

2024

GAUMC

Employee Benefits Enrollment Guide

TABLE OF CONTENTS

ELIGIBILITY	PAGE 5
WHO IS ELIGIBLE? AND FOR WHAT?	
DEPENDENTS	PAGE 6
WHO IS CONSIDERED A DEPENDENT?	
ENROLLMENT	PAGE 7
WHEN CAN I ENROLL? WHEN CAN I MAKE CHANGES? WHEN DO MY BENEFITS TERMINATE?	
MEDICAL PLANS	PAGE 8
PPO \$500	
PPO \$2,000	
HIGH DEDUCTIBLE	
MONTHLY PREMIUMS AND COST CONTROL	
HEALTH MANAGEMENT PROGRAMS	PAGE 13
ADVOCATE4ME	
DISEASE MANAGEMENT	
VIRTUAL VISITS	
DENTAL PLANS	PAGE 15
BASE PLAN	
TRADITIONAL PLAN	
MONTHLY PREMIUMS, CREATE LOGIN, FIND PROVIDER, ID CARD	
VISION PLAN	PAGE 18
MONTHLY PREMIUMS, CREATE LOGIN, FIND PROVIDER, ID CARD	
SPENDING ACCOUNTS	PAGE 19
FSA HEALTH CARE ACCOUNT	
FSA DEPENDENT CARE ACCOUNT	
IMPORTANT FSA UTILIZATION INFORMATION	
HSA	

DISABILITY INCOME BENEFITS	PAGE 24
SHORT-TERM DISABILITY	
LONG-TERM DISABILITY INSURANCE	
LIFE INSURANCE	PAGE 25
BASIC LIFE INSURANCE	
SUPPLEMENTAL LIFE INSURANCE	
DEPENDENT LIFE INSURANCE	
ACCIDENTAL DEATH & DISMEMBERMENT	
VOLUNTARY BENEFITS	PAGE 27
ACCIDENT INSURANCE	
CRITICAL ILLNESS INSURANCE	
IDENTITY THEFT INSURANCE	
LEGAL SERVICES INSURANCE	
EMPLOYEE ASSISTANCE PROGRAM	PAGE 30
WELLNESS PROGRAMS	PAGE 31
RALLY	
REAL APPEAL	
LIVONGO	
INSURANCE CONTACT INFORMATION	PAGE 33



WELCOME

*to the Benefits Information Guide for the
GAUMC Employee Benefits Program!*

Elections you make during open enrollment will become effective
January 1, 2024.

GAUMC offers you and your eligible family members a comprehensive
and valuable benefits program. We encourage you to take the time to
educate yourself about your options and choose the best coverage for
you and your family.

ELIGIBILITY

WHO IS ELIGIBLE

FULL-TIME EMPLOYEE BENEFITS

(30+ HOURS PER WEEK*)

- MEDICAL INSURANCE
- PRESCRIPTION DRUG INSURANCE
- SPENDING ACCOUNTS
- DENTAL INSURANCE
- VISION INSURANCE
- COMPANY-PAID TERM LIFE INSURANCE
- COMPANY-PAID SHORT-TERM DISABILITY PAY
- COMPANY-PAID LONG-TERM DISABILITY INSURANCE
- SUPPLEMENTAL AND DEPENDENT LIFE INSURANCE
- ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE
- VOLUNTARY BENEFITS
- WELLNESS PROGRAMS AND INCENTIVES
- EMPLOYEE ASSISTANCE PROGRAM

PART-TIME EMPLOYEE BENEFITS

- EMPLOYEE ASSISTANCE PROGRAM

You are eligible for a variety of benefits, including health and welfare programs as listed on the left.

You are eligible for health and welfare benefits on the first day of the month following your hire date. If your hire date is the first day of the month, you are eligible as of your hire date. If you do not enroll within the first 30 days of your hire date, you may only enroll during the next Open Enrollment period or if you experience a qualifying life event.

Example: If you are hired on March 1, you are eligible for benefits coverage to begin on March 1, and you only have until March 31 (30 days after hire date) to enroll in benefits. If you are hired on March 2, you are eligible for benefits coverage to begin on April 1, and you only have until April 1 (30 days after hire date) to enroll in benefits.

Temporary and seasonal employees are not eligible for employee benefits described in this guide.

**As of January 1, 2019, "full-time" is defined as being regularly scheduled to work at least 30 hours per week. All employees of Program Sponsors who were hired prior to January 1, 2019, and who were, and continue to be, regularly scheduled to work at least 20 hours per week, will continue to be Eligible Employees for "full-time" benefits.*





DEPENDENTS

WHO IS A DEPENDENT

Eligible spouse* For purposes of the Program, "spouse" shall include opposite-sex and same-sex spouses (recognized by a state as being legally married to the Eligible Employee or Eligible Former Employee) and civil partners, either through a civil union or a comprehensive domestic partnership (recognized by a state as being the legal partner of the Eligible Employee or Eligible Former Employee). A Surviving Spouse of a Former Employee (Retiree) who was enrolled in benefits prior to the Former Employee's death will remain eligible for benefits until the Surviving Spouse's death or remarriage.

Eligible child* To be eligible under the Program, the child must be your child ("child" includes your natural child, stepchild, foster child, legally adopted child of, or child placed for legal adoption with you, or any child for whom you have legal guardianship) who:

- For the purposes of the medical plan, prescription drug plan, dental plan, vision plan, dependent life insurance plan, and accidental death & dismemberment plan, has not yet attained age 26.
- For purposes of the health care flexible spending account, your dependent must be claimed on your tax return and cannot file their own return.
- For purposes of the dependent care flexible spending account, meets the definition of "dependent" in the flexible spending account section of this Benefit Guide; and
- For purposes of the employee assistance program, and any other insurance plan not listed above, meets the definition of "dependent" in the benefits booklets for each such insured plan.

Coverage may also be available under certain benefit program(s) beyond the maximum ages described above for an unmarried disabled dependent child. You may be required to submit proof of the child's disability for coverage to continue and to submit annual verification of the child's disabled status. Refer to the applicable benefit program booklet(s) for information.

