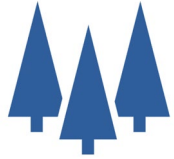




2024 Open Enrollment



Agenda

Review of Medical Plans

- Staying with Harvard Pilgrim Healthcare (HPHC), with slight changes in current plan designs – switching to “Point of Service” (POS) Plans
- **PCP designation is now required for all members enrolled on the medical plans**
- Very minor increase in cost

Review of Dental Plan (Employee-Paid)

- No change in plan offerings & no change in cost

Review of Vol. Life/AD&D & Vol. Short-Term Disability (Employee-Paid)

- True Open Enrollment this year!
- No change in cost

Employee Assistance Program (EAP)

- No change in plan offerings & still provided by your employer at no cost

401k Reminder

Free Benefit: Personal Finance & 401k Coaching



Open Enrollment

- Open Enrollment for benefits is now through **Thursday, October 17th**. This is when you can make enrollment changes (add a dependent, drop a dependent, join the plan, etc.) to your benefit plans.
- Any changes made will take effect on November 1, 2024.
- Please Note: Even if you do not have your new Harvard ID card in-hand for November 1st, coverage will be in place with Harvard at that time. If you have planned services or need to fill an RX prior to receiving your ID, please contact HR or Acadia Benefits to get your ID number.
- Please be sure to notify HR of any changes during the year to the following:
 - Home address
 - Phone number
 - E-mail address (if used for work communications)
 - Change in beneficiary



Making Changes Later

- 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/adoption of a child
 - marriage/divorce
 - loss of other coverage
 - spouse/partner's 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 (this time next year – during the fall of 2025).
- Please note that any changes in address, phone number or other contact information can be made throughout the year, and you must notify HR directly of those changes. These are NOT qualifying events to change benefit elections during the year.



11/1/2024 Harvard Plans

About the 2 Medical plans available

Both plans require members to select a Primary Care Provider (PCP), and referrals are required from your PCP to see specialists. Both plans offer IN and OUT of network coverage.

1. **Option 1 is the POS 2500 plan** and can be a better choice for those with regular medical needs and prescriptions, since there are copays due for certain medical services & appointments.
2. **Option 2 is the POS HSA 3200 plan** and you may open a health savings account (HSA) with this plan option. This plan requires all services be subject to deductible and coinsurance, with the exception of routine preventive services. This means that more costs may need to be paid out of pocket until you meet your deductible, so it can be a better option for those who do not anticipate needing regular medical care and non-preventive prescriptions.

In order to enroll on either medical plan option, you must enter the First/Last Name & Address of your PCP during the enrollment process on BerniePortal.

If you already have a PCP in mind, please ensure that they are within the Harvard Pilgrim POS Plan Network by clicking the “Find a Provider” link within BerniePortal.

If you don’t currently have a PCP, you can click the “Find a Provider” link within BerniePortal to search for a local PCP that is accepting new patients.



How to Find a Doctor

1. [Search | ProviderLookup Online \(hphc.providerlookuponlinesearch.com\)](https://hphc.providerlookuponlinesearch.com)
2. Click the “**Select a Plan**” dropdown menu beside the *Health Plan field
3. Select “**POS or POS Open Access**”
4. Enter **ZIP Code or Complete Address** (if you already have a PCP in mind, you can enter their **Name or Facility** in the “Search by” field)
5. Click “**Primary Care Providers (PCP)**”
6. **Filter** by *Distance, Accepting New Patients, etc.* and be sure to include your selected PCP’s **First/Last Name & Address** when enrolling on BerniePortal

Physician Assistants, Nurse Practitioners, DO’s & MD’s can all be assigned as a PCP

Find a Provider

Start your search

[Important Plan Details](#)

* represents a required field

* Health Plan

POS or POS Open Access

Location

(ZIP Code or Complete Address)

Search by

☒ Name or Facility ☐ Specialty

Ex. John Doe

SEARCH PROVIDERS



[Primary Care Providers \(PCP\)](#)



[Specialists](#)



[Behavioral Health](#)



[Hospitals, Urgent Care, Labs and more](#)



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. (Paying \$25 at the doctor's visit, for example)
- **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. Once you hit your Out-of-pocket Maximum, you are done paying for medical services for the remainder of the calendar year, and the plan (Harvard Pilgrim) will then cover 100% of any medical services that occur through December 31st of that year.
- **Embedded Feature:** means no one person exceeds the individual deductible or out of pocket amount, even if you cover family members.



