



2023 Open Enrollment





Agenda

- Review of Medical Plans
 - No change in plan offerings
 - All employee premiums are remaining the same – with the exception of the single/individual tier of the HSA plan (which Ready Seafood will now cover at 100% - so, no charge to the employee!)
- Review of Dental Plans
 - Dual dental plan option (Base Plan matches current plan & a Buy-Up plan includes orthodontics and an increased benefit)
 - Very minor increase in cost for Base Plan...less than \$1/week for all tiers!
- Review of Life/AD&D, STD, and LTD plans
 - No change in plan offerings
 - **NO CHANGE** IN COST!!!
- Voluntary Vision Plan
 - No change in plan offerings
 - **NO CHANGE** IN COST!!!
- **NEW Accident & Critical Illness Plans (available through Unum)!**



Open Enrollment

- Open enrollment for benefits is from May 29th through June 9th. This is when you can make enrollment changes (add a dependent, drop a dependent, join the plan, etc.) to your benefit plans.
- Any changes made will take effect on July 1.
- Please be sure to notify HR of any changes during the year to the following:
 - Home address
 - Phone number
 - E-mail address (if used for work communications)
 - Change in beneficiary



Making Changes Later

- If you are going to make a change to your coverage level or plan choice due to life events during the plan year, you must complete, sign and submit an enrollment form within 30 days of the qualifying event. Examples of qualifying events include:
 - birth of a child
 - marriage/divorce
 - loss of other coverage
 - spouse/partner open enrollment
 - aging off parents' coverage at age 26
- Any changes submitted after this 30-day window will need to wait until annual open enrollment.
- Please note that any changes in address, phone number or other contact information can be made throughout the year, and you must notify HR directly of those changes. These are NOT qualifying events to change benefit elections during the year.



7/1/2023 Harvard Plans

About the 3 Medical 3 plans available.

1. **Option 1 is the Maine's Choice HMO plan** and will require each member to designate a primary care physician in the Preferred or Standard Harvard Network and will need to stay IN the Harvard network for care. This plan requires referrals from your PCP to see specialists.
2. **Option 2 is the HSA HMO plan** and will require each member to designate a primary care physician in the Harvard Network and will need to stay IN the Harvard network for care. This plan requires referrals from your PCP to see specialists. In addition, this plan requires all services be subject to deductible and coinsurance, with the exception of routine preventive services. You may also open a health savings account (HSA) in conjunction with this plan option. Additional information available if interested.
3. **Option 3 is the PPO plan** and does not require members to select a PCP and has both an IN and OUT of network. This plan does not require referrals from your PCP to see specialists.



Health Insurance Definitions

- **Copayment (co-pay):** A Copayment is a fixed dollar amount you must pay for certain Covered Benefits. The Copayment is due at the time of service or when billed by the Provider.
- **Deductible:** A specific dollar amount that you pay for most Covered Benefits each calendar year before any benefits subject to the Deductible are payable by the Plan.
- **Coinsurance:** A percentage of Covered Charges (ie: 20% or 40%) for certain Covered Benefits that must be paid by the Member.
- **Out-of-pocket Maximum:** Money you pay toward the cost of healthcare services. It generally is the deductible and the coinsurance amount added together. In some cases, it may also include the co-pays you have for medical services. Plans vary widely in the amount of out-of-pocket costs you pay.





Important Information

- **Deductible Credit:** Any deductible amounts that have been accumulated from 1/1/23 up until 6/30/23 will be credited to your plan effective 7/1/23. Deductible does not restart until 1/1/24.
- **PCP:** If you elect one of the HMO options you will need to select a PCP. It is important that you establish connection with them ASAP. Should you need a referral, it is highly unlikely they will give you one if they've never met with you.
- The Maine's Choice HMO now allows your PCP to be in the Preferred or Standard network. Previously your PCP was required to be in Preferred network only.
- Dependent children continue to be covered up to age 26, regardless of student status.
- International coverage provided under plan (Emergency Care).
- Keep in mind that emergency treatment is always covered despite plan type.
- There are no pre-existing condition exclusion clauses.



