



BRANSCOME

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2024 Benefits Open Enrollment Guide

**Benefits Open Enrollment
Effective March 1, 2024**

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At Branscome, we continue to offer comprehensive coverage for medical, dental, and vision benefits. Additionally, employees have access to benefits such as Flexible Spending Accounts (FSAs), life insurance and disability.

Benefits Open Enrollment will begin February 12, 2024, run through February 26, 2024. This is your annual opportunity to select or modify the benefits that best fit your needs and enroll in an FSA.

You are required to update your benefits selections if you:

- Need to change any of your 2024 medical, dental, & vision elections
- Need to change your dependents
- Want to contribute to an FSA (even if you want to keep the same contribution as the start of 2024)

If you do not take any action, your current 2024 elections (excluding your FSA) will carry over to the new 2024 plan year. The costs will reflect the 2024 contribution amounts.

Actions to be taken:

- Need to change any of your 2023 elections
- Need to change your dependents
- Want to contribute to an FSA (even if you want to keep the same contribution as 2023)

If you do not take any action, your 2023 elections (excluding your FSA) will carry over to the 2024 plan year. The costs will reflect the 2024 contribution amounts.

The Branscome benefits plan year cycle will begin March 1, 2024, and end February 28, 2025.

New Anthem BCBS ID Cards will be issued to **only** new members in March 2024.

Note: This is only a summary of benefits. It does not include all the benefit provisions, limitations, and qualifications. Please refer to your booklet and/or contract for complete details. In the event of a discrepancy, the contract will determine how your benefits will be applied.

Benefits at a Glance

Below is a high-level overview of your benefits. Some benefits are provided to you by Branscome, while others – if selected – are paid for through payroll deductions. Take the time to review the options described throughout this guide so you can choose the benefits that fit your needs.

Benefit Plan	Coverage Options
Medical and Prescription Drugs	<p>You can elect to participate in the medical plan for you and your eligible dependents. There are two options provided by Anthem BlueCross:</p> <ul style="list-style-type: none"> • Preferred Provider Organization-2 (PPO-2) • High Deductible Health Plan (HDHP)
Dental	<p>You can elect to participate in the dental plan for you and your eligible dependents through Anthem BlueCross.</p>
Vision	<p>You can elect to participate in the vision plan for you and your eligible dependents through Anthem BlueCross.</p>
Flexible Spending Account (FSA)	<p>You can elect to participate in an FSA:</p> <ul style="list-style-type: none"> • Health Care FSA sets aside pre-tax funds to pay for eligible healthcare expenses for you and your dependents. Note: You cannot elect a Health Care FSA if you enroll in the HDHP. <p>Note: The availability of this benefit is subject to change depending upon selecting provider</p>
Life and AD&D Insurance	<p>You are automatically enrolled in basic life insurance and AD&D insurance at no cost to you.</p> <p>You have the option to purchase additional life insurance coverage for yourself, your spouse, and your children.</p>
Disability	<p>All full-time employees are automatically provided with Short-Term Disability benefits (after you meet the eligibility period).</p>
Employee Assistance Program (EAP)	<p>You and your dependents are eligible for the EAP through AllOne Health at no cost to you. The EAP offers 24-hour access to confidential counseling for employees and their dependents.</p>

Benefits Eligibility

Active employees who are scheduled to work at least 30 hours a week are eligible to participate in the plans offered through the benefit programs. You may also elect coverage for your eligible dependents. Your cost for coverage depends on your employment status and the dependents you enroll.

Dependent Coverage

Your coverage options are: Employee, Employee + Child(ren), Employee + Spouse, or Family. Dependent coverage includes you and any of the following family members:

- Your legal spouse
- Your children, age 26 years or younger, which includes:
 - A newborn, natural child or a child placed with you for adoption
 - A stepchild or any other child for whom you have legal guardianship
 - Coverage will end at the end of the month in which they turn 26
- Disabled children over the age of 26 years (if disabled prior to age 26 years)

When Coverage Is Effective

If you elect benefits during the Benefits Open Enrollment period, your coverage will become effective March 1. For new hires, benefits are effective the 1st of the month after 60 days following date of hire.

