



BENEFITS
ENROLLMENT

2023



WHERE TO FIND ANSWERS

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Vendor Contact Lists

Made available in:

- ✓ Benefit Portal
- ✓ 2023 Open Enrollment Guide

Benefit Plan	Member Services	Website
Aetna Medical Group Plan 161533	855.627.5518	www.aetna.com
One Medical		www.onemedical.com/mybenefit
Optum	844.775.7416	OptumRx.com
Delta Dental of MA Group Plan 004229	800.817.0500	www.deltadentalma.com
Vision Service Plan (VSP) Group Plan 30045907	800.877.7195	www.vsp.com
Empower Retirement 401(k)	800.338.4015	www.empowermyretirement.com
Prudential Life, Voluntary Life and Disability Insurance	800.524.0542 (Life Claims)	www.prudential.com/mybenefits
MetLife Accident, Critical Illness, and Hospital Indemnity	877.367.7781 (Disability/Absence)	
MetLife Pet Insurance, ID Theft, Legal Services	800.438.6388	www.metlife.com/mybenefits
PayFlex Flexible Spending Accounts, Health Spending Accounts (HSA) and Dependent Care Accounts	888.678.8242	www.payflex.com
Teladoc	855.835.2362	Teladoc.com/Aetna
Prudential	800.311.4327	guidanceresources.com
Janney	215.862.1561	zstyle@janney.com
Ginger	N/A	www.ginger.com

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Benefit Portal www.healthedgebenefits.com

During Open Enrollment employees can access:

- ✓ 2023 Open Enrollment Guide
- ✓ 2023 Self-Guided Brainshark
- ✓ 2023 Open Enrollment FAQ
- ✓ UKG Step-by-Step Enrollment Guide
- ✓ Benefit Plan Documents
- ✓ Educational materials
- ✓ Required Notices
- ✓ Vendor contacts

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HealthEdge HR

Email: hr@healthedge.com

Slack: #askHR

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Aetna Concierge

Available Monday-Friday, 8 a.m.–6 p.m. through the member phone number, website, or mobile App

Phone Number: 855.627.5518

Website: www.aetna.com

Mobile App: text "AETNA" to 90156 to receive the app

Decisions MUST be finalized by 11/14/2022

AETNA CONCIERGE PROGRAM

Through Aetna you are offered a dedicated concierge team – made up of experts who know your HealthEdge benefit plans, not just your medical plan.



A concierge can help you with:

- ✓ Getting answers about a diagnosis
- ✓ Selecting a doctor in your network
- ✓ Learning about your coverage
- ✓ Planning for treatment
- ✓ Assist you in scheduling an appointment



Use the dedicated concierge team for these benefits:

- ✓ Medical/Rx
- ✓ Dental
- ✓ Vision
- ✓ Life/Disability
- ✓ Voluntary benefits

Available Monday-Friday, 8 a.m.–6 p.m. through the member phone number, website, or mobile App

Phone Number: **855.627.5518**

Website: www.aetna.com

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MEDICAL PLAN OPTIONS



1. PPO HDHP Plan (High-Deductible Health Plan)
2. Core Plan (Preferred Provider Organization)
3. Buy-Up Plan

Aetna Programs

- 24-hour nurse line
- AbleTo Behavioral Health
- Teladoc
- Compassionate Care
- Institutes of Quality

* Detailed program flyers are located on the benefit portal



Prescription Plan for all Aetna Plans is through Optum Rx

OPTUM Programs

- Premium Formulary
- Exclusive Specialty
- Smart Fill/90 Day Supply



New Participants: be sure to look in the mail for ID cards

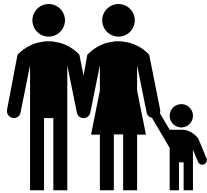
MEDICAL PLAN OPTIONS

MEDICAL PLAN 1 – HSA QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN

	High Deductible Health Plan (HDHP)	
Network	In-Network	Out-of-Network
Annual Employer HSA Contribution	Individual: \$500 Non-Single: \$1,000	
Calendar Year Deductible		
Individual	\$3,000	\$5,000
Family	\$5,600	\$10,000
Coinsurance (after you reach your deductible you pay a small percentage of total expense)		
You pay	20%	50%
Out-of-Pocket Maximum		
Individual	\$4,000	\$8,000
Family	\$8,000	\$14,000
Healthcare Services		
Preventive Care	100% covered	Deductible / Coinsurance
Primary Care Visit	Deductible / Coinsurance	Deductible / Coinsurance
Specialist	Deductible / Coinsurance	Deductible / Coinsurance
Emergency Room	Deductible / Coinsurance	Deductible / Coinsurance
Urgent Care	Deductible / Coinsurance	Deductible / Coinsurance
Pharmacy (Tier 1/Tier 2/Tier 3)		
Retail	Deductible / Coinsurance	Not covered
Specialty	Tier 1: 20% Coinsurance up to \$100 Maximum Tier 2: 20% Coinsurance up to \$200 Maximum Tier 3: 20% Coinsurance up to \$300 Maximum	Not covered
Mail Order	Deductible / Coinsurance	Not covered

HDHP PLAN – EMBEDDED VS NON-EMBEDDED DEDUCTIBLES

New for 2023: The HDHP plan is changing to an embedded deductible (which lowers your individual Out-of-Pocket Maximums).

