



Compunnel



2024 – 2025 BENEFITS OPEN ENROLLMENT

May 1 – May 15

AGENDA

- Welcome
- What's New / What's Changing
- Eligibility & Enrollment
- Review of 2024 Benefits
- How to Enroll
- Questions

FOR CHAT QUESTIONS; PLEASE ADDRESS:
MEDICAL – TYRAN SULLIVAN
DENTAL / VISION – MANDY EVERSOLE
VOLUNTARY BENEFITS – GREG BAVENDER
HR RELATED QUESTIONS – HR TEAM



WHAT'S NEW / WHAT'S CHANGING



MEDICAL – Anthem

- New Insurance Company
- Some benefit changes
 - Silver plan will now have a large national network
 - Lower member coinsurance
 - Lower Rx copays for Tier 1, 2 and 3 prescriptions
 - Lower Primary Care Physician copay on Gold plan
- Employee Contributions will remain the same

DENTAL & Vision – Cigna

- New Insurance Company
- Same benefits
- Employee contributions will remain the same



ELIGIBILITY

Who can enroll?

- Full-time Employees working at least 30 hours/week
- Legal spouse or domestic partner
- Children under the age of 26

When can you enroll?

- Within 30 days of your date of hire
- During annual open enrollment
- Within 30 days of a Qualifying Event



UNDERSTANDING TERMS IN YOUR PLANS

- **Deductible:** The annual amount you pay for your care before your insurer begins to pay.
- **Maximum Out of Pocket (medical):** The most **you pay** toward covered services during the year. Once you reach your maximum out of pocket, the insurance company is responsible for 100% of the costs (for covered services) until the new year begins.
- **Annual dollar maximum:** The most **your plan** will pay toward covered services during the year. Once you reach your plan's dollar maximum, you're responsible for 100% of the costs until the new plan year begins.
- **Coinsurance:** Your share of the cost of covered services, usually after you meet your deductible. The plan pays the rest. This is usually illustrated as a percentage (i.e. 20%).
- **Copay:** The amount you pay per visit before your plan begins to pay.
- **In-network:** Doctors, dentists, facilities and vision providers that have contracts with your insurance company to deliver services at a discounted rate.
- **Out-of-network:** A doctor, dentist, facility or vision provider that doesn't contract with your plan and doesn't provide services at a discounted rate. Using an out-of-network provider usually will cost you more.



MEDICAL COVERAGE

SEARCH FOR AN IN-NETWORK PROVIDER

- <https://www.anthem.com/find-care/>
- Click “find care” (upper right-hand corner)
- Basic search as a guest
- Click continue
- Put in desired search criteria – location, provider name or specialty, etc.

Basic search as a guest

Select the type of plan or network

Medical Plan or Network (may also include dental, vision, or pharmacy benefits) ▼

Care Providers for Behavioral Health & Substance Use Disorder Services are listed under Medical plan or network.

Select the state where the plan or network is offered. (For employer-sponsored plans, select the state where your employer's plan is contracted in. Most of the time, it's where the headquarters is located.)

New Jersey ▼

Select how you get health insurance

Medical (Employer-Sponsored) ▼

Select a plan or network

National PPO (BlueCard PPO) ▼



MEDICAL PLAN COMPARISON

Key Medical Benefits	Anthem Silver Plan PPO HSA		Anthem Gold Plan PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Network Name	National PPO (BlueCard PPO)		National PPO (BlueCard PPO)	
Deductible – calendar year (Individual/Family)	\$5,000 / \$7,500 <i>(embedded)</i>	\$6,000 / \$12,000 <i>(embedded)</i>	\$3,500 / \$7,000 <i>(embedded)</i>	\$6,000 / \$12,000 <i>(embedded)</i>
Member Coinsurance	20%	50%	15%	30%
Out-of-Pocket Maximum – calendar year (Individual/Family)	\$7,500 / \$12,000 <i>(embedded)</i>	\$10,000 / \$20,000 <i>(embedded)</i>	\$6,000 / \$12,000 <i>(embedded)</i>	\$10,000 / \$20,000 <i>(embedded)</i>
Covered Services				
Office Visit (Physician/Specialist)	20% after deductible	50% after deductible	\$25 / \$50 copay	30% after deductible
Routine Preventive Care	No Charge	Not Covered	No Charge	30% after deductible
Lab/X-ray	20% after deductible	50% after deductible	Office Setting - \$25 copay Facility setting – 15% after deductible	30% after deductible
MRI / MRA; CT / CTA / PET Scan	20% after deductible	50% after deductible	15% after deductible	30% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	15% after deductible	30% after deductible
Inpatient Hospital Stay	20% after deductible	50% after deductible	15% after deductible	30% after deductible
Emergency Room	20% after deductible		\$250 copay	
Urgent Care Facility	20% after deductible	50% after deductible	\$50 copay	30% after deductible
Prescription Drugs (Tier 1/Tier 2/Tier 3)				
Retail Pharmacy (30-day supply)	\$10 / \$35 / \$70 After medical deductible		\$10 / \$25 / \$50	Not Covered
Mail Order (90-day supply)	\$25 / \$87.50 / \$175 After medical deductible		\$25 / \$50 / \$125	Not Covered
Specialty Medication	All Specialty Drugs are Excluded: Contact Payer Matrix for assistance at 1-877-305-6202			