** Upon initial enrollment and at any time thereafter, the Program Sponsors and the Program Administrator (and its delegate) reserve the right to request and require proof of dependent status.*



Choose your plan selections carefully!

The open enrollment period begins **October 23, 2024** and ends **November 8, 2024**.

ENROLLMENT

EVERYONE MUST finalize and SIGN AND SUBMIT an Open Enrollment session in **Paycom** to continue coverage in 2024. NO benefits will roll over unless you complete your Open Enrollment session in **Paycom**. An Instruction and Troubleshooting guide will be available for your use on the welcome screen in the Benefits Enrollment session. If you have any questions, please contact your Human Resources department.

The open enrollment period begins **October 23, 2023 and ends November 8, 2023**. The benefits you elect during open enrollment will be effective from January 1, 2024 through December 31, 2024.

If you're enrolling as a new employee, you become eligible for benefits the first of the month following your hire date and must

enroll within 30 days of your hire date to have coverage for the rest of the plan year. If you are a new employee starting after Open Enrollment closes and before January 1 of the next year, please talk to your Human Resources department to enroll in the next year's benefits.

MAKING CHANGES

You cannot make changes to your benefit plans through the plan year unless you have a qualifying life event (change in status). Qualified changes in status include marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, commencement or termination of adoption proceedings, or change in spouse's benefits. Changes due to qualifying life events MUST be made within 30 days of the date of the event. Late

enrollments cannot be accepted due to IRS regulations of Section 125 plans.

TERMINATION

Your medical, dental, vision, spending account, employee assistance program, and voluntary benefits coverage ends on the last day of the month in which you separate employment or become ineligible. All other plans, programs, and coverages end at midnight on the day you separate your employment or become ineligible.

You can continue your medical, dental, vision and/or spending accounts (plus a 2% admin fee for spending account processing) through continuing coverage for up to 18 months, or through the plan year only for spending accounts. Please contact your Human Resources department for details.



MEDICAL AND PRESCRIPTION DRUGS

Each person's health care needs are different. That's why our medical plan offers multiple options so you can choose the coverage level best-suited to your personal situation. You pick the one plan that fits your medical and prescription drug needs. You will receive a medical card from United Healthcare and a prescription drug card from Express Scripts.

PPO \$500 / \$1,000

This PPO plan gives you the freedom to see any physician or other health care professional from the network, including specialists, without a referral. You may also choose to seek care outside the network, subject to higher deductibles, co-payments, and co-insurance. Please note that your medical plans are more cost effective if you seek providers that are in network.

SERVICES	IN NETWORK	OUT OF NETWORK
Annual Deductible - Individual - Family	\$500 per covered person \$1,000 for all covered persons	\$1,200 per covered person \$2,400 for all covered persons
Out of Pocket Maximum* - Individual - Family	\$4,000 per covered person \$8,000 for all covered persons	\$8,000 per covered person \$16,000 for all covered persons
Preventive Care	Plan pays 100%, no co-pay	NOT COVERED
Physician/Specialist Office Visit	\$20 Primary/\$40 Specialist	50% of eligible expenses AFTER deductible
Hospitalization Outpatient Surgery Diagnostic Services Urgent Care	20% of eligible expenses AFTER deductible	50% of eligible expenses AFTER deductible
Emergency Room	20% of eligible expenses AFTER deductible	20% of eligible expenses AFTER deductible
Prescription Drugs through Express Scripts		Mail order only available in-network
Retail/Mail Order - Generic - Preferred - Non-Preferred	\$10/\$20 \$30/\$60 \$50/\$100	\$10 \$30 \$50

*The out of pocket maximum includes your deductible, coinsurance, and medical and prescription copayments. After reaching your deductible, you continue to pay copayments and coinsurance until you reach the out of pocket maximum.

Prior notification is required before you receive certain covered health services. In general, network providers are responsible for notifying the claims administrator before they provide these services to you. There are some network benefits, however, for which you are responsible for notifying the claims administrator. When you choose to receive certain covered health services from non-network providers, you are responsible for notifying the claims administrator before you receive these covered health services. Please refer to your summary plan description for detailed schedule of benefits.

PPO ~~\$\$\$~~2,000 / ~~\$\$\$~~4,000

This PPO plan gives you the freedom to see any physician or other health care professional from the network, including specialists, without a referral. You may also choose to seek care outside the network, subject to higher deductibles and co-insurance. Please note that your medical plans are more cost effective if you seek providers that are in network.

SERVICES	IN NETWORK	OUT OF NETWORK
Annual Deductible - Individual - Family	\$2,000 per covered person \$4,000 for all covered persons	\$4,000 per covered person \$8,000 for all covered persons
Out of Pocket Maximum* - Individual - Family	\$6,000 per covered person \$12,000 for all covered persons	\$12,000 per covered person \$24,000 for all covered persons
Preventive Care	Plan pays 100%, no co-pay	NOT COVERED
Physician/Specialist Office Visit.	\$20 Primary/ \$40 Specialist	50% of eligible expenses AFTER deductible
Hospitalization, Outpatient Surgery, Diagnostic Services, Urgent Care	20% of eligible expenses AFTER deductible	50% of eligible expenses AFTER deductible
Emergency Room	20% of eligible expenses AFTER deductible	20% of eligible expenses AFTER deductible
Prescription Drugs through Express Scripts		Mail order only available in-network
Retail/Mail Order - Generic - Preferred - Non-Preferred	\$10/\$20 \$30/\$60 \$50/\$100	\$10 \$30 \$50

*The out of pocket maximum includes your deductible, coinsurance, and medical and prescription copayments. After reaching your deductible, you continue to pay copayments and coinsurance until you reach the out of pocket maximum.

