



2024

BENEFITS GUIDE



This publication contains important information about your employee benefit program.
Please read thoroughly.

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Introduction

Welcome to Your 2024 Benefits Enrollment

It is time to make important decisions about the benefits available to you and your family. During this benefits enrollment period, you have the opportunity to learn about your options and evaluate which benefits best meet your needs and the needs of your dependents.

- Medical coverage is with Cigna. We offer a high deductible health plan with a health savings account (HSA). There will be more information about our medical plan and the HSA throughout this enrollment guide.
- Dental coverage is with Delta Dental. In addition to coverage for preventive exams and cleanings, child orthodontia services are also covered.
- Vision coverage is with VBA. Our vision plan includes benefits for exams, glasses, contacts, and more.
- Life, AD&D, and Disability coverage is with The Hartford. These coverages offer eligible employees benefits in the result of an accident, illness, or death.

Please read this guide carefully and take time to consider your benefit needs for 2024.



Eligibility

Employee Eligibility

Regular full time employees actively working a minimum of 30 hours per week are eligible to enroll in our benefit programs. If you are a new employee, your benefits will begin on the first day of the month following your hire date.

Dependent Eligibility

Many of our benefit programs offer coverage for eligible dependents. Eligible dependents include the following:

- Legal spouse (see Working Spouse Provision below)
- Children under age 26 (regardless of student or marital status) including biological children, step children, adopted children, children placed for adoption, and child for whom legal guardianship has been awarded to either you or your spouse
- Disabled children of any age, provided the disability occurred before age 26

Married dependent children are not eligible for the dental plan.

To be eligible for coverage under our plans, a dependent must reside within the United States.

New in 2024: Working Spouse Provision

Please note, starting on January 1, 2024, spouses of employees who have access to their own employer-sponsored health plan are not eligible to enroll in MOHELA's medical plan. Annually, MOHELA employees will be required to complete an online certification. Failure to submit the certification will result in your spouse being dropped from the medical plan and denied coverage effective January 1, 2024. Enrollment of your spouse in the dental, vision, or life insurance programs is allowable regardless of other employer sponsored coverage available.

Qualifying Events

Annual enrollment is the ONLY time of year when you can make changes to your benefits package, unless you experience a qualifying event. A qualifying event is defined as a loss of or change in coverage due to one of the following circumstances:

- Marriage, divorce, or legal separation
- Birth or legal adoption of an eligible dependent as defined by the plan
- Dependent child no longer deemed eligible by definition of the plan (e.g., reaches age 26)
- Death of a covered member
- Voluntary or involuntary termination of the covered employee's employment
- A reduction in work hours of the covered employee
- Covered former employee becomes enrolled in Medicare

Employees must notify Human Resources within 31 days of a life status change. You are allowed 60 days to make changes after some events such as Children's Health Insurance Program (CHIP) related events:

- Losing eligibility for coverage under state Medicaid or CHIP program
- Becoming eligible for state premium assistance under Medicaid or CHIP

Opt Out Incentive Program

If you elect to waive your medical coverage from MOHELA and obtain medical coverage with another group medical plan, employees can earn a one time incentive payment along with additional bi weekly incentives per pay period. Terms and conditions apply. Contact HR and review the Opt Out Incentive Program Form for more information.

Medical Insurance

Our medical and prescription drug coverage provider is Cigna. Please refer to the chart below for a summary. Visiting an out of network provider or facility could result in higher charges. With this plan you are eligible to contribute to your Health Savings Account (HSA) to help you pay the annual deductible and coinsurance. More information about the HSA can be found on page 9.

