



Great Falls Construction

2024 Open Enrollment



www.greatfallsinc.com



Today's Agenda

In an effort to control costs to the employees, while continuing to provide a high level of benefits, Great Falls reviewed all options available.

- Review of [Medical](#) Plans
 - Continuing medical coverage through Aetna effective January 1, 2024
 - Changes to plan benefits – 4 benefit plans now offered (**2 HSA plans now available**)!
 - Changes in cost (GFIC will continue to pay 100% of the single/employee-only premium on the 3500 plan)
- Review of Voluntary [Dental](#) Plan
 - Continuing dental coverage through Northeast Delta effective January 1, 2024
 - No change in plan benefits nor in cost
- Review of Voluntary [Vision](#) Plan
 - Continuing vision coverage through Northeast Delta Vision effective January 1, 2024
 - No change in plan benefits nor in cost
- Review of [Basic Life/AD&D, Voluntary Life & Voluntary Short-Term Disability](#) plans
 - Continuing life and disability coverage through Unum effective January 1, 2024
- New [Worksite Benefits](#) Offered!
 - Voluntary Long-Term Disability, Accident & Critical Illness plans now available through Unum effective January 1, 2024



Employee Advocate

Employees occasionally need assistance in resolving issues with insurance carriers, such as unpaid claims on insurance, referral questions or have questions on their prescription drug plan.

Did you know that you and your covered dependents have an Employee Advocate available to you at no cost?

Contact Sara Closson

Toll Free: 866-761-2426 Ext. 223

Direct Dial: 207-523-0065

SClosson@acadiabenefits.com





Now is the time...

- The effective date for all benefits is January 1st.
- Open enrollment is the time that you are able to choose which plan you would like to be enrolled in and also elect who is going to be covered on your benefits for the new plan year.
- Once again, employees will be processing their own open enrollment benefit elections and changes on the Ease website. All employees will be receiving an email notification from Ease to start the process.
- All elections and changes must be processed or submitted ***no later than Wednesday, December 13th.***



Making Changes Later: What is a qualifying event??

- If you are going to make a change to your coverage level or plan choice due to life events during the plan year, you must complete, sign and submit an enrollment form within 30 days of the qualifying event. Examples of qualifying events include:
 - birth of a child
 - marriage/divorce
 - loss of other coverage
 - spouse/partner open enrollment
 - aging off parents' coverage at age 26
- Any changes submitted after this 30-day window will need to wait until annual open enrollment.



January 1, 2024 Aetna Plans

About the 4 medical plans available

- **Option 1 & Option 3** are **Choice POS II** plans and offer both IN and OUT of network coverage. Members may go directly to providers in or out of the network — without referrals. If your provider is not part of the Choice POS II network, you will have to pay more for each visit.
- **Option 2 & 4** are **Aetna Whole Health (AWH) OAAS** plan that utilizes the “Open Access Aetna Select” network and covers in-network providers exclusively. AWH OAAS plans offer two network levels of providers - Designated and Non-Designated. Members may go to in-network providers without referrals. If your provider is part of the Non-Designated network, you will have to pay more for each visit compared to seeing a Designated provider. There is no coverage outside of the two offered networks. Members **MUST** reside in the state of Maine to be covered on these plans.
- **Option 3 & 4** are **HSA plans** (new plans!)



Health Insurance Definitions

- **Copayment (co-pay):** A Copayment is a fixed dollar amount you must pay for certain Covered Benefits. The Copayment is due at the time of service or when billed by the Provider.
- **Deductible:** A specific dollar amount that you pay for most Covered Benefits each calendar year before any benefits subject to the Deductible are payable by the Plan.
- **Coinsurance:** A percentage of Covered Charges (ie: 20% or 40%) for certain Covered Benefits that must be paid by the Member.
- **Out-of-pocket Maximum:** Money you pay toward the cost of healthcare services. It generally is the deductible and the coinsurance amount added together. In some cases it may also include the co-pays you have for medical services. Plans vary widely in the amount of out-of-pocket costs you pay.