VIRTUAL CARE



Receive virtual care and support 24/7 with Anthem's [Sydney Health App](#)

Have a video visit with a doctor on your mobile device or computer with a camera, 24/7

[Visit with a doctor for common health concerns](#)

Doctors are available at anytime, with no appointments or long wait times. They can help you with these types of conditions:

COVID-19	Minor rashes
Flu	Sore throat
Cold and Fever	Headaches

During your video visit, the doctor will assess your condition, provide a treatment plan, and send prescriptions to the pharmacy of your choice, if needed

Download the
Sydney Health app today

Use the app anytime to:

- Find care and compare costs.
- See what's covered and check claims.
- View and use digital ID cards.
- Check your plan progress.
- Fill prescriptions.



Scan the QR code
to download the
Sydney Health app.

You can also set up an account
at [anthem.com/register](https://www.anthem.com/register)
to access most of the same
features from your computer.

YOUR EMPLOYEE MESA PORTAL

- Leading Edge Administrators is a Third-Party Administrator (TPA) that administers claims on behalf of the plan sponsor. Leading Edge's member portal is called MESA
- When you register – your first name will include your middle initial or middle name (whichever is listed in ADP)
- Using the MESA portal - <https://mesa.leadingedgeadmin.com/>
 - View plan summaries
 - Review claims' history & deductible accumulators
 - View and download Explanations of Benefits (EOBs)
 - Request permanent and temporary ID cards



Concierge CARE - (844) 864 - 5011

- Available 9am – 6pm EST
- Helps you to find high-quality healthcare providers with your insurance network.
- Assists with claim denials and appeals
- Coordinates cost-effective medication solutions
- Answers questions on out-of-pocket costs and plan benefits
- Assistance with bill review, including balanced bills
- *If you need assistance with an ID card request or your medical ID number and are not able to access the MESA portal – contact the concierge team*



PRESCRIPTION DRUGS



Make the most of your new pharmacy benefits from Anthem

Your pharmacy coverage is important to your whole health. Use this benefits guide to help you be your healthiest and save money, too.

Get started by registering at [anthembluecross.com](https://www.anthembluecross.com)

Once you receive your new member ID card, register on [anthembluecross.com](https://www.anthembluecross.com) to see and manage your prescriptions all in one convenient place. Through the Anthem site, you'll be able to:

- Have prescription medications you take regularly delivered to your door with home delivery from CarelonRx Pharmacy.
- Find a pharmacy, price a medication, and refill or renew a prescription, plus track orders and shipping status in real time using online tools.
- Check your drug list (formulary) for a wide range of cost-effective medicines covered by your plan.
- Compare costs of medications between home delivery and retail pharmacies. You can also price generic medications using our Price a Medication tool.

Choose how to fill your prescriptions

Local pharmacies

Your plan includes local pharmacies at major retail chains, such as CVS, Walmart, Target, and Kroger. You'll save the most money when you use one of these pharmacies. To find a pharmacy near you:

1. Log in at [anthembluecross.com](https://www.anthembluecross.com).
2. Choose **Find a Pharmacy**.
3. Enter your ZIP code.

CarelonRx Pharmacy

For medications you take regularly, have your prescriptions delivered to your home with CarelonRx Pharmacy. Get started at [anthembluecross.com](https://www.anthembluecross.com). Shipping is always free.

PAYER MATRIX – SPECIALTY MEDICATIONS

(877) 305-6202 9AM – 7:30PM EST

About Us

Payer Matrix assists members in accessing programs for high-cost medications, reducing the overall prescription drug cost to the company and member. We leverage various forms of assistance programs, including manufacturer patient assistance, copay assistance, and other alternate sources to achieve these goals.

