



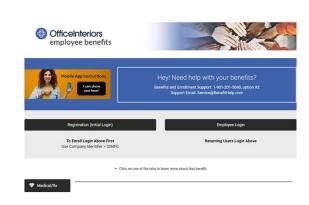
Employee Benefits Meeting

This presentation provides only a summary of your benefits. All services described within are subject to the definitions, limitations, and exclusions set forth in each insurance carrier or provider's contract. Every reasonable effort has been made for the information provided to be accurate please see plan summaries and plan document for details. If this contradicts with the plan summaries the summaries, SBC, SPD, and Contracts will prevail.

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Today's Agenda

- ✓ Review your entire benefits package
- ✓ Highlight what is CHANGING for this upcoming year
- ✓ Learn how to identify your individual benefit needs
- ✓ Discuss your enrollment process















ACTIVE Open Enrollment

You MUST enroll or your current elective benefits WILL END 12/31/2022

Please take the time to review your benefits before seeing a Benefits Advisor.

Make sure you have all necessary information to enroll including

any NEW dependent information, like SSN# and birthdates.





Bring your
Cigna + Oscar
and Garner login
(usernames & passwords)
to your enrollment session



REMINDER!

Open Enrollment is a once-a-year event that allows you to make changes to existing benefits or elect new benefits for the first time.

Any cost or benefit change will take effect 1/1/2023.

You CANNOT add, end, or change your benefits changes once Open Enrollment has ended.

*Exceptions to mid year coverage changes apply to those who may experience a Qualifying Life Event such as marriage, death, or divorce.

To ensure that your benefits will continue into the new plan year, you **MUST participate** in open enrollment, even if you are waiving all benefits. Your enrollment window will end soon, so please don't wait!

How to Enroll

www.MyOlBenefits.com







In person enrollments available Dec 6 and Dec 12



Login to Enroll in your benefits and view current benefits and beneficiaries

Changes for the Year Summary Chart

| Coverage | Carrier | Carrier Change? | Plans | Provider Change? (Network) | Benefit Change | Rate Change |
|------------------------------------|-------------------------------|--------------------|--|-------------------------------|-------------------------------|--------------------------|
| Medical | Cigna + Oscar + Garner HRA | No | Option A and Option B | No: Methodist | Yes | Yes |
| Prescription | Cigna + Oscar + Garner HRA | No | Option A and Option B | No | No | ICS |
| Dental Plan | UNUM | No | UNUM Dental | No | No | Yes |
| Vision Plan | UNUM | No | UNUM Vision | No | No | No |
| Basic Term Life and AD&D | UNUM | No | UNUM Basic Life and AD&D | N/A | No Unless Age Reduction | No |
| Voluntary Group Term Life and AD&D | UNUM | No | UNUM Vol. Life and AD&D | N/A | No Unless Age Reduction | No Unless Age Band |
| Disability Coverage | UNUM | No | UNUM STD Plan | N/A | No | No |
| Enhanced Benefits | Allstate Benefits | No | Critical Illness w/ Cancer Accident Hospital Income Additional Disability Whole Life | N/A | No | No |

Garner HRA Guided Care



In order to get the HRA reimbursement, you must utilize guided care through Garner. Garner is an engagement-based HRA, enriching the plan for members who use Garner to find high quality care because...



BETTER Doctors, means BETTER care, BETTER results resulting in *LESS TIME and EXPENSE* to you!

When using Garner Approved Doctors, Garner will reimburse all out-of-pocket expenses up to the plans HRA limit! You will be reimbursed for all **Copays, Prescriptions, and Other expenses** that you incur.*

Garner HRA Reimbursements

Option A - \$5,000 / \$10,000 reimbursement on all approved expenses!

Option B - \$1,000 / \$2,000 reimbursement on all approved expenses!

www.MyOIBenefits.com

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*only Garner approved Doctors and their prescribed treatment are eligible for reimbursement

Getting your Reimbursement and bills paid with Garner is easy:

- **1.** Use Garner to receive a recommendation before you see the doctor
- **2.** Visit the Garner recommended doctor and receive your treatment
- **3**. Upload a photo of your bill using the <u>Garner app or website</u> If you pay at the doctor's office [or pharmacy], upload a photo of your receipt and Garner will reimburse you. If you receive a bill in the mail from your doctor, you can upload a photo of the bill/EOB and Garner will pay the bill. Or you can download your EOB from Cigna + Oscar hioscar.com and submit to Garner.

