

Benefits Annual
Open Enrollment
2024 – 2025

We will begin shortly.
*Questions can be entered
in the chat function*





Important Notes for 2024-2025



- The Employee medical contributions are changing slightly this plan year, due to continued inflation and rising healthcare costs.
 - Employee Only Coverage: \$25 per paycheck
 - Employee + Dependent Coverage: 6.2% Increase
- Effective 5/1/24
 - Specialty Drugs will no longer be covered under the American Exchange Medical Plan.
 - There will no longer be any Out of Network coverage on the American Exchange Health plan
- AE will continue to offer a single medical plan option with a \$6,000 Deductible, and up to \$6,000 – Individual / \$12,000 Family in free care when using Garner.
- There are slight increases to Dental and STD rates for the 2024-2025 plan year, but no plan design changes.
- The CuraLinc Enhanced EAP program is going away, effective 5/31/24. You still will have access to an EAP program, via your Principal Benefits.



Annual Open Enrollment



Who:

All Employees are encouraged to review their coverage. If no action is taken, your current coverages will “Roll Over” as it is now. Newly eligible employees must make elections or waive.



How:

Call 866-824-3572 or online at www.AmericanExchangeBenefits.com

AE Benefits Service Center Hours: Mon-Thurs: 8am - 6pm EST and Friday 8am-5pm EST



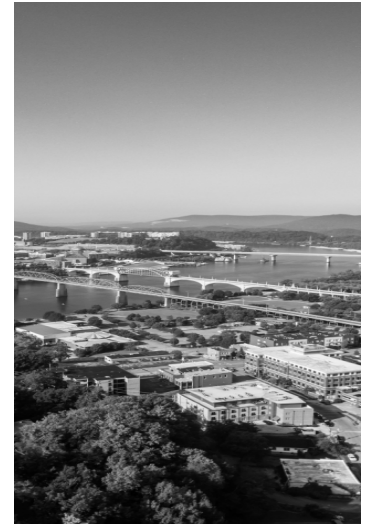
When:

Open Enrollment begins Monday April 8th and ends Friday April 12 at 5pm EST (up to midnight when enrolling online).



Available Benefits:

- Medical
 - Includes the Garner Quality Concierge Program
 - (up to \$6,000 – Ind/ \$12,000 Family) in OOP reimbursements
- Dental
- Vision
- Basic Term Life Insurance – 100% Paid for by AE
- LTD is 100% Paid for by AE
- STD Voluntary
- Voluntary/Supplemental Life
- 401K
- EAP



Important!

Annual Open Enrollment is your chance to make changes to your coverage elections. No changes can be made during the year without a Qualifying Life Event.



2024-2025 Medical Plan Summary

Preferred Provider Network



Medical Claims Administrator



Pharmacy Claims Administrator



CIGNA NETWORK

IND/FAM DEDUCTIBLE	\$6,000 /\$12,000
IND/FAM OOP MAX	\$7,500 /\$15,000
COINSURANCE	PLAN PAYS 70%
PCP OV COPAY	\$65
SPECIALIST OV COPAY	\$125
URGENT CARE COPAY	\$125
ER COPAY	\$1,000
	(waived if admitted)
IP HOSPITAL	70% AD
OP SURGERY	70% AD
XRAY /LABS	70% AD
RX RETAIL COPAYS	
GENERIC	\$5
FORMULARY	\$25
NON-FORMULARY	\$150



Important!

Effective 5/1/24

- Specialty Drugs are no longer covered under the American Exchange Health plan
- There will be no more out of network coverage on the American Exchange Health plan
- The SHARx mail order program will no longer be available

*Please refer to the Benefit Summary for complete plan details.



Call the Garner Medical Concierge service before you seek care, and you can save on Free Top-Quality Care up to \$6,000 (Individual) / \$12,000 (Family) per year utilizing top-quality providers.