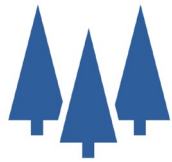
Important Information

- **Primary Care Provider (PCP)**: Although, the plans do not require referrals from your PCP, it is recommended that you have one. It is important that you establish connection with them ASAP. Some specialists may request a referral from your PCP, so should you need a referral, it is highly unlikely they will give you one if they've never met with you.
- Dependent children continue to be covered up to age 26, regardless of student status.
- International coverage provided under plan (Emergency Care).
- Keep in mind that emergency treatment is always covered despite plan type.
- There are no pre-existing condition exclusion clauses.



AFA Choice POS II 1500

OPTION 1 - AFA Choice POS II 1500 80/50 CY	
Deductible	
In Network <i>Single/Family</i>	\$1,500 / \$3,000
Out of Network <i>Single/Family</i>	\$3,000 / \$9,000
Coinsurance	
In Network	20%
Out of Network	50%
Total Out Of Pocket	
In Network <i>Single/Family</i>	\$5,000 / \$10,000
Out of Network <i>Single/Family</i>	\$13,000 / \$39,000
Facility Inpatient Charges	Deductible & Coinsurance
Facility Outpatient Charges	Deductible & Coinsurance
Routine Preventive Care	Covered In Full
Primary Care Visit	\$25 (In)
Specialist Visit	\$75 (In)
Diagnostic Testing	Deductible & Coinsurance
MRI/Cat/Pet Scan	Deductible & Coinsurance
Emergency Room	\$500
Urgent Care	\$75 (In)
Physical, Speech & Occ. Therapy	Deductible, then \$75 (60 VISITS/YR.) (In)
Prescriptions, 30-days	\$3/ \$10/ \$45/ \$75/ 20% to \$250/ 40% to \$500
Advanced Control Formulary (ACF) Rx Tiers	Generic T1A/ Generic T1/ Preferred Brand/ Non-Pref. Brand/ Preferred Specialty/ Non-Pref. Specialty
Mail Order Prescriptions, 90 Days	2 Copays (Specialty N/A)



AFA ME AWH OAAS 3500

(Maine residents only)


OPTION 2 - AFA ME AWH OAAS 3500 80/60 CY ACF –IN NETWORK COVERAGE ONLY	
Deductible	
Designated Network <i>Single/Family</i>	\$3,500 / \$7,000
Non-Designated Network <i>Single/Family</i>	\$6,000 / \$12,000
Coinsurance	
Designated Network	20%
Non-Designated Network	40%
Total Out Of Pocket	
Designated Network <i>Single/Family</i>	\$6,500 / \$13,000
Non-Designated Network <i>Single/Family</i>	\$7,500 / \$15,000
Facility Inpatient Charges	Deductible & Coinsurance
Facility Outpatient Charges	Deductible & Coinsurance
Routine Preventive Care	Covered In Full
Primary Care Visit	\$35 (Designated) / DED & COINS (Non-Designated)
Specialist Visit	\$75 (Designated) / DED & COINS (Non-Designated)
Diagnostic Testing	Deductible & Coinsurance
MRI/Cat/Pet Scan	Deductible & Coinsurance
Emergency Room	\$500
Urgent Care	\$75 (Designated) / DED & COINS (Non-Designated)
Physical, Speech & Occ. Therapy (60 visits/yr.)	\$75 (Designated) / DED & COINS (Non-Designated)
Prescriptions, 30-days	\$3/ \$10/ \$50/ \$80/ 20% to \$250/ 40% to \$500
Advanced Control Formulary (ACF) Rx Tiers	Generic T1A/ Generic T1/ Preferred Brand/ Non-Pref. Brand/ Preferred Specialty/ Non-Pref. Specialty
Mail Order Prescriptions, 90 Days	2 Copays (Specialty N/A)



