



YOUR 2024 BENEFITS

✓ Medical

✓ Vision

✓ Dental

✓ Life AD&D

Enrollment Procedures

- Carefully review the plan information in this benefit enrollment summary.
- Consider the needs of any dependents you may have.
If you are married, review the coverage currently offered through your spouse's employer to avoid costly duplicate coverage.
- Enroll via paper enrollment form provided by your employer.
- Please note:** This is a **Passive Enrollment**. If you do not make a plan election your **benefits will automatically roll over** to the new plan year.

Changing your Coverage

Make your benefit elections carefully, including the choice to waive coverage. Your pretax elections will remain in effect until the next annual open enrollment period unless you experience an IRS approved qualifying change in status. Please access detailed information at:

<https://www.healthcare.gov/glossary/qualifying-life-event/> to learn more.

Enrollment period

Nov. 27th - Dec. 8th,

2023



Dental Benefits | Cigna

You and your family have the opportunity to enroll in the dental insurance plan provided by Cigna. You can maximize your benefits by using an in network dentist since these providers charge a discounted rate for services. In addition, in network providers will file claims on behalf of members.

Dental Plan	PPO Plan
Total Cigna DPPO	
Annual Max Benefit	\$1,500 / Individual
Deductible	\$50 per Individual Not to Exceed \$150 as a family
Preventative	100% Covered
Basic Restorative	80% Covered
Major Restorative	60% Covered
Orthodontia (For Children)	60% Covered \$1000 Lifetime Max

Tiers of Coverage	Weekly Premium
Employee Only	\$9.84
Employee + Spouse	\$20.86
Employee + Child(ren)	\$19.67
Family	\$31.70



Vision Benefits | Cigna

This plan provides employees with the option of enrolling in a vision plan through Cigna. Cigna's Network offers you and your family a benefit that covers all routine eye care, including eye exams and eyeglasses (lenses & frames) or contacts.

Vision Plan	In-Network	Out-of-Network
Cigna		
Eye Exam Member Pays Copay	Once every 12 months \$10	Once every 12 months Up to \$45
Lenses Member Pays Copay	Once every 12 months \$20	Once every 12 months Up to \$80 (dependent upon type)
Frames Member Pays Copay	Once every 24 months \$20 Up to \$130 (20% off balance)	Once every 24 months Up to \$71
Contact Lenses Plan Pays	One pair every 12 months Up to \$130	One pair every 12 months no copay; allowances shown below
Contact Lenses		
Elective Lenses Necessary Lenses	Up to \$130 100% covered	Up to \$105 Up to \$210

Tiers of Coverage	Weekly Premium
Employee Only	\$1.89
Employee + Spouse	\$3.51
Employee + Child(ren)	\$3.55
Family	\$5.51

For additional detail about these coverages you may request the summary of benefits from your employer. The summary provided above does not cover all provisions, limitations and exclusions. The official plan documents, policies and certificates of insurance govern in all cases and are available for your inspection at any time.

Medical Benefits | Cigna

Effective **January 1st, 2024** your medical benefits will be administered by Cigna, giving you access to the Cigna Network. You will be offered two plans to choose from. A summary of each of these plans is included here for your review.

Medical Plans	Option 1		Option 2	
	OAP 2500 Plan		OAP Grandfathered Plan	
Cigna	In-Network		In-Network	
Deductible				
Individual	\$2,500		\$5,000	
Family	\$5,000		\$10,000	
Co-Insurance				
Member pays after deductible	0%		0%	
Out of Pocket Maximum			*There is no additional Out of Pocket requirement for this plan past the deductible	
Individual	\$6,000			
Family	\$12,000			
Office Visits	100% Covered		100% Covered	
Preventative	\$25 Copay		\$35 Copay	
Primary Care Physician	\$50 Copay		\$75 Copay	
Urgent Care	\$50 Copay		\$65 Copay	
Specialist	\$250 Copay		\$500 copay	
Emergency Room				
In & Out Patient Services	Deductible		\$500 per admission	
Hospital Admittance Surgeries	Deductible		Deductible	
Procedures and Tests	Deductible		Deductible	
Imaging- MRI, PET, etc.				
Pharmacy				
Generic	\$10		\$15	
Preferred Brand	\$35		\$45	
Non-Preferred Brand	\$75		\$85	
Specialty	\$100		\$125	
Out-of-Network	Out-of-Network		Out-of-Network	
Out of Network	Individual	Family	Individual	Family
Deductible	\$5,000	\$10,000	\$8,000	\$16,000
Co-Insurance	30%		20%	
Out of Pocket Maximum	\$12,000	\$24,000	\$14,000	\$28,000
Tiers of Coverage	Weekly Premium		Weekly Premium	
Employee Only	\$29.24		\$0	
Employee + Spouse	\$235.61		\$ 174.20	
Employee + Child(ren)	\$198.09		\$ 142.54	
Family	\$404.48		\$ 316.74	

* A copy of your Summary of Benefits document (SBC's) is available to you as per your request. The summary provided above does not cover all provisions, limitations and exclusions. The official plan documents, policies and certificates of insurance govern in all cases and are available for your inspection at any time.



Basic Life and AD&D | New York Life

100% Employer Paid

This plan provides eligible employees with a Basic Life and Accidental Death and Dismemberment benefit through New York Life at no cost to you. Your employer provides Term Life coverage for all full time employees:

For **Employees**: \$15,000

Make sure you report your beneficiaries to your employer or to New York life at www.newyorklife.com

Contacts



Medical and Prescription Drugs | Cigna

Member Services:
800-997-1654
www.cigna.com

Basic Life | New York Life

Member Services:
800-225-5695
www.newyorklife.com

Human Resources

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SNELLINGS WALTERS