Program Criteria

Q: What are example criteria to qualify for these programs?

A: Each medication and program may have different requirements, but they may include: Income, Clinical Appropriateness (diagnosis/indication), Medical Necessity, Age Requirements.

Q: What if my income is too high to qualify? Do I still have to work with Payer Matrix and go through the program?

A: Payer Matrix is now the interface for all specialty medications. Coverage under the benefit is the same for all employees regardless of pay. Therefore, all employees seeking benefits must go through the same process.

Q: Do I have to provide financial information?

A: Financial information may be required at times as part of the application process if there is an income threshold requirement for the manufacturer. Not all manufacturers request financials on the application. Typically, the last two pay stubs for the member and spouse are required. Payer Matrix and the manufacturers do not share your information and communicate through a secure, encrypted electronic connection.





To receive maximum benefits, you must use a network provider. Precertification is required for all hospital admissions and specified outpatient procedures outlined in your SPD. In the event of an emergency, call within 48 hours of admission or the next business day. Failure to Precert may result in penalty.

Providers: Please file all claims with the Blue Cross and Blue Shield Plan in the state where services are rendered. If Medicare is primary, file claims to Medicare. Include the 3-digit prefix in addition to the ID number.

Possession of this card does not guarantee eligibility for benefits.

anthem.com

LEA Member Services Concierge

Member Services/Eligibility:*

1-844-864-5011

Pharmacy Member Services:

1-833-271-2374

Help for Pharmacists:

1-833-296-5039

Coverage While Traveling:

1-800-810-BLUE

Provider Eligibility/Benefits:

1-800-676-BLUE

Telemedicine:

livehealthonline.com

HealthLink Inc. Pre-Cert &

Case Management:*

1-877-284-0102

*Contracts directly with group

Services provided by Anthem HealthChoice Assurance Inc., Anthem HealthChoice HMO, Inc. and/or Anthem HP, LLC. Independent licensees of the Blue Cross Blue Shield Association. Anthem provides administrative services only and does not assume financial risk or obligation with respect to claims.

Self-Funded Coverage

UNDERSTANDING YOUR EXPLANATION OF BENEFITS (EOB)



Leading Edge Administrators
4631 Woodland Center Blvd, Ste 310
Tampa FL 33614

Claim Summary

Claim Number	Patient Name	Total Charge	Ineligible Amount	Provider Discount	Covered By Plan	Deductible Amount	Patient Responsibility	Payment Amount
224-0000XXXXXX-00	Jane Doe	\$378.00	\$156.22	\$31.50	\$346.50	\$190.28	\$346.50	\$0.00
Totals		\$378.00	\$156.22	\$31.50	\$346.50	\$190.28	\$346.50	\$0.00

Claim #:	224-0000XXXXXX-00	Provider:	Provider Name	Enrollee ID:	Member ID
Patient:	Jane Doe	Enrollee:	Employer Name		

Dates of Service	Procedure	Charged Amount	Not Covered	Reason Code	Provider Discount	Allowable Amount	Deductible Amount	Co-Pay Amount	Co-Insurance	Payment Amount
01/11-01/11/2024	99479	\$378.00	\$156.22	SPP, 05	\$31.50	\$346.50	\$190.28	\$0.00	\$0.00	\$0.00
Column Totals		\$378.00	\$156.22		\$31.50	\$346.50	\$190.28	\$0.00	\$0.00	\$0.00

Patient's Responsibility: \$346.50

Other Carrier Adjustment: \$0.00
Total Payment Amount: \$0.00

Procedures

Code	Description
99479	SUBSEQUENT INTENSIVE CARE

Remarks

Code	Description
SPP	This service is subject to and has exceeded the maximum benefit allowable. If you have a balance billing issue, please contact Customer Service and they will work directly with providers on your behalf.
05	PPO Discount has been applied.

Section 1

Provides the dates of service and the specific procedure code used for billing.

Section 2

These figures outline the original amount charged for the service, what part is not covered by insurance, any discounts provided by the provider and the amount that is eligible for insurance coverage.

Section 3

This section outlines what you, as the member, are responsible for based on the terms of your insurance coverage.
*If the Patient Responsibility figure exceeds the totals shown in section 3, it may include additional charges due to balance billing. If this occurs, please contact your Concierge Customer Service at the number on the back of your ID Card.