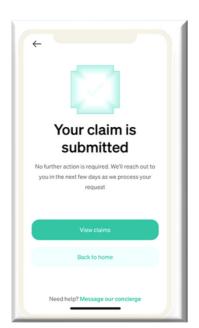
What medical bills does Garner cover?

By using a Garner approved top-quality Doctor, Garner reimburses your first dollar out-of-pocket expenses up to \$5,000 (Option A) & \$1,000 (Option B)

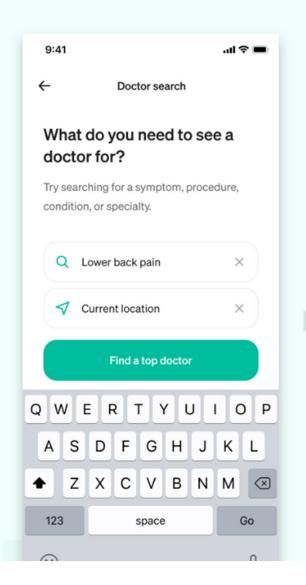
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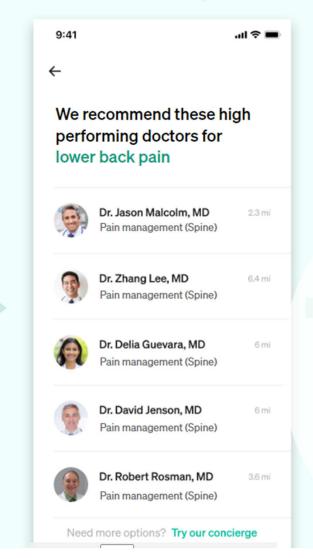
- Copays
- Surgeries and procedures
- Imaging (X-Rays, MRIs, etc.)
- Prescriptions

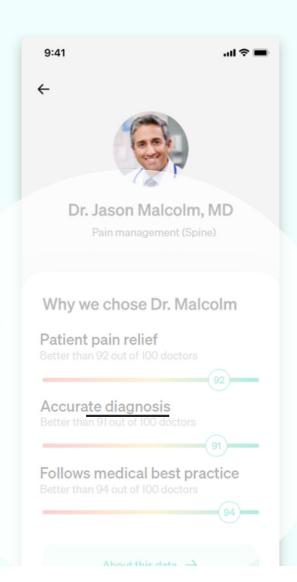




The Garner Experience









Medical

garner

| Plan Features | Cigna + Oscar "2022 OPTION A Plan" | Cigna + Oscar "2023 OPTION A Plan" | Cigna + Oscar OPTION A with Garner HRA | |
|---|---|---|--|--|
| In Network | You Pay in 2022 | You Pay in 2023 | You Pay in 2023 | |
| Calendar Year Deductible (Individual / Family) | \$5,750 / \$11,500 | \$5,750 / \$11,500 | First \$5,000 / \$10,000 paid by HRA | |
| Coinsurance | 50% | 50% | then you pay your share of remaining | |
| Out of Pocket Maximum (Individual / Family) | \$8,700 / \$17,400 | \$9,100 / \$18,200 | \$4,100 / \$8,200 | |
| Emergency Room | 50% co-insurance, after the medical deductible has been met | 50% co-insurance, after the medical deductible has been met | | |
| Advanced Imaging (CT/PET) | 50% co-insurance, after the medical deductible has been met | 50% co-insurance, after the medical deductible has been met | | |
| Outpatient Surgical Facility | 50% co-insurance, after the medical deductible has been met | 50% co-insurance, after the medical deductible has been met | | |
| Hospitalization | 50% co-insurance, after the medical deductible has been met | 50% co-insurance, after the medical deductible has been met | | |
| Primary Care Physician | \$85 copay | \$70 copay | | |
| Specialist | \$85 copay | 50% co-insurance, after the medical deductible has been met | | |

This information is for <u>in network</u> – see the SBC and Plan Summary located at <u>www.MyOIBenefits.com</u> for out of network and details.