AFA Choice POS II 4000 HSA

OPTION 3 - AFA Choice POS II 4000 HSA 80/50 E CY

Deductible	
In Network <i>Single/Family</i>	\$4,000 / \$8,000
Out of Network <i>Single/Family</i>	\$10,000 / \$30,000
Coinsurance	
In Network	20%
Out of Network	50%
Total Out Of Pocket	
In Network <i>Single/Family</i>	\$7,500 / \$15,000
Out of Network <i>Single/Family</i>	\$20,000 / \$60,000
Facility Inpatient Charges	Deductible & Coinsurance
Facility Outpatient Charges	Deductible & Coinsurance
Routine Preventive Care	Covered In Full
Primary Care Visit	Deductible, then \$35 copay
Specialist Visit	Deductible, then \$75 copay
Diagnostic Testing	Deductible & Coinsurance
MRI/Cat/Pet Scan	Deductible & Coinsurance
Emergency Room	Deductible & Coinsurance
Urgent Care	Deductible & Coinsurance
Physical, Speech & Occ. Therapy	Deductible, then \$75 copay
Prescriptions, 30-days	Deductible then \$3/\$10/\$50/\$100/20%-\$250/40%-\$500
Advanced Control Formulary (ACF) Rx Tiers	Generic T1A/ Generic T1/ Preferred Brand/ Non-Pref. Brand/ Preferred Specialty/ Non-Pref. Specialty
Mail Order Prescriptions, 90 Days	2 Copays (Specialty N/A) CVS Pharmacy Only
Preventive Rx	Deductible Waived



AFA ME AWH OAAS 4000 HSA

(Maine residents only)

OPTION 4 - AFA ME AWH OAAS 4000 HSA 80/60 E CY –IN NETWORK COVERAGE ONLY	
Deductible	
Designated Network <i>Single/Family</i>	\$4,000 / \$8,000
Non-Designated Network <i>Single/Family</i>	\$6,000 / \$12,000
Coinsurance	
Designated Network	20%
Non-Designated Network	40%
Total Out Of Pocket	
Designated Network <i>Single/Family</i>	\$7,500 / \$15,000
Non-Designated Network <i>Single/Family</i>	\$7,500 / \$15,000
Facility Inpatient Charges	Deductible & Coinsurance
Facility Outpatient Charges	Deductible & Coinsurance
Routine Preventive Care	Covered In Full
Primary Care Visit	Ded, then \$35 (Designated) / DED & COINS (Non-Designated)
Specialist Visit	Ded, then \$75 (Designated) / DED & COINS (Non-Designated)
Diagnostic Testing	Deductible & Coinsurance
MRI/Cat/Pet Scan	Deductible & Coinsurance
Emergency Room	\$500
Urgent Care	DED & COINS (Designated)/ DED & COINS (Non-Designated)
Physical, Speech & Occ. Therapy (60 visits/yr.)	Ded, then \$75 (Designated) / DED & COINS (Non-Designated)
Prescriptions, 30-days	Deductible, then \$3/ \$10/ \$50/ \$100/ 20% to \$250/ 40% to \$500
Advanced Control Formulary (ACF) Rx Tiers	Generic T1A/ Generic T1/ Preferred Brand/ Non-Pref. Brand/ Preferred Specialty/ Non-Pref. Specialty
Mail Order Prescriptions, 90 Days	2 Copays (Specialty N/A) CVS Pharmacy Only
Preventive Rx	Deductible Waived



Pharmacy Updates & Reminders

[Prescription Drug Formulary](#)

- Advanced Control Formulary (ACF)

[Maintenance Choice ® Program](#)

- All AFA plans include Maintenance Choice. With this benefit, members get three 30 day prescriptions for the cost of two when they get a 90-day supply of the medications they take regularly.
- After filling their prescription twice at their pharmacy, members must fill their 90-day supply of maintenance drugs at either a CVS Caremark® Mail Service Pharmacy or a local CVS Pharmacy retail location in order to get the one month free every 90 days.
- Members may call to opt out of the Maintenance Choice program. Members may then fill a 30-day supply at a retail network pharmacy of their choice.



Health Savings Accounts (HSA)

WHAT IS IT:

- A tax favored bank account used to help pay medical expenses
- Members own and manage the account – administered through Machias Savings Bank
 - Deposit funds through pre-tax payroll deduction
- Unused funds carry over year to year, you own the account!

ELIGIBILITY:

- Must be enrolled in a qualified high deductible health plan (**Option 3 or 4 at Great Falls Construction: POS II 4000 HSA & ME AWH OAAS 4000 HSA plan**)
- Cannot have other health insurance, not enrolled in Medicare

ARE THERE CONTRIBUTION LIMITS?