Cigna Medical Plan Network	In-Network OAP	Out-of-Network
Calendar Year Deductible —Non-embedded: once the family deductible is met, all family members will be considered as having met their deductible; there is no individual deductible to satisfy with the family deductible.		
Individual	\$2,000	\$2,500
Family	\$4,000	\$5,000
Out-of-Pocket Maximum —Non-embedded: once the family maximum is met, all family members will be considered as having met the payment limit; there is no individual maximum to satisfy with the family limit.		
Individual	\$3,000	\$3,750
Family	\$6,000	\$7,500
Medical Services —Coinsurance: your share of the total expense after you reach your deductible		
Wellness & Preventive	0% no deductible	30% after deductible
Primary Care Office Visits	10% after deductible	30% after deductible
Specialist Office Visits & Chiropractic Care	10% after deductible	30% after deductible
Lab/X-Ray Services & Hospital Services	10% after deductible	30% after deductible
Emergency Room	10% after deductible	10% after deductible
Mental Health/Substance Use	10% after deductible	30% after deductible
Prescription Drugs —Copays apply after medical deductible has been satisfied		
Network/Formulary Drug List	National/Advantage	
Retail Copays		
Tier 1	\$15	50% coinsurance
Tier 2	\$20	
Tier 3	\$35	
Mail Order Copays		
Tier 1	\$30	50% coinsurance
Tier 2	\$40	
Tier 3	\$70	

Medical Bi-Weekly Contributions	
Employee Only	\$47.96
Employee + Spouse	\$193.15
Employee + Child(ren)	\$174.76
Family	\$266.54

How to Find An In-Network Medical Provider

Cigna Member Site

The Cigna member site, www.mycigna.com offers many valuable services including the following:

- Providers and pharmacy searches
- Prescription drug formulary
- Access to temporary ID cards and means to order another ID card
- Information regarding paid and pending claims
- Health and wellness information





Provider Search

You can search for participating providers on the Cigna site, www.cigna.com. Complete the following steps:

- Go to www.cigna.com
- Click on "Find a Doctor" toward the top of the screen in the "Individuals and Families" banner
- Click "Employer or School"
- Enter additional search criteria
- When prompted, select the Open Access Plus, OA Plus, Choice Fund OA Plus option
- If you are already a member, visit www.mycigna.com to search providers

Where To Go For Care

Knowing where to go for care can make a big difference in cost and time. Here's how your options compare:

Where	Average Costs	Average Wait Times	Examples of Health Issues
 Virtual Visits Convenient and lower cost	\$	20 minutes or less	<ul style="list-style-type: none"> ● Allergies ● Cold and flu ● Nausea ● Sinus infections ● Asthma ● Pinkeye
 Your Doctor's Office Your doctor knows your medical history best	\$	18 minutes*	<ul style="list-style-type: none"> ● Fever, colds, and flu ● Sore throat ● Minor burns ● Stomach ache ● Ear or sinus pain ● Physicals ● Shots ● Minor allergic reactions
 Urgent Care Clinic Immediate care for issues that are not life-threatening	\$\$	16-24 minutes**	<ul style="list-style-type: none"> ● Migraines or headaches ● Cuts that need stitches ● Abdominal pain ● Sprains or strains ● Urinary tract infection ● Animal bites ● Back pain
 Hospital Emergency Room For serious or life-threatening conditions	\$\$\$	4 hours, 7 minutes***	<ul style="list-style-type: none"> ● Chest pain, stroke ● Seizures ● Head or neck injuries ● Sudden or severe pains ● Fainting, dizziness, weakness ● Uncontrolled bleeding ● Problem breathing ● Broken bone

Relative costs described are for independently contracted network providers. Costs for out-of-network providers may be higher.

* Vitals Annual Wait Time Report, 2017.

** Wait Time Trends in Urgent Care and Their Impact on Patient Satisfaction, 2017.

*** Emergency Department Pulse Report 2010 Patient Perspectives on American Health Care. Press Ganey Associates.

Dental Insurance

We partner with Delta Dental to offer you comprehensive dental coverage. Please refer to the chart below for a high-level summary of the benefits. Detailed benefit summaries are also available.