Cigna + oscar

Medical

garner

| Plan Features | Cigna + Oscar "2022 Option B Plan" | Cigna + Oscar "2023 OPTION B Plan" | Cigna + Oscar OPTION B with Garner HRA |
|---|---|---|---|
| In Network | You Pay in 2022 | You Pay in 2023 | You Pay in 2023 |
| Calendar Year Deductible (Individual / Family) | \$5,500 / \$11,000 | \$5,500 / \$11,000 | First \$1,000 / \$2,000 paid by HRA |
| Coinsurance | 40% | 40% | then you pay your share of remaining |
| Out of Pocket Maximum (Individual / Family) | \$8,700 / \$17,400 | \$9,100 / \$18,200 | \$8,100 / \$16,200 |
| Emergency Room | 40% co-insurance, after the medical deductible has been met | 40% co-insurance, after the medical deductible has been met | |
| Advanced Imaging (CT/PET) | 40% co-insurance, after the medical deductible has been met | 40% co-insurance, after the medical deductible has been met | |
| Outpatient Surgical Facility | 40% co-insurance, after the medical deductible has been met | 40% co-insurance, after the medical deductible has been met | |
| Hospitalization | 40% co-insurance, after the medical deductible has been met | 40% co-insurance, after the medical deductible has been met | |
| Primary Care Physician | \$55 copay | \$55 copay | |
| Specialist | \$70 copay | \$90 copay | |

This information is for in network – see the SBC and Plan Summary located at www.MyOIBenefits.com for out of network and details.



Prescription Drug Coverage



Drugs on the Drug List/Formulary are grouped by 'tiers.' Several factors are considered when classifying drugs into tiers, including, but not limited to the absolute cost of the drug; the cost of the drug relative to other drugs in the same therapeutic class; the availability of over-the-counter alternatives; and other clinical and cost-effectiveness factors.

To View the Drug List, visit www.MyOIBenefits.com and click on the Medical Tab

| Prescription Drug Benefits | | | |
|----------------------------|--------------------------|-------------|--|
| | OPTION A | OPTION B | |
| Tier 1A | \$3 copay | \$3 copay | |
| Tier 1B | Deductible & Coinsurance | \$35 copay | |
| Tier 2 | Deductible & Coinsurance | \$75 copay | |
| Tier 3 | Deductible & Coinsurance | \$150 copay | |
| Tier 4 | Deductible & Coinsurance | \$300 copay | |



Preventive Care

Preventive Care is covered by the plan and paid at 100% for In-Network Providers

Such as:

- Adult Preventive Care
- Adult Immunizations
- Routine gynecological exam (including PAP Test)
- Preventive at age 50 Colonoscopy & related services
- Pediatric Routine exams (including preventative lab, x-rays, applicable through age 18)
- Pediatric Immunizations and more...



www.MyOIBenefits.com



Premium Changes (Monthly)

CURRENT

| OPTION A | |
|-----------------------|----------------|
| Employee Only | \$ 253.59 |
| Employee + Child(ren) | \$ 482.93 |
| Employee + Spouse | \$ 543.16 |
| Family | \$ 856.51 |
| | |
| OPTION B | |
| Employee Only | \$ 325.50 |
| Employee + Child(ren) | \$ 614.58 |
| Employee + Spouse | \$ 690.99 |
| Family | \$ 1,075.08 |

14% Increase in Premiums

| 1/ | <u> </u> | <u> / </u> | <u> </u> | <u> </u> |
|----|----------|--|----------|----------|
| | | | | |
| | | | | |

| OPTION A | |
|-----------------------|-------------|
| Employee Only | \$ 287.07 |
| Employee + Child(ren) | \$ 561.03 |
| Employee + Spouse | \$ 629.15 |
| Family | \$ 983.11 |
| | |
| OPTION B | |
| Employee Only | \$ 368.63 |
| Employee + Child(ren) | \$ 709.26 |
| Employee + Spouse | \$ 794.25 |
| Family | \$ 1,225.89 |



Premium Changes (Per Weekly Pay Period)

OI is increasing the company contribution

CURRENT

1/1/2023

| 58.52 |
|--------|
| 111.45 |
| 125.34 |
| 197.66 |
| |
| |
| 75.12 |
| 141.83 |
| 159.46 |
| 248.10 |
| |





| OPTION A | |
|-----------------------|-----------|
| Employee Only | \$ 66.25 |
| Employee + Child(ren) | \$ 129.47 |
| Employee + Spouse | \$ 145.19 |
| Family | \$ 226.87 |
| OPTION B | |
| Employee Only | \$ 85.07 |
| Employee + Child(ren) | \$ 163.68 |
| Employee + Spouse | \$ 183.29 |
| Family | \$ 282.90 |