- Max amount allowed to be deposited is:
 - 2024: Individual: \$4,150 / Family: \$8,300
 - Catch up over age 55: \$1,000
- For those enrolled on the **AFA ME AWH OAAS 4000 HSA plan**, GFC will contribute \$542.04 annually, into each employee's HSA (through monthly contributions of \$45.17)



Health Savings Accounts (HSA) Continued

WHAT ARE QUALIFIED EXPENSES THAT I CAN SPEND THE MONEY ON?

- All medical expenses, deductible, coinsurance, prescriptions
- All 213(d) expenses...OTC items, dental, vision
- Can use funds for yourself or any taxable dependents, even if not covered by your medical plan

WHAT HAPPENS IF I USE THE MONEY FOR NON-QUALIFIED ITEMS?

- Non-qualified expenses are subject to income tax and a 20% penalty

For additional information regarding Health Savings Accounts please visit <https://www.irs.gov/forms-pubs/about-publication-969>



1/1/2024 – 12/31/2024

Weekly Medical Cost

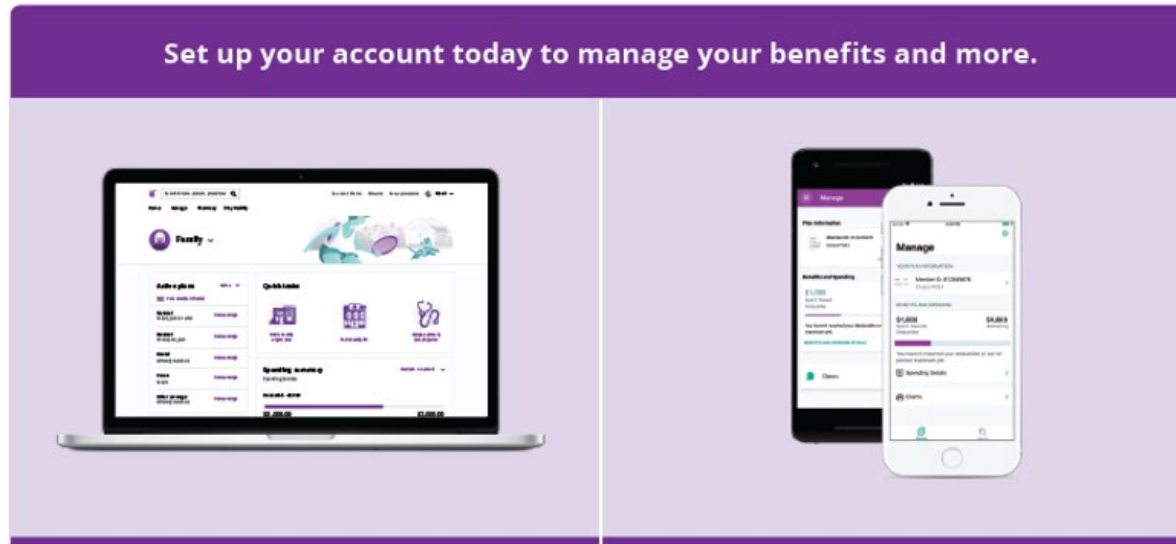
	CPOS II 1500	AFA ME AWH OAAS 3500	CPOS II 4000 HSA	AFA ME AWH OAAS 4000 HSA
Employee Only	\$31.05	\$0.00	\$0.22	\$0.00
Employee & Spouse	\$187.26	\$116.61	\$117.28	\$91.16
Employee & Child(ren)	\$158.86	\$95.40	\$95.99	\$72.69
Family	\$315.08	\$212.02	\$213.07	\$174.28

Employer pays flat \$447.73 toward all plans & tiers.

Weekly amounts above are the employee's cost per payroll period.



Aetna's Member Website



Find and compare services

- Search for facilities, procedures or medications
- Find in-network providers accepting new patients
- Estimate and compare costs

Manage benefits

- Access your medical ID card whenever you need it
- Track spending and progress toward deductibles
- View and pay your claims



Start today. Log in to your member website through [Aet.na/Health-Login](https://www.aetna.com/Health-Login). There, you can check your benefits, connect with care, and view and pay claims.