	Delta Dental DPPO ¹	Delta Dental Premier Network ²	Out- of-Network ³ Providers
Calendar Year Deductible (Applies to Type II and Type III services)			
Individual	\$50	\$50	\$50
Family	\$150	\$150	\$150
Calendar Year Maximum			
	\$2,000 per person	\$2,000 per person	\$2,000 per person
Type I Preventative Services			
Exams, Cleanings, X-Rays, Fluoride Treatments, Etc.	0% no deductible	0% no deductible	0% no deductible
Type II Basic Services			
Fillings, Root Canals, Some Oral Surgery, Endodontics, Etc.	10% after deductible	20% after deductible	20% after deductible
Type III Major Services			
Crowns, Inlays, Onlays, Bridges, Dentures, Complex Oral Surgery, Etc.	40% after deductible	50% after deductible	50% after deductible
Orthodontia (adults and children are eligible)			
\$1,500 Lifetime Maximum Per Person	50% no deductible	50% no deductible	50% no deductible

- ¹ **Delta Dental DPPO** dentists provide the best discounts and may not bill you for charges exceeding contracted fees. Dentists within the DPPO maintain the same network as those in the Premier tier.
- ² **Delta Dental Premier Network** Dentists provide deeper discounts compared to those out-of-network and may not bill you for charges exceeding contracted fees.
- ³ **Out-of-Network** These dentists do not agree to Delta's discounts and may balance bill you for charges in excess of Delta's reimbursement.

Dental Contributions

This is an overview of your cost of coverage for our dental plan.

Dental Bi-Weekly Contributions	
Employee Only	\$1.26
Employee + Spouse	\$7.93
Employee + Child(ren)	\$9.27
Family	\$10.96



Vision Insurance

We partner with VBA for your vision coverage. MOHELA covers the cost of vision premiums for employees who choose to enroll. Please refer to the chart below for a high-level summary of the benefits. Detailed benefit summaries are also available.

	In-Network	Frequency
Exam		
	\$0 copay	Once every 12 months
Lenses		
Single vision	\$20 copay	Once every 12 months
Lined bifocal	\$20 copay	
Lined trifocal	\$20 copay	
Frames		
	\$50 wholesale allowance	Once every 24 months
Contact Lenses*		
Visually necessary	Covered in full	Once every 12 months
Elective	\$75 material allowance	

* In lieu of all other lens and frame benefits.



Health Savings Account (HSA)

A Health Savings Account (HSA) is a tax- favored savings account which works in conjunction with your health plan coverage. You will receive a red Benny Card for eligible expense payments to providers.

You must make a new HSA election for the entire plan year. Your current elections will not be carried forward automatically.

Your funds are available as you accrue your election during the plan year. Elections can be changed throughout the plan year.

Major HSA Benefits

- Funds always belong to you
- Funds always rollover from year to year
- Lowers your taxable income
- Tax-free earnings through investment
- Tax-free withdrawals for qualified medical expenses

HSA Eligible Expenses

- Deductible
- Coinsurance
- Dental expenses
- Vision expenses
- Medicare premiums

For a complete list of qualified medical expenses visit www.irs.gov in IRS Publication 502.

HSA Eligibility

You may open and contribute pre-tax dollars to an HSA under the following circumstances.

- Enrolled in an IRS-qualified high deductible health plan, like MOHELA's medical plan
- Cannot be enrolled in a traditional PPO plan through your spouse or other employer-sponsored plan options
- Cannot have an HSA and healthcare FSA; your spouse cannot have a healthcare FSA through his/her own employer
- Cannot be claimed as a dependent on someone else's tax return
- Cannot be enrolled in a government sponsored program (Medicare, Medicaid, Tricare, etc.)
- Cannot have received VA benefits within the last three months (unless receiving benefits for a service-related disability)

2024 HSA Funding Limits (Per IRS)	
Coverage Level	Annual Limit
Individual Coverage	\$4,150
Family Coverage	\$8,300
Employees 55 or older	Additional \$1,000



Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSAs) help you save money by allowing you to pay for certain types of healthcare and dependent care expenses on a pre-tax basis. You decide how much money to put aside each payday to cover these expenses up to the maximum. This amount is then deducted from your pay before taxes deposited into your FSA. You will receive a Benny Card for eligible expense payments to providers.

