

2024 Annual Benefits Enrollment Guide

2024 ANNUAL BENEFITS ENROLLMENT

UCOR ELIGIBLE SALARIED EMPLOYEES (ACTIVE AND LTD*)

Each year during our Annual Benefits Enrollment period, you have the opportunity to review your Health and Welfare benefit choices, consider your needs, and choose benefits coverage for the next year. The information you and your family members need to make informed decisions about your 2024 Annual Benefits Enrollment is available in this guide and online at www.ucor.com/benefitsRMP.html.

*NOTE: If you are on LTD you are no longer considered an active employee, but you are still eligible for certain benefits as described in this guide.



2024 Annual Benefits Enrollment Dates: October 23 – November 3, 2023

You can enroll at MyGroupBenefits-UCOR-ORRCC.com or call the UCOR-ORRCC Benefits Service Center 1-800-451-8964.

Be sure to read the enrollment instructions included with this guide. A statement of your current benefit coverages was provided to you in advance of the 2024 enrollment period.

ENROLLMENT ACTION

If you want to keep the same benefits you have now, you are not required to take action during the 2024 Annual Benefits Enrollment period. If you don't take action, you will automatically be re-enrolled in the same medical, dental, vision, and life insurance benefits you had in 2023, at the 2024 premium rates.

However, enrollment action is required if you want to:

- Change your benefit coverage or coverage levels for 2024, and/or
- Contribute to a Flexible Spending Account (Health Care FSA or Dependent Care FSA) in 2024
- Contribute to the Health Savings Account (HSA) offered with the HSA Medical Plan

The benefit election choices you make for January 1, 2024 will remain in place for the entire plan year unless you experience a qualifying life event such as a marriage, divorce, birth or adoption of a child, etc.

MAKING CHANGES DURING THE YEAR

Typically, the elections you make during Annual Enrollment will stay in effect until December 31, 2024. However, in certain circumstances, you may be able to make changes to your benefits during the year. If you experience a qualified life event, such as a marriage, divorce, or birth or adoption of a child, you can make benefit changes directly related to that life event. You must initiate your qualified life event change within 31 days of the qualifying event.

To initiate a life event change visit Empyrean at MyGroupBenefits-UCOR-ORRCC.com or call the UCOR-ORRCC Benefits Service Center **1-800-451-8964** from 8:00 AM to 5:00 PM EST, Monday through Friday.

WHAT'S NEW FOR 2024?

MEDICAL PLANS

You have three medical plan options for 2024. No enrollment action is needed if you want to keep the same medical benefits you have now. If you are enrolled in the HSA CDHP, you will have to elect to participate in the HSA. See page 5 for more details.

1. **The Medical PPO Plan:** For 2024, coverage for emergency room visits is changing. Instead of having a copay *and* deductible/coinsurance, you will only pay a copay for emergency room services. ***Your PPO premiums will decrease slightly for 2024.***
2. **Health Savings Account (HSA) CDHP Medical Plan:** The HSA CDHP Medical Plan is a high-deductible medical plan that includes an HSA with a contribution from UCOR. For 2024, UCOR is increasing our contributions to your HSA to \$1,000 for employee coverage and \$2,000 for employee plus one and family coverage. You can use these tax-free dollars for eligible medical expenses, and any unused amounts are yours to keep when you retire or leave UCOR. The HSA CDHP has higher deductibles but lower premium rates compared to the Medical PPO plan. ***Your HSA CDHP premiums will decrease for 2024.***
3. **The Consumer Directed Health Plan (CDHP):** In the CDHP, in-network deductibles and out-of-pocket maximums will increase due to IRS requirements. This plan meets all the qualifications for an affordable medical plan under the Affordable Care Act. If you select the CDHP, you may be eligible to participate in an individual Health Savings Account, or HSA, through your bank to pay for eligible medical expenses—with tax-free dollars. The CDHP has a higher deductible than the Medical PPO Plan and HSA CDHP Medical Plan and also has the lowest premium rates. ***Your CDHP premiums will decrease for 2024.***

The 2024 premiums are on pages 8-9. All payroll deductions will be taken weekly (i.e., over 48 weeks/4 times per month).

In all three plans, your costs for medical care will be lower if you use an in-network provider. Our medical plans also include a cap on how much you pay in a given year, called the out-of-pocket maximum.

