



2024 Evergreen Retirement Inc. Employee Benefits Open Enrollment

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Key Information

- The 2024 Benefit Open Enrollment Period is (12/06/2023 - 12/15/2023)
- All benefit elections and changes will take effect 1/1/2024
- All payroll deductions will begin (01/12/2024)
- The deadline to enroll is (12/15/2023)

Open Enrollment

- Opportunity to make changes to your benefit elections and to review which dependents you will cover
- Elections made during this period will remain in effect for a 12-month period, unless you experience an IRS-approved “qualifying event”
- Approved qualifying events include:
 - Marriage or Divorce
 - Death
 - Birth or adoption of a dependent
 - Change in employment status
 - Change in dependent’s eligibility status
 - Loss of or significant change to your current coverage
 - Judgment, decree or court order
- You have 30 days from the date of the event (varies by state) to notify Human Resources

Centivo

MEDICAL/RX

2024 Medical Benefits Overview



Introduction

Who is Centivo?



Centivo administers the plan for Evergreen Retirement Community.

Centivo provides:

- Payment processing when you get care
- Member support and helpful app
- Explanation of Benefits statements (EOBs)
- Communications about your plan



2024 medical plan



A better kind of health plan

High-Performance Plan

Built on a partnership between you and your personally selected primary care doctor.

You get a trusted partner in your care to help:

- Keep costs affordable
- Identify and manage any issues to keep you healthier
- Reduce hospital and emergency room visits
- Reduce duplicate or unnecessary tests
- Help you use the healthcare system more easily and effectively



Costs you know
up front



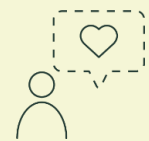
FREE primary care



Convenient virtual
primary care



High-quality providers



Hands-on
member support

Plan features

High-Performance Plan Overview

Affordable care

- FREE primary care for any reason, including sick or wellness visits
- Set copays for all other care, so you know what you owe before you go to the doctor

Quality network

- Uses a network of local doctors, specialists and hospitals
- **View directory and search for providers at evergreen.centivo.com**



“Great primary care doctors and specialists that are close to me. The amount I pay for my healthcare has decreased but the care I receive has increased. That’s a major win!”

– Centivo member

Other
providers
available
to you



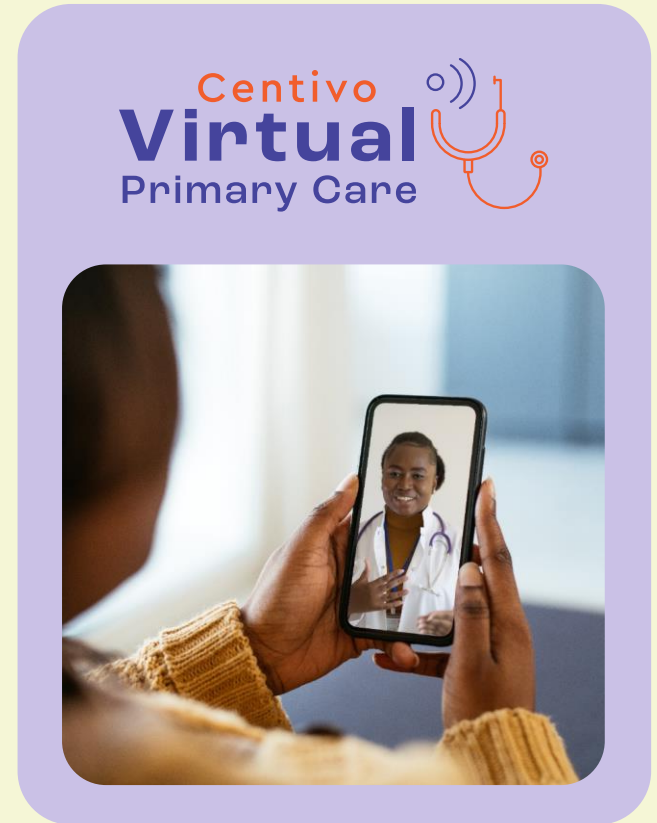
Convenient primary care alternative

Centivo Virtual Primary Care

A convenient alternative to in-person primary care.

- Virtual appointments with no waiting rooms
- Dedicated team that gets to know you and your needs
- Address new concerns or ongoing issues
- Coordination with local, in-network providers when you need in-person care like lab work or a specialist visit
- Available to members 18+ who live in select geographies
- Choose Centivo Virtual Primary Care as your designated primary care provider when your plan year begins

All visits are FREE!



