



HWC
ENGINEERING

BENEFIT GUIDE 2024

Open Enrollment:

November 22, 2023 – December 1, 2023

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Table of Contents

03	Welcome & Plan Highlights
04	Terms You Should Know
05	Medical Benefit Overview
06	UMR Information
09	2024 Payroll Deductions
10	Health Savings Account Information
11	Dental and Vision Overview
12	Life, AD&D, Short Term Disability, Long Term Disability
13	Wellness Plan
14	Employee Assistance Program
15	Online Enrollment
	Contact Information



Open Enrollment & Benefit Highlights

2024 Plan Year Details

The health and financial security of you and your family is important to us. Our benefit program provides a variety of plans that can enhance the lives of you and your family – both now and in the future. As an eligible employee, you will be asked to make decisions about the employee benefits described in this booklet. This guide provides information to enable you to effectively enroll in your benefits. Take time to read it carefully and use the available resources to ensure you make the decisions that are right for you and your family.

The Open Enrollment period is an opportunity for eligible employees to enroll in or make changes to your benefits for the upcoming year. This year Open Enrollment is **November 22nd - December 1st**.

This is the only time during the year that you are eligible to make benefit plan changes unless you have a qualifying life event that allows you to change your benefits mid-year. Changes made during Open Enrollment will be effective January 1, 2024.

	Medical Plan	<ul style="list-style-type: none">• Slight HDHP deductible increase to \$3200– due to IRS regulations• No Payroll Deduction Increases• UMR remains the medical plan administrator• Deductible is reset for 2024 calendar year
	Dental Plan	<ul style="list-style-type: none">• No Plan Design changes• No Payroll Deduction increases• Delta Dental remains dental carrier
	Vision Plan	<ul style="list-style-type: none">• No Plan Design changes• No Payroll Deduction increases• EyeMed remains the vision carrier
	Voluntary Life & Disability	<ul style="list-style-type: none">• One America will be the new life and disability carrier• We will be offering an open enrollment on Short Term Disability as well as Voluntary Life; if you are not currently enrolled in this coverage, you can elect coverage up to the Guarantee Issue

Eligibility

All full-time employees working 30 hours per week are eligible for the benefits program. Medical , dental, vision, life and disability benefits begin on the first of the month following 30 days of employment. You may insure yourself, your spouse and your children under the program. Children are eligible for medical, dental, vision, and voluntary life until age 26.

Terms You Should Know

Benefit Eligible. All full-time employees working an average of at least 30 hours per week are eligible for benefits. For new hires, your benefits begin on the first of the month following 30 days of employment. For Medical, Dental, Vision and Voluntary Life, your qualified dependents include your legal spouse and children to age 26.

Limited Spousal Eligibility. If your spouse is employed and your spouse's employer provides a medical plan for which the employer pays at least 50% of "Employee Only" coverage, your spouse is not eligible for the HWC Engineering medical plan.

Deductible. The amount you pay for covered health care expenses before your insurance starts to pay. For example, with a \$3,000 plan year deductible, you pay the first \$3,000 covered services.

Coinsurance. The percentage of costs of a covered health care service you pay (for example 10%), after you have paid your plan year deductible.

Out-of-Pocket Maximum. The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits.

Network Benefits (In-Network). In network providers agree to accept the UMR approved amount for their services. You will see these savings listed as the "discounted amount" on your Explanation of Benefits statements.

Non-Network Benefits (Out-of-Network). Doctors or hospitals who are not in the network do not accept the UMR approved amount. You will be responsible for paying the difference between the provider's full charge and your plan's approved amount. This is called balance billing.

Preventive Care. Preventive care is the care you receive to prevent illnesses or diseases. Providing these services at no cost is based on the idea that getting preventive care, such as screenings and immunizations, can help you and your family stay healthy. Services will be paid at 100% when you use a participating provider.

Embedded deductible plans. Under family coverage, an embedded deductible plan means that each family member has an individual deductible in addition to the total family deductible. Each individual's deductible is much lower than the total family deductible. When an individual meets their respective out-of-pocket total, the insurer begins to pay for

that person's covered medical services, regardless of whether the family deductible has been fulfilled.

- The benefit of embedded deductibles: in some cases, this double-layered deductible can actually enhance individuals' coverage, according to the Center for Health Insurance Reform at Georgetown University. If an individual family member incurs a significant amount of medical expenses, the individual will fulfill their deductible sooner because it is lower than the family deductible. This can save families thousands of dollars because the individual's insurance policy will begin to cover benefits even if the family deductible isn't met.