Prior notification is required before you receive certain covered health services. In general, network providers are responsible for notifying the claims administrator before they provide these services to you. There are some network benefits, however, for which you are responsible for notifying the claims administrator. When you choose to receive certain covered health services from non-network providers, you are responsible for notifying the claims administrator before you receive these covered health services. Please refer to your summary plan description for detailed schedule of benefits.

HDHP \$1,600 / \$3,200 WITH HEALTH SAVINGS ACCOUNT (HSA) OPTION

The High Deductible Health Plan (HDHP) gives you the freedom to see any physician or other health care professional from the network, including specialists, without a referral. You may also choose to seek care outside the network, subject to higher deductibles and coinsurance. Please note that your medical plans are more cost effective if you seek providers that are in network. **Your employer will contribute \$500 to your health savings account in January of the new plan year!** New hires receive a prorated employer contribution. This contribution to your health savings account will assist in your out of pocket costs throughout the year.

SERVICES	IN NETWORK	OUT OF NETWORK
Annual Deductible - Individual - Family*	\$1,600 per covered person \$3,200 for all covered persons*	\$3,000 per covered person \$6,000 for all covered persons
Out of Pocket Maximum - Individual - Family	\$5,000 per covered person \$10,000 for all covered persons	\$10,000 per covered person \$20,000 for all covered persons
Preventive Care	Plan pays 100%	NOT COVERED
Physician/Specialist Office Visit, Hospitalization, Outpatient Surgery, Diagnostic Services, Urgent Care	20% of eligible expenses AFTER deductible	50% of eligible expenses AFTER deductible
Emergency Room	20% of eligible expenses AFTER deductible	20% of eligible expenses AFTER deductible
Prescription Drugs Retail/Mail Order - Generic - Preferred - Non-Preferred	20% of eligible expenses AFTER deductible	Mail order only available in-network 50% of eligible expenses AFTER deductible

*For employees enrolling in Employee + 1 or Employee + Family, the family deductible must be paid by one or more persons before the 20% coinsurance applies to eligible charges.

Prior notification is required before you receive certain covered health services. In general, network providers are responsible for notifying the claims administrator before they provide these services to you. There are some network benefits, however, for which you are responsible for notifying the claims administrator. Please refer to your summary plan description for detailed schedule of benefits.

Carefully review which plan is optimal for you and your covered dependents. Also, remember providers who are currently in network providers may or may not STILL be in network providers in 2024. While most providers DO continue with the network from year to year, always check with your providers at the time of service to verify network participation.

YOUR 2024 MEDICAL PLAN COSTS

Monthly medical premiums are as shown:

	\$500 PPO	\$2,000 PPO	\$1,600 HDHP
Employee	\$197.53	\$77.04	\$78.02
Employee + 1 Dependent	\$494.13	\$243.51	\$245.57
Family	\$641.43	\$316.11	\$318.76

Before Your Preventive Care Visit

Go to www.uhc.com/health-and-wellness/preventive-care prior to your appointment to get a list of preventive services covered for your gender and age. However, if you have a prior diagnosis, you may be charged for a service that could be considered preventive for someone else.

- Make sure your doctor is in your health plan's network
- Be clear when you schedule a doctor visit. Let them know you're only interested in no-cost preventive services. Discussion about other issues that are not preventive (such as asking about a hurt back), may result in an additional charge for an office visit.
- Don't be afraid to ask questions about costs.
- Make sure your doctor uses a lab that is in your health plan's network.

Controlling Health Care Costs

The rising cost of health insurance is a concern for all of us. Keeping costs to a minimum contributes to lower premiums in future years. Here are tips on how you can help lower the cost of health insurance:

- Use network providers. You will receive a higher level of benefits if you use providers who participate in the network.
- Request generic rather than brand name prescription drugs. Generic medications, while just as effective, are considerably less expensive.
- Use the Find Care & Costs tool on myuhc.com to compare facility pricing before having medical services performed.
- Consider seeing your family physician rather than a specialist. Family physicians can often provide the same level of care for a variety of illnesses and conditions.
- Exercise and maintain a proper diet. The healthier you are, the less vulnerable you are to disease, reducing doctor's visits and prescription medicines.

If we become more conscientious consumers, we can each do our part to lower the cost of health care!



HEALTH MANAGEMENT & WELLNESS PROGRAM

UNITED HEALTHCARE OFFERS
THE FOLLOWING PROGRAMS
TO ITS MEMBERS



ADVOCATE4ME
(UNITED HEALTHCARE)

Advocate4Me is designed to help members successfully navigate the health care system by matching them with expert advocates who guide them when they have questions. Advocates have a wide range of qualifications, from nursing degrees to complex claims resolution. Members can use this resource as their single point of contact, giving them a clear way to get support to make more informed health care choices and get the most out of their benefits.

Whether it's through one-on-one conversations or by using online tools, advocates guide employees and their covered family members when they have questions about their health and health plan. With access to specific member data, advocates are able to find personalized solutions for each member's situation – which helps improve outcomes and lower costs.

Advocate4Me offers members service, support and access that goes above and beyond, helping to improve the health care experience, one person at a time. For more information, contact your UnitedHealthcare representative.



DISEASE MANAGEMENT SUPPORT PROGRAMS
(UNITED HEALTHCARE)

When you live with an ongoing health condition, support programs can be a helpful way to get guidance along the way. You can look to support programs to get you in touch with experts who are trained to help you find healthy ways to cope, help you learn to live a rewarding life and overcome challenges you may face.

Learn more about UnitedHealthcare's disease management programs for conditions such as:

- Diabetes
- Chronic Obstructive Pulmonary Disease (COPD)
- Heart Failure
- Coronary Artery Disease
- Asthma

With UnitedHealthcare disease management support, you will never have to walk alone. Sign in to your account or call the number on your member ID card for more information about the Disease Management program.



VIRTUAL VISITS

A virtual visit allows you to see and talk to a doctor from the comfort of your home or office without an appointment. This is a covered service through your health benefits. Appointments can be made by mobile device or computer. Most visits take approximately 10-15 minutes. Doctors can also write a prescription, if needed, that you may pick up at your local pharmacy.