Premium Changes (Per Bi-Weekly Pay Period)

OI is increasing the company contribution

CURRENT

1/1/2023

| OPTION A | |
|---|------------------------|
| Employee Only | \$ 117.04 |
| Employee + Child(ren) | \$ 222.89 |
| Employee + Spouse | \$ 250.69 |
| Family | \$ 395.31 |
| | |
| OPTION B | |
| Employee Only | \$ 150.23 |
| Employee + Child(ren) | \$ 283.65 |
| Employee + Spouse | \$ 318.92 |
| Family | \$ 496.19 |
| Employee Only Employee + Child(ren) Employee + Spouse | \$ 283.65 318.92 |





| OPTION A | |
|-----------------------|-----------|
| Employee Only | \$ 132.49 |
| Employee + Child(ren) | \$ 258.94 |
| Employee + Spouse | \$ 290.38 |
| Family | \$ 453.74 |
| | |
| OPTION B | |
| Employee Only | \$ 170.14 |
| Employee + Child(ren) | \$ 327.35 |
| Employee + Spouse | \$ 366.58 |
| Family | \$ 565.80 |



The Value of Pre-Taxing "Section 125"

| | Without Cafeteria | With Cafeteria |
|----------------------------|-------------------|----------------|
| Gross Pay Per Week | 1000.00 | 1000.00 |
| Insurance (Pretax) | 0.00 | 50.00 |
| Taxable Amount | 1000.00 | 950.00 |
| Federal Tax | 187.65 | 173.65 |
| FICA | 76.50 | 72.68 |
| Insurance | 50.00 | 0.00 |
| Net Pay (719.76) | 685.85 | 703.67 |
| Savings from Tax Reduction | | 17.82 |
| Total Annual Savings | | 926.64 |

Introducing E-Analytics

Health insurance premiums are significantly outpacing employee wages ... and the only options for most employers is to shift costs to employees in the form of higher premiums, copays, and deductibles.

We have a solution that we're very excited about!

E Analytics... we can have the optics we need to better negotiate our health insurance renewal ... and/or consider other richer health plans.

There are health plans that have \$0 copays for prescriptions and other services ... and in order to access these plans, we need optics and need your help.



Dental

| Plan Features | UNUM Dental Option 1 | UNUM Dental Option 2 |
|---|---|---|
| In / Out of Network | You Pay | You Pay |
| Annual Deductible (Individual / Family) | \$50 / \$150 (Waived for Preventive Services) | \$50 / \$150 (Waived for Preventive Services) |
| Preventive Care | Covered 100% | Covered 100% |
| Basic Procedures | 20% Coinsurance (Includes Endodontics & Periodontics) | 20% Coinsurance |
| Major Procedures (Crowns, dentures, etc.) | 50% Coinsurance | 50% Coinsurance (Includes Endodontics & Periodontics) |
| Calendar Year Maximum Benefit | \$2,500 | \$1,000 |
| Orthodontics | Not Covered | Not Covered |



| Pediatric Dental (included with Medical to age 19)* | | |
|---|---|--|
| Plan Features | Pediatric Dental | |
| In Network | You Pay | |
| Annual Deductible (Preventive) | No Deductible | |
| Preventive Care | Covered 100% | |
| Basic Procedures (Extractions, Fillings) | Coinsurance / after Medical Deductible has been met | |
| Major Procedures (Restorative, Periodontics) | Coinsurance / after Medical Deductible has been met | |
| Orthodontics (Requires Prior Authorization) Medically Necessary | Coinsurance / after Medical Deductible has been met | |





Vision

| Plan Features | Vision |
|------------------------------------|-----------------|
| In Network | |
| Vision Exam | \$10 Co-pay |
| Materials | \$25 Co-pay |
| Lenses - Single/Bifocal/Trifocal | Covered in Full |
| Lenses - Progressive | \$70 Allowance |
| Frames | \$130 Allowance |
| Elective Contact Lenses | \$130 Allowance |
| Medically Necessary Contact Lenses | \$210 Allowance |
| | Frequency |
| Exam | Every 12 Months |
| Lenses | Every 12 Months |
| Frames | Every 12 Months |
| Contacts | Every 12 Months |





This information is for in network benefits only – see the Plan Summary located at www.MyOIBenefits.com for out of network and details.