When Life Changes. Employees may add/remove/make benefit changes during the Open Enrollment period which is held annually. However, we understand that life happens. Employees have 31 days from the date of the qualified life event to make changes/updates. Examples of a life events include:

- birth or adoption of a child;
- marriage or divorce; death;
- loss of coverage;
- employment status change.

As the employee, you will log into the ADP portal to request change(s). In addition, you will also need to provide documentation that reflects need for change(s) and must be submitted to HR before workflow can be approved.

Plan Compliance Notifications. Federal required Notices are available online on the human resources internet site or via paper, free of charge, upon request. Please contact human resources with questions.

2024 Medical Benefit Overview

Medical & Prescription Drugs Insured by UMR



Physician Office Visit

Specialist Office Visit

Deductible

Single

Family

Coinsurance

Out-of-Pocket Maximum

Single

Family

Preventive Care

Hospital Services (IP and OP)

Therapy Services (PT, OT, ST)

DME / Supplies

Emergency Room Services

Urgent Care Centers

Mental Health/Substance Abuse

Inpatient

Outpatient

Retail Prescription Drugs

Generic

Preferred

Non-Preferred

Preventive Medications

Prescription Drug Formulary

Mail Order Prescription Drugs

Generic

Preferred

Non-Preferred

Lifetime Maximum

Consumer Driven Health Plan

Network Benefits

10% after Deductible

10% after Deductible

\$3,200

\$6,000

10%

\$4,000

\$8,000

100% Coverage

10% after Deductible

10% after Deductible

10% after Deductible

10% after Deductible

10% after Deductible

10% after Deductible

10% after Deductible

10% after Deductible

10% after Deductible

10% after Deductible

10% after Deductible

10% after Deductible

10% after Deductible

Non-Network Benefits

30% after Deductible

30% after Deductible

\$6,000

\$12,000

30%

\$12,000

\$24,000

30% after Deductible

30% after Deductible

30% after Deductible

30% after Deductible

30% after Deductible

30% after Deductible

30% after Deductible

30% after Deductible

30% after Deductible

30% after Deductible

30% after Deductible

Not Covered

Not Covered

Not Covered

***Embedded – individual family members must meet a \$3,200 deductible before benefits begin**

Embedded

Preventive medications are paid at 100% with no cost share

A list of covered drugs can be found at www.epiphanyrx.com

Refer to the Resources tab for formulary lists, network pharmacies, preventive care medication lists and mail order instructions

Unlimited

Medical Administration by UMR: UMR has negotiated discounts with a large national network of doctors and hospitals called Choice Plus PPO. You will enjoy the highest level of benefits and the greatest value if you choose to receive care through the Choice Plus PPO Network of providers. While it is not required that you utilize the network, the services you obtain outside of the network will be billed at a greater cost to you. You may log onto www.umar.com for a listing of participating providers.



24/7 Doctor Visits

Via phone or mobile app

Teladoc gives you round-the-clock access to U.S. board certified doctors, from home or on the go. Call or connect online or using the Teladoc mobile app for affordable medical care, when you need it.



Talk to a doctor
anytime, anywhere
you happen to be



Receive quality
care via phone, video
or mobile app



Prompt treatment,
median call back,
in 10 minutes



A network of doctors
that can treat every
member of the family



Prescriptions sent to
pharmacy of choice if
medically necessary



Teladoc is less
expensive than the
ER or urgent care

Teladoc
HEALTH

Visit [Teladoc.com](https://www.teladoc.com)
or call
1-800-Teladoc

Get the care you need.

Teladoc doctors can treat many medical conditions, including: cold & flu symptoms, allergies, pink eye, respiratory infections, sinus problems, skin problems, and more. You can also use Teladoc for dermatology and behavioral health.

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician.





Your Medical Provider

UMR – A

UnitedHealthcare Company

UnitedHealthcare
Choice Plus Network



A UnitedHealthcare Company

Web Services – Services at your Fingertips

- Register for web services at umr.com

Just a Click Away – 24/7 Access

- Benefit Plan Details
- Deductible, Out-of-Pocket Accumulations
- ID Cards
- Paid Claims for you and your insured dependents
- Medical PPO Network providers using the United Healthcare Choice Plus Network
- Health and Wellness Tools including
 - Plan Cost Estimator
 - Healthy “U” Presentations
 - Health Education Library