Important Information

- **Deductible Credit:** Any deductible amounts that have been accumulated from 1/1/24 up until 10/31/24 will be credited to your plan effective 11/1/24. Deductible does not restart until 1/1/25.
- **PCP:** All members are now required to elect a PCP (primary care provider) with these plans. You will also need referrals from your PCP to see specialists. With that said, it's important to establish a relationship with your PCP as soon as possible. They are not likely to give a referral if they've never met you.
- **Network:** You have the option of having services in or out of network. You are not required to stay in network, but it will cost you much more if you go out of network. If you or a covered dependent live out of area, Harvard utilizes United Healthcare's network for services.
- 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.



Plan 1: POS 2500

POS- IN AND OUT OF NETWORK COVERAGE	
Deductible	
In Network Single/Family	\$2,500/\$5,000
Out of Network Single/Family	\$5,000/\$10,000
Coinsurance	
In Network Single/Family	20%
Out Of Network Single/Family	40%
Total Out Of Pocket	
In Network Single/Family	\$5,000/\$10,000
Out Of Network Single/Family	\$10,000/\$20,000
Facility Inpatient Charges	DEDUCTIBLE & COINSURANCE
Facility Outpatient Charges	DEDUCTIBLE & COINSURANCE
Routine Preventive Care	Covered In Full
Primary Care Visit	Visit 1: No charge; 2 nd Visit, on: \$25 Copay
Specialist Visit	\$25/\$40 Copay
Diagnostic Testing	DEDUCTIBLE & COINSURANCE
MRI/Cat/Pet Scan	DEDUCTIBLE & COINSURANCE
Emergency Room	\$150 Copay
Convenience Care/Urgent Care Center	\$25 Copay
Hospital Urgent Care Center	\$40 Copay
Physical, Speech & Occ. Therapy (60 Combined Visits/Year)	\$40 Copay
Prescriptions, 30-days	\$5/\$25/\$50/30% to \$300/30% to \$500
Retail/Mail Order Prescriptions, 90 Days	\$10/\$50/\$100/30% to \$600/30% to \$1,000
Prescription Drug Total Out of Pocket Single/Family	\$1,000/\$2,000
90-day mail order available for some meds; specialty meds must be filled through mail order	



Plan 2: POS HSA 3200

POS HSA- IN AND OUT OF NETWORK COVERAGE	
Deductible	
In Network Single/Family	\$3,200/\$6,400
Out of Network Single/Family	\$6,000/\$12,000
Coinsurance	
In Network Single/Family	20%
Out Of Network Single/Family	40%
Total Out Of Pocket	
In Network Single/Family	\$6,500/\$13,000
Out Of Network Single/Family	\$13,000/\$26,000
Facility Inpatient Charges	DEDUCTIBLE & COINSURANCE
Facility Outpatient Charges	DEDUCTIBLE & COINSURANCE
Routine Preventive Care	Covered In Full
Primary Care Visit	DEDUCTIBLE then \$25 Copay
Specialist Visit	DEDUCTIBLE then \$25/\$50 Copay
Diagnostic Testing	DEDUCTIBLE & COINSURANCE
MRI/Cat/Pet Scan	DEDUCTIBLE & COINSURANCE
Emergency Room	DEDUCTIBLE then \$250 Copay
Convenience Care/Urgent Care Center	DEDUCTIBLE then \$25 Copay
Hospital Urgent Care Center	DEDUCTIBLE then \$100 Copay
Physical, Speech & Occ. Therapy (60 Combined Visits/Year)	DEDUCTIBLE then \$50 Copay
Deductible Waived for Various Preventive/Maintenance Medications	
Prescriptions, 30-days	DEDUCTIBLE then \$5/\$25/\$50/30% to \$300/30% to \$500
Retail/Mail Order Prescriptions, 90 Days	DEDUCTIBLE then \$10/\$50/\$100/30% to \$600/30% to \$1,000
90-day mail order available for some meds; specialty meds must be filled through mail order	