MEDICAL AND PRESCRIPTION DRUG COMPARISON

2024 Medical Plan Options						
Plan Design Provisions	Medical PPO		HSA CDHP		CDHP	
Health Savings Account (HSA) Company Contribution	N/A		\$1,000 employee \$2,000 employee plus one and family		N/A	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Single/Family)	\$400/ \$800	\$1,000/ \$2,000	\$2,000/ \$4,000	\$4,000/ \$8,000	\$3,200/ \$6,400	\$5,000/ \$10,000
Plan Pays	80% after deductible	60% after deductible	80% after deductible	50% after deductible	50% after deductible	50% after deductible
Annual Out-of-Pocket Maximum Single/Family (Includes deductible, coinsurance and copays paid by you)	\$5,100/ \$10,200	\$13,200/ \$26,400	\$4,500/ \$9,000	\$9,000/ \$18,000	\$7,000/ \$14,000	\$14,000/ \$28,000
Physician Office Visits Participant pays per visit	\$30 Primary	Deductible + 40%	Deductible + 20%	Deductible + 50%	Deductible + 50%	Deductible + 50%
Inpatient Hospital Participant pays	\$100 copayment	\$300 copayment + deductible + 40%	Deductible + 20%	Deductible + 50%	Deductible + 50%	Deductible + 50%
Outpatient Surgery Participant pays	\$100 copayment	Deductible + 40%	Deductible + 20%	Deductible + 50%	Deductible + 50%	Deductible + 50%
Emergency Room Participant pays per visit	\$200 copayment	\$200 copayment	Deductible + 20%	Deductible + 50%	Deductible + 50%	Deductible + 50%
Lab/X-Rays Participant pays	\$50 copayment	Deductible + 40%	Deductible + 20%	Deductible + 50%	Deductible + 50%	Deductible + 50%
High Cost Diagnostics Participant pays	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 50%	Deductible + 50%	Deductible + 50%
Urgent Care Facility Participant pays	\$75 copayment	Deductible + 40%	Deductible + 20%	Deductible + 50%	Deductible + 50%	Deductible + 50%

The HSA CDHP Medical Plan and CDHP Plan include the Aetna Advanced Control Drug Formulary. This formulary is different from the Aetna Standard Opt Out Drug Formulary, which is available through the Medical PPO Plan. Before electing your plan, please go to www.ucor.com/benefitsRMP.html to review the prescription drug coverage formularies.

Note: Prescription drug formularies are updated regularly by our medical plan carrier. Be sure to review the formularies regularly. Changes to the formularies during the plan year may impact your Prescription Drug Coverage.

MEDICAL AND PRESCRIPTION DRUG COMPARISON (CONTINUED)

2024 Prescription Drug Coverage (In-Network)						
	Retail (30-day supply)	Mail (90-day supply)	Retail (30-day supply)	Mail (90-day supply)	Retail (30-day supply)	Mail (90-day supply)
Annual Deductible (Single/Family)	Integrated with Medical		Integrated with Medical		Integrated with Medical	
Formulary (Please see www.aetna.com for prescription formulary details.)	Standard Opt Out		Advanced Control		Advanced Control	
Tier I - Generic Participant pays	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible
Tier II – Preferred Brand Name Participant pays	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible
Tier III – Non-Preferred Brand Name Participant pays	20% after deductible	20% after deductible	30% after deductible	30% after deductible	45% after deductible	45% after deductible
Tier IV – Specialty Preferred Brand Name Participant pays	20% after deductible, to a max of \$400	Not covered	20% after deductible	Not covered	30% after deductible	Not covered
Tier V – Specialty Non-Preferred Brand Name Participant pays	20% after deductible, to a max of \$400	Not covered	30% after deductible	Not covered	45% after deductible	Not covered
Annual Out-of-Pocket Maximum Single/Family	Integrated with Medical		Integrated with Medical		Integrated with Medical	

Don't forget that you have access to the following resources to help save money on your healthcare expenses. See page 10 for each vendor's contact information.

Health Advocate: Get free, personalized assistance to help you navigate the healthcare system, from understanding claims to choosing providers and negotiating fees.

