

Herring Networks, Inc. Open Enrollment Meeting

Plan Year 1/1/2021– 12/31/2021



PRESENTED BY:
David Poe, CFP®
NFP

Welcome to Open Enrollment!

Herring Networks 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.

During Open Enrollment:

- ☑ This is your opportunity to enroll in the Medical, Voluntary Dental and/or Voluntary Vision Coverage. All employees are automatically enrolled in the life insurance plan; remember to name (or update) your beneficiary.
- ☑ No changes after open enrollment (unless due to a qualifying event).

Open enrollment period runs **Monday 11/9/2020 to Monday 11/16/2020.**

Elections you make will become effective January 1, 2021.

Qualifying Events

During the year you can only make changes if you experience a qualifying life event (QLE), which includes:

- Marriage, Divorce & Legal separation
- Employment status change (part-time to full-time)
- Birth or adoption of a child
- Loss or gain of other coverage
- Loss of eligibility of a covered dependent

Reminder: You must make benefit changes within 30 days of the qualifying change in status event date or you will have to wait until the next open enrollment period. You are responsible for notifying the Human Resources Department of any qualifying event and in changing your elections within that timeframe.

Who is Eligible?

Full-time employees are those who average at least 30 hours per week. Eligible dependents include:

- Your legal spouse (unless you are legally separated).
- Your domestic partner (defined under CA law AB2208).
- Your dependent children under the age of 26.

Medical Plan Options (for CA employees only)

1. Base Option HMO: Herring will continue to pay 100% of the “employee only” level premium. You must select a Primary Care Physician.
2. High Option HMO: This is a buy up option. You must select a Primary Care Physician. No deductible, low hospital and out-of-pocket costs.

Medical Plan Options (for CA & Non-CA employees)

3. Solution PPO plan: Freedom of Choice. Herring will pay 100% of the “employee only” level premium. You are responsible for the deductible, coinsurance and copayments. This option is for California and Non-California employees.

Overview of the HMO Plans

| Medical Benefits | | |
|---|---|--|
| Carrier | Anthem | Anthem |
| | T-Value HMO 30/50/30% (Base) | T-Value HMO 20/40/250/3D (buy-up) |
| In-Network Coverage | | |
| Deductible (Individual / Family) | None | None |
| Out-of-Pocket Maximum (Individual / Family) | \$5,000 / \$10,000 | \$2,500 / \$5,000 |
| Coinsurance | 30% | N / A |
| Primary Care Physician Office Visit | \$30 | \$20 |
| Specialist Office Visit | \$50 | \$40 |
| Preventive Care | No charge | No charge |
| Emergency Room | \$200/visit (copay waived if admitted) | \$150/visit (copay waived if admitted) |
| Urgent Care | \$30 | \$20 |
| Outpatient Surgery | 30% | \$125/visit |
| Inpatient Hospital | 30% | \$250/day up to 3 days/admission |
| Prescription Drug Deductible | \$150 / \$450 | None |
| Prescription Drug Retail (Tier 1 / Tier 2 / Tier 3) | 5 or 20 / 40 / 60 / 30% up to \$250 max. per Rx - all tiers after Rx ded. except tier 1 generic | 5 or 20 / 40 / 60 / 30% up to \$250 max. per Rx |
| Prescription Drug Mail Order (Up to 90-Day Supply) | 2.5x Retail (generic), 3x Retail (brand tiers 2 & 3) | 2.5x Retail (generic), 3x Retail (brand tiers 2 & 3) |

Overview of the PPO Plan

| Medical Benefits | |
|--|--|
| Carrier | Anthem |
| Solution PPO 1500/15/30/20 | |
| In-Network Coverage (only reflected - refer to the SBC or benefits summary for out-of-network) | |
| Deductible (Individual / Family) | \$1,500 / \$3,000 |
| Out-of-Pocket Maximum (Individual / Family) | \$4,000 / \$8,000 |
| Coinsurance | 20% |
| Primary Care Physician Office Visit | \$15 |
| Specialist Office Visit | \$30 |
| Preventive Care | No charge |
| Emergency Room | \$150 copay + 20% after ded. (copay waived if admitted) |
| Urgent Care | \$15 |
| Outpatient Surgery | 20% after deductible |
| Inpatient Hospital | 20% after deductible |
| Prescription Drug Deductible | None |
| Prescription Drug Retail (Tier 1 / Tier 2 / Tier 3) | 5 or 20 / 40 / 60 / 30% up to \$250 max. per Rx |
| Prescription Drug Mail Order (Up to 90-Day Supply) | 2.5x Retail (generic), 3x Retail (brand tiers 2 & 3) |