With the \$500 deductible and \$2,000 deductible plans, the copay for the virtual visit will match the plan copay of \$20.

For employees in the \$1,600 high deductible plan, the cost of the virtual visit will be about \$49; lower than visiting a doctor in their office. If you have not met the deductible, the visit will apply to the deductible. If the deductible has already been met, you will be responsible for the coinsurance.

WHEN SHOULD I USE A VIRTUAL VISIT?

- When your doctor is not available
- When you become ill while traveling
- When you are considering visiting a hospital emergency room for a non-emergency health condition

WHAT CAN I TALK TO THE VIRTUAL VISIT DOCTOR ABOUT? Non-emergency conditions, including:

- Allergies
- Bladder infection
- Bronchitis
- Cough/cold
- Diarrhea
- Fever
- Pink eye
- Rash
- Seasonal flu
- Sinus problems
- Sore throat
- Stomach ache

ACCESS VIRTUAL VISITS

- Login to myuhc.com
- Click on the "Physician & Facilities" tab at the top of the page
- There you will find information where you can:
 - Learn more about virtual visits, and
 - Access direct links to provider sites where you can register and receive care.

DENTAL COVERAGE

United Healthcare will be your provider of dental coverage for 2024. GAUMC employees will be able to choose between two comprehensive dental insurance plans: a Base plan and a Traditional plan. There are no changes to the plan designs in 2024. [Always ask your dentist for a Predetermination of Cost of Services before having any dental work done.](#)

Traditional Plan

Your dental services are most cost effective when visiting an in network provider. You may seek services through non network providers, but you may be balance billed for your services. Balance billing means the provider may charge you the difference between the cost of the service and the allowed amount that United Dental will pay.

The Traditional plan excludes diagnostic and preventive services from your annual calendar year maximum, allowing the entire annual maximum to apply to basic and major services. The Traditional plan has a deductible applied for in network services, higher coinsurance, a higher annual maximum, and a higher lifetime maximum on orthodontia.

SERVICES	UHC DENTAL PAYS*	
	IN NETWORK PROVIDER	OUT OF NETWORK
This list is not an exhaustive list of services.		
<i>Diagnostic & Preventive</i>		
Oral examinations, radiographs, lab and other diagnostics test, fluoride treatments, sealants, space maintainers	100%	100%
<i>Basic Services</i>		
Restorative (fillings), emergency treatments/general services, simple extractions, space maintainers, oral surgery, periodontics, endodontics	80%	80%
<i>Major Services</i>		
Inlays/Onlays/Crowns	50%	50%
Dentures and removable prosthetics	50%	50%
Fixed partial dentures	50%	50%
Implants	50%	50%
<i>Orthodontic Services</i>		
Straightening of teeth for dependents to age 26	50%	50%
Maximums		
Calendar Year – Per Person <i>Excludes Orthodontics</i>	\$2,000 50%	\$2,000
Lifetime Orthodontics	\$2,000 50%	\$2,000
Annual Deductible		
Per Person	Non-Orthodontics-\$50	Orthodontics-\$0
Family	Non-Orthodontics-\$150	Orthodontics-\$0

* You are not responsible for charges exceeding the maximum plan allowance (MPA) if you go to a participating UHC Dental dentist. You are responsible for charges exceeding the MPA if you go to a non-participating dentist. The MPA charges are based on fees charged in your geographic area.

Base Plan:

Your dental services are most cost effective when visiting an in network provider. You may seek services through non network providers, but you may be balance billed for your services. Balance billing means the provider may charge you the difference between the cost of the service and the allowed amount that United Dental will pay.

The Base plan excludes diagnostic and preventive services from your annual calendar year maximum, allowing the entire annual maximum to apply to basic and major services. The difference between the Base plan and Traditional plan is the Base Plan has lower coinsurance, a lower calendar year maximum, and a lower orthodontia maximum.

SERVICES	UHC DENTAL PAYS*		
	IN NETWORK PROVIDER		OUT OF NETWORK
This list is not an exhaustive list of services.			
<i>Diagnostic & Preventive</i>			
Oral examinations, Radiographics, Lab and Diagnostic Tests	100%		70%
<i>Basic Services</i>			
Restorative (fillings), Emergency Treatments, Simple Extractions, Oral Surgery, Periodontics, Endodontics	70%		70%
<i>Major Services</i>			
Inlays/Onlays/Crowns	50%		50%
Dentures and Removable Prosthetics	50%		50%
Fixed Partial Dentures	50%		50%
Implants	50%		50%
<i>Orthodontic Services</i>			
Straightening of teeth for dependents to age 26	50%		50%
Maximums			
Calendar Year – Per Person <i>Excludes Orthodontics</i>	1,500	50%	\$500
Lifetime Orthodontics	1,000	50%	\$500
Annual Deductible			
Per Person	Non-Orthodontics-\$100		Orthodontics-\$0
Family	Non-Orthodontics-\$300		Orthodontics-\$0

Deductible excludes Diagnostic & Preventive and Orthodontic Services

* You are not responsible for charges exceeding the maximum plan allowance (MPA) if you go to a participating United Dental dentist. You are responsible for charges exceeding the MPA if you go to a non-participating dentist. The MPA charges are based on fees charged in your geographic area.

To find a United Healthcare Provider, Visit UHC website at www.myuhc.com or call the customer service hotline listed on the back of your card.

YOUR 2024 DENTAL PLAN COSTS

Monthly dental premiums are as shown:

	Base Plan	Traditional Plan
Employee	\$5.52	\$18.86
Employee + 1 Dependent	\$10.95	\$40.59
Family	\$19.60	\$77.48



VISION CARE

United Healthcare will to be the provider of vision coverage for 2024. It is most cost effective to visit providers within the UHC network. However, if you choose to seek services from an out of network provider, you will receive reimbursements as outlined below.