Section 4

This section provides a brief description for each reason code listed.

Health Savings Account (HSA) Basics

Who is eligible for an HSA?

Per IRS, individuals are qualified for an HSA if they are:

- Covered by an HSA compatible high deductible health plan – **Compunnel's Silver plan only**
- Not covered by any other health plan
- Not claimed as a dependent on another person's tax return (excluding spouses per Internal Revenue Code)
- Not enrolled in Medicare or a Tricare program

HSA Administration

- Employee can open a new HSA account through employer or use an existing HSA account.
- Compunnel's current HSA Bank is **Health Equity**
- The minimum amount to be maintained in the Health Equity HSA account is \$2500, if any point of time the balance is below the minimum cap, the employee is charged \$3.95 to \$4 approximately monthly.
- Please reach out to hrbenefits@compunnel.com for more information HSA and enrolment.



HSA FEATURES



HSAs Fund Health Care Needs

The HSA fund can be used for future medical needs and toward the plan's annual deductible and out-of-pocket maximum.



HSAs are Flexible

You decide when to use your HSA funds to pay for qualified health related expenses. The HSA moves with you when you change medical plans, change employers or retire.



HSAs Can Cover You in Retirement

Your HSA funds can be used in retirement for eligible health related expenses, including Medicare expenses.



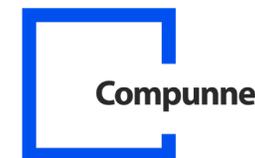
No “use it or lose it!”

That's right, unused funds roll over each year. Unused funds can also grow through interest and investment earnings and can be “banked” for future health related expenses.



Triple Tax-Advantaged (for federal & most state taxes)

- No tax on contributions
- No tax on interest
- No tax when you withdraw money



Compunnel

IRS MAXIMUMS

HSA Contribution Regulations

Coverage Type	2024 Annual Limit
Employee Only	\$4,150
Employee + Dependent(s)	\$8,300
Catch-Up Plan (over age 55)	extra \$1,000



DENTAL COVERAGE

Dental Preferred Provider Organization (DPPPO)



Network: Select any licensed dentist, but see bigger savings if you use a dentist in the Cigna Dental network.



Specialist: See a specialist without a referral



Deductible: An annual amount that may apply to covered services before your plan begins to pay.



Coinsurance: Once you meet your deductible and satisfy any applicable waiting period, this is the portion you will pay of your covered dental care costs.



Coverage: The amount paid by your plan depends on:

- The coinsurance level for the service you receive
- The dentist you visit
- Whether you've paid your deductible and/or reached your maximum



Maximums: Once you reach the plan's calendar year dollar and/or any applicable lifetime maximum, your plan will no longer pay a portion of your costs during that plan year.



Your coverage

Percentage your plan pays

	Total Cigna DPPO	Out-of-network ¹
Preventive care	100%	100%
Basic restorative ²	100%	100%
Basic restorative	50%	50%
Major restorative ²	50%	50%
Implants	50%	50%
	Individual	Family
Annual deductible	\$0	\$0
Calendar year dollar maximum	\$1500	\$1500

1. The amount your plan will pay for covered services received [through the Cigna DPPO network and] out-of-network will be subject to your plan's [Maximum Reimbursable Charge or Maximum Allowable Charge] provisions. When [visiting a dentist in the Cigna DPPO network or] going out-of-network, you may be balance-billed by the dentist for any charges that exceed what your plan reimburses for covered expenses.

2. All group dental plans and insurance policies have exclusions and limitations. For costs and details about the services covered under your plan, review your enrollment materials. Dentists who participate in Cigna Healthcare's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna Healthcare.



Your access: Thousands of dentists, one directory



With the **Total Cigna DPPO network**, you have a choice of more than 149,000 dentists nationwide¹



All participating dentists are consolidated into one directory, which you can easily search online at **Cigna.com**[®]

1. 2022 year-end unique dentist count for Cigna Total DPPO Network. Subject to change.

Estimate dental care costs

Cigna[®] dental estimator tools¹ are easy to use, and help you avoid unexpected dental care costs. Whether you're choosing a dentist or planning for a procedure, you'll be in the know and ready to make the best decision for you.