UMR on the Go

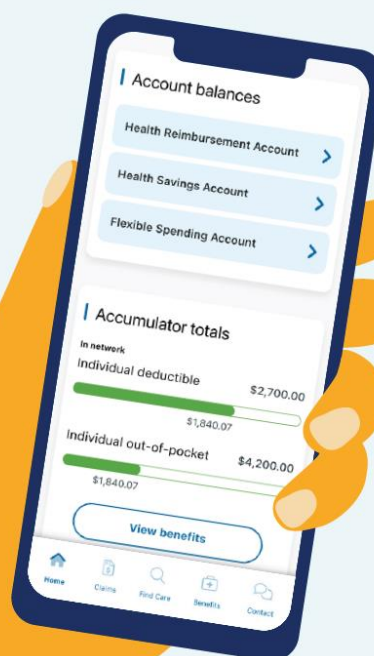
UnitedHealthcare
Choice Plus Network

Welcome to a smarter, simpler, faster way to manage your healthcare benefits, right from the palm of your hand.

- Access your digital ID card
- Look up in-network health care providers
- Keep up to date with information about your health account balances
- See how much you've paid toward your deductible
- Find out if there's a copay for your upcoming appointment
- View your recent medical and dental claims
- Chat, call or message UMR's member support team



The UMR app has a smart, fresh look, simple navigation, and faster access to your healthcare benefits information. View your plan details on-demand – anytime, anywhere,



Overview of Benefit Contributions

2024 Plan Year Details



Medical Bi-Weekly Premiums

	Non-Tobacco User		Tobacco User
	Wellness Participant	Non-Wellness Participant	
Employee Only	\$69	\$84	\$89
Employee + Spouse	\$223	\$238	\$243
Employee + Child(ren)	\$165	\$180	\$185
Family	\$287	\$302	\$307



Dental Bi-Weekly Premiums

Employee Only	\$7
Employee + Spouse	\$12
Employee + Child(ren)	\$14
Family	\$20



Vision Medical Bi-Weekly Premiums

Employee Only	\$2
Employee + Spouse	\$4
Employee + Child(ren)	\$5
Family	\$7



Health Savings Account

For a Qualified Consumer Driven Health Plan

A Health Savings Account (HSA) is a consumer-oriented, tax-advantaged savings account that is always combined with a Consumer Driven Health Plan (CDHP). It is an interest-accruing account, similar to an Individual Retirement Account (IRA), which provides financial control over how you spend your health care dollars and can be used to pay for your out-of-pocket medical expenses. HSA earnings grow tax-deferred and qualified withdrawals are tax-free without “use it or lose it” provisions found with a Flexible Spending Account (FSA). Money not used in your Health Savings Account can be rolled over to the following year. HSA funds can be used for all qualified medical expenses, including medical services, as well as eyeglasses, dental procedures, prescription drug coverage and over-the-counter medications provided you submit a prescription from your provider. See *IRS Publication 969* for more information and a listing of *Qualified Eligible Expenses* at www.irs.gov.

To qualify for an HSA, you must meet the following requirements, as defined by the IRS:

- You must be covered under a Consumer Driven Health Plan
- You have no other health coverage except what is permitted by the IRS
- You are not enrolled in Medicare
- You cannot be claimed as a dependent on someone else’s tax return.
- You nor your spouse can be enrolled in a Flexible Spending Account

How Should You Manage Your HSA?

- Contributions can be made with pre-tax money through payroll deductions, or contributions can be made post-tax and then deducted from your income when you file your income tax return.
- Funds should be limited to qualified medical expenses;
- Keep receipts documenting medical expenses;

When to Stop Contributing to Your HSA?

- When you are no longer enrolled in a qualified health plan;
- When you become eligible for Medicare and you plan to enroll, you must stop your HSA contribution.



Annual HSA Base Contributions

If you enroll the HDHP plan for January 1, 2024, HWC Engineering does not contribute to your Health Savings Account, but we encourage you to open an account with **BMO Harris** and contribute funds into the account through payroll deduction.

HWC Engineering Annual HSA Base Contributions

Employee Only	\$0
Employee+1 or more Dependents	\$0



IRS 2024 Maximum Contributions

	2024 IRS Max Contributions	IRS Post Age 55 “Catch-up”
Employee	\$4,150	\$1,000
Family	\$8,300	\$1,000

If You Will Be Turning 65

Active employees turning 65 have the option to accept or decline enrollment in Medicare, including Medicare Part A.

- Employees who accept enrollment in any part of Medicare are no longer eligible to make or receive contributions to an HSA.
- If you elect Medicare at age 65, your maximum HSA contribution for the year you elect will be prorated by the number of months you were not enrolled in Medicare.
- Employees who decline enrollment may continue to make and receive contributions to an HSA.
- Qualified distributions remain tax free regardless of your eligibility to contribute.
- Non-qualified distributions are taxable but no longer carry a 20% penalty after age 65.
- Medicare Part(s) A, B, D and Medicare HMO premiums may be paid or reimbursed with tax-free HSA dollars. You cannot use your HSA to pay for Medigap premiums.

