

2024 Annual Benefits Enrollment Guide

2024 ANNUAL BENEFITS ENROLLMENT

NORTHWIND DYNAMICS SALARIED RETIREE (PRE-65)

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.



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 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 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 PLAN

All eligible retirees must be enrolled in ORRCC medical coverage in order for an eligible spouse to enroll in Pre- or Post-65 Retiree medical coverage (this does not apply to a surviving spouse). For 2024, coverage for emergency room visits is changing through the PPO Plan. Instead of having a copay and deductible/coinsurance, you will only pay a copay for emergency room services. **There will be an increase to your monthly PPO premiums 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 Standard Opt Out Drug Formulary. For details on which medications are covered, please go to www.ucor.com/benefitsRMP.html. The 2024 monthly premiums are on page 5.

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 5. Please visit 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 5.

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

Life insurance for 2024 will continue to be offered through Securian. **There are no changes to the life insurance provisions for 2024, though monthly premiums will continue to be based on retiree age bands.** If you have elected the reduced paid-up life benefit, you do not pay a premium. The 2024 monthly premiums are on page 5.

MEDICAL AND PRESCRIPTION DRUG COVERAGE

| Plan Design Provisions | PPO Plan | |
|---|---|------------------------------------|
| | In-Network | Out-of-Network |
| Annual Deductible (Single/Family) | \$400/\$800 | \$1,000/\$2,000 |
| Plan Pays | 80% after deductible | 60% 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 |
| Physician Office Visits Participant pays per visit | \$30 Primary \$45 Specialist | Deductible + 40% |
| Inpatient Hospital Participant pays | \$100 copayment | \$300 copayment + deductible + 40% |
| Outpatient Surgery Participant pays | \$100 copayment | Deductible + 40% |
| Emergency Room Participant pays per visit | \$200 copayment | \$200 copayment |
| Lab/X-Rays Participant pays | \$50 copayment | Deductible + 40% |
| High Cost Diagnostics Participant pays | Deductible + 20% | Deductible + 40% |
| Urgent Care Facility Participant pays | \$75 copayment | Deductible + 40% |
| | Retail (30-day supply) | Mail (90-day supply) |
| Annual Deductible (Single/Family) | Integrated with Medical | |
| Formulary (Please see www.aetna.com for prescription formulary details.) | Standard Opt Out | |
| Tier I - Generic Participant pays | 20% after deductible | 20% after deductible |
| Tier II – Preferred Brand Name Participant pays | 20% after deductible | 20% after deductible |
| Tier III – Non-Preferred Brand Name Participant pays | 20% after deductible | 20% after deductible |
| Tier IV – Specialty Preferred Brand Name Participant pays | 20% after deductible, to a max of \$400 | Not covered |
| Tier V – Specialty Non- Preferred Brand Name Participant pays | 20% after deductible, to a max of \$400 | Not covered |
| Annual Out-of-Pocket Maximum Single/Family | Integrated with Medical | |

Don't forget that you have access to the following resources to help save money on your healthcare expenses. See page 6 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.

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.

IMPORTANT SPOUSE ELIGIBILITY INFORMATION

The pre-age 65 spouse of an eligible pre-age 65 or post-age 65 retiree is not eligible to receive benefits under the ORRCC Retiree Medical Benefit Plan (Retiree Plan) or the ORRCC Health and Welfare Benefit Plan (HW Plan) in the form of group health insurance (medical, dental, vision) unless the eligible retiree is enrolled in and receiving applicable benefits under the plans.

The post-age 65 spouse of a pre-age 65 retiree is not eligible to continue coverage as a dependent in group insurance coverage.

NOTE: The spouse of an eligible post-age 65 retiree is not eligible to receive benefits under the ORRCC Retiree Medical Benefit Plan (Retiree Plan) in the form of a post-65 Retiree Reimbursement Account (RRA) unless:

- the retiree is eligible for, enrolled in, and receiving medical benefits under the Retiree Plan,
- the spouse is age 65 or older,
- the spouse is enrolled in Medicare Parts A and B,
- the spouse is enrolled in the ORRCC Retiree Healthcare Exchange Program.

2024 BENEFIT PREMIUMS

MEDICAL

| Retiree Monthly Premiums | |
|--------------------------|------------|
| Single | \$426.93 |
| Dual | \$905.10 |
| Family | \$1,323.49 |

VISION

| Retiree Monthly Premiums | |
|--------------------------|--------|
| Single | \$3.36 |
| Dual | \$4.87 |
| Family | \$8.73 |

DENTAL

| Retiree Monthly Premiums | |
|--------------------------|---------|
| Single | \$13.96 |
| Dual | \$28.89 |
| Family | \$43.91 |

LIFE

| Retiree Basic Life (Rate per \$1,000 per month) | |
|---|---------------------------------------|
| Age band | Retiree cost share (if applicable) |
| 50-54 | \$0.051 |
| 55-59 | \$0.083 |
| 60-64 | \$0.133 |

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 will receive a 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 |
| 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 |

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.