SERVICES	IN NETWORK	OUT OF NETWORK REIMBURSEMENT AMOUNT
EXAMINATIONS Once Every Calendar Year	After \$10 copay Covered 100%	Up to \$40
LENSES and Frames Once Every Calendar Year	After \$25 copay Covered 100%	
LENSES Once Every Calendar Year	Standard Scratch Coating covered 100% After \$25 copay Progressive Tiers I-V \$55-250 Anti-Reflective Tiers I-V \$30-95	Single Vision Up to \$40 Bi-focal & Progressive up to \$50 Tri-focal Up to \$80 Lenticular Up to \$80
FRAMES Once Every Calendar Year	Covered up to \$150 (30% discount off remaining balance over \$150 allowance)	Up to \$45
CONTACT LENSES* Once Every Calendar year In lieu of Eyeglasses (Frame & Lenses)	Covered up to \$150 Retail Allowance – No Copay Lens Fitting and Evaluation covered up to \$60 allowance	Electives Contacts Up to \$105 Necessary Contacts Up to \$210

*Contact lens exam (fitting and evaluation) are covered in full after copay. Member receives 15% off contact lens exam.
NOTE: If covered participants choose extra options, they are responsible for the additional cost of the options paid directly to the provider.

Please refer to your summary plan description for detailed schedule of benefits.

To search for a participating provider, please visit www.uhc.com or call UHC Customer Service on the back of your card

YOUR 2024 VISION PLAN COSTS

Monthly vision premiums are as shown:

	Vision Plan
Employee	\$7.07
Employee + 1 Dependent	\$14.14
Family	\$23.37



SPENDING ACCOUNTS

FSA

FLEXIBLE SPENDING ACCOUNTS

A FLEXIBLE SPENDING ACCOUNT (FSA), ALSO KNOWN AS A FLEXIBLE SPENDING ARRANGEMENT, IS ONE OF A NUMBER OF TAX-ADVANTAGED FINANCIAL ACCOUNTS.

Health Care Flexible Spending Account

("Health Care FSA")

The Health Care FSA allows employees to set aside a portion of their annual earnings on a pre-tax basis to pay for many of their out-of-pocket health care expenses for themselves and their dependents.

Each employee's Health Care FSA is funded exclusively through his or her employee salary reduction contributions. ***The maximum amount that can be contributed annually to the Health Care FSA is \$3,050**.***

*****The Patient Protection and Affordable Care Act (PPACA) limits the amount of contributions to each employee's Health Care FSA to \$3,050.***

Under federal tax law, employees can use the amounts in their Health Care FSA to pay for most unreimbursed medical, dental, vision, hearing, and prescription drug expenses incurred by themselves and their dependents. FSAs have been expanded to cover some over-the-counter medicines (with a valid prescription) like acid controllers, allergy medicines, pain relievers. To find the latest list of eligible expenses, visit IRS.gov. You can access your FSA anytime by visiting myuhc.com.

Dependent Care Flexible Spending Account

("Dependent Care FSA")

The Dependent Care FSA allows employees to set aside a portion of their annual earnings on a pre-tax basis to pay for certain dependent care expenses.

Each employee's Dependent Care FSA is funded exclusively through his or her employee salary reduction contributions. ***The maximum amount that can be contributed annually to the Dependent Care FSA is \$5,000. (The maximum amount is less than \$5,000 for married employees filing separate tax returns and for employees or spouses who have earned income less than \$5,000. Contact the plan administrator for more details.)***

There are several requirements that apply to the use of Dependent Care FSAs. Generally, expenses for the care of an employee's dependents are reimbursable under a Dependent Care FSA only if that care allows the employee, and the employee's spouse (if the employee is married), to work. However, if the employee is married and his or her spouse goes to school full-time at least five months a year or is disabled, expenses for the care of the employee's dependents can be reimbursed through a Dependent Care FSA.

Note: Solely for the purposes of the Dependent Care FSA, the term “dependent” shall mean a “qualifying individual” as defined in Internal Revenue Code § 21(b) (1). Basically, this means a dependent is:

- a child under the age of 13 who is a relative or family member of the employee and for whom the employee is entitled to a deduction on his or her federal income tax return,
- a relative or family member of the employee who is not capable of taking care of themselves, or
- a spouse of the employee who is not capable of taking care of himself or herself.

There are special rules regarding reimbursements under a Dependent Care FSA for dependent care services provided outside the employee's home. Dependent

care services provided outside the employee's home are reimbursable only if the dependent is under the age of 13 or regularly spends at least 8 hours each day in the employee's home. Also, expenses for services that are primarily educational rather than for custodial care (e.g., kindergarten tuition) are not reimbursable under a Dependent Care FSA.

United Healthcare administers the FSA. You may create a login with UHC at myuhc.com.

IMPORTANT FSA REMINDERS

Because of their tax-favored status, federal tax law imposes certain rules on reimbursements from the Health Care FSAs or the Dependent Care FSA.

1

Be sure to estimate your expenses carefully. Under federal tax law, FSAs are required to follow a “use it or lose it” rule. That is, any amounts remaining in your FSAs that are not used to reimburse expenses incurred during the Plan Year will be forfeited.

2

The Plan Year begins January 1, 2024 and the grace period for 2024 claims ends on **March 15, 2025**.

3

You have until March 31, 2024 to submit for reimbursement any expenses incurred during the plan year. **Any amounts remaining in your FSA after March 31, 2025 will be forfeited.**

4

To reimburse expenses through an FSA, you must provide evidence that the expenses were *incurred* in the current Plan Year, regardless of when paid. Acceptable forms of evidence include:

- a. A provider's statement that shows when the medical expense was incurred and the amount of the expense, or
- b. An explanation of benefits from the insurance carrier.

HSA's

HEALTH SAVINGS ACCOUNTS

YOU CAN THINK OF YOUR HEALTH SAVINGS ACCOUNT AS A PERSONAL SAVINGS ACCOUNT FOR YOUR HEALTH CARE EXPENSES, WITH SOME IMPRESSIVE TAX ADVANTAGES.

This section only applies to you if you have elected the High Deductible Health Plan.