Aetna Additional Resources

- **MINUTE CLINICS** – Walk-in clinics are located at select CVS Pharmacies and Target stores. MinuteClinics offers a wide range of medical services at the lowest cost to the member. Visit minuteclinic.com for age and service restrictions.
- **TELEMEDICINE** – Through a virtual visit with an in-network doctor or through Teladoc® telemedicine services, members have options to meet with a doctor by phone or video chat 24/7 from the comfort of home. Members can also call Aetna’s 24-Hour Nurse Line to speak with a registered nurse anytime (800-556-1555). *Everyday care is \$56 or less per visit. Mental Health \$90-\$215 per visit and Dermatology \$85 or less per visit. (*Subject to the deductible on the two new HSA plans.)
- **OTC HEALTH SOLUTION** – Members & their enrolled family members get a \$25 allowance every three months to spend on hundreds of CVS brand non-prescription health & wellness support products (first aid, allergy relief, pain relievers, etc.) Items can be purchased in-person, online or over the phone.



Aetna Additional Resources

- **FITon**– Members can use FITON to visit local gyms and fitness studios in-person or to stream live and on-demand group fitness classes from top studios and instructors. Members are given a subsidy to take classes or activate recurring monthly memberships.
- **EAP** - This program assists members with all aspects of life. Services include counseling, education, legal and financial assistance and help finding local resources. Employees can seek personalized assistance 24/7. Plus, they can download the Resources For Living® mobile app. With it, they can access tips on work-life balance and stress, a contact request form and more. 1-866-326-7172.
- **DISCOUNT PROGRAM** – The Aetna Discount Program helps you save on many health products & services. You'll save money on eyewear, hearing exams, healthy lifestyle services, natural health offerings & more.



Northeast Delta Dental Plans

Voluntary Dental w/ PPO + Premier Network

	HIGH PLAN – Premium Plus	LOW PLAN – Preferred Plus
<u>LIFETIME Deductible</u>		
Preventive	N/A	N/A
Basic/Major	\$100/\$300	\$75/\$225
<u>Coinsurance</u>		
Preventive	100%	100%
Basic	80%	70%
Major	50%	50%
Orthodontics (Adult & Child)	50%	50%
<u>Maximum Benefits Per Person</u>		
Annual Benefit	\$2,000	\$1,500
Lifetime Orthodontic Benefit	\$1,500	\$1,250
<u>Maximum Rollover Provision</u>	Dental plans include Double-Up Max. Members can double their annual maximum by earning an additional \$250 per year for use in future benefit periods. Certain conditions apply.	
<u>Waiting Periods – New Hires</u>		
Basic	6 Months	
Major	6 Months	



1/1/2024 – 12/31/2024

Weekly Dental Cost

Voluntary Dental Cost		
	HIGH PLAN	LOW PLAN
Employee	\$11.67	\$10.12
Employee & 1 Dependent	\$21.39	\$18.52
Employee & 2 or more Dependents	\$37.33	\$32.23

The employee pays 100% of the dental insurance premium.
Weekly amounts above are the employee's cost per payroll period.



Northeast Delta Vision Plan

MMTA Delta Vision		
Exam	1 Every Calendar Year	
Lenses	1 Every Calendar Year	
Frame	1 Every 2 Calendar Years	
Contact Lenses	1 Every Calendar Year (in lieu of eyeglass lenses)	
Benefits	In Network	Out of Network
Vision Exam	\$20 Copay	Up to \$35
Frame	\$180 Allowance - 20% Off Remaining Balance	Up to \$90
Contacts	\$180 Allowance - 15% Off Remaining Balance	Up to \$144
Lenses		
Single	\$20 Copay	Up to \$25
Bifocal	\$20 Copay	Up to \$40
Trifocal	\$20 Copay	Up to \$55
Standard Progressive Lenses	\$75 Copay	N/A
Standard Anti-Reflective Lenses	\$45 Copay	N/A
Contact Lenses (Medically Necessary)	Covered in Full	Up to \$200 ²²



1/1/2024 – 12/31/2024

Weekly Vision Cost

Voluntary Vision Cost	
Employee Only	\$1.68
Employee & Spouse	\$3.28
Employee & Child(ren)	\$3.18
Family	\$4.97

The employee pays 100% of the vision insurance premium.
Weekly amounts above are the employee's cost per payroll period.