Medical Rates

Bi-Weekly Payroll Deduction	
Tier	PPO
Employee Only	\$25
Employee + Spouse	\$353.94
Employee + Child(ren)	\$298.72
Family	\$602.43



- ! Your Bywater ID card contains all the information you, your doctor's office, and pharmacist will need to access your health insurance information.
- ! You should be receiving a new ID card in the mail, in May. Please do not discard this card. This card will be used for the 2024-2025 plan year as well.
- ! Please be sure to show your card the **FIRST TIME** you visit your healthcare provider or pharmacy. Your provider will need to call Bywater at (800) 337-0792 to verify your eligibility and benefits.

front of card	back of card		
<div data-bbox="242 602 665 1272"><h3>Subscriber</h3><p>Company Name</p><p>GROUP #: XXXXXX</p><p>SUBSCRIBER: John Doe</p><p>SUBSCRIBER ID: XXXXXXXXX A</p><hr/><p>DEDUCTIBLE</p><p>In-Network: \$1000</p><p>Out-Of-Network: \$1000</p><p>OUT OF POCKET MAX</p><p>In-Network: \$1000</p><p>Out-Of-Network: \$1000 B</p></div>	<div data-bbox="690 602 1174 1272"><h3>Medical Plan</h3><p>COVERAGE: Employee + Child(ren)</p><p>Contact Bywater: 1-800-337-0792</p><p>For 24/7 Portal Access: Bywater.VbaGateway.com</p><p>Cigna PPO "S"</p><h3>Pharmacy Plan</h3><p>RXBIN: 020958</p><p>RXPCN: 07960000 C</p><p>RXGRP: XXXXXX</p><p>Pharmacy Help Desk: 1-866-921-4047 www.TrueRx.com</p></div>	<div data-bbox="1363 602 1821 1272"><h3>D Claims Submission</h3><p>This plan is administered by Bywater.</p><p>EDI #: XXXXX</p><p>Mail: 15422 Detroit Avenue Lakewood, OH 44107</p><p>Group #: XXXXXX</p><p>To find a provider, please visit E www.myCigna.com</p><p>AWAY FROM HOME CARE</p></div>	<div data-bbox="1847 602 2305 1272"><h3>F Eligibility</h3><p>Call Bywater at 1-800-337-0792 to verify eligibility.</p><p>Possession of this card or obtaining pre-certification does not guarantee coverage or payment for the service or procedure reviewed. Benefits are not insured by network or affiliates.</p><h3>G Pre-Certification</h3><p>Contact Bywater for all other questions: 1-800-377-0792.</p><p>See plan description for details. Penalty may apply for failure to pre-certify according to requirements.</p></div>