Making Changes During the Year

Once you enroll, your elections remain in effect throughout the entire calendar year, as long as you continue to meet each plan's eligibility requirements. You can only make changes:

- During Benefits Open Enrollment, or
- Within 31 days of a qualified life status change

Qualified Life Status Change

You cannot make changes to your health-related benefits during the year unless you experience a qualified life status change. All requests for changes must be submitted, along with the required documentation (such as marriage certificate, birth certificate, adoption/legal guardianship agreement), within 31 days of the qualifying event. Any changes you make to your coverage must be consistent with the change in status.

Life events that are considered a qualified life status change include:

- Marriage, divorce, legal separation, or annulment
- Birth, adoption, or appointment of legal guardianship of a child
- Your death or the death of your dependent
- Your dependent losing or gaining employment or employer-provided coverage
- A change in your (or your dependent's) employment status due to a switch between full time and part-time, or an unpaid leave of absence
- A change in your dependent's eligibility
- A change in the place of residence or worksite of you or a dependent
- A significant change in the benefits or cost of a dependent's coverage under their group plan.

Documents must be provided to verify and approve all dependents before coverage becomes effective.

Medical Benefit Options

We offer two medical benefit options through Anthem Blue Cross: PPO (Preferred Provider Organization) plan and an HDHP (High Deductible Health Plan). Both options offer comprehensive medical coverage, as well as prescription drug benefits, but there are slight differences between them.

The table below provides an overview of the key elements of the PPOs and HDHP.

	PPOs	HDHP
Your Contributions	Higher than HDHP	Lower than PPO
Deductible	The deductible only applies to medical expenses, and is lower than the HDHP. If you have family coverage, the plan will begin to pay benefits for an individual once that individual's deductible has been met.	The deductible applies to both medical and prescription drug expenses. The deductibles are higher than the PPO. If you have family coverage, the full family deductible must be met before the plan will begin to pay benefits for any one person. The individual deductible will only apply if you enroll in employee only coverage.
Out-of-Pocket Maximum	The out-of-pocket maximum includes the deductible, copays, and coinsurance for medical expenses as well as prescription drugs and is lower than the HDHP. If you have family coverage, one person can meet the individual out-of-pocket maximum and the plan will cover expenses for that one person's expenses at 100% for the remainder of the calendar year. Once the entire family out-of-pocket maximum is met, the plan will pay 100% for all family members.	The out-of-pocket maximum includes the deductible, copays, and coinsurance for medical and prescription drug expenses and is higher than the PPO. The out-of-pocket maximum works the same as the PPO.
Separate Prescription Drug Out-of-Pocket Maximum	No	No
Free In-Network Preventive Care	Yes	Yes
Network Choices	In-network and out-of-network	In-network and out-of-network
Health Savings Account (HSA)	No	Yes, the HSA is available for medical, dental, and vision expenses.
Health Care Flexible Spending Account (FSA)	Yes, the Health Care FSA is available for medical, dental, and vision expenses.	No

Medical Options at a Glance

With a PPO, you can expect to have lower deductibles and out-of-pocket maximums for medical services compared to the HDHP. However, this means you will pay more from your paycheck for your medical contributions compared to the other options.

The HDHP has a higher deductible and out-of-pocket maximum, but you will pay less in paycheck deductions than either PPO plan. If you enroll in the HDHP, you have the opportunity to open a Health Savings Account (HSA) that you can use to pay for qualified healthcare expenses using pre-tax dollars. For more information on the HSA, refer to page 8.

