



Benefit open enrollment

Open enrollment timeline December 12, 2022 – December 20, 2022

For coverage period January 1, 2023 – December 31, 2023

WHAT'S CHANGING?

Verus is committed to providing you with a comprehensive and competitive benefit package at an affordable cost. Each year during the renewal period, we carefully analyze our plan design, your premium contributions, and our corporate philosophy. At this time last year, we shared that 2021 was an unprecedented medical utilization year at Verus, in which medical claims costs vastly exceeded the amount of premiums paid to Premera. While our 2022 plan performance has not been quite as bad as 2021's, our claims cost is still exceeding the amount Verus is paying in premium. In addition, the pandemic is still having a major effect on the health insurance industry, along with record inflation.

Medical / Pharmacy Plan

As a result of three consecutive years of very high claims cost at Verus and the health insurance industry upheaval, Premera proposed a 36.5% premium increase for 2023. Given the large increase that both Verus and employees absorbed for the 2022 plan year, this was not an increase we were willing to accept. Cigna proposed a much smaller increase and with some minor plan design changes we were able to limit the increase to 15.3%. As such, our medical plans will move to Cigna effective January 1, 2023. In addition, we will be making some changes to HSA and FSA employer contributions and premium cost share changes. Verus will continue to absorb a large portion of the benefit cost increases to help employees retain compensation in their paychecks, but regrettably, employees will notice an increase to medical premiums in 2023.

- There will still be two plans to choose from:
 - The High Deductible Plan with HSA
 - The Low Deductible PPO Plan

- Both plans utilize Cigna's largest network – the Open Access Plus (OAP) network.
 - If you are currently seeing a provider in Premera's network, there is a very good chance that provider is also in Cigna's network. In fact, 92.8% of providers Verus members saw in the past year are in Cigna's network, and another 1.4% of providers Verus members saw in the past year were out-of-network with Premera and will be in-network with Cigna.
 - The most disruption we saw in the analysis was in specialties where providers typically don't contract with all networks, such as Behavior Health / Mental Health / Substance Abuse counseling and treatment and physical therapy.
 - To find out if your provider is in Cigna's network, visit www.cigna.com and select **Find a Doctor**. Choose that you are covered through an **Employer or School**. Then, enter your zip code, and search **Doctor by Type, Doctor by Name, or Health Facilities**. If prompted to Login or Register, choose **Continue as guest**. When asked to **Please Select a Plan**, choose **Open Access Plus, OA plus, Choice Fund OA plus**.
 - In certain circumstances, if you are currently seeing a provider for an ongoing medical need and that provider is not in Cigna's network, you may qualify for transition of care. With transition of care, you may be able to continue to receive treatment or care for specific covered services with your existing provider; if you are approved, the in-network benefit level applies to the covered service for the defined period set by Cigna based on your

treatment plan. However, your provider may balance bill you for charges that exceed the maximum allowable amount. To learn more about transition of care and whether you may qualify, please refer to the Transition of Care flyer and form posted on SharePoint.

- If your provider is not in Cigna’s network and you’d like Cigna to outreach your provider to see if they’re interested in joining the network, please send the provider’s name and/or facility name and address to Mellisa or to the AssuredPartners Employee Service Center.
- We chose plan designs with Cigna that closely mirror the current plan designs with Premera, but as mentioned above, there are some plan changes. Below is a summary of the plan design changes; you may also review the plan designs on page 6 of your 2023 Employee Benefit Guide or in the Summaries of Benefits and Coverage posted on SharePoint.