2023 Maine's Choice HMO Plan – Option 1



Maine's Choice HMO –IN NETWORK COVERAGE ONLY	
Deductible	
Preferred Network Single/Family	\$2,000/\$4,000
Standard Network Single/Family	\$5,000/\$10,000
Coinsurance	
Preferred Network Single/Family	20%
Standard Network Single/Family	40%
Total Out Of Pocket	
Preferred Network Single/Family	\$5,500/\$11,000
Standard Network Single/Family	\$6,850/\$13,700
Facility Inpatient Charges	DEDUCTIBLE & COINSURANCE
Facility Outpatient Charges	DEDUCTIBLE & COINSURANCE
Routine Preventive Care	Covered In Full
Primary Care Visit	\$35 Preferred/ \$50 Standard
Specialist Visit	\$35 Preferred/ \$50 Standard
Diagnostic Testing	DEDUCTIBLE & COINSURANCE
MRI/Cat/Pet Scan	DEDUCTIBLE & COINSURANCE
Emergency Room	\$300 COPAY
Physical, Speech & Occ. Therapy	\$50 (60 VISITS/YR.) COPAY
Prescriptions, 30-days	\$10/\$35/\$60/30% to \$250
Retail/Mail Order Prescriptions, 90 Days	\$20/\$70/\$120/30% to \$500

2023 HSA HMO Plan – Option 2



HSA HMO–IN NETWORK COVERAGE ONLY	
Deductible	
In Network Single/Family	\$6,000/\$12,000
Out of Network Single/Family	N/A
Coinsurance	
In Network Single/Family	20%
Out Of Network Single/Family	N/A
Total Out Of Pocket	
In Network Single/Family	\$6,450/\$12,900
Out Of Network Single/Family	N/A
Facility Inpatient Charges	DEDUCTIBLE & COINSURANCE
Facility Outpatient Charges	DEDUCTIBLE & COINSURANCE
Routine Preventive Care	Covered In Full
Primary Care Visit	DEDUCTIBLE & COINSURANCE
Specialist Visit	DEDUCTIBLE & COINSURANCE
Diagnostic Testing	DEDUCTIBLE & COINSURANCE
MRI/Cat/Pet Scan	DEDUCTIBLE & COINSURANCE
Emergency Room	DEDUCTIBLE & COINSURANCE
Physical, Speech & Occ. Therapy	DEDUCTIBLE & COINSURANCE (60 VISITS/YR.)
Prescriptions, 30-days	DED THEN \$10/\$35/\$60/30% to \$250
Retail/Mail Order Prescriptions, 90 Days	DED THEN \$20/\$70/\$120/30% to \$500
Preventative Rx	DEDUCTIBLE WAIVED

2023 PPO Plan – Option 3



PPO- IN AND OUT OF NETWORK COVERAGE	
Deductible	
In Network Single/Family	\$4,000/\$8,000
Out of Network Single/Family	\$8,000/\$16,000
Coinsurance	
In Network Single/Family	20%
Out Of Network Single/Family	40%
Total Out Of Pocket	
In Network Single/Family	\$6,600/\$13,200
Out Of Network Single/Family	\$12,000/\$20,000
Facility Inpatient Charges	DEDUCTIBLE & COINSURANCE
Facility Outpatient Charges	DEDUCTIBLE & COINSURANCE
Routine Preventive Care	Covered In Full
Primary Care Visit	\$30 (IN)
Specialist Visit	\$30 or \$50 (IN)
Diagnostic Testing	DEDUCTIBLE & COINSURANCE
MRI/Cat/Pet Scan	DEDUCTIBLE & COINSURANCE
Emergency Room	\$250
Physical, Speech & Occ. Therapy	\$50 (60 VISITS/YR.)(IN)
Prescriptions, 30-days	\$10/\$35/\$60/30% to \$250 (IN)
Retail/Mail Order Prescriptions, 90 Days	\$20/\$70/\$120/30% to \$500 (IN)
Preventative Rx	N/A



Health Savings Accounts (HSA)

WHAT IS IT:

- A tax favored bank account used to help pay medical expenses
- Members own and manage the account
 - Deposit funds through pre-tax payroll deduction
- Unused funds carry over year to year, you own the account!

ELIGIBILITY:

- Must be enrolled in a qualified high deductible health plan...for Ready that plan is the HSA-HMO
- Cannot have other health insurance, not enrolled in Medicare

ARE THERE CONTRIBUTION LIMITS?

- Max amount allowed to be deposited is:
 - 2023: individual: \$3,850 / family: \$7,750 / catch up over age 55: \$1,000
 - 2024: individual: \$4,150 / family: \$8,300 / catch up over age 55: \$1,000

WHAT ARE QUALIFIED EXPENSES THAT I CAN SPEND THE MONEY ON?

- All medical expenses, deductible, coinsurance, prescriptions
- All 213(d) expenses...OTC items, dental, vision
- Can use funds for yourself or any taxable dependents, even if not covered by your medical plan

WHAT HAPPENS IF I USE THE MONEY FOR NON-QUALIFIED ITEMS?