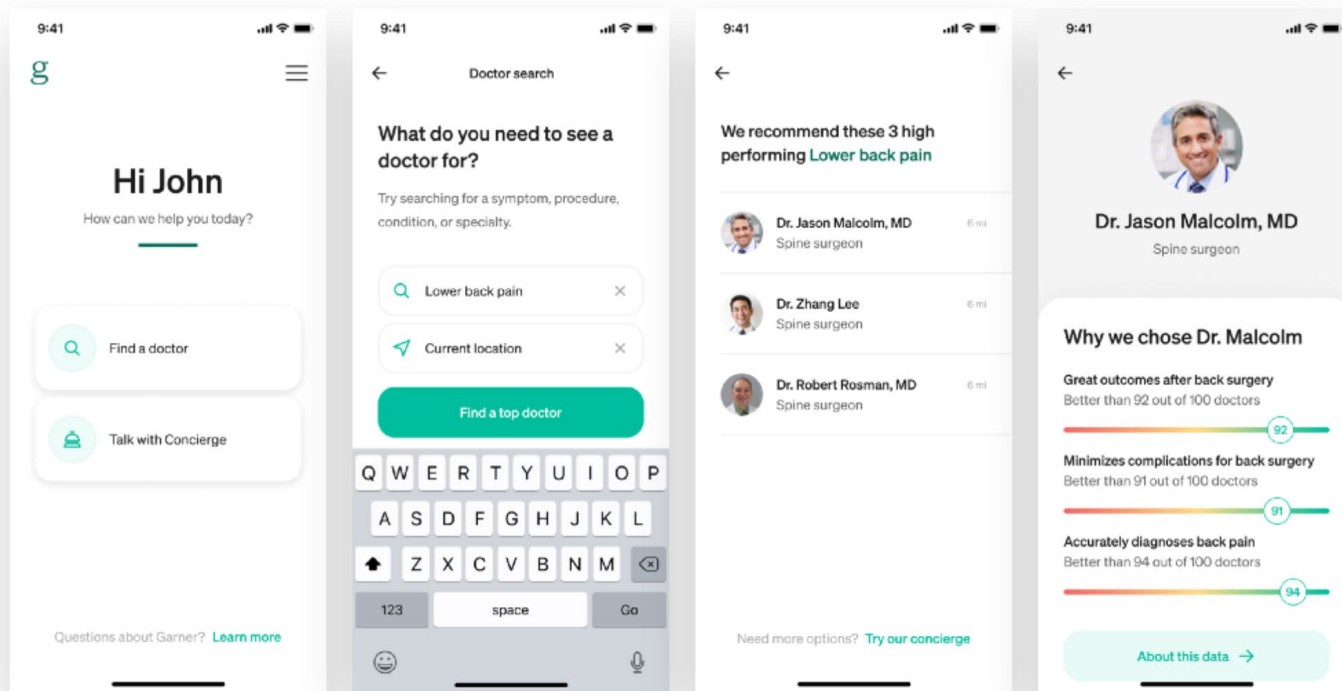
Garner Health –Medical Concierge

Garner Benefit

Up to \$6,000 – Individual
\$12,000 Family

Want to find a Garner recommended provider now?

- Garner can be used for Doctors visits, Mental Health visits, Labs, Prescriptions, Surgeries, etc.
- You can contact Garner via email: conciierge@getgarner.com or by phone at: 866-761-9586, to help you with questions or assistance in finding a garner recommended provider!
- The Garner app is available on Apple and Android



Homepage

Search

Recommendations

Doctor Profile

garner



Dental Plan

Voluntary dental scheduled PPO network benefit design						
all members						
	Calendar year deductible		Coinsurance (policy pays)		Calendar year maximum benefit	
	In-network	Non-network	In-network	Non-network	In-network	Non-network
Preventive	\$0	\$0	100%	100%	\$2,000	\$2,000
Basic	\$50	\$50	80%	80%	\$2,000	\$2,000
Major	\$50	\$50	50%	50%	\$2,000	\$2,000

Family deductible = 3 x per person deductible.

Combined deductibles: deductibles for basic and major in-network and non-network services are combined.

Combined maximums: calendar year maximums for preventive, basic and major services are combined.

We process claims using prevailing fees at the negotiated fee schedule amount.

The maximum accumulation plan was elected. This allows for a portion of unused dollars to roll over to next year's maximum benefit amount. To qualify, a member must have had a dental service performed within the calendar year and use less than a maximum threshold. The threshold is equal to the lesser of 50% of the maximum benefit or \$1000. If qualification is met, 50% of the threshold will be carried over to next year's maximum benefit. Individuals with fourth quarter effectives will start qualifying for rollover at the beginning of the next calendar year. A member can accumulate no more than four times the carry over amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year.



With Principal you can choose a dentist in the Principal PPO network to ensure lower-out-of-pocket costs.