Teladoc: If you're enrolled in UCOR Health and Welfare medical benefits, you can access virtual support from board-certified doctors through Teladoc, the telehealth provider in partnership with Aetna. With Teladoc, you'll be able to speak to a doctor by phone or video 24/7, for a diagnosis of minor, short-term issues such as a fever or the flu. Teladoc provides adult and pediatric general medical and mental health care, and the physicians can prescribe short-term medication for a wide range of conditions when medically appropriate. You pay only your doctor visit copay (or deductible) for Teladoc consults.

Talkspace: If you're enrolled in UCOR Health and Welfare medical benefits, you can access online therapy and mental health treatment options through Talkspace. Sessions are available seven days a week via video chat, online messaging, or over the phone with therapists who specialize in a range of issues for individuals, couples, and teens. If you utilize our Employee Assistance Program (EAP), there are no additional charges. However, if you access Talkspace through AbleTo or the medical plans, the cost will vary depending on your plan subject to copayments or deductible/coinsurance requirements.

MinuteClinic: If you're enrolled in UCOR Health and Welfare medical benefits, you can access in-person non-emergency care at a MinuteClinic, available inside select CVS Pharmacy and Target stores – walk-in or by appointment. You can get treatment for a variety of illnesses, injuries or conditions or even receive a prescription (if appropriate). MinuteClinics are open seven days a week (including evenings and weekends), and you can pick up your prescriptions on-site.

SAVINGS AND SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) – REQUIRES RE-ENROLLMENT FOR 2024

UCOR offers eligible employees the opportunity to enroll in both Health Care and Dependent Care Flexible Spending Accounts (FSAs). You must re-enroll for the Health Care FSA and/or Dependent Care FSA during the 2024 Annual Benefits Enrollment to participate in the 2024 FSAs.

- **A Health Care Flexible Spending Account (HCFSA)** allows you to be reimbursed for medical, dental, and vision expenses for yourself or any IRS-eligible dependents. These contributions are deducted from your paycheck on a pre-tax basis. The full amount of your election is available for you to use immediately, even before you've contributed all the dollars. Withdrawals from the account are tax-free as long as they are used for eligible expenses. Refer to IRS Publication 502 or contact PayFlex for a full list of qualifying expenses. Employees may contribute **up to \$3,050*** per calendar year to an HCFSA. UCOR will continue to use the PayFlex HCFSA Debit Card in 2024. If you are participating in the HCFSA, you are not eligible to participate in an HSA.

*Note: The 2024 IRS contribution limit will be finalized in late fall 2023.

- **A Dependent Care Flexible Spending Account (DCFSA)** is a pre-tax payroll deduction which allows you to be reimbursed for eligible expenses (tax-free) for the care of one or more qualifying IRS dependents that enables you (and a spouse, if applicable) to work or look for work. Eligible employees may contribute **up to \$5,000** per calendar year (household maximum) into a DCFSA.

HCFSA contributions may be limited for highly compensated employees (HCE). HCEs are not eligible to participate in the DCFSA. For 2024 DCFSA participation purposes, the 2024 HCE gross earnings threshold is \$150,000. This rule does not apply to employees with gross earnings below the threshold.

Important! FSAs have a "USE IT OR LOSE IT" rule. You can incur expenses until the end of the plan year, and you can carry over up to \$610* of your unused balance. You will lose any remaining funds left in your account at the end of the plan year. See the flyer in your enrollment packet to learn more about FSAs! For more details or questions, call PayFlex at **(888) 238-6226** or visit www.ucor.com/benefitsRMP.html.

*Subject to change for 2024, per IRS guidelines.

Health Savings Accounts (HSAs)

If you enroll in the HSA CDHP Medical Plan or CDHP, you are eligible to participate in a Health Savings Account (HSA), which is a savings account for qualified medical expenses. With an HSA, you can deposit, grow, save, and pay for qualified expenses today, while saving for future qualified expenses, tax-free. This means account holders get triple tax savings.

The total amount you and UCOR can contribute to your HSA per calendar year is **\$4,150 for individual** and **\$8,300 for family coverage**.

If you select the HSA CDHP Medical Plan, UCOR will contribute **\$1,000** for employee coverage and **\$2,000** for employee plus one and family coverage. **Note:** In order to receive the UCOR company contribution, you must enroll in the HSA CDHP and elect the HSA benefit during Annual Enrollment. You can receive the company funding without making an individual contribution, but to do so, you must elect the benefit at \$0.