Dental & Vision Benefit Summary



Dental

Dental Plan

Annual Deductible	PPO / Premier Network
Individual	\$0
Family	\$0
Annual Plan Maximum	\$1,500
Orthodontia Lifetime Maximum	\$1,000
Preventive/ Diagnostic Care Includes: routine oral exams, cleanings, x-rays as well as fluoride treatment, sealants and space maintainers for children	You Pay 0% / 0%
Basic Dental Services Includes: fillings, extractions, root canals	You Pay 20% / 20%
Major Dental Services Includes: oral surgery, dentures, bridges, periodontics and major oral surgery	You Pay 50% / 50%
Orthodontia for Children up to age 19	You Pay 50% / 50%

Provider Directory: www.deltadentalin.com

Delta Dental benefits listed above are shown as In-Network. See full plan details for description and Out-of-Network Coverage details.

Delta Dental offers three levels of benefit coverage: PPO Dentist, Premier Dentist and Non-Participating Dentist. Review summary of benefits for more details.

PPO Coverage - Offers significant discounts; no balance billing; acceptance of processing policies; and 108,000 dentist locations

Premier Coverage - Negotiated fees; no balance billing; acceptance of processing policies; and 186,000 dentist locations

Non-Participating Coverage - Balance billing and does not offer discounts



Vision

Vision Plan

	In-Network	Out-Of-Network
Routine Eye Exam - (once every 12 months)		
	\$10 copay	\$40 allowance
Frames - (once every 24 months)		
	\$130 allowance then 20% off any remaining balance	\$91 allowance
Standard Plastic Lenses - (once every 12 months)		
Single vision (1 pair)	\$25 copay	\$30 allowance
Bifocal lenses (1 pair)	\$25 copay	\$50 allowance
Trifocal lenses (1 pair)	\$25 copay	\$70 allowance
Lenticular lenses (1 pair)	\$25 copay	\$70 allowance
Contact Lenses - (once every 12 months in lieu of glasses)		
Elective	\$130 allowance	\$91 allowance
Non-Elective	Covered in full	\$210 allowance

Providers can be found at www.eyemedvisioncare.com



Life/Short-Term & Long-Term Disability

For Full-Time Employees

Basic Life Insurance

*Employer Paid

A life insurance policy is a contract with an insurance company. In exchange for premium payments, the insurance company provides a lump-sum payment, known as a death benefit, to beneficiaries upon the insured's death.

Basic Accidental Death & Dismemberment Insurance

*Employer Paid

The rider covers the unintentional death or dismemberment of the insured. Dismemberment includes the loss, or the loss of use, of body parts or functions (e.g., limbs, speech, eyesight, or hearing).

Short/Long-Term Disability Benefits

*STD – Employee Paid
*LTD – Employer Paid

Disability benefits protect your income during a period in which you are unable to work because of an illness or accident not related to your job.

Voluntary Insurance

Employees pay 100% of the premiums for Voluntary Benefits.



Basic Life

Eligible Employees Include: Full Time Employees

Basic Life amount is equal to 1 times salary

Benefit Minimum: \$150,000

Benefit Maximum: \$250,000

Coverage decreases incrementally beginning at age 65

Basic AD&D

Eligible Employees Include: Full Time Employees

Basic AD&D amount is equal to 1 times salary

Benefit Minimum: \$150,000

Benefit Maximum: \$250,000

Coverage decreases incrementally beginning at age 65

Short/Long Term Disability

Elimination Period	0 days - injury 7 days – illness	90 days
Income Benefit %	60%	67%
Maximum Benefit	\$1,500/week	\$11,500/month
Maximum Duration	12 weeks	To normal Social Security retirement age

Voluntary Life

EMPLOYEE BENEFIT	Benefit Increments	\$10,000
	Benefit Maximum	\$500,000 or
	Benefit Maximum	5 times salary
	Guarantee Issue (for new hires only)	\$150,000
SPOUSE BENEFIT	Benefit Increments	\$5,000
	Benefit Maximum	\$250,000
	Cannot exceed 100% of employee elected amount	
	Guarantee Issue (for spouses of new hires only)	\$30,000
CHILD(REN) BENEFIT	Benefit Increments	\$5,000
	Benefit Maximum	\$10,000
	Employee must choose coverage if choosing coverage for children. Total premium covers all children.	
	Guarantee Issue	\$10,000



Wellness

Our goal is to expand our wellness offering in ways that will help meet your personal needs and improve the health of our employees and their families.