	January 1, 2023 Changes	Current
High Deductible Plan		
Out-of-Network Deductible	\$3,000 (2x family, aggregate)	\$6,000 (2x family, aggregate)
Out-of-Network Out-of-Pocket Maximum	\$6,000 (2x family, embedded)	Unlimited
Low Deductible Plan		
In-Network Deductible	\$1,500 (2x family, embedded)	\$1,000 (2x family, embedded)
In-Network Telehealth	\$30 copay, deductible waived	\$10 copay, deductible waived
Out-of-Network Deductible	\$1,500 (2x family, embedded)	\$2,000 (2x family, embedded)
Out-of-Network Out-of-Pocket Maximum	\$5,000 (2x family, embedded)	Unlimited
Both Plans		
Non-Emergency Services Outside the U.S.	Not covered	Covered
Temporomandibular Joint (TMJ) Disorders Care	Covered under dental plan only	Covered under medical & dental plans
Transplant Travel Benefit	\$10,000 allowance	\$7,500 allowance
Embedded Vision Benefit	Not included	Included
Out-of-Network Dialysis	Not covered	Covered
Out-of-Network Pharmacy	Not covered	Covered

- Cigna’s prescription drug formulary will differ from Premera’s. To learn how Cigna will cover your medications, visit www.cigna.com. Near the bottom of the page, choose **See prescription drug list** under the *I want to...* heading. In the **Look Up Drug Lists for Employer Plans** box, click **Search Drug Lists**. On the next page, click **You can also view the Cigna drug list that will be available on 1/1/2023**. Under **Select A Drug List**, choose **Advantage 3-Tier**, and search for your drug.
- To ease some of the burden of this transition, for any prescription drugs that have a prior authorization in place with Premera as of December 1, 2022, the prior authorization will be transferred from Premera to Cigna. This means that Cigna will honor the approval Premera made, and you will not need to have your drug re-authorized until the approval made by Premera expires.
- Your premiums will increase. See the 2023 Premiums section below to review the cost to participate in 2023.
- Since we are changing carriers, all enrollees will receive a new ID card for the 2023 plan year. You are unlikely to receive your new ID card prior to January 1. If you need your ID card information before your card arrives, please contact Mellisa or the AssuredPartners Employee Service Center for assistance. You may dispose of your Premera ID cards after December 31, 2022.

Health Savings Accounts (HSAs)

- When you elect the High Deductible Plan in 2023, an HSA with HSA Bank will be opened for you. You will receive a welcome packet with your debit card and information on how to access your account.
 - HSA Bank is Cigna's preferred HSA administrator, and Verus employees will experience similar connectivity between Cigna's claim system and HSA Bank, as they have grown accustomed to with Premera and Connect Your Care (CYC) / Optum.
 - If you have any funds left over in your CYC / Optum HSA at the end of the year, you may choose to 1) Keep your funds with CYC / Optum, or 2) Close your CYC / Optum account, and transfer your funds to HSA Bank.
 - If you choose to keep your account with CYC / Optum, you will be charged a \$3.00 / month fee to maintain the account, starting in January 2023.
 - If you choose to close your account with CYC / Optum and transfer your funds to HSA Bank, you will be charged a one-time \$20 account-closing fee.

We will provide further details about both of these choices in an upcoming communication.

- We are happy to announce that Verus will increase its generous contribution to employees' HSAs from \$900 to \$1,000 annually (\$41.67 per payroll).
- The employee contribution and employer contribution combined must not exceed the 2023 IRS limit of \$3,850 individual or \$7,750 family. Employees 55+ may contribute an additional \$1,000 catch-up.

Flexible Spending Accounts (FSAs) and Commuter Benefits

- Flexible Spending Accounts (FSA) will continue to be administered by Navia Benefit Solutions. You may only enroll in the traditional healthcare FSA if you are enrolled in the Low Deductible medical plan. For employees enrolled in the High Deductible medical plan, we will continue to offer the option of contributing to a limited purpose healthcare FSA. Limited purpose FSAs have the same tax benefits as a traditional healthcare FSA; however, with a limited purpose healthcare FSA, you can only pay for dental and vision expenses (no medical or prescription drug expenses). It is therefore compliant to participate in both a limited purpose healthcare FSA and contribute to an HSA.
- There will no longer be an employer contribution to the traditional Health Care FSA starting in January 2023.
- Employees may contribute up to the IRS maximum of \$3,050 in the traditional healthcare FSA or the limited purpose healthcare FSA. The maximum contribution for the dependent care FSA remains at \$5,000 per household.
- Please note, if you are switching medical plans from the Low Deductible Plan in 2022 to the High Deductible Plan in 2023 and you participated in the 2022 traditional healthcare FSA, the healthcare FSA grace period will not apply to your 2022 FSA due to HSA compliance. In this case, all 2022 FSA funds will need to be used for 2022 claims.