Unum Life/AD&D Plans

100% Employer-Paid Life/AD&D	
LIFE/AD&D AMOUNT	FLAT \$25,000
AD&D AMOUNT	FLAT \$25,000
GUARANTEE ISSUE AMOUNT	\$25,000

Voluntary (100% Employee-Paid) Life/AD&D	
LIFE/AD&D AMOUNT	\$300,000 maximum, in increments of \$10,000, but no more than 5 times annual salary
GUARANTEE ISSUE	\$100,000*
SPOUSE	100% of employee's benefit, up to \$300,000, in increments of \$5,000
GUARANTEE ISSUE	\$15,000*
CHILDREN	Up to \$10,000 in \$2,000 increments
AD&D BENEFIT	Same as life benefit

*Guarantee Issue available to new hires only



Optional Life Rate Examples

30-YEAR OLD EMPLOYEE	
Benefit Amount	\$100,000
Rate:	\$0.165 per \$1,000 benefit
Calculation:	$\$100,000 * 0.165 / \$1,000 \text{ benefit} =$ \$16.50 monthly premium
Premium Weekly:	\$3.81 ($\$16.50 * 12 / 52 = \3.81)

52-YEAR OLD EMPLOYEE	
Benefit Amount	\$120,000
Rate:	\$0.681 per \$1,000 benefit
Calculation:	$\$120,000 * 0.681 / \$1,000 \text{ benefit} =$ \$81.72 monthly premium
Premium Weekly:	\$18.86 ($\$81.72 * 12 / 52 = \18.86)

AGE	EMPLOYEE RATE PER \$1,000 BENEFIT
<25	\$0.141
25-29	\$0.139
30-34	\$0.165
35-39	\$0.222
40-44	\$0.30
45-49	\$0.462
50-54	\$0.681
55-59	\$0.968
60-64	\$1.254
65-69	\$1.603
70-74	\$2.898
75+	\$9.628



Optional Life Evidence of Insurability & Beneficiary Designation

Evidence of Insurability

- You must complete and submit an Evidence of Insurability form if you or your spouse are enrolling for Optional Life coverage.
- After the enrollments are processed, if Unum has employee email addresses, Unum will email the employees directly with a secure link that allows them to access electronic EOI. If Unum does not have employee email addresses, they'll instead email Lindsay Nason with a list of employees who require EOI along with the secure link, which they'll then distribute.

You must elect coverage for yourself for your dependent(s) to be eligible

Beneficiary Designation

- When enrolling in optional life, it is important that you select a beneficiary to receive your life benefit. Your beneficiary may be anyone, not just a family member and your beneficiary designation may be updated at any time.



Unum Voluntary Short-Term Disability

Voluntary STD (100% EMPLOYEE PAID)	
MAXIMUM WEEKLY BENEFIT %	60%
MAXIMUM WEEKLY BENEFIT \$	\$1,400
ELIMINATION PERIOD	7 DAYS ACCIDENT / 7 DAYS ILLNESS
MAXIMUM BENEFIT PERIOD	13 WEEKS
PRE-EXISTING CONDITION	3/12 (Any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.)
ZERO DAY RESIDUAL BENEFIT	YES



Voluntary STD Rate Examples

30-YEAR OLD EMPLOYEE EARNING \$41,600 A YEAR	
Weekly Earnings	\$800
Rate:	\$0.43
Calculation:	$\$800 * \$0.43 / 10 = \$34.40$ monthly premium
Premium Weekly:	\$7.94 ($\$34.40 * 12 / 52 = \7.94)

52-YEAR OLD EMPLOYEE EARNING \$35,360 A YEAR	
Weekly Earnings	\$680
Rate:	\$0.57
Calculation:	$\$680 * \$0.57 / 10 = \$38.76$ monthly premium
Premium Weekly:	\$8.94 ($\$38.76 * 12 / 52 = \8.94)

AGE	STD RATE
<25	\$0.16
25-29	\$0.25
30-34	\$0.43
35-39	\$0.39
40-44	\$0.37
45-49	\$0.43
50-54	\$0.57
55-59	\$0.70
60-64	\$0.90
65+	\$1.09



