

2024

J.M. Huber Summary of COBRA Benefit Changes



This brochure highlights benefit program updates and explains how to enroll in your benefits for the coming year.

What's changing for 2024?

- For 2024, contributions for all three of our medical plan options will be increasing. Our vision contributions will also be slightly increasing, while dental contributions will remain the same.
- The annual deductibles for the Choice I and Choice II medical plans are increasing for 2024. See page 3 for details.
- Choice I and Choice II provide access to a Health Savings Account (HSA). The contribution limits for HSAs have increased for 2024. The total amount that can be contributed to your HSA is:
 - Up to \$4,150 for employee-only coverage
 - Up to \$8,300 for all other coverage levels
- Beginning January 1, 2024, the Vision Care plan contributions will increase slightly due to these plan enhancements:
 - New fixed progressive lens copays to help reduce your out-of-pocket costs
 - A new Healthy Eyes Advanced program that reduces the cost of retinal imaging from a \$39 maximum to a \$15 copay. Healthy Eyes Advanced also provides two eye exams annually for members with diabetes and children under 19 years old
- The 2023 contribution limits* for the Flexible Spending Accounts are:
 - \$3,050 for the Health Care FSA
 - \$5,000 for the Dependent Care FSA



*The maximum pre-tax amount you may contribute to your FSA will increase to match the new IRS maximum limit for 2024 (IRS announcement anticipated in late 2023, after this guide is finalized).

- Available now! Pelago Substance Abuse Management Program. Say hello to Pelago (formerly Quit Genius), a refreshed, expanded health benefit provided at no cost to you by JM Huber and Express Scripts. Pelago has helped thousands of people improve their drinking habits, quit or reduce smoking, or overcome opioid dependence. With Pelago, you'll experience convenient and personalized care through an easy-to-use virtual program and app. Your privacy is their priority – your participation remains confidential, known only to you and your dedicated care team. No matter how many times you've tried to stop or cut back in the past, they're here to guide you to brighter days – 100% judgment-free. If you are enrolled in a Huber medical plan, Pelago is available to you and your covered dependents. Learn more at pelago.health/huber.

If you do not make an active change in your benefits election, and you are currently enrolled in coverage, your election will default to your 2023 plan and level of coverage.

Annual Enrollment is November 1 – 15, 2023

To enroll, change, or view your COBRA benefits, access your Billing Services member portal and follow these easy steps:

- Log onto www.cobraandbillingservices.com with your username and password, or complete new user registration
- Click "Enroll Now" to start your annual enrollment

If you wish to continue with your current COBRA benefit coverage in 2024, then no action is needed on your part.

For any questions, please contact Billing Services at 833-874-1600 from 8am to 8pm EST, Monday through Friday.

2024 Monthly COBRA Rates

COBRA coverage is available for 102% of the total cost of the benefits provided to active employees.

	Individual Only	Individual + Spouse	Individual + Child(ren)	Family
Medical				
Core	\$834.04	\$1,668.08	\$1,501.27	\$2,502.12
Choice I*	\$729.21	\$1,458.42	\$1,302.37	\$2,238.62
Choice II*	\$667.02	\$1,334.04	\$1,190.43	\$2,052.06
Dental				
Dental I	\$37.32	\$73.92	\$101.96	\$151.00
Dental II	\$30.14	\$59.72	\$82.37	\$122.01
Vision				
EyeMed	\$9.32	\$17.70	\$18.64	\$29.81

* There is no company funding to the HSA while on COBRA.

Managed Care Plan - Huber's medical plan offers higher levels of coverage for services provided by medical providers participating in the Aetna network. You also have freedom of choice to receive out-of-network services.



Medical

Aetna will continue to offer the same medical plan options available today.

	Core		Choice I		Choice II	
	In-network	Out-of-network ¹	In-network	Out-of-network ¹	In-network	Out-of-network ¹
Medical Plan Deductible In-Network						
Individual	\$300	\$750	\$1,800	\$3,300	\$3,300	\$4,800
Family	\$900	\$2,250	\$3,600	\$6,600	\$6,600	\$9,600
You Pay (Coinsurance)	20%	40%	20%	40%	20%	40%
Rx - Retail 30-day Supply						
Generic	\$10	100% of the in-network cost minus copay	20% after deductible**	40% after deductible**	20% after deductible**	40% after deductible**
Brand	\$30*					
Nonformulary	\$50*					
Rx - Home Delivery 90-day Supply						
Generic	\$25	100% of the in-network cost minus copay	20% after deductible**	N/A	20% after deductible**	N/A
Brand	\$75*					
Nonformulary	\$125*					
Out-of-Pocket Maximum						
Individual	\$2,500	\$5,000	\$3,400	\$6,800	\$4,000	\$6,800
Family	\$5,000	\$10,000	\$6,800	\$13,600	\$8,000	\$13,600

(1) Out-of-network charges are subject to a Maximum Reimbursable Charge (MRC).