01

Establish A Primary Care Physician (PCP)

One of the most important things you can do to manage your health is to have a good relationship with a primary care doctor and receive your annual physical. Earn a discount on your payroll deduction when you have an annual physical.

02

Annual Physical

As a requirement of the Wellness Plan and in order to receive the payroll deduction discount, you must complete your annual routine physical and return the Routine Physical Verification Form to Human Resources. **Physicals must be completed by June 30, 2024.** Any form received after the deadline will be applied to the next Wellness Plan Year.

Routine physicals and preventive lab and x-ray services are covered at 100% by your health plan when billed and coded as preventive. Claims must be incurred by a participating network physician to receive this 100% benefit.

03

Tobacco Free Incentive

HWC Engineering will continue to provide a discount to the payroll contributions for non-tobacco users. If you are a current tobacco user, we will provide you with new tools that help you quit. If you successfully quit using tobacco products, your payroll deductions will be adjusted. All benefit eligible employees will be asked to complete the Tobacco Free Affidavit online during the enrollment process to receive the premium discount. If you are a current tobacco user, you may receive the premium discount upon completion of a smoking cessation program and upon receipt of a Tobacco Free Affidavit. Any change in payroll deduction will occur on the first of the month following 6 months of tobacco free status.

Compliance

If you elect to participate in the Wellness Program, but fail to complete your routine physical, your payroll deductions will be charged to non-wellness retroactively to the start of the plan year.

New hires are eligible to participate in the wellness program. Please consult the Human Resources department for completion requirements and deadlines.

Privacy

Your personal health information will be maintained in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HWC Engineering will not receive any personal health information about individuals; rather, the information received will be in aggregate form for the employee population as a whole, and that information that will be used in designing programs tailored to positively impact the health of employees.

How can New Avenues EAP help?



Marriage



Divorce or Separation



Grief



Stress



Financial Worries



Alcohol/Drug Problems



Child/Adolescent Issues



Communication Problems

EAP FOR EMPLOYEES & FAMILIES

Employee Assistance Program

We believe the health and wellbeing of our employees is of critical importance. Our employee assistance program is available **to ALL employees and their immediate family members**. It is not required to be enrolled in our health plan to take advantage of these EAP services available to you.

Our EAP is FREE to all employees and eligible dependents. New Avenues is completely confidential. Each employee and family member receives five (5) free visits per contract year.

24/7/365

Access

(800) 731-6501

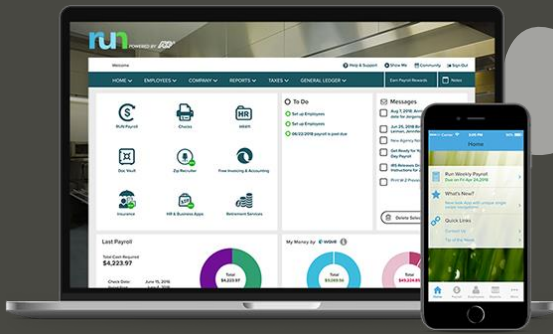
Call for more information.

NewAvenuesOnline.com

Password: HWC

FREE & CONFIDENTIAL





Online Enrollment

Enroll In Your Benefits Online!

01

LOGIN

Login into ADP at:

<https://workforcenow.adp.com>

Use the User Name and password that was set up during your orientation.

For first time users or when adding a new dependent, be sure to have the following information:

- Birthdate and social security numbers for yourself and each dependent including spouse
- Marriage date (if applicable)
- Beneficiary information



02

ENROLL

Complete the enrollment steps to shop for benefits.

03

CHECKOUT

Review all your personal, dependent, and enrollment information closely, and make changes if necessary.



Contact Information

Please utilize the website resources for provider information, pharmacy information, and general claims information. The Customer Service phone numbers can assist you with benefits and specific claims questions.

01 **Medical Website/Phone** www.umar.com | See the back of your ID card

02 **Dental Website/Phone** www.deltadentalin.com | 1-800-524-0149

03 **Vision Website/Phone** www.eyemedvisioncare.com | See the back of your ID card

04 **Employee Assistance Program Website/Phone** | www.newavenuesonline.com | 800-731-6501

05 **Amanda Hoeppner- HR Director** | ahoeppner@hwcengineering.com | 317-981-1241

06 **Benefit Website** hwc.lhdknowmybenefits.com



Additional education pieces and resources are available. Talk to your Human Resources team for more information.