24/7 urgent and mental health care

Telemedicine through MeMD

- Easy, low-cost alternative to in-person urgent care for simple health concerns such as earaches, sore throats, vomiting, fevers, and more
- Access to licensed therapists in as little as 24 hours, for members 18+
- Great option for after-hours care or care when traveling
- Available virtually through the Health Hub in the Centivo app

All visits are FREE!



Benefit Overview and Cost Comparisons



Your benefit highlights

Your benefit highlights

High-Performance Plan

	In-network
Network	Centivo Network WI-3*
Primary care doctor selection required	Yes
Primary care referrals to specialists required	Yes, with some exceptions**
Deductible (individual/family)	\$2,000 / \$4,000
Out-of-pocket maximum (individual/family)	\$6,000 / \$12,000
Annual physical/vaccinations/screenings	FREE
Primary care (includes pediatricians)	FREE
Centivo Virtual Primary Care	FREE
Specialist	\$50 copay
Mental health office visits	FREE
Basic imaging (such as X-rays)	\$25 copay
Advanced imaging (such as MRIs & PET scans)	\$500 copay after deductible
Outpatient surgery	\$900 copay after deductible
Inpatient surgery	\$1,500 copay after deductible
Telemedicine - MeMD (urgent care/mental health)	FREE
Urgent care	\$100 copay
Emergency room	\$500 copay after deductible

* **Please note that Advocate Aurora Health and ThedaCare are NOT in the network for the High-Performance Plan.** If you use one of these providers, you'll owe the full cost of your care. (The only exception is emergency room care.)

** If you don't visit your designated PCP for care or get a referral for specialist visits, your care will not be covered. No referral needed for OB/GYN, mental health, urgent, emergency or chiropractic care, lab work, physical, occupational or speech therapy.



Automatically included with all plans

Prescription coverage by SmithRx

Your benefit highlights	High-Performance Plan
Prescription coverage by SmithRx	Up to 30-day supply retail/ 90-day supply mail order
Generic – Tier 1*	\$15 / \$30 copay
Preferred brand – Tier 2	\$35 / \$70 copay
Non-preferred brand – Tier 3	\$60 /\$120 copay
Specialty (30-day supply only) – Tier 4	Not Covered**

*A small number of generic drugs may fall under the preferred brand tier. Please check the prescription drug list or contact SmithRx for any questions about specific medications.

**Contact SmithRx Connect to source specialty medications which cost \$1,250 or more.

- Once your plan starts, you'll have easy access to your pharmacy benefits on the SmithRx app on any smartphone.
- In some cases, you will be required to get your high cost or specialty medications through the Access Program, in which case SmithRx Connect will contact you directly.



Per paycheck

Paycheck contributions

Biweekly paycheck deductions	Employee Contribution
Employee Only	\$65
Employee + Spouse	\$145
Employee + Child(ren)	\$135
Employee + Family	\$195



When your plan year begins



Getting started with your new plan



Refill prescriptions

with your current health plan before the end of the plan year to ensure no gaps in medication.



Be on the lookout for your Centivo ID card

which you'll receive shortly before the plan year begins. If you need to get care before you receive it, contact your HR for help.



Welcome guide

is available online. Simply scan the QR code or go to the website included with your Centivo ID card.



Contact

Centivo Member Care with any questions.

Activate as soon as you get your ID card



Do this right away so all your care will be covered on day one. Instructions will be provided with your member ID card, which you'll need to get started.

Centivo Member Care

Once your plan year starts, Centivo Member Care is available to help you.

Get assistance with:

- ✓ Benefit questions
- ✓ Finding a provider
- ✓ The app/portal
- ✓ Claims questions
- ✓ Activation for you and your family
- ✓ And more

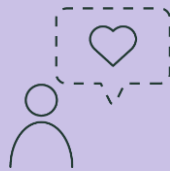


Common questions

What if my doctor doesn't recognize Centivo?

High-Performance Plan: Centivo Network

- Centivo is expanding its provider networks quickly, so some doctor offices may not yet know they're part of our network.



- **Don't worry – Centivo is here to support you.**
- **Ask your doctor to call Centivo using the number on your ID card.**
- **OR call Centivo to confirm network status.**

How does it work when I travel?