Feature	PPO-2		HDHP	
	In-Network*	Out-of- Network**	In-Network*	Out-of- Network**
Deductible (Single/Family)	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000
Out-of-Pocket Maximum (Single/Family)	\$3,500/\$7,000	\$7,000/\$14,000	\$4,000/\$8,000	\$8,000/\$16,000
Preventive Care	Covered at 100%	You Pay: 40% after deductible	Covered at 100%	You Pay: 40% after deductible
PCP Visit	\$30 copay	You Pay: 40% after deductible	You Pay: 20% after deductible	You Pay: 40% after deductible
Specialist Visit	\$45 copay	You Pay: 40% after deductible	You Pay: 20% after deductible	You Pay: 40% after deductible
Urgent Care	\$60 copay	You Pay: 40% after deductible	You Pay: 20% after deductible	You Pay: 40% after deductible
Emergency Room Visit	You Pay: 20% after deductible	You Pay: 40% after deductible	You Pay: 20% after deductible	You Pay: 40% after deductible
Outpatient Surgery	You Pay: 20% after deductible	You Pay: 40% after deductible	You Pay: 20% after deductible	You Pay: 40% after deductible
Inpatient Hospital	You Pay: 20% after deductible	You Pay: 40% after deductible	You Pay: 20% after deductible	You Pay: 40% after deductible

*In-network amounts are based on negotiated fees.

**Out-of-network claims are reimbursed based on the allowable amount, which is the maximum amount the insurer will pay for a covered health service. You are responsible for any amount billed in excess of the allowable amount.



If you enroll in the PPO plan, you can contribute to a Health Care Flexible Spending Account (FSA) to set aside pre-tax money during the year to help pay for out-of-pocket healthcare expenses. Learn more about the Health Care FSA on page 13.

A Closer Look at the HSA

Employees who enroll in the HDHP medical benefit have the option to contribute to an HSA. An HSA is a special bank account owned by you to help save pre-tax dollars for current and future healthcare expenses. It gives you more control over your healthcare spending. The HSA is managed by Bank of America.

Branscome Contributes to the HSA

Branscome contributes money to the HSA accounts for employees enrolled in the program, regardless of the employee's contribution rate, in order to help pay for eligible healthcare expenses. See the table below.

HDHP Coverage Level	Branscome Will Contribute to Your HSA in 2024	You May Contribute to Your HSA in 2024	Total Contributions Allowed by the IRS in 2024
Individual	\$750	\$3,400	\$4,150
Family	\$750	\$7,550	\$8,300

If you are age 55 years or older by the end of 2024, you may make additional catch-up contributions of up to \$1,000 per year.

HSA Eligibility

To enroll in the HSA, you must be enrolled in the HDHP. In addition:

- You **cannot** have other health coverage that pays for out-of-pocket healthcare expenses before you meet your plan deductible (another high deductible plan is allowed)
- You or your spouse **cannot** have a general-purpose Health Care Flexible Spending Account (FSA) or Health Reimbursement Account (HRA) in the same year
- If you are enrolled in Medicare, you are **not** eligible to contribute to the HSA
- You **cannot** be enrolled in TRICARE, or have received Veterans Administration (VA) health benefits in the previous three months
- You **cannot** be claimed as a dependent by someone else

HSA qualified expenses include:

- Deductibles and out-of-pocket costs for medical and dental care
- Prescription drugs
- Vision care, including glasses and LASIK eye surgery
- Smoking cessation treatment and prescriptions
- Family planning procedures
- Some insurance premiums while receiving unemployment compensation



Prescription Drug Benefits

Anthem Blue Cross provides prescription drug coverage to employees enrolled in medical benefits.

When your doctor prescribes medication, you have choices about where and how the prescription is filled:

- In-network retail pharmacy or mail-order
- Generic, preferred brand-name, or non-preferred brand-name medications

Note: Out-of-network coverage is 40% coinsurance after deductible is met (retail) and Not covered (home delivery).

	PPO-2	HDHP
Features	In-Network	
Retail (up to a 30-day supply) <ul style="list-style-type: none"> • Tier 1 (Generic) • Tier 2 (Preferred Brand) • Tier 3 (Non-Preferred Brand) • Tier 4 (Specialty) 	\$10 copay \$30 copay \$50 copay 10% coinsurance up to \$250 per prescription	Copay after deductible: \$10 \$30 \$50 10% coinsurance up to \$250 per prescription
Mail-Order (up to a 90-day supply) <ul style="list-style-type: none"> • Tier 1 (Generic) • Tier 2 (Preferred Brand) • Tier 3 (Non-Preferred Brand) • Tier 4 (Specialty) 	\$20 copay \$60 copay \$100 copay N/A	Copay after deductible: \$20 \$60 \$100 N/A

Note: Designated preventative medications covered at 100% prior to deductible on the HDHP Plan only.