- Non-qualified expenses are subject to income tax and a 20% penalty



2023 Weekly Medical Cost

	Option 1 – Maine's Choice HMO	Option 2 – HSA HMO	Option 3 – PPO
Full Time Employees			
Employee Only	\$34.86	\$0.00	\$37.28
Employee & Spouse	\$126.06	\$57.62	\$130.86
Employee & Child(ren)	\$112.13	\$48.83	\$116.57
Family	\$215.87	\$109.79	\$223.31



Harvard Pilgrim Program Updates

Increased fitness reimbursement of up to \$300 per family contract

AbleTo – New Virtual product offerings

Aspire – Specialized coordination and co-management of care 24/7

24/7 Support: Behavioral Health Access Center

Live and Work Well – Confidential access to professional care, self help and information

Sanvello App – Offers clinical techniques to help with stress, depression and anxiety anytime

Ovia Health – maternity and family health solutions

Wellthy – Support for caretakers to assist with planning and logistics involved with taking care of family members



Harvard Pilgrim Program Reminders

Member Savings on alternative medicines, hearing and vision programs, weight loss programs and more

Cost Estimator: Transparency tool that allows members to understand medical costs ahead of time

Care & Disease Management

Smoking Cessation programs

Urgent Care & Convenient Care – less costly than ER

Doctor on Demand – telehealth visits available at a discounted price of \$54 for HSA or office visit copay for other plans

Reduce My Costs – voluntary program that helps members save on outpatient tests and procedures. Pays cash rewards to members who use low-cost providers

Living Well Rewards – Online Well bring program offering a variety of single step activities that allows members to earn incremental rewards. Members can earn Amazon gift cards. Covered dependents and employees who aren't HPHC members can participate in a separate program where they can earn points toward monthly Amazon gift card drawings.

Living Well at Home with Virtual Wellness Classes – No cost classes through Zoom

- Resilience, Relationships and Relief – Using Positive Psychology to Thrive in Tough Times
- Yoga Classes
- Zumba Classes
- Guided Mindfulness Sessions
- Health and Wellness Webinars
- Living Well Everyday



Standard Dental Plan Benefits

	Base Plan	Buy-Up Plan
<u>Deductible</u> Preventive (I) Basic (II) / Major (III) Orthodontics (IV)	N/A \$50/\$150 Combined N/A	
<u>Coinsurance</u> Preventive Basic Major Orthodontics (child only)	100% 100% 60% N/A	100% 100% 60% 50%
<u>Maximum Benefits</u> Annual Benefit (I,II & III) Lifetime Benefit (IV Only)	\$1,500 N/A	\$2,000 \$1,000
<u>Waiting Periods – New Hires</u> Basic & Major Orthodontics	No Waiting Period N/A	No Waiting Period 12 Months for Orthodontics
<u>Max Builder Provision</u>	May increase annual maximum by accumulating \$250 a year in additional benefits & an annual PPO bonus for use in future coverage periods **cannot exceed \$500 in services/year	
<u>Vision Program- Policylink</u>	Unlimited up to \$150 maximum for any covered vision expense Exam, Lenses, Contacts & Frames all subject to \$150 annual maximum	



2023 Weekly Dental Cost

	Base Plan	Buy-Up Plan
Employee	\$7.40	\$9.63
Employee & Spouse	\$15.20	\$19.84
Employee & Child(ren)	\$18.63	\$24.84
Family	\$26.43	\$35.03



Anthem Blue View Vision

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Routine Eye Exam			
A comprehensive eye examination	\$20 copay	Up to \$48 allowance	Once every calendar year
Eyeglass Frames			
One pair of eyeglass frames	\$130 allowance, then 20% off any remaining balance	Up to \$64 allowance	Once every 2 calendar years
Eyeglass Lenses (<i>instead of contact lenses</i>)			
One pair of standard plastic prescription lenses: <ul style="list-style-type: none"> Single vision lenses Bifocal lenses Trifocal lenses 	\$20 copay \$20 copay \$20 copay	Up to \$36 allowance Up to \$54 allowance Up to \$69 allowance	Once every calendar year
Eyeglass Lens Enhancements When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost.			
<ul style="list-style-type: none"> Transition Lenses (for a child under age 19) Standard polycarbonate (for a child under age 19) Factory scratch coating 	\$0 copay \$0 copay \$0 copay	No allowance when obtained out of network	Same as covered eyeglass lenses
Contact Lenses (<i>instead of eyeglass lenses</i>) Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.			
<ul style="list-style-type: none"> Elective conventional (non-disposable) OR 	\$130 allowance, then 15% off any remaining balance	Up to \$105 allowance	Once every calendar year
<ul style="list-style-type: none"> Elective disposable OR 	\$130 allowance (<i>no additional discount</i>)	Up to \$105 allowance	
<ul style="list-style-type: none"> Non-elective (medically necessary) 	Covered in full	Up to \$210 allowance	