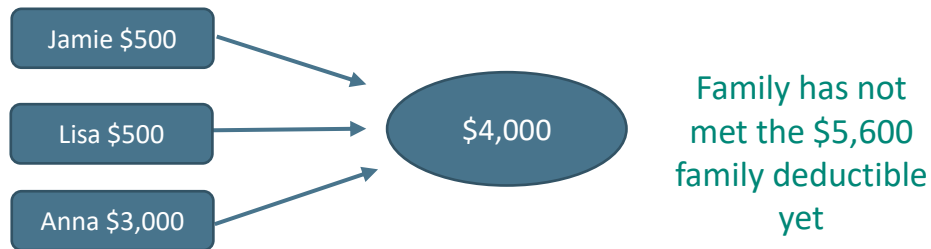


Gomez Family:
2023 In-Network Deductibles:
-\$3,000 Individual
-\$5,600 Family

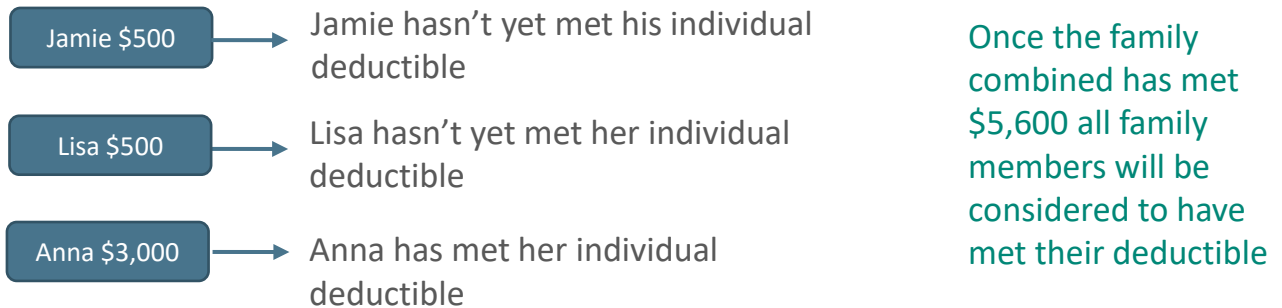
Medical Bills incurred:

- Jamie: \$500
- Lisa: \$500
- Anna \$3,000

Aggregate (Non-Embedded): If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.



Embedded: Each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.



HEALTH SAVINGS ACCOUNT (HSA)

How much can you contribute?	2023 Annual Employer Contribution	2023 Employee Max Contribution	IRS 2023 Limit
Individual	\$500**	\$3,350	\$3,850
Family	\$1,000**	\$6,650	\$7,750

- Employees can contribute money on pre-tax basis
 - Contributions are pre-tax
 - Money in the account earns interest tax free
- HSA money is never lost
 - Employees use the money, or it stays in the account
 - After age 65 HSA funds can be used for nonqualifying expenses without penalty
- Employee controls the HSA funds, and they stay with them regardless of employment status
- Debit card offered which allows employees to pay for covered items under the deductible
 - Can also pay for dental and vision care

Things to Remember:

- **Elect HSA every year** – you must elect the HSA every year during open enrollment
- **IRS guidelines dictate eligibility** – make sure you meet the criteria
- **To get the Employer Contribution** – you need to elect the HSA in UKG and contribute your own dollars annually
- **If you waive the HSA benefit** – you are also waiving the Employer contribution
- **If you contribute \$0** – you will not receive the Employer contribution.



If new to Payflex – be sure to look in the mail for your Payflex HSA debit card
2022 Participants – keep your old card which will be reloaded for 2022

MEDICAL PLAN OPTIONS

MEDICAL PLAN 2 – CORE PLAN

	Core Plan	
Network	In-Network	Out-of-Network
Calendar Year Deductible		
Individual	\$1,000	\$2,000
Family	\$2,000	\$4,000
Coinsurance (after you reach your deductible you pay a small percentage of total expense)		
You pay	10%	30%
Out-of-Pocket Maximum		
Individual	\$3,000	\$4,000
Family	\$6,000	\$8,000
Healthcare Services		
Preventive Care	100% covered	70% after deductible
Primary Care Visit	\$25 copay	70% after deductible
Specialist	\$50 Copay	70% after deductible
Emergency Room	\$150 copay	\$150 copay
Urgent Care	\$50 copay	70% after deductible
Pharmacy (Tier 1/ Tier 2/Tier 3)		
Retail/Specialty	\$15 / \$30 / \$50	Not covered
Mail Order	\$30 / \$60 / \$150	Not covered