Maintenance Medication

If you are taking a maintenance medication, you have the option of filling a 90-day or a 30-day supply. You can choose to fill your 90-day supplies through mail service or at a local network pharmacy in your area. Whether you choose delivery or pick up for your 90-day supply, you will be charged just one applicable mail-order copayment. You can also continue to fill 30-day supplies at any Anthem Blue Cross network pharmacy for one applicable retail copayment.

Specialty Drug Services

With your prescription drug benefit, you have access to high-cost specialty drugs. Specialty drugs are used to treat complex, chronic conditions such as autoimmune, hepatitis, hemophilia, cancer and many more. If you require specialty drugs, your doctor may submit the prescription to an in-network retail pharmacy of your choice, or the Specialty Pharmacy contracted with Anthem Blue Cross. A Prior Authorization, Quantity Level Limit and/or Step-Therapy may apply.

Dental

Anthem Blue Cross provides our comprehensive dental care and services. Remember, preventive care, such as exams, cleanings, and X-rays, is covered at 100% (subject to frequency limitations). Refer to the table below for more information.

The coinsurance will be determined using negotiated rates for participating providers and prevailing fees for other dentists.

Plan Feature	Plan Benefit
Annual Deductible	\$50 per person \$100 per family
Annual Maximum Benefit	\$2,000 per person
Class A Services* <ul style="list-style-type: none"> Preventive and Diagnostic <i>Includes exams and cleanings (2 per year), Bitewing X-rays (2 per year for persons under 19, 1 per year for persons age 19 and over), full mouth X-rays and panoramic X-rays (1 per 5 years), fluoride treatment (2 per year for children under 19)</i> 	Covered at 100% (no deductible)
Class B Services <ul style="list-style-type: none"> Basic Restorative <i>Includes fillings, periodontics, root canals, and oral surgery</i> 	80% after deductible
Class C Services <ul style="list-style-type: none"> Major Restorative <i>Includes services related to crowns, bridges, implants, and dentures</i> 	50% after deductible
Orthodontia (for both children and adults)	50% (no deductible)
Separate Lifetime Orthodontia Maximum	\$2,000

*Preventive and diagnostic dental care costs are excluded in the \$2,000 annual benefit maximum.

Pre-Treatment Estimates

Although pre-treatment estimates are not required, you might benefit from one for treatment costing \$300 or more, like a crown, wisdom tooth extraction, bridge, dentures, or periodontal surgery. The pre-treatment estimate includes an overview of services covered by the dental plan, as well as those that are limited or excluded and how your coinsurance, deductibles and maximums may affect your share of the cost. Please keep in mind that a pre-treatment estimate is only an estimate and not a guarantee of benefits or payment.

Network Providers

You have the flexibility to use any dentist of your choice. However, it is a good idea to understand that Anthem has different networks of providers—Prime Network and the Complete Network, as well as the option to use an out-of-network dentist. The amount you pay depends on the type of network dentist you choose. To see how each option works, review the chart below.

Prime Network	Complete Network	Out-of-Network
<ul style="list-style-type: none"> This is Anthem's largest network, where dentists have agreed to accept a discounted fee Coinsurance will be based on this discounted fee 	<ul style="list-style-type: none"> This is Anthem's network with the deepest discounts. Coinsurance will be based on this amount You will pay less out of pocket if you use the Prime Network. 	<ul style="list-style-type: none"> You pay the most when you use an out-of-network dentist Since an out-of-network dentist does not have to accept Anthem's allowance, you are responsible for any charges above the maximum plan allowance Out-of-network reimbursement is based on the 90th percentile of customary charges based on FairHealth.

Carryover Maximum

You may be able to carry over a portion of the annual maximum into the next year if you do not use all the benefits. If you use less than \$800 in benefits, you will carry over \$400 of the unused portion of your standard annual maximum for the following year and beyond. This benefit is available each year until you accumulate and additional \$2,000.