Find care and costs:

- With a few taps of your phone or clicks of your mouse, you'll find dentists in your area
- Search by dentist name and type, even by the treatment you're looking for
- View provider backgrounds, credentials and verified patient reviews



The tool helps you:

- Find dentists near you
- Plan and budget
- Compare procedure costs, specific to your plan, among different in-network dentists



Ready to start estimating dental care costs? Log on to **myCigna[®]** website or app² > Find Care & Costs

1. The Treatment Cost Estimator is for informational purposes and provides rough calculations only, based on the treatment or procedure you choose. It does NOT guarantee the exact amount of your out-of-pocket costs and it does NOT guarantee coverage for any treatment or procedure or any dental benefit plan payment. Your actual out-of-pocket cost for dental care will depend on the specific terms of your dental benefit plan.

2. App/online store terms and mobile phone carrier/data charges apply.

Programs and services for better oral health



Cigna Dental Virtual Care¹

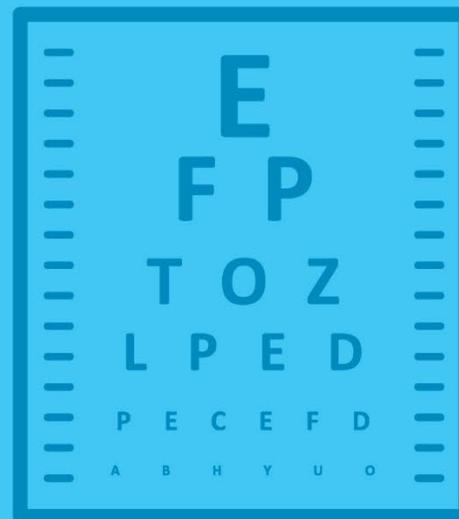
Get the dental care you need without leaving home

If you need dental care and are unable to reach your regular provider, you now have the option to consult with a licensed dentist through a video call.

- Available 24 hours a day, seven days a week, 365 days a year
- Helps address urgent dental situations like toothaches, infection, gum inflammation, broken teeth and more
- Identifies whether more involved procedures are needed, and helps guide care
- Medications prescribed with guided follow-up care²
- Processed as in-network claim on your plan, with no copay or coinsurance costs (but does apply to your plan's annual maximum, if applicable)
- Can be referred to a network dentist for any additional care required.

 To access Cigna[®] Dental Virtual Care, just log on to your **myCigna.com**[®] account and follow the prompts to the virtual care portal.

1. Cigna Healthcare provides access to virtual care through national teledental care providers via myCigna.com as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers and is a requirement for this service. See your plan materials for the details of your specific Dental plan. This service is separate from coverage for virtual dental care obtained by your Dental plan's network and may not be available in all areas. A referral is not required for this service. Services may be available on an in-person basis or via telehealth from the enrollee's primary care provider, treating specialist, or from another contracting individual health professional, contracting clinic, or contracting health facility consistent with California law. Enrollees that have coverage for out-of-network benefits may receive services either via telehealth or on an in-person basis using the enrollee's out-of-network benefits. Note: out-of-network benefits, if available, will generally include higher out-of-pocket financial responsibility and no balance-billing protections. Please refer to your benefit plan documents for specific information about your benefit plan and out-of-network benefits.
2. Dentists are unable to prescribe opioid or narcotic medications and are subject to all laws in your residence state regarding the prescribing of medication.



VISION COVERAGE

Why vision health matters

You may go to the eye doctor to get glasses and contact lenses to help you see. But eye exams also give your doctor a view of your health in general.¹ They can reveal the first signs of chronic conditions, including:²

- Symptoms of diabetes
- Heart disease
- High blood pressure
- High cholesterol
- Rheumatoid arthritis
- Stroke
- Vitamin A deficiency

1. The Centers for Disease Control and Prevention (CDC). "Keep an Eye on Your Vision Health." www.cdc.gov/visionhealth/resources/features/keep-eye-on-vision-health.html. Page last reviewed: October 1, 2020.
2. American Academy of Ophthalmology. "20 Surprising Health Problems an Eye Exam Can Catch." www.aao.org/eye-health/tips-prevention/surprising-health-conditions-eye-exam-detects. Page last reviewed: April 29, 2022.



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Your vision network

With vision coverage, you have greater access at more locations. Your vision network includes:



24,000 independent providers¹



10,000 retail providers, including LensCrafters[®], Pearle Vision[®], Target Optical[®], Costco Optical[©], Walmart and more¹



Access to online retailers such as LensCrafters.com[®], Ray-Ban.com[®], Glasses.com[®], TargetOptical.com[®] and ContactsDirect.com[®]



Online appointment scheduling²

1. The Cigna Vision Network is serviced by EyeMed. Number of contracted providers as of June 2022, EyeMed internal reporting. Subject to change.