You must make a new FSA election for the entire plan year. Your current elections will not be carried forward automatically.

Healthcare and Limited FSA

Funds you elect to contribute to the Healthcare FSA or Limited FSA are available in full on the first day of the plan year. The 2024 maximum contribution to the Healthcare FSA is \$3,050. Your entire election amount is available to you on the first day of the plan year. Mid-year changes are permitted only under certain circumstances.

Important: you cannot participate in Healthcare FSA if you or a spouse actively contribute to a Health Savings Account (HSA).

You are eligible to participate in the Limited FSA even if you or a spouse contribute to a Health Savings Account (HSA).

Dependent Care FSA

Funds you contribute to the Dependent Care FSA function like a debit card. You need to accumulate the funds before you can use them. The maximum amount you may contribute to the dependent care FSA is \$5,000 (or \$2,500 if married and filing separately) per plan year.

Your dependent care FSA funds are available as you accrue your election during the plan year. Mid-year changes are permitted only under certain circumstances.

Eligible Expenses

HEALTHCARE FSA

- Copays, coinsurance, deductibles
- Medical office visits/services
- Over-the-counter medications
- Dental cleanings/services
- Eye exams/materials

LIMITED FSA

- Eligible to participate even if you or a spouse contribute to a Health Savings Account (HSA)
- Cannot be used for medical-related expenses
- Can be used for dental and vision expenses

DEPENDENT CARE FSA

- Daycare, nursery school, preschool
- Before and after school care for children under age 13
- Care for dependent of any age who is unable to care for him/herself

Life and Accidental Death & Dismemberment (AD&D) Insurance

Group Term Life/AD&D

We provide all full-time eligible employees with a group term life and accidental death and dismemberment benefit equal to two (2) times your annual salary. **You do not elect this coverage.**

- Non-exempt employees are subject to a maximum benefit of \$300,000.
- Exempt employees are subject to a maximum benefit of \$750,000.

Voluntary Term Life/AD&D

In addition, eligible employees may purchase voluntary life insurance through The Hartford. Employees must purchase coverage for themselves to purchase coverage for a spouse or child. Please refer to the chart on this page for a high-level summary of the benefits. Detailed benefit summaries are also available.

Employees who do not enroll in this coverage when they initially become eligible at hire may be required to submit a Statement of Health (SOH). You will need to submit a SOH if:

- You are a current participant increasing your current coverage amount
- You previously waived this coverage during other enrollment opportunities and are electing coverage for the first time
- You are newly-eligible for this coverage and are electing coverage over the Guarantee Issue amount

During Open Enrollment only, employees who are currently enrolled can increase their coverage by \$10,000, up to the Guarantee Issue amount, without a SOH.

Voluntary Life/AD&D Options	
Employee	
Coverage amount	\$10,000 increments
Overall maximum	Lesser of 5 times your salary or \$500,000
Guarantee issue	\$150,000

Voluntary Group Dependent Coverage

You are eligible to purchase a flat amount of dependent life insurance for your spouse (\$5,000) or child (\$2,500). Statement of Health is not required to purchase this custom dependent life insurance. This benefit is separate from voluntary life insurance. Coverage costs \$0.66 per bi-weekly pay period and covers all dependents.

Voluntary Life/AD&D Options	
Spouse	
Coverage amount	\$5,000 increments
Overall maximum	\$100,000
Guarantee issue	\$25,000
Child(ren)	
Coverage amount	15 days to 6 months—\$100, 6 months to 26 Years—\$1,000 increments to max of \$10,000
Overall maximum	\$10,000
Guarantee issue	Equal to benefit amount

Long Term Disability (LTD) Coverage

LTD is 100% company-paid, no cost to eligible employees.
You do not elect this coverage.

Administration requires a claim process with approval and benefit determination through The Hartford.

LTD Benefit

Long Term Disability replaces a portion of your income for an extended period of time.