- **Emergency care** is covered no matter where you are. Go to the ER if you have an emergency (e.g., broken bone, chest pain, etc.)
- **Urgent care** is covered at in-network rates when you're outside the network service area
- **You can contact your primary care doctor** if they offer virtual appointments.

What's not covered when you're traveling?

- Routine or non-emergency appointment with a doctor (e.g., you prefer to see a dermatologist in another state)
- Surgery or procedure (e.g., you want to go to an out-of-area hospital or facility)



What if I have a dependent who lives away from home?

If your dependent lives in a different location, they can:

- Pick an in-person primary care doctor in their home geography that offers virtual visits.
- Use telemedicine for non-urgent care needs.
- If they live in an area covered by the Centivo Network, they can choose a primary care doctor near them and see in-network specialists when needed
- Remember urgent and emergency care is always covered when away from home!

Note: most colleges offer on-site medical care. Your enrolled dependent may consider using the school's student health services for most/all care.



What if I need specialist care?

High-Performance Plan

- See your primary care doctor first. They'll submit a referral to an in-network specialist, and you'll see that in the Centivo app
- Your referral will be good for one year
- If you need to see a different specialist, you'll need a new referral from your primary care doctor
- Referrals are NOT needed for these specialties:
 - Urgent or emergency care
 - OB/GYN care
 - Mental healthcare
 - Physical, occupational and speech therapy
 - Chiropractic care
 - Alternative care covered by your plan



Associated Bank

SPENDING ACCOUNTS

Flexible Spending Accounts

Deadline to enroll is December 15, 2023

Forfeited if not used at end of plan year

Healthcare

- Annual limit of \$2,500 (Pre-tax dollars used to pay for qualified medical, dental & vision expenses)
- HSA participants are eligible for a LIMITED flex spending enrollment to be used for dental and vision costs ONLY

Dependent care

- Annual limit of \$5,000
- Pre-tax dollars used to pay for daycare expenses

Health Savings Account (HSA)

****You may continue to use your HSA funds for qualified medical expenses.****

A health savings account (HSA) is an account that you can use to pay medical expenses.

This account helps offset your medical costs by giving you tax advantages, allowing your income to stretch farther by using the dollars that would have otherwise been paid in taxes.

BUT there are still a few rules:

You have to be eligible to have a HSA

You have to spend the dollars on qualified medical expenses and keep itemized receipts.

Humana Insurance Company Inc

DENTAL

Dental - Benefit Highlights

Humana Insurance Company Inc Dental PPO 809584 Dental Plan

Annual Deductible	\$50 per individual \$150 per family
Benefit Maximum**	\$1,500 After you reach the annual max, you are only responsible for 70% of preventive, basic, and major services for rest of year (excludes orthodontia)
Deductible Waived for Preventive Care	Yes
Preventive Care	100%
Basic Services*	80%
Major Services*	50%
Orthodontia Services	\$1,000 Plan pays 50% (no deductible)

*Endodontics and periodontics are listed under Basics Services (or Major Services), ** Example?

Dental – Contributions

Humana Insurance Company Inc Dental PPO 809584 Dental Plan

Payroll deductions are on a Bi Weekly 26 per year basis

Employee	\$5.00
Employee & Dep(s)	\$14.00

*All deductions are done on a pre-tax basis unless requested otherwise.

Humana Insurance Company Inc

VISION

Voluntary Vision – Benefit Highlights

Humana Insurance Company Inc Voluntary Vision Plan	
Exam Copay	\$10 Standard Exam: Retinal imaging up to \$39
Materials Copay	\$15 Copay
Benefits & Frequency	
Exam	Covered every 12 months
Lenses	\$15 copay every 12 months
Frames	\$130 Allowance 20% off balance over \$130 every 24 months
Elective Contacts (in lieu of lenses)	\$0 copay every 12 months

Vision – Contributions

Humana Insurance Company Inc Medical POS (2-Tier) - Humana Vision

Payroll deductions are on a Monthly basis

Employee	\$7.69
Employee & Spouse	\$15.38
Employee & Child(ren)	\$14.61
Employee & Spouse & Child(ren) (Family)	\$20.28