If you select the CDHP, you can set up an HSA with any qualified trustee or custodian such as a bank, credit union, insurance company, or other financial institution. UCOR does not make a contribution to your account.

With HSAs, this money is yours, even if you retire or leave the company. You can use the money in your HSA to pay for any eligible medical, dental, and vision care expenses you have, including expenses that count toward your annual deductible and coinsurance.

See the flyer included with this guide to learn more about the HSA! For more details or questions, visit www.ucor.com/benefitsRMP.html.

Note: An HSA is available only to employees enrolled in an IRS-qualified high-deductible health plan, like the HSA CDHP Medical Plan or CDHP. If you are enrolled in the PPO Plan or Medicare, you are not eligible for an HSA. For more details on HSA requirements, visit www.irs.gov.

VISION PLAN

For 2024, our vision plans will include coverage for progressive lenses and other enhanced lens options. Additionally, the frame allowance will now be available every two years, and the annual contacts allowance is increasing to \$200. No enrollment action is needed if you want to keep the same vision benefits you have now. **The 2024 premiums will increase.** Please see page 8 for premium details. Please visit www.ucor.com/benefitsRMP.html for additional information.

DENTAL PLAN

The dental plans will now cover implants and composite material for restoration of crowns and bridges. For your 2024 coverage, no enrollment action is needed if you want to keep the same dental benefits you have now. **The 2024 premiums will increase.** Please see page 8 for premium details. Please visit www.ucor.com/benefitsRMP.html for additional information.

Note, it is important to check whether your dental providers are in the Cigna network. You may use any dentist, but you will generally pay less for in-network providers. To view dental providers in the Cigna network, go to www.mycigna.com. To view your applicable dental plan summaries, visit www.ucor.com/benefitsRMP.html.

LIFE INSURANCE

The Group Life and Voluntary Life Insurance Plans for 2024 will continue to be offered through Securian. There will be no changes to the life insurance provisions for 2024. For your 2024 coverage, no enrollment action is needed if you want to keep the same life insurance coverage you have now. The 2024 premiums are on page 9.

Group Life

There are no changes to the Group Life benefit, which is currently 2x your annual earnings. **Group Life premiums will not change for 2024.** If you have Group Life Insurance, but choose to drop that coverage for 2024, you will no longer be eligible for the voluntary employee and dependent life coverages. In addition, if you drop coverage and want to re-enroll at a later time, you will be required to submit Evidence of Insurability (EOI).

Voluntary Life *(includes Employee, Spouse and Dependent Child Voluntary Life Plans)*

You must be enrolled in Group Life to enroll in Voluntary Life coverage.

- **Voluntary Employee Life – There will be no changes to premiums for 2024.** If you would like to increase your coverage, you will be subject to EOI requirements.
- **Voluntary Spouse Life – There will be no changes to premiums for 2024.** If you would like to increase your coverage, you will be subject to EOI requirements.
- **Voluntary Child Life – There will be no changes to premiums for 2024.** No EOI is required for Voluntary Child Life.

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT (VOL AD&D)

The Voluntary AD&D Plan for 2024 will continue to be offered through Securian. **There will be no changes to AD&D coverage and premiums for 2024.** For your 2024 coverage, no enrollment action is needed if you want to keep the same AD&D benefits you have now. The coverage will be provided at the 2024 premium levels.

DISABILITY INSURANCE

Short-Term Disability (STD)

The STD plan is administered through UNUM. UCOR provides this benefit at no cost to you. There will be no changes to the STD plan. Claims and certification pertaining to STD and/or FMLA are managed by the UNUM Customer Response Center, available Monday through Friday 8:00 a.m. – 11:00 p.m. Eastern Time by calling **(800) 421-0344** or by logging on to the website at www.unum.com/claims.

Long-Term Disability (LTD) Plan – Basic Benefit

The Company-paid Salaried Long-Term Disability (LTD) Plan will continue to offer a 60% basic benefit plan.

NOTE: If you are currently on LTD, you are not eligible for Flexible Spending Accounts or Accidental Death and Dismemberment (AD&D).