Oral Enhancement Benefit

For members with certain health conditions, additional dental benefits are available without a deductible or waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable).



Anthem Blue Cross provides affordable vision coverage for you and your family. Benefits described in the chart below are available every calendar year. For more information as well as find a participating provider, visit www.anthem.com.

	In-Network Member Cost	Out-of-Network Member Reimbursement
Well-Vision Exam	\$20 copay	Up to \$42
Frame	\$180 allowance for all frames 20% savings on the amount over your allowance	Up to \$45
Lenses		
<ul style="list-style-type: none"> • Single vision lenses • Lined bifocal lenses • Lined trifocal lenses 	Covered after \$20 prescription glasses copay	Up to \$40 Up to \$60 Up to \$80
Lens Enhancements		
<ul style="list-style-type: none"> • Transitions lenses • Standard progressive lenses • Premium progressive lenses • Anti-reflective Coating 	Covered in full for covered children under age 19. \$75 copay for adults age 19+ \$55 copay* \$85-\$175 copay* \$45-\$85 copay* *copay shown is in addition to the materials copay	Up to \$85 Up to \$85 Up to \$85
Elective Contacts (Instead of Glasses)	\$180 allowance for contacts; copay does not apply 15% savings on the amount	Up to \$105 to be used toward the contact lens exam and materials
Standard Contact Lens Exam Fitting and Evaluation	\$0 copay	
Premium Contact Lens Exam Fitting and Evaluation	10% off retail less \$55 allowance	

Flexible Spending Account (FSA)

Note: The availability of this benefit is subject to change depending upon selecting provider

Flexible Spending Account (FSA) can help you manage your share of the costs for health care by setting aside pre-tax money from each paycheck into a special account to plan for eligible expenses. Branscome provides one type of FSA:

- **Health Care FSA** – to pay for qualifying out-of-pocket medical, dental, and vision expenses

Note: If you are enrolled in the HDHP, you are **not** eligible to open a Health Care FSA.

How the FSAs Work

With an FSA, you elect to have your annual contribution amount (up to the limit set by the IRS) deducted from your paycheck each pay period on a pre-tax basis, in equal installments throughout the year, until you reach the yearly maximum you have specified. The amount of your pay that goes into an FSA reduces your taxable income, so you will have immediate tax savings.

Use It or Lose It

If you have a balance in your Health Care FSA as of February 28, 2025, the balance will automatically roll over up to \$610 of your remaining Health Care FSA funds that you will be able to use starting in March 2025. If you do not re-enroll in the Health Care FSA in the following year, balances of less than \$25 will be forfeited. All expenses for 2024 must be submitted by April 30, 2025.

Tax Advantages of Contributing to an FSA

An FSA can help you pay less in taxes. When you participate, your contributions come out of your paycheck before federal income taxes, Social Security, and state tax (in certain states) are calculated. As a result, you lower your taxable income and pay less in taxes. By using these tax-free funds for reimbursement for eligible healthcare and dependent care services, you can save 15% or more on these expenses.

If you enroll in the FSA, you will receive a debit card to make it easy to pay for out-of-pocket costs. When you use your card, payments are withdrawn from your account. Even though you pay for transactions using your debit card, keep your receipts as you may be required to provide a copy for certain transactions in accordance with IRS regulations.

Health Care Flexible Spending Account

With a Health Care FSA, you can save money on a pre-tax basis to help pay for eligible healthcare expenses, as long as you are **not** enrolled in the HDHP.

How the Health Care FSA Works

You can use the Health Care FSA for eligible expenses incurred during the plan year under your medical, dental, and vision plans, such as:

- Deductibles
- Coinsurance
- Copays for physician visits or prescription drugs, and more

For a full list of eligible healthcare expenses and more information on the Health Care FSA, visit www.irs.gov (Publication 502).