Anthem - how to find an HMO provider

Medical HMO – Traditional Network

How to Find a Medical Provider Online

STEP 1

- Visit <https://www.anthem.com/ca/find-care/>
- Click **Members** box to access your elected plan; **OR** • Click **Guests** box
- Scroll down to answer questions that will help you narrow your search

STEP 2

Scroll down the screen to complete the following fields:

- What type of care are you searching for? Use drop down to
 - select: **Medical**
- What State do you want to search in?: Use drop down to
 - select **your State**
- What type of plan do you want to search with? **Medical**
 - **(Employer- Sponsored)**
- Select a plan/network: Use drop down to select **Blue Cross**
 - **HMO (CACare) – Large Group**
- Click **Continue** button

Anthem – how to find an HMO provider - continued

STEP 3

Enter the Zip Code in the far right box. You now have 2 options to narrow your search:

- Option 1: Enter in the **Physician's Name, Specialty, NPI or license number** in the Search Box. The results will appear below the Search Box and you can either click on the name provided or you may click on the **See All** text.
- Option 2: Scroll down and click one of the Types of Providers listed.
 - The results will appear on a new screen and you can click on the physician's name to obtain additional details.

STEP 4

- View your search results.
- Click the printer icon to print the results of your search.
- Click on a provider name to see more details.
- Click the **Back to Results** button in the upper left hand corner or **Back** box at the bottom the screen to return to results.

STEP 5

- **HMO Plan Participants**
- HMO plan providers in CA only
- Confirm you have selected your Medical Group Affiliation or Location • Record the 3 to 6-digit PCP/ID to enter into your enrollment form.

Anthem – how to find a PPO provider

Medical PPO - California

How to Find a Medical Provider Online

STEP 1

- Visit <https://www.anthem.com/ca/find-care/>
- Click **Members** box to access your elected plan; **OR** • Click **Guests** box
- Scroll down to answer questions that will help you narrow your search

STEP 2

Scroll down the screen to complete the following fields:

- What type of care are you searching for? Use drop down
 - to select: **Medical**
- What State do you want to search in?: Use drop down to
 - select **your State**
- What type of plan do you want to search with?
 - **Medical (Employer- Sponsored)**
- Select a plan/network: Use drop down to select
 - **Blue Cross PPO (Prudent Buyer) – Large Group**
- Click **Continue** button

Anthem – how to find a PPO provider - continued

STEP 3

- Enter the Zip Code in the far right box. You now have 2 ways to narrow your search:
- Option 1: Enter in the **Physician's Name, Specialty,**
 - **NPI or license number** in the Search Box. The results will appear below the Search Box and you can either click on the name provided or you may click on the **See All** text.
- Option 2: Scroll down and click one of the Types of Providers listed.
 - The results will appear on a new screen and you can click on the physician's name to obtain additional details.

STEP 4

- View your search results.
- Click the printer icon to print the results of your search.
- Click on a provider name to see more details.
- Click the **Back to Results** button in the upper left hand corner or **Back** box at the bottom the screen to return to results.

Your 2021 Medical Cost

| | Monthly Cost | Weekly (payroll) |
|---|-------------------|---------------------|
| Anthem - BASE Full Network HMO | \$0.00 | \$0.00 |
| Employee Only | \$490.61 | \$113.22 |
| Employee + Spouse | \$327.08 | \$75.48 |
| Employee + Child(ren) | \$858.55 | \$198.13 |
| Employee + Family | | |
| Anthem - BUY UP Full Network HMO | \$80.77 | \$18.64 |
| Employee Only | \$668.35 | \$154.23 |
| Employee + Spouse | \$472.46 | \$109.03 |
| Employee + Child(ren) | \$1,108.98 | \$255.92 |
| Employee + Family | | |
| Anthem - Solution PPO 1500 | \$0.00 | \$0.00 |
| Employee Only | \$417.17 | \$96.27 |
| Employee + Spouse | \$266.99 | \$61.61 |
| Employee + Child(ren) | \$755.09 | \$174.25 |
| Employee + Family | | |