* Plus cost difference from generic.

** Under the HDHP options, certain preventive medications can be filled without satisfying the deductible; coinsurance will apply. You must have an authorized prescription and it must be filled at the Express Scripts pharmacy or at an in-network retail pharmacy.

If you have questions about your medical options, Aetna concierge is here to help. Simply call **866-276-1820**, Monday through Friday from 8am to 6pm, EST.

Think of the concierge as your personal assistant for health care. Your concierge can assist you with learning about your coverage, finding network providers based on your medical needs and planning for upcoming treatment.

Dental

Cigna will continue to administer dental coverage in 2024. Cigna providers also offer virtual dental care to help address urgent dental situations and guide next steps, if needed. Log in to your account through www.myCigna.com to learn more.

	Dental I*	Dental II*
Deductible In-Network		
Individual/Family	\$25/\$50	\$50/\$150
You Pay (Coinsurance)		
Preventive	0%	0%
Basic	20%	20%
Major	50%	50%
Annual Maximum Benefit per covered person	\$2,300	\$1,000
Progressive Maximum	Yes	None
Implants Lifetime Maximum per person	\$2,000	\$2,000
Orthodontia Lifetime Maximum per person	\$2,000	Not covered

* If you choose a non-network provider, you will be responsible for any amount above Cigna's Maximum Allowable Cost (MAC).

Note: Oral surgery is covered under all three medical options. Be sure to tell your provider to submit any claims to the address on your Aetna ID card. If you are not enrolled in medical, there is no coverage for oral surgery.

What is the Dental I progressive maximum and how does it work?

The progressive maximum allows you to increase your annual dollar maximum for the next plan year. Your annual dollar maximum will grow each year by \$100 when you have routine cleanings, x-rays, and oral exams. You can have three progressions in maximum increases, up to the maximum of \$2,600. You will need to stay enrolled in the plan and keep getting preventive care to receive the increase(s) to your annual dollar maximum.

Vision

EyeMed will continue to administer vision coverage in 2024.

Plan Features	EyeMed Vision Care Plan	
	In-network member cost	Out-of-network reimbursement
Annual exam	\$10 copay	Up to \$35
Frames	\$180 allowance; 20% off balance over \$180	Up to \$60
Standard plastic lenses • Single vision • Bifocal • Trifocal	\$10 copay	Up to \$25 Up to \$40 Up to \$55
Standard progressive lenses*	\$75 copay**	Up to \$40
Premium Progressive Lenses*	\$75 copay, 80% of charge less \$120 allowance**	Up to \$40
Contact lenses • Conventional • Disposable • Medically necessary	• \$180 allowance: 15% off balance over \$180 • \$180 allowance plus balance over \$180 • Covered in full**	• Up to \$104 • Up to \$104 • Up to \$200
Lasik or PRK from US Laser Network	15% off retail price or 5% off promotional price (whichever is lesser)	N/A

* Discounts/allowances must be available for standard and premium progressives.

** Cost depends on type of eyeglass lenses (single vision, bifocal, or trifocal).

Contact Information

	Provider	Phone	Website
Enrollment	Billing Services	833-874-1600	www.cobraandbillingservices.com
Medical	Aetna	866-276-1820	www.aetna.com
Prescription	Express Scripts Rx Savings Solutions	877-263-2913 800-268-4476	www.express-scripts.com www.myrxss.com/huber
Telehealth	Teladoc	855-835-2362	www.Teladoc.com/Aetna
Diabetes Management	Livongo	800-945-4355	www.livongo.com/jmhuber
Hypertension Management	Omada	888-409-8687	https://www.express-scripts.com/healthsolutions
Back and Joint Pain	Hinge Health	855-902-2777	www.hingehealth.com/huber
Dental	Cigna	800-244-6224	www.mycigna.com
Vision	EyeMed	866-800-5457	www.eyemed.com
Adoption, Surrogacy & Fertility Benefits	Progyny	833-215-5348	https://progyny.com/
401(k) Savings Plan	Voya	800-354-8237	https://jmhuber.voya.com