drug - Mail Order	HDHP	PPO
Generic	20% coinsurance per prescription after medical deductible	\$20 Copay
Preferred Brand		\$60 Copay
Non-Preferred Brand		\$150 Copay
Specialty	Not covered	

*SHARx is not available for J codes (provider administered infusions/injections).

Reference Based Pricing (RBP) Medical Plan Options

Benefit	RBP HDHP Plan In-Network	RBP HDHP Plan Out-of-Network	RBP PPO Plan In-Network	RBP PPO Plan Out-of-Network
Deductible Single/Family	\$2,500 / \$5,000	\$3,000 / \$6,000	\$300 / \$900	\$600 / \$1,800
Out-of-Pocket Maximum Single/Family	\$2,500 / \$5,000	\$4,500 / \$9,000	\$2,000 / \$6,000	\$4,000 / \$12,000
Coinsurance (amount you pay after deductible)	0%	40%	20%	40%
Office Visits Primary Care & Specialist	0% after deductible	40% after deductible	20% deductible does not apply	40% after deductible
Preventive Care	Covered in full	Covered in full	Covered in full	Covered in full
Urgent Care (physician)	0% after deductible	40% after deductible	20% after deductible	40% after deductible
Emergency Room	0% after deductible then \$500 copay (copay waived if admitted)		\$500 copay then 20% after deductible (copay waived if admitted)	

Reference Based Pricing Plan Provider Access

✓ In-Network Providers

Partners Direct Health (PDH) >> providers.partnersdirecthealth.com

Contracted Physicians and specialists

HealthSmart >> providerlookup.healthsmart.com

Contracted Physicians and specialists (Search: Physician and Ancillary Only)

✓ Provider Choice

With your plan, you are not required to see an in-network provider. If you choose a provider that is not in-network, we'll make sure you don't overpay for care.

TrueRx Prescription Drug Plan – Referenced Based Pricing

Prescription Drug - Retail	HDHP	PPO
Generic	0% coinsurance per prescription after medical deductible	\$10 Copay
Preferred Brand		\$30 Copay
Non-Preferred Brand		\$75 Copay
Specialty		Must use <u>Sharx</u>
Prescription Drug - Mail Order	HDHP	PPO
Generic	0% coinsurance per prescription after medical deductible	\$20 Copay
Preferred Brand		\$60 Copay
Non-Preferred Brand		\$150 Copay
Specialty		Must use ShaRx

RBP (Reference Based Pricing) Plan

Imagine 360 (ELAP) - Making Sure You Pay a Fair Price for Healthcare



BUILT-IN PRICE PROTECTION & ADVOCACY SERVICES

We review claims to:

- Identify billing errors
- Limit healthcare charges to what's fair and reasonable
- Make sure provider reimbursements don't exceed your plan's allowable limits

Identifying a Balance Bill

Keep an eye on your mail.

Make sure your EXPLANATION OF BENEFITS (EOB)...



From EBMS (This is not a bill.)

...Matches your BILL



From the Provider

If they do not match, contact EBMS at the number on the front of your ID card.

Team Member Bi-Weekly Contributions

Per-Pay Rate	RBP HDHP	RBP PPO	Cigna HDHP	Cigna PPO
Team Member Only	\$95.00	\$95.00	\$142.50	\$142.50
Team Member + Spouse	\$165.38	\$165.38	\$275.63	\$275.63
Team Member + Child	\$110.25	\$110.25	\$183.75	\$183.75
Family	\$165.38	\$165.38	\$275.63	\$275.63

Team Member Cost Examples:

RBP HDHP-Team Member Only with 1 Wellness Credit

\$95.00 Bi-weekly Premium
 -\$30 Preventive Care Credit
\$65.00 Total Bi-weekly Premium

Cigna PPO-Family with 2 Wellness Credits

\$275.63 Bi-weekly Premium
 -\$30 Team Member Non-Nicotine Credit
 -\$30 Team Member Preventive Care Credit
 -\$30 Spouse Preventive Care Credit
\$185.63 Total Bi-weekly Premium

Wellness Discount Opportunities		
	Non-Nicotine Credit	Preventive Care Credit
Single, Single+ Child	\$30 discount	Additional \$30 discount
Single + Spouse	\$30 discount	Additional \$60 discount
Family	\$30 discount	Additional \$60 discount

Health Savings Account (HSA)