*All deductions are done on a pre-tax basis unless requested otherwise

USI Benefit Resource Center

QUESTIONS & RESOURCES

Benefit Resource Center

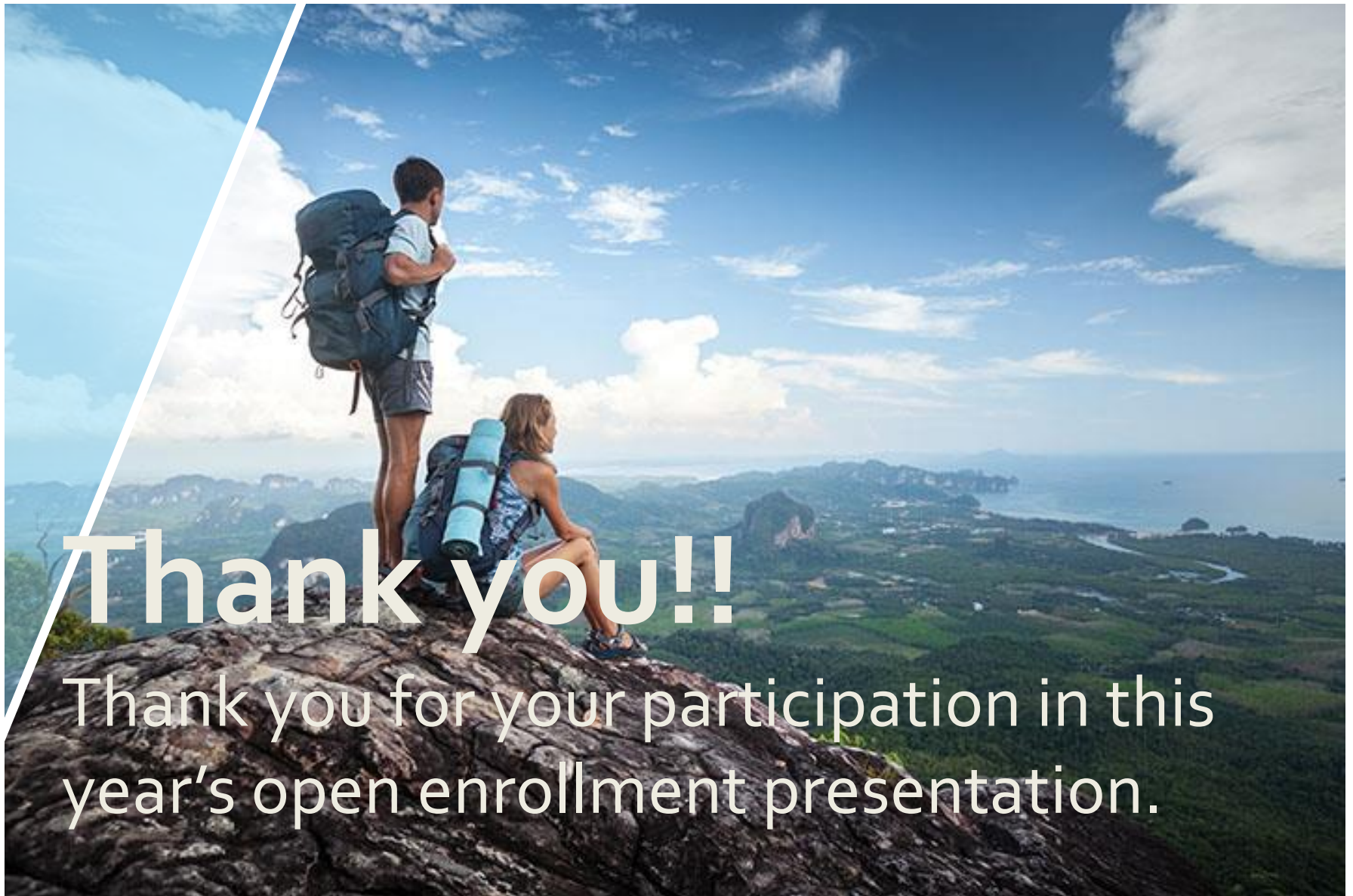
Contact the USI Benefit Resource Center (BRC) for free, confidential help!

- Benefit coverage levels
- Carrier information
- Claims assistance
- Billing issues

855-874-0742

BRCMT@usi.com

Monday through Friday 8:00am to 5:00pm Central Standard Time



Thank you!!

Thank you for your participation in this year's open enrollment presentation.

All election forms are due by: 12/15/2023

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