Short-Term Disability – Employer Provided

Benefit Amount 60% of <u>weekly</u> earnings to a maximum of

\$500 <u>weekly</u>

Elimination period **0 days for injury, 7 days for illness**(the period of time before benefits are available)

Pays up to 13 Weeks







Short-Term Disability – Additional

Benefit Amount 60% of monthly earnings to a maximum of

\$2,500 monthly

Elimination period

14 days for injury, 14 days for illness
(the period of time before benefits are available)

Pays up to 6 months











Basic Life and AD&D

100% Paid by Office Interiors

Each employee is provided

\$15,000

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

All benefits payable under this policy will be payable immediately upon receipt of written proof of such loss.



Voluntary Group Term Life and AD&D

Employee, Spouse, and/or Children

- Employees can choose different amounts of coverage between \$10,000 to \$500,000 on themselves and \$5,000 to \$25,000 on spouses. Child Voluntary Group Life is available in the amounts of \$2,000 to \$10,000. See plan documentation for more details.
- Maximum: 5x Annual Earning; or \$500,000
- New Hire Guaranteed Issue coverage:
 - **Employee** \$100,000
 - **Spouse** \$25,000
 - Child(ren) \$10,000
- Portable







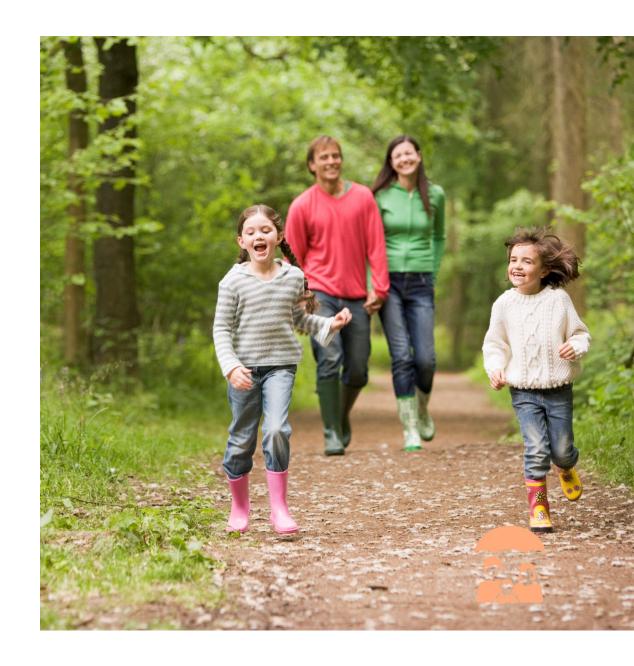
Whole Life

Guarantees you can count on. Benefits that add up.

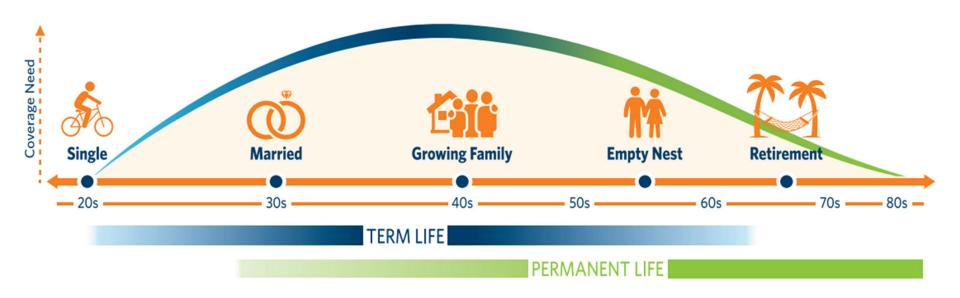
Whole life insurance offers valuable benefits you can use to help pay for retirement, finance education, or just make life easier.

Reasons to buy whole life insurance:

- Long-term protection
- Cash value you can use in retirement
- · Premiums guaranteed not to increase



Voluntary Term Life OR Whole Life?



The examples above detail fictional thought processes and needs; your individual needs and reasons for coverage may vary.







