

# 2024 Annual Benefits Enrollment Guide

## 2024 ANNUAL BENEFITS ENROLLMENT

NORTHWIND DYNAMICS USW 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](http://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](http://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 life benefit coverage or coverage levels for 2024.** 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](https://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 two medical plan options for 2024.

1. **The PPO Plan:** This is the same medical plan that you were offered in 2023. **Monthly premiums will remain the same for 2024.** Remember, your costs for medical care through the PPO Plan will be lower if you use an in-network provider. This plan includes the Aetna Standard Opt Out Drug Formulary. For details on which medications are covered, please go to [www.ucor.com/benefitsRMP.html](https://www.ucor.com/benefitsRMP.html).
2. **The Consumer Directed Health Plan (CDHP):** This is the same medical plan that you were offered in 2024. **Your monthly CDHP premiums will decrease for 2024.** 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. A CDHP has a higher deductible than the PPO Plan, but also has lower premium rates. Like the PPO Plan, there's also a cap on how much you pay in a given year, called the out-of-pocket maximum. This medical plan includes the Aetna Advanced Control Drug Formulary. *This formulary is different from the Aetna Standard Opt Out Drug Formulary, which is available through the PPO Plan. Before electing the CDHP, please go to [www.ucor.com/benefitsRMP.html](https://www.ucor.com/benefitsRMP.html) to review prescription drug coverage under the Advance Control Drug Formulary.*

The 2024 monthly premiums are on page 6.

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*In both 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.*

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## MEDICAL AND PRESCRIPTION DRUG COMPARISON

2024 Medical Plan Options				
Plan Design Provisions	PPO Plan		CDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible (Single/Family)</b>	\$0/\$0	\$100/\$200	\$3,200/ \$6,400	\$5,000/ \$10,000
<b>Plan Pays</b>	100%	90% after deductible	50% after deductible	50% after deductible
<b>Annual Out-of-Pocket Maximum</b> Single/Family (Includes deductible, coinsurance and copays paid by you)	\$600/ \$1,200	\$600/ \$1,200	\$7,000/\$ 14,000	\$14,000/ \$28,000
<b>Physician Office Visits</b> Participant pays per visit	No Charge	Deductible + 10%	Deductible + 50%	Deductible + 50%
<b>Inpatient Hospital</b> Participant pays	No Charge	Deductible + 10%	Deductible + 50%	Deductible + 50%
<b>Outpatient Surgery</b> Participant pays	No Charge	Deductible + 10%	Deductible + 50%	Deductible + 50%
<b>Emergency Room</b> Participant pays per visit	No Charge	No Charge	Deductible + 50%	Deductible + 50%
<b>Lab/X-Rays</b> Participant pays	No Charge	Deductible + 10%	Deductible + 50%	Deductible + 50%
<b>High Cost Diagnostics</b> Participant pays	No Charge	Deductible + 10%	Deductible + 50%	Deductible + 50%
<b>Urgent Care Facility</b> Participant pays	No Charge	Deductible + 10%	Deductible + 50%	Deductible + 50%

*The CDHP Plan includes the Aetna Advanced Control Drug Formulary. This formulary is different from the Aetna Standard Opt Out Drug Formulary, which is available through the PPO Plan. Before electing your plan, please go to [www.ucor.com/benefitsRMP.html](http://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)
<b>Annual Deductible (Single/Family)</b>	Retail: Integrated with OON Medical; Mail Order: no deductible		Integrated with Medical	
<b>Formulary</b> (Please see <a href="http://www.aetna.com">www.aetna.com</a> for prescription formulary details.)	Standard Opt Out		Advanced Control	
<b>Tier I - Generic Participant pays</b>	10% after OON deductible	\$5	30% after deductible	30% after deductible
<b>Tier II – Preferred Brand Name Participant pays</b>	10% after OON deductible	\$15	30% after deductible	30% after deductible
<b>Tier III – Non- Preferred Brand Name Participant pays</b>	10% after OON deductible	\$15	45% after deductible	45% after deductible
<b>Tier IV – Specialty Preferred Brand Name Participant pays</b>	10% after OON deductible	Not covered	30% after deductible	Not covered
<b>Tier V – Specialty Non-Preferred Brand Name Participant pays</b>	10% after OON deductible	Not covered	45% after deductible	Not covered
<b>Annual Out-of-Pocket Maximum</b> Single/Family	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 7 for each vendor's contact information.**

**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.

**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.

## VISION PLAN

2024 vision benefits will remain unchanged, and **monthly premiums will remain the same for 2024**. No enrollment action is needed if you want to keep the same vision benefits you have now. The 2024 monthly premiums are on page 6. Please visit [www.ucor.com/benefitsRMP.html](http://www.ucor.com/benefitsRMP.html) for additional information.

## DENTAL PLAN

2024 dental benefits will remain unchanged, and **monthly premiums will remain the same for 2024**. For your 2024 coverage, no enrollment action is needed if you want to keep the same dental benefits you have now. The 2024 monthly premiums are on page 6.

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](http://www.mycigna.com). To view your applicable dental plan summaries, visit [www.ucor.com/benefitsRMP.html](http://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 6.

### Group Life

There are no changes to the Group Life benefit, which is currently 2x your annual earnings.

### Voluntary Life

You can elect 1x your annual earnings. **There will be no changes to premiums for 2024**. If you would like to increase your coverage, you will be subject to EOI requirements.

# 2024 BENEFIT PREMIUMS

## MEDICAL

Employee Monthly Premiums		
	Medical PPO	CDHP
Single	\$362.63	\$101.92
Dual	\$714.86	\$214.04
Family	\$1,006.20	\$305.80

## VISION

Employee Monthly Premiums	
Single	\$1.79
Dual	\$2.60
Family	\$4.65

## DENTAL

Employee Monthly Premiums	
Single	\$0.98
Family	\$2.94

## 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

# INFORMATION SOURCES

You can access Empyrean’s website at [MyGroupBenefits-UCOR-ORRCC.com](https://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 will receive a personalized Benefits Statement with a summary of the 2024 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	<a href="https://MyGroupBenefits-UCOR-ORRCC.com">MyGroupBenefits-UCOR-ORRCC.com</a>
Medical	Aetna	(888) 238-6203	<a href="https://www.aetna.com">www.aetna.com</a>
Rx Benefits	Aetna	(888) 792-3862	<a href="https://www.aetna.com">www.aetna.com</a>
Vision	Vision Services Plan (VSP)	(800) 877-7195	<a href="https://www.vsp.com">www.vsp.com</a>
Dental	Cigna	(800) 244-6224	<a href="https://www.mycigna.com">www.mycigna.com</a>
Life	Securian	(888) 658-0193	<a href="https://www.lifebenefits.com">www.lifebenefits.com</a>
AbleTo Behavioral Care Program	AbleTo (Aetna)	(844) 330-3648	<a href="https://www.AbleTo.com/Aetna">www.AbleTo.com/Aetna</a>
Telehealth	Teladoc (Aetna)	(855) Teladoc (835-2362)	<a href="https://www.Teladoc.com/Aetna">www.Teladoc.com/Aetna</a>

## 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.