Health Savings Accounts (HSA)

WHAT IS IT:

- A bank account used to help pay medical, dental & vision expenses
- Members own and manage the account
 - Deposit funds through pre-tax payroll deduction
 - The Holy Donut contributes \$125 per quarter into your HSA account
- Unused funds carry over year to year, there is no “use it or lose it”

ELIGIBILITY:

- Must be enrolled in a qualified high deductible health plan: Plan 2 – POS HSA 3200
- Cannot have other health insurance, not enrolled in Medicare

WHY an HSA?:

- Funds used for qualified medical, dental, and vision expenses are never taxed, nor are the earnings
- If contribute through payroll deduction, in addition to no federal or state income tax, avoid 7.65% in payroll taxes



Health Savings Accounts (Continued)

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
 - 2025: individual: \$4,300 / family: \$8,550 / catch up over age 55: \$1,000

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, invisalign
- 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



2024 Weekly Medical Cost

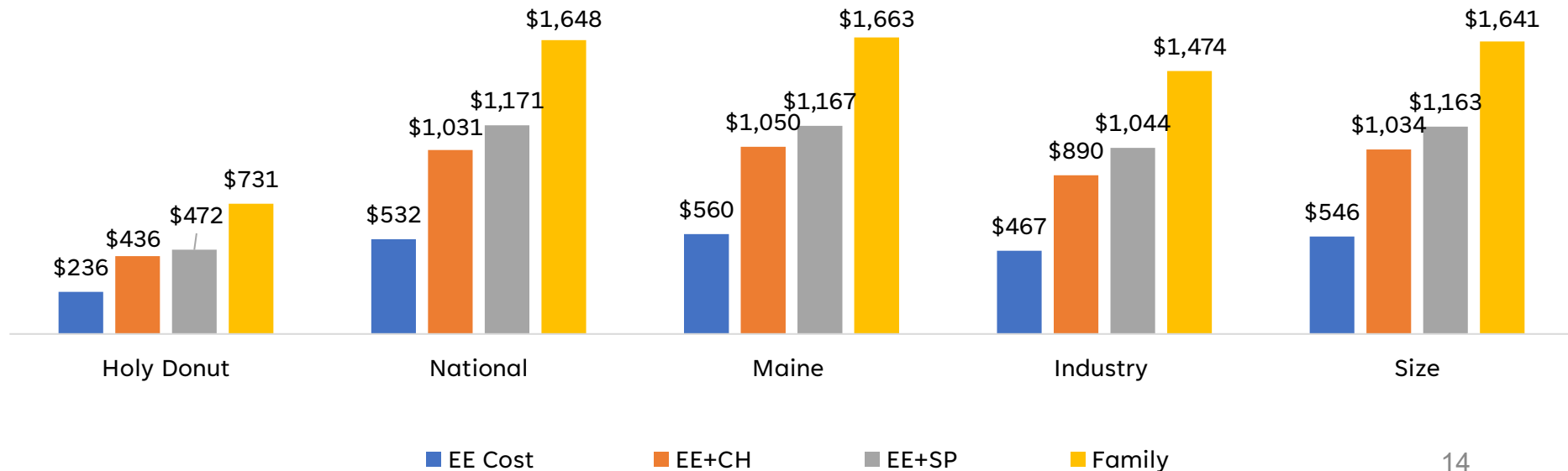
	Plan 1 – POS 2500	Plan 2 – POS HSA 3200
Employee Only	\$40.53	\$31.69
Employee & Spouse	\$104.15	\$86.44
Employee & Child(ren)	\$94.60	\$78.24
Family	\$174.12	\$146.70



How Do Our Plans Compare?

(2023 UBA Health Plan Survey Data)

Total Monthly Plan Cost	Holy Donut HSA Plan		National	State ME	Industry	Size
EE Cost	<u>\$236</u>		\$532	\$560	\$467	\$546
EE+CH	<u>\$436</u>		\$1,031	\$1,050	\$890	\$1,034
EE+ SP	<u>\$472</u>		\$1,171	\$1,167	\$1,044	\$1,163
Family	<u>\$731</u>		\$1,648	\$1,663	\$1,474	\$1,641





Member Savings Tools

ESTIMATE MY COST– The cost of a medical procedure or test can vary at different hospitals and facilities. Harvard’s online treatment cost estimator tool helps you plan for the cost of your care, before you visit the doctor.