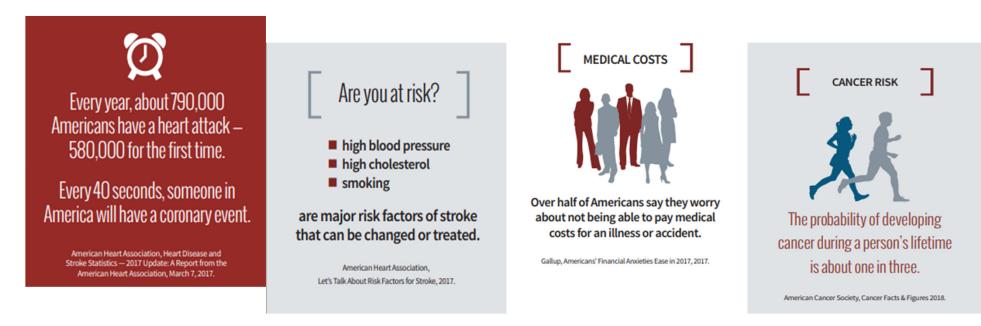


LIFE COVERAGE
Securing Financial Future

Enhanced Benefits



The Facts About Critical Illness



Protect what you work so hard to build...

Critical Illness coverage helps supplement your major medical coverage by providing a lump-sum benefit you can use to pay the direct and indirect costs related to a covered critical illness.





Critical Illness

Employee face amounts

\$10,000 or \$20,000

(Spouse & Child: 50% of the Employee Amount)



| INITIAL CRITICAL ILLNESS BENEFITS | PLAN 1 | PLAN 2 |
|---|----------|----------|
| Heart Attack (100%) | \$10,000 | \$20,000 |
| Stroke (100%) | \$10,000 | \$20,000 |
| Major Organ Transplant (100%) | \$10,000 | \$20,000 |
| End Stage Renal Failure (100%) | \$10,000 | \$20,000 |
| Coronary Artery Bypass Surgery (25%) | \$2,500 | \$5,000 |
| Waiver of Premium (employee only) | Yes | Yes |
| CANCER CRITICAL ILLNESS BENEFITS | PLAN 1 | PLAN 2 |
| Invasive Cancer (100%) | \$10,000 | \$20,000 |
| Carcinoma in Situ (25%) | \$2,500 | \$5,000 |
| SECOND EVENT BENEFITS | PLAN 1 | PLAN 2 |
| Second Event Initial Critical Illness (same amount as Initial Critical Illness) | Yes | Yes |
| Second Event Cancer Critical Illness (same amount as Cancer Critical Illness) | Yes | Yes |
| SUPPLEMENTAL CRITICAL ILLNESS BENEFITS II | PLAN 1 | PLAN 2 |
| Advanced Alzheimer's Disease (25%) | \$2,500 | \$5,000 |
| Advanced Parkinson's Disease (25%) | \$2,500 | \$5,000 |
| Benign Brain Tumor (100%) | \$10,000 | \$20,000 |
| Coma (100%) | \$10,000 | \$20,000 |
| Complete Blindness (100%) | \$10,000 | \$20,000 |
| Complete Loss of Hearing (100%) | \$10,000 | \$20,000 |
| Paralysis (100%) | \$10,000 | \$20,000 |
| OPTIONAL/ADDITIONAL BENEFIT PLAN | PLAN 1 | PLAN 2 |
| OF HONAL/ADDITIONAL BENEFIT FLAN | | |

Accidents Happen



- Every year, about 39 million Americans seek medical help for injuries.
- Active families with children in sports are especially vulnerable to the rising costs of medical treatment for injuries. But everyone, young or old, could suffer an accident at any time.
- Whoever you are, whatever you do, an accident could be just around the corner. With accident insurance, you can be ready.



With accident insurance, you can receive money paid directly to you to help with all the expenses of a covered accident. So, you can focus on what really matters – healing.