- A Health Savings Account, commonly known as an “HSA” is an individual account you can open, add pre-tax money to, and spend on eligible healthcare expenses. If you elected the High Deductible Health Plan, you are eligible for an HSA.
- You decide when to spend money from your HSA. If you pay out of pocket for an eligible medical expense, you can choose to not reimburse yourself and let the money in your HSA build up or you can reimburse yourself for the expense from your HSA.
- If you use your HSA money for expenses that are not eligible, you will pay a 20% penalty plus income tax on the amount.
- Once you turn age 65, you may use your HSA money for any expense, medical or not, but you will pay income taxes on those non-medical expenses.
- To view the full list of eligible expenses, visit www.irs.gov/publications and refer to Publication 502.
- Team Members must contribute to their account at least \$1.00 per pay to get the Employer Contribution.

HSA Maximum 2025 Contribution Limits (Employee + Employer)

	2025
Team Member Only	\$4,300
Team Member + Dependent(s)	\$8,550
55+ Catch-Up	\$1,000

2024 & 2025 HSA CONTRIBUTION LIMITS	Team Member Only		Family	
	2024	2025	2024	2025
Annual Maximum Contribution	\$4,150/year	\$4,300/year	\$8,300/year	\$8,550/year
Team Member Maximum Contribution after Employer contribution	\$3,400/year	\$3,550/year	\$6,800/year	\$7,050/year
Employer Contribution	\$750/year	\$750/year	\$1,500/year	\$1,500/year

Team Members age 55+ in 2024 or 2025 may contribute an additional \$1,000

Why Choose an HSA?



USE IT OR **KEEP IT**



NO Use it or Lose it provision

- Balance rolls over
- Contribute up to the annual maximum each year

Triple Tax Savings

- Contributions are tax deductible = reduces taxable income!
- Earnings/Growth are tax-free
- Withdrawals for qualified Medical Expenses are tax-free

Team Member Owns the Account

- You keep the money even if you change jobs or insurance
- Comprehensive & easy investment options
- Save for retirement

HSA Pointers

- If you are electing the **High Deductible Health Plan** and want the HSA option, you must contribute \$1.00 from your paycheck weekly to get the Employer Match. **HSA bank accounts can only be elected if you are choosing the high deductible medical plan.**
- Team Members with the HSA plan for 2024 that want to continue making contribution to their HSA in 2025 will have an open enrollment for this in December.
- If you are enrolling in an HSA Plan for the first time for 2024, you will need to wait until December 1st to open and begin contributions in your HSA Bank Account.
- An HSA Bank Account may be opened through Optum Bank. Please visit Process Technology's Benefits Website for more information.
- Talent Management will post directions online via UKG and send out an email when Open Enrollment begins. **THIS MUST BE DONE IF YOU WANT TO CONTRIBUTE TO THE HSA PLAN IN 2025.**
- Process Technology contributes \$750 for Team Members and \$1,500 for Family, but you must contribute \$1.00 from your paycheck weekly and open an HSA Bank Account through Optum Bank to get this Employer Match.

EBMS Dental Plan

	Open Access
Deductibles*	
Per plan participant	\$50
Per family unit	\$100
*applies to class B & C	
Maximum Benefit	
Class A, B, & C Services	\$1,000 per calendar year
Class D Services	\$1,000 per lifetime
Class A - Preventive	
Routine exams, bitewing x-rays, Sealants	100%, no deductible applies
Class B - Basic	
Panoramic x-rays, endodontic procedures, extractions	80% after deductible
Class C - Major	
Inlays, onlays, crows, prosthetics	50% after deductible
Class D - Orthodontia	
Orthodontic services*	50%, no deductible applies



Per-Pay Rate 26 Pays	Dental
Team Member Only	\$10.00
Team Member + Spouse	\$15.00
Team Member + Child	\$15.00
Family	\$15.00

*Orthodontia services are covered for Plan Participants up to age 19.

EBMS Vision Plan

	Open Access
Eye Exam	Maximums
1 exam per calendar year	\$100 per exam
Frames	
1 frame per calendar year	\$100 per frame
Lenses	
1 pair per calendar year*	Single Vision - \$100 per pair Bifocals - \$150 per pair Trifocals - \$200 per pair Lenticular Single Vision - \$75 per pair Lenticular Bifocals - \$125 per pair Lenticular Trifocals - \$150 per pair Progressive - \$150 per pair
Contact Lenses (medically necessary)	
1 pair per calendar year*	Medically Necessary - \$175 per pair
Contact Lenses (elective)	
1 pair per calendar year*	\$100 per pair

*Benefits available for lenses may be used for contact lenses in lieu of lenses.