- Find cost estimates for over 800 services, including office visits; lab and radiology services; outpatient procedures; and inpatient procedures, like surgery
- Use the filter to narrow down or expand your search results by specialty, location and more
- Compare cost estimates for up to four providers
- Save and print your estimates
- Always “Log in to begin” and click “Tools & Resources”

REDUCE MY COSTS PROGRAM - Toll-free number available to seek recommendations on outpatient tests and procedures that are ordered by your provider (lab work, MRIs, mammograms, etc.) This voluntary program can help you find lower-cost providers. Plus, Harvard will reward you for choosing to save money (up to \$75 per service). When a member calls **855.772.8366**, they are connected to a Reduce My Cost nurse (8am-6pm, M-F)

CALL MEMBER SERVICES at: 888.333.4742





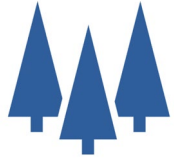
Wellness Discounts & Perks

FITNESS REIMBURSEMENT – \$150 per person per calendar year. Employees and another covered family member can earn up to \$300 total (submissions for reimbursement must be made altogether). You must be a member of both Harvard Pilgrim and a qualified fitness facility for at least four months in a calendar year. Qualifying membership fees include gyms/fitness facilities, virtual fitness subscriptions, select nutrition and mindfulness meditation programs, cardio and strength-training equipment, etc.

LIVING WELL PROGRAM – Enroll to earn rewards (up to \$120 in annual gift cards) for participating in a variety of informative, fun and interactive activities, included topics such as: Stress management, healthy eating, financial literacy, environmental wellness, self-care, volunteerism, physical activity, health plan literacy. Enroll at:

harvardpilgrim.org/livingwelleveryday

- Covered dependents or employees who are not Harvard Pilgrim members can participate in a separate program where they can earn points towards monthly gift card drawings (*Sign Up for free with CGUEST as the program code*)



Telehealth – Virtual Care

Through **DOCTOR ON DEMAND**, members have options to meet with board-certified physicians and psychologists 24/7 (in all states) by smartphone, tablet or computer, using the highly-rated app. No referrals or authorization required, and prescriptions can be electronically submitted to the member's pharmacy. Telemedicine visits for urgent care and routine care are currently available for a \$56.72 copay for HSA plans (\$25 or \$50 copay for traditional plans). For Behavioral Health Services, deductible & coinsurance apply for HSA plans, with contracted rates ranging from \$79-\$229. Keep in mind that contracted rates are subject to change each January, so please reach out to Member Services to confirm the updated rates in the new year.

DOWNLOAD the Doctor On Demand app or go to:

doctorondemand.com/Harvard-pilgrim

- After registering and completing the screening process, you'll be able to connect for an appointment in less than 15 minutes

URGENT CARE TREATMENT – Cold & flu, cough, sinus infections, skin rashes, COVID-19, asthma & allergies, urinary tract infections, headaches & migraines, etc.

BEHAVIORAL HEALTH TREATMENT – Anxiety & depression, stress, trauma & loss, PTSD, Bipolar disorder, relationship issues, mental health screening, grief, etc.



Delta Dental Plan Benefits

Delta Dental Preferred Plus Plan	
<u>Deductible</u>	
Preventive	N/A
Basic/Major	\$75/\$225 Combined (lifetime)
Orthodontics (Children & Adults)	N/A
<u>Coinsurance</u>	
Preventive	100%
Basic	70%
Major	50%
Ortho (Children & Adults)	50%
<u>Maximum Benefits</u>	
Annual Benefit	\$1,500
Double Up Max	\$3,000
Ortho max (lifetime)	\$1,250
<u>Waiting Periods – New Hires</u>	
Basic	No Waiting Period
Major & Ortho	6 months
<u>Double Up Max Provision</u>	<i>Potential to double annual maximum by accumulating \$250 a year in additional benefits, for use in future coverage periods **cannot exceed \$500 in services/year</i>