Eligible employees receive a benefit of 60% of your covered payroll up to a monthly maximum.

- Non-exempt employees are subject to a maximum benefit of \$7,000 per month.
- Exempt employees are subject to a maximum benefit of \$13,000 per month.

Payments begin after a 90-day elimination period and may continue until you reach your Normal Retirement Age.



Voluntary Benefits

Voluntary benefits, administered by The Hartford, provide an added layer of financial protection for you and your family. These benefits will help cover any extra out-of-pocket expenses if you suffer an unexpected serious illness or qualifying accident.

You'll be able to elect Accident, Critical Illness, and Hospital Indemnity Insurance when you enroll.

Accident Insurance

Accident insurance provides direct payments to you in the case of an off-the-job accident that results in:

- Emergency care and/or follow-up care
- Hospital admission
- Hospital confinement
- Accidental death

Critical Illness

Critical illness insurance provides direct payments to you if you are diagnosed with a covered critical illness such as:

- Cancer
- Heart attack
- Stroke
- Major organ transplant
- End stage renal failure

Employees may elect up to \$30,000 for themselves and up to \$15,000 for their dependents.

Hospital Indemnity

Hospital indemnity insurance provides direct payments if you are hospitalized. It includes separate amounts for events such as:

- Hospital admission
- Hospital confinement
- Hospital intensive care

Voluntary Accident Contributions Per Pay Period

Coverage Level	You Pay
Employee	\$5.05
Employee + Spouse	\$8.00
Employee + Children	\$8.66
Family	\$13.53

Voluntary Critical Illness Contributions Per Pay Period

Age	You Pay (\$10,000 Benefit)
Under 25	\$1.15
25-29	\$1.53
30-34	\$2.03
35-39	\$2.69
40-44	\$3.72
45-49	\$5.69
50-54	\$7.45
55-59	\$9.60
60-64	\$12.94
65-69	\$17.42
70-74	\$23.25
75-79	\$29.76
Over 80	\$36.18

Voluntary Hospital Indemnity Contributions Per Pay Period

Coverage Level	You Pay
Employee	\$6.92
Employee + Spouse	\$12.72
Employee + Children	\$12.96
Family	\$19.75

Pet Insurance

Employees can purchase Pet Insurance directly with Nationwide. You can enroll at anytime throughout the year.

How it Works

There is no network, so you can use whichever vet you choose. Submit a claim to Nationwide to get cash back on eligible vet bills.

Choose your level of coverage with My Pet Protection through Nationwide. With two budget friendly options, there's never been a better time to protect your pet.

- 50% reimbursement
- 70% reimbursement

Monthly premiums range from \$20 to \$47 depending on the level of coverage you choose.



Contact Information

The following contact names and addresses can be used to obtain additional information about any of the benefits and plan options presented within this Benefits Guide.



MEDICAL & PRESCRIPTION DRUG

Cigna
800.244.6224
www.mycigna.com



DENTAL

Delta Dental
800.335.8266
www.deltadentalmo.com



VISION

VBA
800.432.4966
www.vbaplans.com



HEALTH SAVINGS ACCOUNTS (HSA)

WEX
886.451.3399
customerservice@wexhealth.com



FLEXIBLE SPENDING ACCOUNTS (FSA)

WEX
886.451.3399
customerservice@wexhealth.com



LIFE/AD&D & DISABILITY

The Hartford
866.547.4205
www.thehartford.com



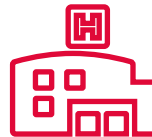
ACCIDENT

The Hartford
866.547.4205
www.thehartford.com



CRITICAL ILLNESS

The Hartford
866.547.4205
www.thehartford.com



HOSPITAL INDEMNITY

The Hartford
866.547.4205
www.thehartford.com



PET INSURANCE

Nationwide
877.738.7874
www.petinsurance.com/mohela



This benefit guide is only intended to highlight some of the major benefit provisions of the company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's summary plan descriptions for further detail. Should this guide differ from the summary plan descriptions, the summary plan descriptions prevail.