What Is an HSA?

An HSA is like an individual retirement account for health care expenses. HSAs are individually-owned accounts that accumulate interest, earn investment returns, and have an annual maximum contribution limit set by the IRS. HSA withdrawals are not taxable when used for qualified medical expenses.

How do I know if I am eligible?

To be eligible for an HSA, you must be covered by a HDHP and have no other non-HDHP insurance. The \$1,600 deductible plan offered by GAUMC is HSA eligible. It's your responsibility to make sure you're not covered under any other plans that don't meet the IRS rules for HDHPs. This includes coverage through your spouse (including a health flexible spending account, FSA, established by your spouse which could be used to reimburse your medical expenses and would also include Medicare). If the health FSA balance is exhausted as of 12/31/2023, these special rules do not apply.

Who can contribute to the HSA?

As the owner, you can make contributions to your HSA just like you make deposits into a regular savings account. Your employer and family can also contribute funds – and you still get the tax benefits. You usually can make deposits with pre-tax dollars through payroll deductions. Even if you don't use pre-tax payroll deductions, you can deduct contributions to your HSA

from your taxable income when you file your income taxes.

Does my employer contribute to my HSA?

Yes, GAUMC will contribute \$500 at the beginning of the plan year when you open or already have an existing Optum Bank HSA account. Employees hired throughout the year will receive prorated employer contributions. Employees hired between April 1st and June 30th will receive \$375. Employees hired between July 1st and September 30th will receive \$250. Employees hired between October 1st and December 31st will receive \$125. Employees with a hire date after December 1st will not receive a 2024 contribution, as their benefits will be January 1, 2025.

If I'm over 65 and enrolled in Medicare can I contribute?

It depends. If you enroll in Medicare Part A, or any part of Medicare, you can no longer contribute funds to a Health Savings Account (HSA) without incurring tax penalties. You can decline Medicare Part A as long as you are still working. If you've declined Medicare, you may continue to contribute to an HSA as long as you meet all other eligibility requirements.

What is the contribution limit?

Each year, the federal government sets contribution limits for HSAs. For 2024, you cannot put more money into the HSA than the allowed maximum contribution of \$4,150 for individual coverage or \$8,300 for family coverage. In addition, individuals age 55 or older may make additional catch-up contributions of up to \$1,000. Keep in mind you can change the amount you contribute to your HSA at any time during the year.

Do I have to use all the funds in one year?

No. **The HSA dollars are yours to keep. Unlike an FSA, the dollars will remain in your account and roll over year after year.** You decide how they are invested (within the HSA investment menu), you spend them when and how you want, and you have to keep track of them.

Can I only use the money for qualified medical expenses?

If you are ever in a jam financially and you need to pull out your money for a non-medical expense, you can access your HSA money. You will pay income tax on the amount and probably a penalty. If you are 65 or older or disabled, you are not liable for the penalty.

What are qualified medical expenses?

Qualified medical expenses are defined as medical copayments or coinsurance, long-term care costs, dental care costs, vision care costs, prescription medications, and some over-the-counter medications. HSA funds can also be used to pay for some health care premiums, including COBRA, long-term care, or post-65 retiree medical insurance premiums (though not Medicare supplement plans).

What are the benefits of an HSA?

The funds deposited into an HSA are tax-free in three ways: contributions into the account are excluded from your taxable income; interest you earn on your HSA balance isn't taxed; and as long as you spend the money on qualified medical expenses, spending is tax-free, too! The money in your HSA accumulates interest and grows tax-free, so it's a cost effective way to save.

When you are covered under an HDHP, the money you have accumulated in your health savings account can be used to pay your deductible.

Remember, you are eligible to deposit funds in an HSA only if you are not covered by another health plan. Other health plans would include unspent balances in a flexible spending account that can be used to cover expenses incurred after January 1, 2023. Other health plans would also include Medicare and any plan your spouse has through another employer that covers you, including a health flexible spending account established through your spouse's employer. If the health FSA balance is exhausted as of 12/31/2023 or if the health FSA is designed to cover only dental or vision expenses, these special rules do not apply.

How is a health savings account set up?

Optum Bank offers a range of tools and services that make managing your health savings account easy. They provide live assistance at 800-791-9361. You can also setup online access at www.optumbank.com.

Employees selecting an HSA for the first time have 4 pay periods during which to open their HSA account. If the employee has not opened their account within 4 pay periods after selection of the benefit, the employee forfeits the employer contribution.

Are there any fees?

Yes, please see the fee schedule below and refer to the Optum Bank website for possible additional fees.

\$1.00 per account per month if the balance drops under \$500

\$3.00 per account per month Investment Fee

\$2.50 ATM fee per transaction





DISABILITY INCOME BENEFITS

GAUMC provides full-time employees* with disability income benefits and pays the full cost of this coverage. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income.

*See page 3 for definition of full-time employee.

SHORT-TERM DISABILITY

(Self-Insured)

This employer paid benefit is also known as Category B Sick Leave. It is for an employee's long-term illness or short-term disability. Employees accrue 44 working days per year of Category B sick leave at the rate of 3.66 days per month to a maximum of 130 working days (26 weeks). Unused Category B sick days on December 31 can be carried over to the following year. If an employee's illness is expected to exceed 26 weeks, the employee should file for Long Term Disability (LTD) benefits. Check your Policies and Procedures manual for details.

LONG-TERM DISABILITY INSURANCE

In the event of a long term personal illness or injury, GAUMC employees are provided 60% of their salary to a maximum of \$6,000 per month until retirement or until employee is deemed eligible to return to work. Check your Policies and Procedures manual for details.



LIFE INSURANCE

KNOW YOUR OPTIONS

Your family depends on your income for a comfortable lifestyle and for the resources necessary to make their dreams – such as a college education – a reality. Like anyone, you don't like to think of the scenario where you're no longer there for your family. However, you do need to ensure their lives and dreams can continue if the worst does happen.