2024 Weekly Dental Cost

Northeast Delta Dental	
Employee	\$8.56
Employee & Spouse	\$16.05
Employee & Child(ren)	\$17.16
Family	\$27.38



Voluntary Life Insurance

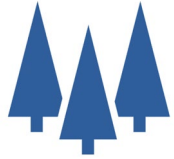
UNUM VOL LIFE/AD&D	BENEFIT AMOUNT
LIFE/AD&D AMOUNT	\$10,000 INCREMENTS
BENEFIT MAXIMUM	5X SALARY TO \$500,000
GUARANTEE ISSUE (new hires only)	\$150,000
GUARANTEE ISSUE (all other employees)*	\$100,000
AGE REDUCTION	BY 35% AGE 65, 50% AGE 70, 65% AGE 75
DEPENDENT LIFE	
SPOUSE	\$5,000 INCREMENTS
MAXIMUM	< 100% OF EE BENEFIT TO \$500,000
GUARANTEE ISSUE (new hires only)	\$25,000
CHILD	Increments of \$2k to \$10k

This year's True Open Enrollment allows employees who had previously waived coverage (did not enroll) on the Vol. Life plan, to enroll in a benefit of up to \$100k without completing a Health Questionnaire/Evidence of Insurability (EOI).



Sample Voluntary Life Costs

- **Example #1:** 25-year-old electing \$10k in coverage
 - $10,000/10,000 = 1 \times .717 = \0.717 (monthly) $\$0.165$ (weekly)
- **Example #2:** 22-year-old electing \$30k in coverage
 - $30,000/10,000 = 3 \times .653 = \1.959 (monthly) $\$0.45$ (weekly)
- **Example #3:** 30-year-old electing \$100k in coverage
 - $100,000/10,000 = 10 \times 1.03 = \10.30 (monthly) $\$2.38$ (weekly)



Short-Term Disability

Unum Voluntary Short-Term Disability	
MAX WEEKLY BENEFIT %	66 2/3%
MAX WEEKLY BENEFIT \$	\$1,400
ELIMINATION PERIOD	7/7
BENEFIT PERIOD	25 WEEKS
PRE-EXISTING CONDITION	3/12
RATE/\$10	Age banded

- Think of STD as “insuring your paycheck”.
- It provides a portion of your income while you are out for an injury or illness for over 1 week.
- STD covers ALL non-work-related incidents...if you break a leg skiing or hiking, injure yourself falling on the ice, if you are ill for an extended period of time, if you become pregnant, etc.
 - Please note there is no paid parental leave built into STD
- If you have any condition at the time you enroll, including pregnancy, then that particular condition would be excluded for the first 12 months on the plan. All other approved incidents would be covered immediately.
- Please note the 1-week elimination period applies to ALL claim's instances, including maternity. This means you would actually get paid for 5 weeks and not 6, since the first week would be the elimination period.



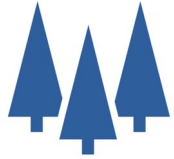
Calculating STD Cost

Similar to how you calculate your voluntary life cost, the STD premium is based off your age. Your earnings also plays an important part, so the cost can differ from person to person.

Here is an example of what my weekly premium cost would be if I am 25 years old and earn \$35,000/annually.

- Benefit Amount = weekly salary X benefit...to determine that:
 - **Annual salary $35,000/52=673$ X benefit of $66 \frac{2}{3}\%$ = \$449**
- You can then determine premium by doing the following:
 - Take your benefit amount and multiply it by the rate that corresponds with your age from the chart and then divide that by 10.
 - **$\$449 \times 0.099 = 44.51/10 =$ \$4.45 per week**

This is the total premium amount that would be deducted from your weekly paycheck on a post-tax basis.