Unum Voluntary Long-Term Disability

Voluntary LTD (100% EMPLOYEE PAID)	
MAXIMUM MONTHLY BENEFIT %	60%
MAXIMUM MONTHLY BENEFIT \$	\$5,000
ELIMINATION PERIOD	90 DAYS
MAXIMUM BENEFIT PERIOD	SSNRA (Normal Retirement Age)
PRE-EXISTING CONDITION	6/12/24 (Any condition that you receive medical attention for in the 6 months prior to your effective date of coverage that results in a disability during the first 24 months of coverage, would not be covered – unless the insured remains treatment free for 12-consecutive months beginning on or after the effective date of coverage: 1/1/2024)
OWN OCCUPATION	2-year own occupation



Voluntary LTD Rate Examples

30-YEAR OLD EMPLOYEE EARNING \$41,600 A YEAR	
Weekly Earnings	\$800
Rate:	\$0.38
Calculation:	$\$800 * \$0.43 / 100 = \$3.04$ monthly premium
Premium Weekly:	\$0.70 ($\$3.04 * 12 / 52 = \0.70)

52-YEAR OLD EMPLOYEE EARNING \$35,360 A YEAR	
Weekly Earnings	\$680
Rate:	\$1.91
Calculation:	$\$680 * \$1.91 / 100 = \$12.99$ monthly premium
Premium Weekly:	\$2.99 ($\$12.99 * 12 / 52 = \2.99)

AGE	LTD RATE
<25	\$0.16
25-29	\$0.21
30-34	\$0.38
35-39	\$0.60
40-44	\$1.01
45-49	\$1.43
50-54	\$1.91
55-59	\$2.43
60-64	\$2.40
65-69	\$1.84
70+	\$1.53



Voluntary Accident Plan



GROUP ACCIDENT INSURANCE

Accident Insurance is an extra layer of protection that gives you a cash payment to help cover out-of-pocket expenses when you suffer an unexpected, qualifying accident (off job only).

It's a lump sum benefit after an accident happens – whether it be a severe burn, broken bone or ER visit.

*Be Well benefits are built-in, providing a \$50 benefit for visiting the doctor for annual wellness exams or screenings.

Weekly Premium	
Employee	\$2.50
Employee + Spouse	\$4.63
Employee + Child(ren)	\$6.56
Family (EE/SP/CH)	\$8.69



Voluntary Critical Illness Plan



GROUP CRITICAL ILLNESS INSURANCE

Critical Illness Insurance may help you cover expenses not covered by your health insurance.

It's a cash payment you receive if you ever experience a serious illness like cancer, a heart attack or a stroke, giving you the financial support to focus on recovery.

Employee may choose a lump sum benefit of \$10,000, \$20,000 or \$30,000

Spouse benefit of up to 50% of employee's benefit

Child benefit of up to 50% of employee's benefit

*Be Well benefits are built-in, providing a \$50 benefit for visiting the doctor for annual wellness exams or screenings

Rates are based on Age Brackets

Example: Weekly premium for a \$10,000 benefit, for a 30-year old employee = \$1.37



Unum Additional Resources

- **Voluntary Rehabilitation and Return-to-Work Assistance:**
 - After a disability, most people want to get back to work. Unum will provide an additional 10% in disability benefits (to a maximum amount per month) if the employee is eligible and participating in the rehabilitation and return-to-work program.
- **Employee Assistance Program and Employee Travel Assistance:**
 - Work-life balance employee assistance program services are provided by HealthAdvocate.
 - Worldwide emergency travel assistance services are provided by Assist America, Inc.



What Should I Expect?

- Regardless if you are enrolling in an Aetna medical plan or a Northeast Delta dental plan for the first time or you are an existing enrollee, you must go through the open enrollment process on the Ease website using the link provided in the Ease notification email **no later than next Wednesday, December 13th**. Any changes to your plans should be processed on Ease as well.
- Anyone who newly enrolls in Aetna health coverage will receive a new ID card.
- Anyone currently enrolled in an Aetna health plan, regardless of switching plans, will need to obtain a copy of the ID card(s) on their Aetna member site, should they need a replacement.
- Anyone who newly enrolls in Delta Dental &/or Delta Vision coverage will receive a new ID card for the coverage elected. Replacement ID cards may be requested.
- If you have questions regarding enrollment, please contact Lindsay Nason.