You can locate in-network providers by visiting <https://www.principal.com/find-dentist>



Select Find a Dentist

**Please refer to the Benefit Summary for complete plan details.*





Voluntary Dental Rates

Coverage Level	Bi-Weekly Payroll Deduction
Employee Only	\$14.86
EE + Spouse	\$28.93
EE + Child(ren)	\$30.91
Family	\$46.92



Vision – VSP Network

VSP choice network		
Covered charges	Benefit	Frequency
Exams	\$10 copay	1 per 12 months
Prescription glasses	\$25 copay	1 pair per 12 months
Lenses	Single vision, lined bifocal, lined trifocal, and lenticular lenses; polycarbonate lenses for dependent children under age 18	
Frames*	\$130 allowance for a wide selection of frames; 20% off amount over allowance ¹	
Elective contacts	Up to \$60 copay for standard and premium elective contact lens exams (fitting and evaluation)	1 per 12 months
Necessary contacts ²	\$130 allowance for elective contacts	Instead of lens and frames benefit
	\$25 copay Covered in full for members who have specific conditions. Contact lenses can be chosen instead of glasses.	1 per 12 months Instead of lens and frames benefit
Lens enhancements ¹	\$0 copay standard progressive lenses Most other popular options are covered after a copay, saving members an average of 30%. Members should see their doctor for special pricing on additional lens enhancements.	1 per 12 months

¹Please refer to the Benefit Summary for complete plan details.



Vision insurance is offered through the VSP Network. VSP is one of the nation's largest vision provider networks.



Using participating VSP providers will help you to maximize your benefits.



You can find participating providers by visiting:
<https://www.vsp.com/eye-doctor>





Voluntary Vision Rates

Coverage Level	Bi-Weekly Payroll Deduction
Employee Only	\$2.85
EE + Spouse	\$5.35
EE + Child(ren)	\$5.05
Family	\$8.00



Covering Dependents

Dependent Eligibility Verification – only for Newly Covered Dependents

American Exchange takes pride in offering a benefit plan that ensures employees and their families have the best quality care, while keeping your premiums and out of pocket costs as low as possible. This process helps ensure that your premiums aren't inadvertently spent on an ineligible member.

- Only **legal spouses** and **registered domestic partners** are eligible for coverage.
- **To be eligible, your spouse must not be eligible for coverage through their employer.** If medical coverage is available for your spouse through their employer, your spouse must obtain coverage on that plan. If you enroll for family coverage, medical costs for your spouse may be denied if it is determined that your spouse has coverage available to them through their employer.
- Children are eligible until their 26th birthday.

- **Following enrollment, you will receive an email request from the Benefits Service Center requesting the verification documents**
- **Documentation due within 30 days of your enrollment deadline**



Employer Paid Basic Term Life Insurance / AD&D

	Benefit	Minimum	Guaranteed issue ¹	Maximum	Benefit reduction ²
You	200% of your annual salary, rounded to the next higher \$1,000	\$10,000	If you're under 70: \$250,000 If you're 70 or older: The lesser of \$250,000 or the amount with the prior carrier	\$250,000	35% reduction at age 65, with an additional 15% reduction at age 70

Employee coverage also include Accidental Death and Dismemberment (AD&D) which pays in the event of death or loss of limbs, speech, hearing and more caused by an accident. (Refer to the Certificate of Coverage for details.)



Basic Life Insurance is free to you, American Exchange Pays 100% of the premium





Voluntary Supplemental Life Insurance


	Benefit	Minimum	Guaranteed issue ¹	Maximum	Benefit reduction ²
You	Select a benefit in increments of \$10,000	\$10,000	If you're under 70: \$100,000 If you're 70 or older: \$10,000	\$300,000	35% reduction at age 65, with an additional 15% reduction at age 70
Your spouse ³	Select a benefit in increments of \$5,000	\$5,000	If your spouse is under 70: \$25,000 If your spouse is 70 or older: \$10,000	\$100,000	35% reduction at age 65, with an additional 15% reduction at age 70
Your child(ren) ³	Options ⁴ : • \$10,000				

- ! New Hires may choose Supplemental Insurance up to the Maximum Guarantee Issue amount with no medical questions
- ! Employees can increase their benefit amount by 2 \$10,000 increments, and Spouses can increase their benefit amount by 2 \$5,000 increments, without health questions, at Open Enrollment



