

Plan Year 1/1/2022– 12/31/2022



Herring Networks, Inc. Open Enrollment Meeting

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 11/29 to Wednesday 12/8.

Elections you make will become effective January 1, 2022.

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. Full HMO network: CaliforniaCare.
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. Full HMO network: CaliforniaCare.

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

3. Solution PPO plan: Freedom of Choice. Herring will pay 100% of the “employee only” level Solution PPO premium. You are responsible for the deductible, coinsurance and copayments. This option is for California and Non-California employees. Full PPO network: Prudent Buyer.
4. Classic PPO plan: This is a buy-up PPO; richer benefits. Freedom of Choice. Herring will pay 100% of the “employee only” level Solution PPO premium, and you will buy-up the difference. You are responsible for the deductible, coinsurance and copayments. This option is for California and Non-California employees. Full PPO network: Prudent Buyer.

Overview of the HMO Plans

Medical Benefits		
Carrier	Anthem	Anthem
	T-Value HMO 30/50/30% (Base)	T-Value HMO 20/40/250 3 day (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/Tier 4)	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 Plans

Medical Benefits		Buy-up PPO
Carrier	Anthem	Anthem
	Solution PPO 1500/20/40/20	Classic PPO 500/20/40/20 (Essential 5/15/30/50/30% to 250)
In-Network Coverage reflected only	plan name change	
Deductible (Individual / Family)	\$1,500 / \$3,000	\$500 / \$1,500
Out-of-Pocket Maximum (Individual / Family)	\$5,000 / \$10,000	\$3,500 / \$7,000
Coinsurance	20%	20%
Primary Care Physician Office Visit	\$20	\$20
Specialist Office Visit	\$40	\$40
Preventive Care	No charge	No charge
Emergency Room	\$150 copay + 20% after ded. (copay waived if admitted)	\$150 copay + 20% after ded. (copay waived if admitted)
Urgent Care	\$20	\$20
Outpatient Surgery	20% after deductible	20% after deductible
Inpatient Hospital	20% after deductible	20% after deductible
Prescription Drug Deductible	None	None
Prescription Drug Retail (Tier 1/Tier 2/Tier 3/Tier 4)	5 or 20 / 40 / 60 / 30% up to \$250 max. per Rx	5 or 15 / 30 / 50 / 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)

***Note: For PPO, in-network coverage only reflected - refer to the SBC or benefits summary for out-of-network. For Solution PPO, there are some plan changes effective 1/1/2022; please refer to the SBC or benefits summary.**

Disclaimer: This is a brief summary of the plans for comparison and does not include all provisions and exclusions under the plans.

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 2022 Medical Cost

	Weekly (payroll)
Anthem - BASE Full Network HMO (T-Value HMO 30/50/30%)	
Employee Only	\$0.00
Employee + Spouse	\$121.71
Employee + Child(ren)	\$81.14
Employee + Family	\$212.99
Anthem - BUY-UP Full Network HMO (T-Value HMO 20/40/250/3D)	
Employee Only	\$20.04
Employee + Spouse	\$165.80
Employee + Child(ren)	\$117.21
Employee + Family	\$275.11
Anthem - Solution PPO 1500/20/40/20	
Employee Only	\$0.00
Employee + Spouse	\$103.49
Employee + Child(ren)	\$65.77
Employee + Family	\$187.32
Anthem - BUY-UP PPO (Classic PPO 500/20/40/20)	
Employee Only	\$9.62
Employee + Spouse	\$132.94
Employee + Child(ren)	\$91.83
Employee + Family	\$225.43

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 - Amount EE Pays

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	0%	
Basic / Type B Coinsurance	20%	
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	0%	
Basic / Type B Coinsurance	20%	
Major / Type C Coinsurance	50%	
Ortho / Type D Coinsurance	N / A	
Orthodontics Lifetime Maximum	N / A	
Reimburse % of Medicare	UCR 90th percentile	

Coinsurance refers to the amount you pay after any applicable deductible.

Overview of the PPO Dental Plan – non-CA

Voluntary Dental Plan - Amount EE Pays

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	0%
Basic / Type B Coinsurance	20%
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	0%
Basic / Type B Coinsurance	20%
Major / Type C Coinsurance	50%
Ortho / Type D Coinsurance	N / A
Orthodontics Lifetime Maximum	N / A
Reimburse % of Medicare	UCR 90th percentile

Coinsurance refers to the amount you pay after any applicable deductible.

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 2022 Voluntary Dental Cost

	Weekly (payroll)
PRINCIPAL - VOLUNTARY POS (CA)/PPO (OOS)	
Employee Only	\$8.98
Employee + Spouse	\$18.29
Employee + Child(ren)	\$22.64
Employee + Family	\$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 - Amount EE Pays		
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 2022 Voluntary Vision Cost

	Weekly (payroll)
PRINCIPAL - VOLUNTARY VISION	
Employee Only	\$2.32
Employee + Spouse	\$4.82
Employee + Child(ren)	\$5.71
Employee + Family	\$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.

Age reductions: On the anniversary of the policy effective date which occurs on or next follows any of the birthdays listed below, your insurance will be reduced by a percentage of the amount of insurance calculated in accordance with the schedule of benefits.

Birthday	Benefit Percentage
65	35%
70	50%



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

- The Ease 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.*

Open Enrollment

- **Open Enrollment is done online via Ease**
 - Ease access is 24/7
 - **You will receive an email with a link that you will use to register and access Ease, the morning (PST time) of the Open Enrollment start date (11/29).**
Click the Sign Up button within the email message.
 - *NOTE: If you have logged in to Ease before, you will need to enter your same email address or username and your password using the Sign In button. (You may also pull up a prior Ease link, or go to herringnetwork.ease.com, and log-in there).*
- **Change and/or review your benefits**
- **Add/drop coverage for you or your eligible dependents**
- **Update your profile**
- **Review your benefit documents**

How to Enroll on Ease

1. Log in to Ease per the instructions you have received from Human Resources. For optimal performance it is recommended that you use Chrome or Firefox as your browser.
2. Click “**START ENROLLMENT**” to begin your enrollment.
3. Follow the prompts on each page to complete your benefit enrollment. Click “**CONTINUE**” to proceed to the next section.
4. Verify your personal information is correct and enter in any of your dependent information.
5. If requested during the enrollment process, provide any emergency contacts, employment documents, Medicare status, previous/current coverage and/or health information.

How to Enroll on Ease - continued

6. Please select your benefit by selecting “**ENROLL**” or “**WAIVE**” for each plan. Click “**CONTINUE**” to proceed to the next benefit.
7. You will then be prompted to provide any missing data. Once you have done this, you will be able to review and sign your forms using your mouse or mobile device.
8. Before you review your forms type your name **THEN** sign your signature and follow the prompts to finish.
9. If you have questions, reach out to Human Resources.

Next Steps...

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

Open enrollment deadline: Wednesday December 8th.

Questions?
Thanks for your attention!