Basic Life Insurance

GAUMC provides full-time employees with basic term life insurance coverage at no cost to you. This benefit has a reduction clause effective at age 65 and again at age 70.

Lay Employees: 2 times annual salary to a maximum of \$100,000

Clergy Employees: 2 times annual salary to a maximum of \$100,000 less the Comprehensive Protection Plan (CPP) Benefit (\$50,000)

Supplemental Group Term Life Insurance

You may also choose to purchase supplemental life insurance coverage in addition to the company-paid benefit. This is a voluntary employee paid plan. The plan pays a benefit in the event of the death of a covered member. Benefit amounts are available in \$10,000 increments, up to \$500,000, **not to exceed 5 times your annual salary. Employees who do not elect Supplemental Life during their first 30 days of employment, must complete Evidence of Insurability forms when enrolling for any amount of coverage in the plan.** A guaranteed issue amount of \$200,000 applies to new hires only. Please see your Human Resources department with any questions about enrolling, terminating or modifying your coverage. This benefit has a reduction clause effective at age 65 and again at age 70.

Your 2024 Supplemental Life Costs

To calculate your premium, use the chart below. Choose your desired coverage level and divide by 1000. Multiply the result by the multiplier in the third column to get your monthly premium.

Lower Age Limit	Upper Age Limit	Multiplier
0	24	0.0600
25	29	0.0700
30	34	0.0900
35	39	0.1000
40	44	0.1200
45	49	0.2000
50	54	0.3500
55	59	0.6600
60	64	0.8900
65	69	1.4100
70	99	3.2000

*DEPENDENT COVERAGE

You must apply for the same option for both your spouse and children.

Option A (Monthly Premium: \$11.25)

Spouse: \$25,000

Child - Birth up to age 26: \$10,000

Option B (Monthly Premium: \$4.00)

Spouse: \$10,000

Child - Birth up to age 26: \$5,000

*Please be aware that the guaranteed issue amount of \$25,000 applies only to those employees who elected Dependent Life Coverage during their initial 30 day new hire enrollment period. Those employees enrolling in Dependent Life Coverage for the first time during an annual enrollment period must complete Evidence of Insurability forms for their dependents and submit to the insurance company for approval before payroll deductions can begin.

Accidental Death & Dismemberment

This is a voluntary employee paid plan with optional family coverage. If you select family coverage, the coverage amount you select applies to both you the employee and to your family. You cannot have a different coverage amount on your family than you have on yourself. The plan pays a benefit in the event of an accidental death following an injury (exclusions apply), or accidental dismemberment following an injury (reduction percentages apply). Benefit amounts are available in \$10,000 increments up to \$600,000, not to exceed 10 times your annual salary. This benefit has a reduction clause effective at age 65 and again at age 70.

Monthly accidental death and dismemberment premiums are as shown:

Employee only: \$0.27/10,000 unit of coverage

Employee plus family: \$0.41/10,000 unit of coverage



VOLUNTARY BENEFITS

Other Voluntary Benefits: Accident and Critical Illness (Unum)

Accident and Critical Illness plans are voluntary, employee-paid plans. These plans help to support your out of pocket cost by providing reimbursements paid directly to you depending on the qualified event.

CRITICAL ILLNESS WITH CANCER

- Lump sum benefit based on employee choice of \$10,000 or \$15,000.
- Benefit is payable at time of diagnosis.
- Employee and spouse premium is based on age rates.
- Guaranteed issue amount up to \$15,000.
- Illnesses include heart attack, stroke, organ failure, blindness, cancer plus multiple other illnesses.
- 12-month pre-existing clause applies.

- Spouse (\$5,000) and child coverage (25% of employee amount) available.

ACCIDENT

- Lump sum benefit check payable to employee per covered accident.
- Wide range of benefit payouts (including dislocation, burns, ambulance ride, laceration, hospital admission, etc.).
- All coverage guaranteed issue; rates do not increase with age.
- Optional \$200 per day sickness hospital confinement.
- Full family coverage available.

Critical Illness and Accident coverage each include a \$50 wellness benefit pending completion of an annual wellness screening. All coverage is portable, which means you can take it with you if you terminate employment through GAUMC.

YOUR 2024 CRITICAL ILLNESS COSTS

Monthly costs include Be Well benefit of \$50				
Issue Ages	Employee \$10,000 Spouse 50% Child 25%		Employee \$15,000 Spouse 50% Child 25%	
	Employee only or Employee + Children	Employee + Spouse or Employee + Family	Employee only or Employee + Children	Employee + Spouse or Employee + Family
Under 25	\$3.48	\$6.06	\$4.38	\$7.41
25-29	\$4.28	\$7.26	\$5.58	\$9.21
30-34	\$5.38	\$8.91	\$7.23	\$11.69
35-39	\$6.98	\$11.31	\$9.63	\$15.29
40-44	\$9.28	\$14.76	\$13.08	\$20.46
45-49	\$12.48	\$19.56	\$17.88	\$27.66
50-54	\$16.68	\$25.86	\$24.18	\$37.11
55-59	\$22.78	\$35.01	\$33.33	\$50.84
60-64	\$32.18	\$49.11	\$47.43	\$71.99
65-69	\$46.88	\$71.16	\$69.48	\$105.06
70-74	\$71.68	\$108.36	\$106.68	\$160.86
75-79	\$103.38	\$155.91	\$154.23	\$232.19
80-84	\$147.28	\$221.76	\$220.08	\$330.96
85+	\$234.88	\$353.16	\$351.48	\$528.06

Rate is based on employee or spouse age; Child(ren) are automatically covered with employee coverage, if applicable. The child benefit amount is 25% of employee coverage amount.

YOUR 2024 ACCIDENT COSTS

	Monthly Premium WITHOUT \$200/day sickness hospital confinement benefit	Monthly Premium WITH \$200/day sickness hospital confinement benefit
Employee	\$17.78	\$22.36
Employee + Spouse	\$29.30	\$38.46
Employee + Children	\$32.08	\$41.62
Employee + Family	\$43.62	\$57.74

Identity Theft Insurance

Identity Theft Insurance is available to you through Allstate Identity Protection. Your identity is made up of more than your Social Security number and your bank accounts. Allstate Identity Protection provides a comprehensive identity protection plan.