Per-Pay Rate 26 Pays	Vision
Team Member Only	\$10.00
Team Member + Spouse	\$15.00
Team Member + Child	\$15.00
Family	\$15.00

Who is the Mail Order Provider?

HOW DO I CONTINUE MY MAIL ORDER SERVICE?

If your employer offers home delivery options, contact WB Rx Express.

We can transfer your existing prescriptions from your current pharmacy.

wbrxexpress.com or 833-391-0126



When you contact WB Rx Express, you will need to provide:

1. Your name, phone number, and home address.
2. Your insurance card information.
3. Your payment information.
4. If your doctor provides a new prescription, they will need to send it to WB Rx Express by electronic prescribing, phone, fax, or mail



What is SHARx?



Want to know how you can get enrolled? Scan the QR code or check out the link below!

sharxplan.com/intro

What is SHARx?

SHARx is a pharmacy advocacy solution provided by your employer. This program was created to extend advocacy program benefits to employees like you. Our role is to help facilitate the advocacy onboarding process for each eligible member of your employer's health plan and provide access for all high cost medications.



Instructions to Create Your SHARx Advocacy Request



Additional Protection for What Matters Most. 100% Company-Paid

SHORT-TERM DISABILITY

Pays on the 1st day of an accident or the 8th day once you've been disabled & unable to work due to sickness or non-occupational injury, including pregnancy. Benefit pays 66 2/3 % of salary up to \$1,000/week & will pay up to 26 weeks.

LONG-TERM DISABILITY

Pays once you've been disabled & unable to work for 180 days. Benefit pays 60% of salary up to \$7,500/month during the duration of your disability to age 67/ADEA.

BASIC Team Member LIFE/AD&D INSURANCE

Process Technology provides full-time Team Members a life insurance benefit equal to 2 times your annual salary to a minimum of \$50,000 and a maximum of \$300,000. Includes AD&D coverage. Benefit reduces to 50% at age 70.



Voluntary Team Member, Spouse, & Dependent Child Life & AD&D Insurance

- Team Member
 - You may elect Voluntary Team Member Life Insurance in \$10,000 increments to a maximum of \$500,000.*
 - Guarantee issued coverage for Team Member less than age 65 (\$150,000), 65-69 (\$50,000), and 70+ (\$10,000).
 - The Voluntary Team Member Life Insurance Benefit reduces to 50% at age 70.*
- Spouse
 - You may elect Voluntary Spouse Life Insurance in \$5,000 increments to a maximum of (\$250,000).*
 - Guarantee issued coverage for Spouse less than age 65 (\$25,000), 65-69 (\$10,000).
 - Spouse coverage terminates at age 70.*
- Dependent Child (Children are covered age 14 days to 26 years.)^{*}
 - You may elect Voluntary Dependent Child Life Insurance of \$5,000, or \$10,000, subject to state limits.
 - Guarantee issued coverage for a Dependent Child Life is \$10,000.*

*Evidence of Insurability rules may apply.

Reminder: Update Your Beneficiary



 **Guardian**

Evidence of Insurability Process (EOI)

- Team Members that have previously waived Voluntary Team Member, Spouse or Dependent Child Life insurance will require EOI.
- Re-Enrollment Feature: Team Members currently enrolled in Voluntary Team Member Life may elect to increase their coverage up to \$50,000, not to exceed the guaranteed issue amount of \$150,000 - without EOI.
- You are not eligible to elect any increase in Voluntary Spouse and/or Dependent Child Life unless go through EOI process, and it's approved by Guardian.
- You will receive an email or letter from Guardian with instructions and a unique link to submit your EOI form online.
- Once Guardian receives the EOI form, they will contact you with any questions, before notifying your employer if the coverage amount is approved. Coverage and payroll deduction are effective the first of the month following Guardian's approval.



Reminders

Non-Nicotine Form

- Non-Nicotine Form needs to be completed for everyone on the Medical Plan.
- Form is to completed in UKG and is part of the Open Enrollment process.
- If you have any questions, contact Talent Management.

Wellness Credit

- To access the form please go to:
 - My Company > Documents
- If you have any questions or would like a copy of the form, contact Talent Management.