PRINCIPAL

- Voluntary Dental
- Voluntary Vision
- No Plan or Rate Changes

Voluntary Dental Option

- ☑ Freedom to see any dentist, no referrals
- ☑ Discounted rates with network dentists
- ☑ Point of service design (POS) incorporates 3 benefit levels (for CA EE's) and PPO plan with 2 benefit levels (for non-CA EE's):
 1. Exclusive Provider Organization (EPO): For California employees. You will receive the greatest savings with EPO level, providers discount services up to 50%.
 2. Preferred Provider Organization (PPO): PPO providers discount services up to 30%.
 3. Non-PPO: reimbursement 90th percentile UCR (usual customary & customary).

Overview of the POS Dental Plan - CA

Voluntary Dental Plan

Carrier

Principal - POS plan for CA

In-Network Coverage

EPO / PPO in-network tiers

| | |
|-----------------------------------|--------------|
| Deductible | \$50 / \$150 |
| Deductible Waived for Preventive? | yes |
| Annual Max. Per Member | \$1,000 |
| Preventive / Type A Coinsurance | 100% |
| Basic / Type B Coinsurance | 80% |
| Major / Type C Coinsurance | 50% |
| Ortho / Type D Coinsurance | N / A |
| Orthodontics Lifetime Maximum | N / A |

Out-of-Network Coverage

| | |
|-----------------------------------|---------------------|
| Deductible | \$50 |
| Deductible Waived for Preventive? | yes |
| Annual Max. Per Member | \$1,000 |
| Preventive / Type A Coinsurance | 100% |
| Basic / Type B Coinsurance | 80% |
| Major / Type C Coinsurance | 50% |
| Ortho / Type D Coinsurance | N / A |
| Orthodontics Lifetime Maximum | N / A |
| Reimburse % of Medicare | UCR 90th percentile |

Overview of the PPO Dental Plan – non-CA

Voluntary Dental Plan

Carrier

Principal - PPO plan for non-CA

In-Network Coverage

| | |
|-----------------------------------|--------------|
| Deductible | \$50 / \$150 |
| Deductible Waived for Preventive? | yes |
| Annual Max. Per Member | \$1,000 |
| Preventive / Type A Coinsurance | 100% |
| Basic / Type B Coinsurance | 80% |
| Major / Type C Coinsurance | 50% |
| Ortho / Type D Coinsurance | N / A |
| Orthodontics Lifetime Maximum | N / A |

Out-of-Network Coverage

| | |
|-----------------------------------|---------------------|
| Deductible | \$50 |
| Deductible Waived for Preventive? | yes |
| Annual Max. Per Member | \$1,000 |
| Preventive / Type A Coinsurance | 100% |
| Basic / Type B Coinsurance | 80% |
| Major / Type C Coinsurance | 50% |
| Ortho / Type D Coinsurance | N / A |
| Orthodontics Lifetime Maximum | N / A |
| Reimburse % of Medicare | UCR 90th percentile |

Principal – how to find an in-network dental provider (CA Members)

1. Visit www.principal.com/dentist
2. Begin your search by picking the state where you would like to find a provider. For Point of Service (POS) plans, the state selected should be California. After selecting California, specify the Principal POS Plan.
3. Enter the name of the provider you are looking for (if known). If you are looking for a nearby dentist, enter the city and state and/ or ZIP code. Be sure to indicate how far you are willing to travel.
4. Select the desired specialty or use the No Specialty Preference default. Click Continue.
5. EPO providers will be listed first. For additional dentists not contracted with the EPO, select Show PPO Providers. The EPO network is a subset of the PPO network, and all EPO providers are also contracted as PPO providers. The EPO network provides the greatest discounts and preferred benefit design coverage.
6. Select a language if your preference is other than English. Click Continue.

Principal – how to find an in-network dental provider (Non-CA Members)

1. Visit www.principal.com/dentist
2. Begin your search by picking the state where you would like to find a provider. Next, specify a network. Depending on the network chosen, you may be transferred to a partner site.
3. Enter the name of the provider you are looking for (if known). If you are looking for a nearby dentist, enter the city and state and/or ZIP code. Be sure to indicate how far you are willing to travel.
4. Select the desired specialty or use the No Specialty Preference default. Click Continue.
5. Select a language if your preference is other than English. Click Continue.