2023 Weekly Vision Cost

Vision Cost	
Full Time Employees	
Employee	\$1.77
Employee & Spouse	\$3.54
Employee & Child(ren)	\$3.63
Family	\$5.40



Unum Life/AD&D and STD Plans

LIFE/AD&D	
LIFE/AD&D AMOUNT	\$10K to \$500K in \$10K increments
GUARANTEE ISSUE (new hires only)	\$100,000
SPOUSE	\$10K to \$500K in \$10K increments
GUARANTEE ISSUE (new hires only)	\$25,000
CHILDREN	\$10K in \$2K increments
AD&D BENEFIT	Same as life benefit

Short-Term Disability	
MAX WEEKLY BENEFIT %	60%
MAX WEEKLY BENEFIT \$	\$2,000
ELIMINATION PERIOD	7/7
BENEFIT PERIOD	12 WEEKS
PRE-EXISTING CONDITION	3/12
RATE/\$10	Age banded

Please note the 1-week elimination period applies to ALL claim's instances, including maternity. This means you would actually get paid for 5 weeks and not 6, since the first week would be the elimination period.



Unum Long-Term Disability

Long-Term Disability	
MONTHLY BENEFIT	60% TO \$10,000
ELIMINATION PERIOD	90 DAYS
OWN OCCUPATION	2 YEAR OWN OCC
BENEFIT DURATION	SSNRA
PRE-EXISTING CONDITION	3/12
MENTAL & NERVOUS	24 MONTHS
RATE	Age banded



Unum Accident Insurance



GROUP ACCIDENT INSURANCE

Accident Insurance is an extra layer of protection that gives you a cash payment to help cover out-of-pocket expenses when you suffer an unexpected, qualifying accident (on and off job).

It's a lump sum benefit after an accident happens – whether it be a severe burn, broken bone or ER visit.

Unum's policies also offer an increased benefit that pays extra for children injured while playing an organized sport.

Weekly Premium	
Employee	\$2.72
Employee + Spouse	\$4.70
Employee + Child(ren)	\$5.94
Family (EE/SP/CH)	\$7.91



Unum Critical Illness Insurance



GROUP CRITICAL ILLNESS INSURANCE

Critical Illness Insurance may help you cover expenses not covered by your health insurance.

It's a cash payment you receive if you ever experience a serious illness like cancer, a heart attack or a stroke, giving you the financial support to focus on recovery.

Employee may choose a lump sum benefit of \$10,000, \$20,000 or \$30,000

Spouse benefit of up to 50% of employee's benefit

Child benefit of up to 50% of employee's benefit

Rates are based on Age Brackets

Example: Weekly premium for a \$10,000 benefit, for a 30-year old employee = \$0.76





Additional Unum Resources

Employee Assistance Program (EAP)

- Confidential resource for employees for assistance on numerous personal issues from finances to counselling needs

Worldwide Travel Assistance

- 100+ miles from home: medical or crisis assistance while travelling

Rehab and Return to Work Services

- Assistance with resources to help get you better to return to work sooner

Life Planning: Financial and Legal Resources

- Will preparation and estate planning guidance



Employee Advocate

Employees occasionally need assistance in resolving issues with insurance carriers, such as unpaid claims on insurance, referral questions or have questions on their prescription drug plan.

Did you know that you and your covered dependents have an Employee Advocate available to you at no cost?

Contact Sara

Toll Free: 866-761-2426 Ext. 223

Direct Dial: 207-523-0065

sclosson@acadiabenefits.com





Important Reminders

- Enrollment is done through **Paycom** – There are no paper enrollment forms to complete!
 - **Please log-on to Paycom so that you may either enroll or waive coverage on the new benefit plans available to you. If you are not making any changes to your current elections, then your enrollment on all other plans will remain as-is, effective July 1st, 2023.**
 - Make any benefit election changes here
 - Confirm that your current benefit elections are what you thought
 - Confirm what you are currently paying for your benefits
 - Make sure all dependents are covered as you thought
 - Check your beneficiary information to make sure it is current
- Don't forget your **Employee Benefit Center (EBC)**! Accessible by employees online 24/7 and a one stop shop to find:
 - Benefits information
 - Carrier forms and information
 - Resources and tools
 - Other important company information

****Please see HR with questions on Paycom or the EBC****



THANK YOU!!