MEDICAL PLAN OPTIONS

MEDICAL PLAN 3 – BUY-UP PLAN

	Buy-Up Plan	
Network	In-Network	Out-of-Network
Calendar Year Deductible		
Individual	\$250	\$1,000
Family	\$500	\$2,000
Coinsurance (after you reach your deductible you pay a small percentage of total expense)		
You pay	None	20%
Out-of-Pocket Maximum)		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
Healthcare Services		
Preventive Care	100% covered	80% after deductible
Primary Care Visit	\$20 copay	80% after deductible
Specialist	\$40 Copay	80% after deductible
Emergency Room	\$150 copay	\$150 copay
Urgent Care	\$40 copay	80% after deductible
Pharmacy (Tier 1/ Tier 2/ Tier 3)		
Retail/Specialty	\$15 / \$30 / \$50	Not covered
Mail Order	\$30 / \$60 / \$150	Not covered

MEDICAL – SERVICES

TELADOC® – OFFERED THROUGH AETNA

- Receive expert medical opinions
- Find doctors who specialize in your condition
- Receive critical case support
- Use Behavioral Health navigator
- Get treatment decision support
- **New!** As of 1/1/2023 Teladoc Services have a **\$0 Copay**
 - \$0 always for Core and Buy-Up Plan
 - \$0 after deductible is met for HDHP

**Care is available at your fingertips through Aetna's
Teladoc program.**

Call today at **1.855.TELADOC (835.2362)**
[Teladoc.com/Aetna](https://www.teladoc.com/Aetna)

More details are available on the benefit portal.

MEDICAL – SERVICES

Your guide for deciding how to get the timely care you need

Primary Care \$	Urgent Care \$\$	Emergency Department \$\$\$
Call or see your provider for your regular medical problems or most urgent needs	Go to the Urgent Care for common things that need to be treated soon, but your primary care provider is not available.	Go to the Emergency Department for serious life or limb threatening conditions.

Additional Care Options

Teladoc/Telemedicine *Virtual Care*

✓ Yes; your virtual provider may recommend in-person care for things like vaccines, testing, etc.

✓ Yes; your virtual provider may recommend in-person urgent care

✗ No; in-person care will be necessary

One Medical *On-site and Virtual Care Options*

✓ Yes; your virtual provider may recommend in-person care for things like vaccines, testing, etc.

✓ Yes; your virtual provider may recommend in-person urgent care or on-site care at a One Medical Location

✗ No; in-person care will be necessary

Don't have a primary care provider? Find one at aetna.com.

MEDICAL – SERVICES

••• one medical - NEW!

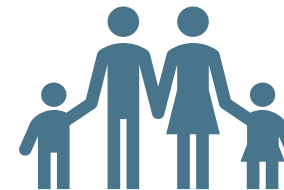
Effective **1/1/2023** HealthEdge is partnering with One Medical to provide an enhanced primary care experience.

With having a One Medical Partnership you receive –

1. 24/7 on-demand care with Video Chat at no extra cost
2. Easy booking of same/next-day appointments in the app
3. Longer appointments so you don't feel rushed
4. Drop-in lab services
5. 125+ convention locations nationwide, and virtual access
6. Experts to help navigate your healthcare choices
7. In-app prescription requests and renewals

Download the One Medical App to get started!

FAMILY FORMATION SERVICES



■ **Basic infertility**

□ **Covered services** include seeing a provider:

- To diagnose and evaluate the underlying medical cause of infertility.
- To do surgery to treat the underlying medical cause of infertility. Examples are endometriosis surgery or, for men, varicocele surgery.
- Covered based on type of service and where it is received.

■ **Comprehensive infertility services**

□ **Covered** services include the following infertility services provided by an infertility specialist:

- Ovulation induction cycle(s) while on injectable medication to stimulate the ovaries
- Artificial insemination, which includes intrauterine (IUI)/intracervical (ICI) insemination
- In-network coverage: 100% per visit after deductible
- Out-of-network: 80% per visit after deductible

■ **Travel & Lodging**

□ **Covered services** include pregnancy termination, infertility services & gender affirming treatment

- The maximum lodging benefit is \$50 per person per night, up to a total maximum lodging benefit of \$100
- Total maximum travel and lodging benefit is \$4,000 per occurrence

GENDER AFFIRMATION SERVICES

- **Covered services** include certain services and supplies for gender affirming treatment.
 - Cosmetic procedures related to gender reassignment are covered under Aetna's plan
- **Travel & Lodging**
 - **Covered services** include pregnancy termination, infertility services & gender affirming treatment
 - The maximum lodging benefit is \$50 per person per night, up to a total maximum lodging benefit of \$100
 - Total maximum travel and lodging benefit is \$4,000 per occurrence

Aetna's policy: Talking to a behavioral health provider before your gender affirmation surgery is a requirement for your transition planning. You may be covered for a variety of surgeries, including:

1. Breast reduction, removal or augmentation
2. Removal of reproductive organs
3. Creation of exterior sexual organs.

QUESTIONS?

HealthEdge HR

Email:

hr@healthedge.com

Slack: #askHR

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