- Run your personalized Allstate Digital Footprint and see your digital exposure
- Monitor your credit scores and reports
- Monitor linked social media accounts
- Opt out of telemarketing calls
- Get reimbursed for stolen 401(k) & HSA funds *see the policy for terms, conditions and exclusions.

Allstate Identity Protection safeguards your personal information, the data you share, and the relationships you treasure. Enrolled employees and dependents must have a Social Security number to be monitored. There is no age limit for enrolled family members.

Coverage is \$9.95 per month for employee only coverage and \$17.95 per month for family coverage.

Legal Services Insurance

Legal Services Insurance is available to you through ARAG. Legal coverage isn't just for the serious issues, it's for your everyday needs too. Legal insurance helps you address common situations like creating wills, transferring property, or buying a home. When you work with a network attorney, attorney fees are 100% paid-in-full for most covered matters. ARAG has more than 14,000 attorneys in their network with an average of 20 years of experience.

ARAG's UltimateAdvisor plan is \$20.75 per month for you and any of your family members.





Employee Assistance Program (EAP)

GAUMC provides an Employee Assistance Program to all employees of GAUMC and their families. This benefit can be accessed by making a phone call or logging onto a private, secure website. Use of the benefit is free, voluntary, and strictly confidential.

EAP provides the following invaluable benefits, many at no cost to you and your family:

- Managing stress
- Legal and financial concerns
- Finding childcare and elder care
- Grief, depression, substance abuse issues

EAP Specialists are available by telephone 24/7, and can help direct you to a provider for an in-person consultation.

- 866-248-4094
- www.liveandworkwell.com (access code: GAUMC)



WELLNESS PROGRAMS

GAUMC is committed to your health and well-being. Managing your own health and wellness routine is important to all of us. Through various wellness initiatives and resources, staff and family members gain knowledge and increase their ability to manage their health and prevent diseases. You can set your own personal health and wellness goals through UMCWell to lead a healthier lifestyle and to earn wellness incentives.

Rally Rewards Program through United Healthcare

Rally Rewards Program is available to employees and their spouses enrolled in the UHC medical plan. It is an online platform designed to help you make changes to your daily routine, set smart goals, and track progress. Members can access the Rally Rewards platform through myuhc.com or on the Rally mobile app. **Employees and their spouses can earn wellness incentives of a maximum of \$300 each per year by completing the tasks listed below. In order to receive any of the incentives, you must complete the online health assessment (survey) first. Completion Timeframe - January 1st - September 30th each year.**

- Complete a Preventative Exam - \$150
- Online Health Survey - \$50
- Complete a Virtual Visit - \$50
- Completion of Real Appeal sessions - \$125
- Rally Stride (steps tracking) - \$30/month
- Watch an EAP Video - \$25

For more information, please contact your Human Resources department.

Real Appeal through United Healthcare

Real Appeal is a program designed to give participants the tools they need to kick-start their weight loss journey.

Real Appeal is provided at no additional cost for eligible employees and spouses with a BMI of 23 or higher as a part of their medical plan through United Healthcare.

Livongo for Diabetes Program

Livongo creates personalized experiences, using data science, that delivers positive health outcomes and lowers costs.

24/7 SUPPORT

Certified Diabetes Educators assist to make better diabetes management decisions via real-time support minutes after a high or low blood glucose reading from your Livongo meter. It also provides unlimited scheduled coaching.

DATA DRIVEN INSIGHTS

Our reinforcement learning algorithms deliver trends and customized insights to members through their meter, mobile app, and personal account.

CONNECTED CARE

Livongo creates a better experience for members, their family, friends, and clinicians by allowing for seamless sharing of data.

UNLIMITED STRIPS

Members get as many test strips as needed, when needed, delivered right to their door.

REAL APPEAL INCLUDES:



SUCCESS

A SUCCESS KIT

Nutrition and fitness guides, pedometer, workout DVDs, blender for making healthy smoothies, and more.



COACH

A PERSONALIZED COACH

An entire year of personalized coaching based on your goals, medical history, and personal preferences.



SUPPORT

24/7 SUPPORT AND APP

Stay on track with customizable trackers, group support, and access to unlimited digital content.

To enroll, go to generalagency.realappeal.com



CONTACT INFORMATION

BENEFIT PLAN	PROVIDER	TELEPHONE	WEBSITE
Medical	United Healthcare	866-270-5311	www.myuhc.com
Pharmacy	Express Scripts	866-544-1804	www.express-scripts.com
Dental	United Healthcare	866-270-5311	www.myuhc.com
Vision Care	United Healthcare	866-270-5311	www.myuhc.com
Health Savings Account	Optum Bank	800-791-9361	www.OptumBank.com
Flexible Spending Account	United Healthcare	866-755-2648	www.myuhc.com
Employee Assistance Program	United Healthcare	866-248-4094	www.liveandworkwell.com (access code: GAUMC)
Family Medical Leave (FMLA)	Lincoln Financial	800-291-0112	www.mylincolnportal.com (company code: GAUMC)
Critical Illness and Accident	UNUM	866-679-3054	www.unum.com/employees
Identity Theft	Allstate Identity Protection	800-789-2720	www.myaip.com
Legal Services	ARAG	800-247-4184	www.ARAGlegal.com/myinfo (access code: 18588gau)
Rally Wellness Program	United Healthcare	866-270-5311	myUHC.com
Real Appeal Weight Loss Program	United Healthcare	844-344-7325	generalagency.realappeal.com
Livongo Diabetes Program	Livongo	800-945-4355	livongo.com/GAUMC

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by United Healthcare and GAUMC. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.



GAUMC

General Agencies of The United Methodist Church



VISIT WWW.UMCWELL.ORG FOR MORE INFORMATION