2024 BENEFIT PREMIUMS

MEDICAL

Employee Weekly Premiums			
	Medical PPO	HSA CDHP	CDHP
Single	\$47.64	\$40.40	\$25.48
Dual	\$100.05	\$84.85	\$53.51
Family	\$147.70	\$121.22	\$76.45

VISION

Employee Weekly Premiums	
Single	\$0.60
Dual	\$0.88
Family	\$1.57

DENTAL

Employee Weekly Premiums	
Single	\$3.73
Dual	\$7.72
Family	\$11.73

ACCIDENTAL DEATH & DISMEMBERMENT

Monthly rate per \$10,000 of principal sum	
Single	\$0.20
Family	\$0.40

2024 BENEFIT PREMIUMS (CONTINUED)

LIFE

Employee Group Life (Rate per \$1,000 per month)	
Employee cost share	\$0.140
Voluntary Employee Life (Rate per \$1,000 per month)	
<30 years old	\$0.060
30-34	\$0.080
35-39	\$0.092
40-44	\$0.100
45-49	\$0.188
50-54	\$0.300
55-59	\$0.504
60-64	\$0.800
65-69	\$1.272
70-74	\$2.060
75-79	\$3.340
80-84	\$5.412
85-89	\$8.760

Voluntary Dependent Life – Spouse (Rate per \$1,000 per month)	
<30 Years Old	\$0.060
30-34	\$0.080
35-39	\$0.108
40-44	\$0.168
45-49	\$0.268
50-54	\$0.420
55-59	\$0.660
60-64	\$1.068
65+	\$1.720
Voluntary Dependent Life – Child (Rate per month for \$10,000)	
All ages	\$0.960

INFORMATION SOURCES

You can access Empyrean’s website at MyGroupBenefits-UCOR-ORRCC.com to make your benefit elections or contact the UCOR-ORRCC Benefits Service Center at **1-800-451-8964** from 8:00 AM to 5:00 PM EST, Monday through Friday. Prior to the 2024 Annual Benefits Enrollment period, you can log into your Empyrean account or call by phone to access your personalized Benefits Statement with a summary of the 2023 Health and Welfare Benefits for which you are currently enrolled. This summary will be useful in determining what benefits you may need for the coming year and whether you need to take action.

At the conclusion of the 2024 Annual Benefits Enrollment period, you will receive a personalized 2024 Benefits Confirmation Statement from Empyrean. ***Please review it carefully to ensure that it accurately reflects your benefit elections for 2024.*** Evidence of Insurability (EOI) forms may be required for new or additional life coverage, and such coverage will not be effective until your application is approved by the insurance carrier.

Benefit	Resource	Phone	Website
Benefits Enrollment	Empyrean	(800) 451-8964	MyGroupBenefits-UCOR-ORRCC.com
Medical	Aetna	(888) 238-6203	www.aetna.com
Rx Benefits	Aetna	(888) 792-3862	www.aetna.com
Vision	Vision Services Plan (VSP)	(800) 877-7195	www.vsp.com
Dental	Cigna	(800) 244-6224	www.mycigna.com
Life	Securian	(888) 658-0193	www.lifebenefits.com
AD&D	Securian	(888) 658-0193	www.lifebenefits.com
LTD	UNUM	(866) 679-3054	www.unum.com/employees
STD/FMLA	UNUM	(866) 679-3054	www.unum.com/employees
Worldwide Travel Assist Program	UNUM	Within the US (800) 872-1414 Outside the US +(609) 986-1234	N/A
Health Savings Account and Flexible Spending Account	PayFlex	(888) 678-8242	www.payflex.com
AbleTo Behavioral Care Program	AbleTo (Aetna)	(844) 330-3648	www.AbleTo.com/Aetna
Health Advocacy	Health Advocate	(866) 695-8622	www.HealthAdvocate.com/members
Telehealth	Teladoc (Aetna)	(855) Teladoc (835-2362)	www.Teladoc.com/Aetna
Employee Assistance Program (EAP) and Talkspace	Aetna	(888) 238-6232	www.resourcesforliving.com Username: UCOREAP1 Password: EAP

Important Disclosures

This summary information provides an overview of some of the main features of the benefit plans for eligible employees but does not reflect all of the benefits, exclusions, and limitations of the plans. For all of the plan rules, details, and coverage provisions, the terms of the plans are governed by the Plan Documents and insurance contracts. Should there be any inconsistencies between the Plan Documents and this summary information, the Plan Documents and insurance contracts will prevail. The Company reserves the right to amend or terminate any of the plans, in whole or in part, at any time.