Accident Plan

Pays Dollars to You for Off the Job Injuries and Treatments

Helps with Out-of-Pocket Expenses and the Loss of Income

Go to www.MyOIBenefits.com for More Details and Coverages of Your Accident Plan Benefit

| BASE POLICY BENEFITS | PLAN 1 | PLAN 2 |
|--|-----------|-----------|
| Accidental Death | | |
| Employee | \$40,000 | \$60,000 |
| Spouse | \$20,000 | \$30,000 |
| Children | \$10,000 | \$15,000 |
| Common Carrier Accidental Death | | |
| Employee | \$200,000 | \$300,000 |
| Spouse | \$100,000 | \$150,000 |
| Children | \$50,000 | \$75,000 |
| Dismemberment | | |
| Employee | \$40,000 | \$60,000 |
| Spouse | \$20,000 | \$30,000 |
| Children | \$10,000 | \$15,000 |
| Dislocation or Fracture | | |
| Employee | \$4,000 | \$6,000 |
| Spouse | \$4,000 | \$6,000 |
| Children | \$4,000 | \$6,000 |
| Hospitalization Confinement (pays once/year) | \$1,000 | \$1,500 |
| Daily Hospitalization Confinement (pays daily) | \$200 | \$300 |
| Intensive Care (pays daily) | \$400 | \$600 |
| Ambulance Services Ground | \$200 | \$300 |
| Air Ambulance | \$600 | \$900 |
| Accident Physician's Treatment | \$100 | \$150 |
| X-ray | \$200 | \$300 |
| Emergency Room Services | \$200 | \$300 |
| | | |

Luke was cleaning out the gutters when he fell.



EMERGENCY ROOM VISIT

Luke was taken by ambulance to the nearest emergency room and received immediate care.



DIAGNOSTIC PROCEDURE

The doctor ordered an X-ray and discovered Luke had fractured his leg.



HOSPITAL CONFINEMENT

Luke was admitted to the hospital for surgery on his leg. He was confined for three days.



PHYSICAL THERAPY

Luke had eight sessions of PT to help him regain the strength in his leg.



DOCTOR'S OFFICE VISIT

Over the next several weeks, he had three follow-up appointments with his doctor.

LUKE'S OUT-OF-POCKET EXPENSES

When Luke totaled up the bills, he had to pay his annual deductible, as well as co-payments for the ambulance, emergency room, hospital, surgery, physical therapy and follow-up visits. Luckily, Luke had accident coverage to help with these expenses.

| LUKE'S BENEFITS | |
|------------------------------|---------|
| Ambulance | \$250 |
| Emergency room visit | \$125 |
| X-ray | \$40 |
| Hospital admission | \$1,250 |
| Hospital confinement | \$900 |
| Leg fracture (surgical) | \$2,500 |
| Physical therapy | \$360 |
| Medical equipment (crutches) | \$125 |
| Doctor's office visit | \$165 |
| | ¢E 71E |

For illustrative purposes only.

Benefit amounts may vary and may not cover all expenses. The policy has exclusions and limitations.

Example





Hospital Income Plan

| Hospital Income Plan | Plan 1 | Plan 2 |
|--|--------------------------------|--------------------------------|
| Initial Hospital Confinement (daily, once per year) | \$250 | \$750 |
| Daily Hospital Confinement (daily) | \$100 | \$300 |
| Hospital Intensive Care (daily) | \$100 | \$300 |
| Surgery (daily) | \$75 | \$75 |
| Anesthesia | 25% of the Surgical Benefit | 25% of the Surgical Benefit |
| Inpatient Physician's Treatment (daily) | \$25 | \$25 |
| Outpatient Emergency Accident Benefit | \$250 | \$250 |
| Outpatient Physician's Treatment (daily) | \$25 | \$25 |
| At Home Nursing (daily) | \$50 | \$50 |
| Ground Ambulance (daily) | \$150 | \$150 |
| Air Ambulance | \$300 | \$300 |
| Non-Local Transportation (daily) | \$150 | \$150 |



Having to undergo hospital treatments can be financially difficult, especially if it is unexpected. A hospital indemnity policy can help by eliminating your financial concerns and provide support when a sudden sickness or injury does occur.



Needed For Benefit Enrollment

 Make sure you have your Dependents SSN and DOB for newly enrolled coverage.

Active Enrollment

- Schedule Appointment to discuss and make benefit decisions (approx. 30 minutes).
- Provide BenefitHelp with a listing of your physicians to proactively provide to Garner.
- Fill out and sign the Section 125 Benefit Enrollment Acknowledgement and also the E-Analytics Form.



Enrollment DUE Tuesday 12/13/2022!