EAP Plan Highlights



Talk with an advocate in real time through chat



Learn about your Health Advocate services and the many ways we can help you



Explore webinars, online courses, and articles on a variety of mental and emotional health topics



Complete checklists and take self-assessments to learn more about issues that impact you



Access the Financial Fitness Center for tutorials, calculators, and other financial wellness resources



Visit the Personalized Legal Center for general information and tools about legal matters

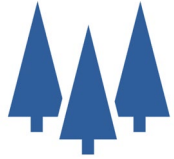


**24/7 Support for you, your spouse,
dependent children, parents &
parents-in-law**

Telephone: 1-866-799-2485

Email: answers@HealthAdvocate.com

Website: www.HealthAdvocate.com/members



Online Enrollment: BerniePortal

- Access the BerniePortal site: bernieportal.com
- Each employee will receive an email that contains your unique username and password.
 - If you've already enrolled through BerniePortal, you will receive an e-mail reminder with your login info.
- Each employee will log in to either enroll in or waive their benefit elections. You'll be walked through the process and can follow your progress via the menu prompts.
- Once logged in, please click "Begin Enrollment" on the homepage to review and update your personal information, name, address, contact information, dependents and confirm all is accurate or update anything that needs updating.
- Your benefit plans have been pre-loaded and you can view the details within the BerniePortal site. If you are waiving coverage, for each plan please select "Waive" from the dropdown of plan options and click "I Understand."
- Be sure to add any dependents you want to cover.
- If you are electing Life insurance or enrolling in an HSA eligible plan, you'll need to include your beneficiary information.
- You will be able to review all elections and print a copy if you would like.
- You will be prompted to auto sign in several locations to confirm your elections.
- Once you have completed your benefit elections make sure you click finish to submit.
- **EVERYONE MUST COMPLETE THEIR BERNIE PORTAL PROFILE – EVEN IF YOU'RE DECLINING BENEFITS, PLEASE LOG-IN TO ENTER YOUR INFORMATION & CHOOSE WAIVE COVERAGE FOR EACH AVAILABLE BENEFIT.**



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?

Please contact the insurance carrier directly *first* to try and resolve the issue – however, if you seek additional support, then please reach out to Sara:

Contact Sara

Toll Free: 866-761-2426 Ext. 223

Direct Dial: 207-523-0065

sclosson@acadiabenefits.com





401k

- 401k is a way to save money for retirement. You own the savings account and make contributions
- You can enroll anytime throughout the year, and you can make changes to your contribution anytime
- **FREE MONEY:** The Holy Donut also contributes to what you save. We match up to 4% of what you contribute
- 401k enrollment is still with a paper form :(
- Eligible employees must be at least 18 years old, with 60-days of employment at The Holy Donut

Comparison Investment Growth

Example of how giving compounding interest more time to work its magic will affect the amount of money saved at retirement age.



All example participants have: <ul style="list-style-type: none">• Initial investment of \$5,000• Interest rate of 8%• Retirement age of 67	Starting Age	18	30	45
	Years to Invest	49	37	22
	Avg. Gain per Year*	\$4,431.41	\$2,157.84	\$1,235.57
	Total Growth*	\$217,137.09	\$86,228.13	\$27,182.70

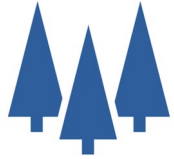
* Amounts are based on an initial investment of \$5,000 only with no additional contributions made during the Years to Invest.



Free Benefit: Personal Finance & 401k Coaching

- Understanding how a credit score works
- How to save for your first apartment or buying a home
- How to save for an emergency
- Preparing for college
- How to pay off debt
- Should I start a 401k?
- Budgeting





IMPORTANT REMINDERS

- Enrollment is done through **BERNIE PORTAL**. This means no paper enrollment forms to complete!
 - All employees need to complete a new enrollment in Bernie Portal. This is needed to capture the signoff/authorization for payroll deductions
 - Make any benefit election changes here
 - Confirm that your current benefit elections are what you thought
 - Confirm what you are currently paying for your benefits
 - Make sure all dependents are covered as you thought
 - Check your beneficiary information to make sure it is current
 - Deadline to complete Bernie Portal online is 10/17/24
- Don't forget your **Employee Benefit Center (EBC)**!
<https://theholyydonut.acadiabenefitsportal.com/>

Accessible by employees online 24/7 and a one stop shop to find:

- Benefits information
- Carrier forms and information
- Resources and tools
- Other important company information

****please see HR with questions on BerniePortal or the EBC****



THANK YOU!!

Questions:

Elizabeth@TheHolyDonut.com

Text 207.240.1559