Your 2021 Voluntary Dental Cost

| | Monthly Cost | Weekly (payroll) |
|---|-----------------|---------------------|
| PRINCIPAL - VOLUNTARY POS (CA)/PPO (OOS) | \$38.92 | \$8.98 |
| Employee Only | \$79.24 | \$18.29 |
| Employee + Spouse | \$98.12 | \$22.64 |
| Employee + Child(ren) | \$145.53 | \$33.58 |

Voluntary Vision Option

- VSP vision administered by Principal
- Freedom of choice, no referrals.
- If you utilize an in-network VSP provider (and stay within the stated maximums), you have a \$10 Copay for exams and \$25 Copay for frames & lenses. For Non-VSP providers, covered up to stated maximums.



Overview of the Vision Plan

Voluntary Vision Plan

Carrier

VSP

Frequency

| | |
|-------------------|-----------|
| Exam Frequency | 12 months |
| Frame Frequency | 24 months |
| Contact Frequency | 12 months |

In-Network Coverage

| | |
|--------------------------------------|--|
| Exam Copay | \$10 |
| Frame Retail Allowance | up to \$150 + 20% off amount over allowance. Up to \$80 allowance from Costco. |
| Material Copay: | \$25 |
| Single Vision Lenses | \$25 |
| Bifocal Lenses | \$25 |
| Trifocal Lenses | \$25 |
| Lenticular Lenses | \$25 |
| Contact Lenses Elective Allowance | up to \$150 |
| Contact Lenses Therapeutic Allowance | \$25 |

Out-of-Network Coverage

| | |
|---|-------------|
| Exam Allowance Max. | up to \$45 |
| Frame Retail Allowance Max. | up to \$70 |
| Single Vision Lenses Allowance Max. | up to \$30 |
| Bifocal Lenses Allowance Max. | up to \$50 |
| Trifocal Lenses Allowance Max. | up to \$65 |
| Lenticular Lenses Allowance Max. | up to \$100 |
| Contact Lenses Elective Allowance Max. | up to \$105 |
| Contact Lenses Therapeutic Allowance Max. | up to \$210 |

VSP – how to find an in-network vision provider

Visit www.vsp.com

Your 2021 Voluntary Vision Cost

| | Monthly Cost | Weekly (payroll) |
|-------------------------------------|-----------------|---------------------|
| PRINCIPAL - VOLUNTARY VISION | \$10.07 | \$2.32 |
| Employee Only | \$20.89 | \$4.82 |
| Employee + Spouse | \$24.73 | \$5.71 |
| Employee + Child(ren) | \$39.24 | \$9.06 |

Life/AD&D Insurance

Herring Networks provides all full-time employees (working 30+ hours/ week) with \$25,000 group life and accidental death and dismemberment (AD&D) insurance at no cost to you. This valuable coverage is provided by Anthem Blue Cross.



Section 125 – Pre-Tax Plan

Your payroll deduction for your premium coverage are done on a pre-tax (deductible) basis. A pre-tax deduction will save you Federal, State, Social Security and Medicare taxes.

Example*

\$100 payroll deduction

25% Tax bracket (15% fed, 3% state, 7% SS & Medicare)

Net Cost of \$100 payroll deduction = \$75 (25% tax savings)

*Note: your tax savings will depend on your personal tax bracket which may be higher or lower than this example

Reminder

- Employees will be using an online portal again this year, to enroll or waive in benefits for 1/1/2021. The online portal is called EaseCentral. You will receive an EaseCentral invitation via E-mail.
- You will enroll yourself and any eligible dependents through the EaseCentral portal. The portal will require you to input your family data (full names, dates of birth, and social security number for all enrollees).
- The Affordable Care Act requires that social security numbers be provided for all dependents enrolling. HMO enrollees will be required to name their Primary Care Physician (PCP).
- *Note: If you are changing your PCP/medical group, it's recommended to call the 800# on the back of your HMO ID card (Anthem customer service). They will help you with the effective date and date options to change to. For example, if in the middle of treatment, Anthem may possibly require that you remain with your existing medical group until treatment is complete. Anthem customer service will assist you.*

Next Steps...

- All employees will be automatically enrolled in the Life/ AD&D insurance.
- Please remember to update your Life insurance Beneficiary.

Open enrollment deadline: Monday 11/16/2020.

Questions?
Thanks for your attention!