Spousal Coverage

- **Important Notice:** Spouses with other employer sponsored health coverage will not be allowed on the Medical Plan.
- Each Team Member with a spouse on the Medical Plan will need to complete the Spousal Carve Out Affidavit. This form is located on UKG.
- If your spouse does not have the option to enroll in other employer sponsored health coverage or is not employed, they will be eligible for insurance coverage including medical, dental, and vision.
- Spouses can be on Dental and Vision plans and no form is needed.
- If you have any questions or would like a copy of the form, contact Talent Management.

Required Forms

For you to get credits, all forms need to be completed and returned to Talent Management or submitted via UKG. Forms need to be in by **12/02/2024**.

- Forms needed are:
 - **Spousal Carveout Affidavit** (if spouse on the Medical Plan) can be downloaded via My Company> Documents must be returned to Talent Management.
 - **Non-Nicotine Form** – Part of the Open Enrollment process in UKG when selecting Medical Plan.
 - **Wellness Exam Form** – My Company>Documents.

Life Events

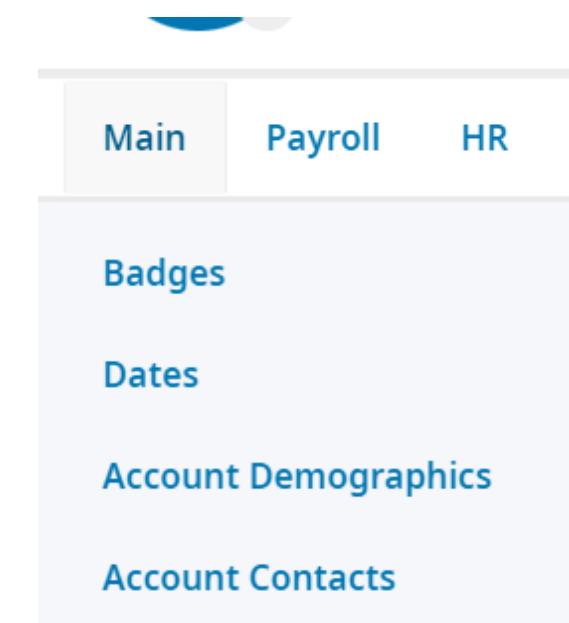
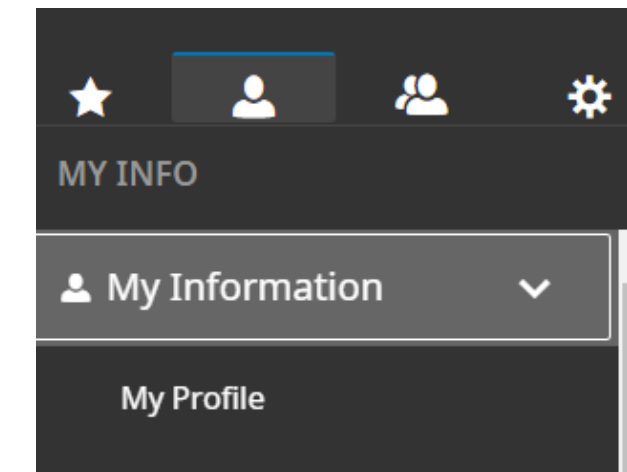
- To change your health coverage mid year, YOU MUST REPORT THE EVENT TO TALENT MANAGEMENT AND MAKE CHANGES WITHIN 30 DAYS OF THE QUALIFYING EVENT.
- Documentation of the life event is required.
- Dependent verification is required if adding new dependents.
- For newborns, a Social Security Number is not required to enroll them in coverage.
- **If you do not report the life event within 30 days, you will not be able to change your coverage until the next Open Enrollment period.**
- Examples include Marriage, Divorce, Birth/Adoptions, or Gain/Loss of Other Coverage

Beneficiaries

- Make sure your life insurance beneficiaries are up-to-date. To do this, follow the directions below:
 - Single Person Icon
 - My Information
 - My Profile
 - Account Contacts
 - Contact(s) listed in this area will indicate your beneficiaries.