2. Online scheduling available with select providers.

Your vision benefits

	In-network ¹
Exam copay - once per 12 months	\$10
Lens allowances: Copays	
Single vision lenses	\$25
Lined bifocals	\$25
Lined trifocals	\$25
Frames - one pair or single purchase per 12 month	\$130 Allowance
Polycarbonate add-on copay	\$40
Anti-reflective coating copay	\$45
Elective contact lenses and professional services member cost	\$130 Allowance

1. Plan benefits may be subject to frequency limitations. Please review your Benefit Summary for details, plan exclusions and limitations.



Your vision benefits

Discounts available using the Healthy Rewards Program available to all Cigna members on myCigna.com portal

- 40% off additional pair of glasses (frames and lenses)
- 20% off nonprescription sunglasses
- \$1,000 discount on LASIK services with select providers available through Cigna Healthy Rewards®

Once enrolled, visit myCigna.com® to:

- Search for in-network providers and schedule appointments online.²
- Use a cost estimator tool to calculate your out-of-pocket costs for covered and non-covered services.
- View plan benefits, claim details, and your digital ID card
- Access special offers from major retail and online providers.

1. **Healthy Rewards programs are NOT insurance.** Rather, these programs give a discount on the cost of certain goods and services. The customer must pay the entire discounted cost. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. Participating providers are solely responsible for their goods and services

2. Online scheduling available with select providers.



Find in-network providers on Cigna.com

DENTAL

You can search for network dentists before your enrollment and eligibility become active by visiting Cigna.com.

- Select "Find a Doctor, Dentist or Facility"
- Click on How are you Covered?
- Select Employer and Enter zip code
- Follow prompts to search by type of dentist or by dentist name.
- When prompted to select a plan, choose **"DPPO/EPO > Total Cigna DPPO"**

VISION

You can search for network vision providers before your enrollment and eligibility become active by visiting Cigna.com.

- Select "Find a Doctor, Dentist or Facility"
- Click on How are you Covered?
- Select Employer and Enter zip code

Page down and select Vision

- **Cigna Vision Directory (Serviced by EyeMed)**

Questions?

Call Cigna at 1.800.Cigna24 with live customer support in over 150 languages 24/7



Enrollment



Enrollment checklist



Before you decide, take these steps to learn more about your dental plan — and your health. This checklist will help you choose wisely.

- ✓ Call Cigna at 800.244.6224 with any questions.
- ✓ Cigna Dental and Vision account number – **3346290**
- ✓ Think about your dental history and overall health care needs. How might that change in the upcoming year?
- ✓ Check to see if your dentist participates in the plan's network at **Cigna.com** > Find a Doctor, Dentist or Facility.
- ✓ Review your Summary of Benefits for specific dental plan details.
- ✓ Register for myCigna.com



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BENEFIT COSTS

BENEFIT COSTS (MONTHLY)

Coverage Tier	MEDICAL	
	Silver Plan	Gold Plan
Employee Only	\$295	\$475
Employee Only (Pay Rate <= \$22)	\$99	\$475
Employee + Spouse	\$725	\$900
Employee + Child(ren)	\$650	\$800
Employee + Family	\$950	\$1,450

Coverage Tier	DENTAL
Employee Only	\$30
Employee + Spouse	\$80
Employee + Child(ren)	\$80
Employee + Family	\$80

Coverage Tier	VISION
Employee Only	\$8
Employee + Spouse	\$15
Employee + Child(ren)	\$15
Employee + Family	\$20



VOLUNTARY BENEFITS

PLEASE REACH OUT TO HR FOR BENEFITS COSTS & TO ENROLL IN THESE PLANS

OPEN ENROLLMENT

- **Passive Open Enrollment** – if you do not take any action, your 2023 plan selections will roll over to 2024.
 - i.e. if you have the silver plan in 2023, you will be enrolled in the silver plan in 2024, unless you actively make a change in ADP.
- Any changes you make during our annual open enrollment window will be effective **May 1, 2024**.
- You will be required to wait until the next open enrollment (2025) to make changes to your elections unless you experience a qualifying life event.
 - i.e. marriage, divorce, birth of a child, adoption, loss of coverage

HOW TO ENROLL



Elections should be made in ADP
www.WorkforceNow.ADP.com



**DEADLINE IS
WEDNESDAY,
MAY 15TH**





QUESTIONS