Voluntary Short-Term Disability Coverage

Eligibility	
Eligible employees	All active, full-time employees working at least 30 hours a week
Benefits	
Primary weekly benefit	60% of your earnings up to \$2,000
Benefit amount	Your primary weekly benefit minus other income sources
Elimination period	8th day for accidents and 8th day for sickness
Benefit payment period	Up to 12 weeks
Maternity	Pregnancy and childbirth are treated the same as any other disability
Limitations & exclusions	
Pre-existing conditions	3 months prior / 12 months insured
Other limitations	A complete list is included in your booklet

 Short-Term disability coverage provides a temporary income replacement benefit in the event that you are unable to work due to a non-job-related illness or accident. This is a **voluntary** benefit offering.



Employer Paid Long Term Disability Coverage

Eligibility	
Eligible employees	All active, full-time employees working at least 30 hours a week
Benefits	
Primary monthly benefit	60% of your earnings up to \$15,000
Benefit amount	Your primary monthly benefit minus other income sources
Elimination period	90 days
Own occupation period	2 year
Benefit payment period	Varies based on your age when you become disabled, see chart below
Limitations & exclusions	
Pre-existing conditions	3 months prior / 12 months insured
Other limitations	A complete list is included in your booklet

 Benefits / Costs vary between employment classes



401k Plan

- **Carrier name:** Capital Group | American Funds
- **Enrollment Website (for newly eligible employees):** capitalgroup.com/myplan/x8mdk
- **Website for participants once enrolled:** americanfunds.com/retire
- **Participant servicing Phone number:** 800.421.4120
- **Advisor Contact:** Laura Owsley/Aon Miller 423.486.1888
- **Participant Mobile App:** download the “American Funds RKDirect” 401k App



Enroll Online - Easy as 1, 2, 3...



Step 1: Visit www.americanexchangebenefits.com and click on “Enroll Now!” to access your enrollment portal. You can access the portal and make elections on your smart phone.

Step 2: Click on “Get Started Now” and you will be prompted to enter your e-mail address, last four digits of your Social Security Number, and date of birth. The system will identify you by these credentials and allow you to create a password.

Step 3: Once you have created your password, you will be able to complete your enrollment. You can complete your benefit elections by clicking “Begin Enrollment” and following the prompts.



Enroll By Phone

- Call the American Exchange Benefits Service Center to speak with a Benefits Specialist who will complete your enrollment by phone.
- The Benefits Specialist will confirm your personal information, review your plan options, and submit your elections for you.

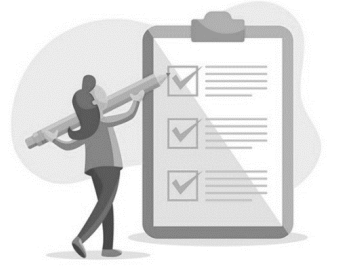


866-824-3572





Prepare for Open Enrollment to begin on Monday April 8th



- Review the Benefits Guide that was attached to the Open Enrollment announcement email that was sent on March 28th, 2024.
- Obtain SSNs for dependents if you wish to cover them
- Designate your Life Insurance Beneficiary
- All employees are encouraged to complete their benefit elections online or over the phone with a benefits advisor. Current elections will roll over if no change is made. (online enrollment is mobile optimized)
- Make sure your personal information and email address on file is correct
- After enrollment, review your Confirmation Statement and make sure all elections are accurate
- Retain a copy of your confirmation statement, should coverages need to be reviewed during the year



AE Benefit Resources



**benefits
service center**

powered by totem

866-824-3572

**Call for benefits questions, enrollment, claims assistance,
qualifying life events, and more!**

AE Benefits Service Center Hours: Mon-Thurs: 8am - 6pm EST Friday 8am-5pm EST

Email: help@AmericanExchangeBenefits.com

Enrollment Website: www.AmericanExchangeBenefits.com

Q & A