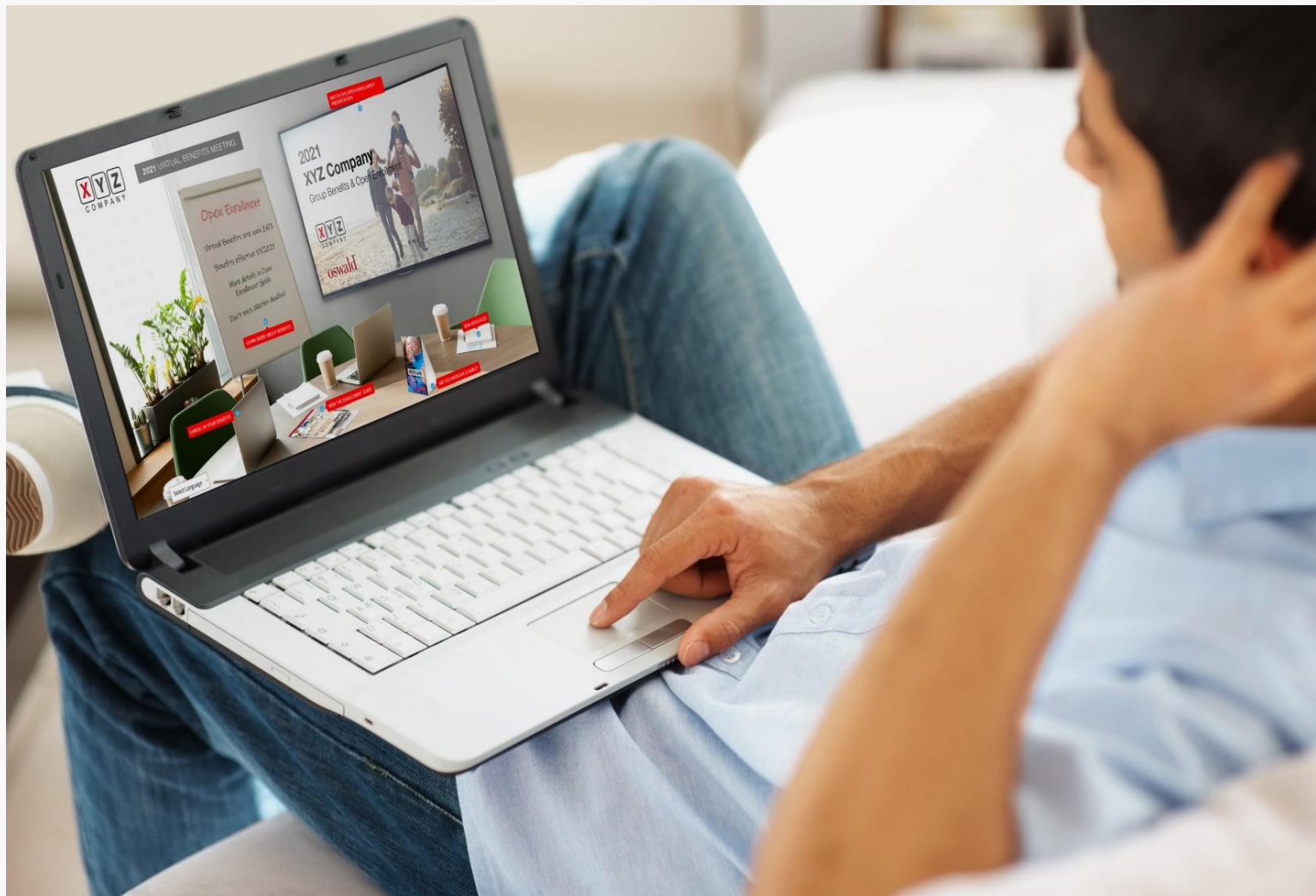
Contact Type

Emergency,
Beneficiary,



What's Next?

2024-2025 Enrollment Need to Know



1. This is a passive Open Enrollment. If you do nothing, your benefits will not change.
2. Remember your HSA enrollment will not rollover, you will need to make a new election for 2025.
3. In UKG, go to: My Info > My Benefits > Enrollment > Open Enrollment
4. Please just make sure to have the following information with you to make things go quicker if you are changing your elections.
 - Dependents Information – Name, Date of Birth, Social Security Number, and Student Status if it applies
 - Your **Login** and **Password**.

Don't miss out – The Open Enrollment window closes on **November 1st!**

Questions?

Process Technology Benefits Website



WELCOME TEAM MEMBERS

Growth Ownership Drive Results Innovation Teamwork



TEAM MEMBER BENEFITS **TALENT HUB**

Open Enrollment Dates



● Open Enrollment: 10/22/2024 – 11/01/2024

All elected benefits will be effective December 1, 2024! You only need to login if you want to make changes to your current election! If no changes are needed, you need to do nothing. Your HSA enrollment will not rollover, you will need to make a new election for 2025.

Open Enrollment happens once per year & is the only time you can make changes to your plans without some type of Qualifying Event. If you do experience a Qualifying Event during the year, be sure to notify Talent Management within 30 days.

Choose wisely & be sure you don't miss the deadline!