Dental

- Dental will continue to be offered through Delta Dental with the same deductibles and coverage.
- There was a modest increase to the dental plan premium, and as a result, there will be a slight increase to employee premiums in 2023.

Voluntary Vision

- Vision will continue to be offered through VSP with no changes to the plan.
- Remember: While the 2022 Premera medical plans included a basic vision benefit, the 2023 Cigna medical plans do not. Therefore, please reconsider if vision is a benefit you and your family utilize.
- There was a modest decrease to the vision plan premium, and as a result, there will be a decrease to employee premiums in 2023.

Life and long-term disability

- Employer paid Life and LTD will continue to be offered through Unum at the current coverage.

2023 PREMIUMS

Monthly Medical	Cigna \$3,000 CDHP plan	
	2023 Employee Rates	2023 Employer Rates
EE Only	\$70.67	\$636.05
EE & Spouse/Domestic Partner	\$238.52	\$1,351.59
EE with Children	\$185.51	\$1,051.23
EE & Family	\$318.02	\$1,802.12

Monthly Medical	Cigna \$1,500 PPO plan	
	2023 Employee Rates	2023 Employer Rates
EE Only	\$213.37	\$756.48
EE & Spouse/Domestic Partner	\$567.36	\$1,614.81
EE with Children	\$424.31	\$1,272.94
EE & Family	\$785.58	\$2,123.99

Monthly Dental	Delta Dental	
	2023 Employee Rates	2023 Employer Rates
EE Only	\$4.56	\$41.04
EE & Spouse/Domestic Partner	\$9.48	\$85.32
EE with Children	\$10.18	\$91.62
EE & Family	\$15.11	\$135.99

Monthly Supplemental Vision	VSP Voluntary Vision
	2023 Employee Rates
EE Only	\$7.98
EE & Spouse/Domestic Partner	\$12.77
EE with Children	\$13.04
EE & Family	\$21.02

WHAT DO I NEED TO DO?

Open Enrollment will start 12/12/22 and end 12/20/22. This is your opportunity to make changes to employee and/or dependent elections in the Verus medical, dental, voluntary vision, HSA, or FSA plans. Enrollment changes will be effective from January 1, 2023 through December 31, 2023. Open Enrollment is the only time to make changes unless you have a permitted election change event (ex. marriage, divorce, birth, adoption, gain/loss of coverage, etc.).

Please review your Employee Benefits Guide and packet materials and share them with your family.

Log into Paycom:

- ❑ [Employee Self-Service® \(paycomonline.net\)](#) If you have forgotten your username or password, click on the link “Forgot Username or Password”
- ❑ Complete the open enrollment process online December 12 – December 20 using Paycom benefit administration, which confirms your 2023 benefit elections and payroll deductions.
- ❑ If you are waiving medical, you will still need to log into Paycom benefit administration to decline 2023 coverage.

Other steps:

- ❑ If you enroll in the medical plan, you will receive a Cigna ID card for 2023. You most likely will not receive the new card before the January 1st coverage effective date. If you need a temporary medical card after January 1, contact Mellisa in HR.
- ❑ If you would like more information about Verus benefit plans during the year, visit our benefits website. The website contains detailed plan descriptions for reference anytime, including summaries of benefits and coverage for each of the available medical plans. Check it out at www.verusbenefitplans.com.

Online enrollment must be completed by December 20. Contact Mellisa in HR ASAP if you will not be able to enroll online or have any questions about the process.