The following is an overview of how the account works:

- You may contribute to your Health Care FSA up to the allowable limit which is \$3,200 in 2024. Contributions will be deducted from your paycheck in equal installments throughout the year on a pre-tax basis.
- As you incur eligible expenses during the plan year, you may request reimbursement from your account, up to the full amount you have elected to set aside for the year
- You can also pay at the time of service with your FSA debit card. Your FSA contributions may be used to claim expenses you incur through February 28, 2025, and need to be submitted by February 27, 2025.
- Any monies remaining in your Health Care FSA at the end of the year (up to \$640) will rollover into the next year if you are not enrolled in the HDHP. If you do not re-enroll in the Health Care FSA the following year, any balance less than \$25 will be forfeited.

KEEP YOUR RECEIPTS

If you contribute to the Health Care FSA, you will receive a debit card which can be used at participating providers to pay for eligible healthcare expenses only. Keep your receipts as you may be required to provide a copy for certain transactions in accordance with IRS regulations.

ELIGIBLE DEPENDENTS

You can use the Health Care FSA to reimburse yourself for eligible out-of-pocket expenses incurred for these individuals:

- Yourself,
- Your spouse (as defined by federal law), and/or
- Any other individual who qualifies as your dependent for federal tax purposes in the same year that the expenses are incurred

HOW TO SUBMIT CLAIMS

On your desktop:

Go to [anthem.com](https://www.anthem.com) to register. Under the My Plan tab, choose Spending Accounts to view your balance(s). Then, select Manage My Account to go to your benefit account summary.

On your smartphone:

Go to the SydneySM Health mobile app to register. Under the More tab, choose Spending Accounts to view your balance(s). Then, select Manage My Account.



Life and Accidental Death & Dismemberment (AD&D) Programs

In life, anything can happen, including catastrophic events. We want to make sure your family feels secure should something happen to you or another family member. At Branscome, we provide income protection for your family in the event of your death or injury due to an accident - at no cost to you.

Basic Life Insurance	Basic AD&D Insurance
In the event of your death, you are automatically provided term life insurance. The benefit is paid to your designated beneficiary(ies).	If your death is the result of an accident, this benefit pays your designated beneficiary(ies) an amount equal to your basic term life insurance coverage. This benefit would be paid in addition to basic life insurance benefits. The plan also provides a paid benefit if you lose your eyesight or a limb in an accident.
Your basic life insurance benefit is equal to 1 times your basic annual earnings (rounded up to the next higher multiple of \$1,000), to a maximum of \$50,000.	

Supplemental Employee, Dependent Life, and AD&D Insurance

If you feel that you need more protection to meet the needs of your family, Branscome offers additional life and AD&D insurance coverage. You pay for the cost of this coverage through after-tax payroll deductions. If you did not enroll in this coverage during your initial new hire eligibility period or want to increase your level of coverage, you can enroll but will need to complete Evidence of Insurability.

Dependent Life Insurance

You have the option to elect life insurance for your dependents. This is a voluntary, employee-paid life insurance plan in which you can elect coverage for your eligible dependents as long as you elected supplemental life insurance.

- Spouse life: Amounts in \$5,000 benefit units to a maximum of \$250,000 (not to exceed 50% of the employee optional amount)

- Child life: Amounts in \$2,000 benefit units to a maximum of \$10,000 (not to exceed 50% of the employee optional amount)

Coverage for children ends at the end of the month in which they turn age 19 years if not a full-time student, and age 25 years if a full-time student.

Supplemental Life Insurance

You may elect supplemental life insurance for yourself. The supplemental insurance is a voluntary, employee-paid life insurance plan in which you can elect amounts in \$10,000 increments to a maximum of \$500,000 or 5x your annual earnings, whichever is less.

Life Insurance Beneficiary

You can update your beneficiary information by completing a Beneficiary Form with Human Resources.

Disability

Branscome provides Short-Term Disability (STD) as income protection to you in the event of an illness or accident. This benefit is administered by Anthem.

Short-Term Disability

All Employees:

All Full-time hourly employees are eligible for STD benefits effective the 1st of the month after 60 days following date of hire. If you meet the definition of disability as determined by Anthem, the weekly benefit paid will be \$1500 or 67% of base pay, whichever is less.

Normal deductions are taken from disability pay. Benefits begin on the eighth day of disability and are payable for up to 26 weeks from the beginning of the benefit period (8th day of disability). To return to work after STD, employees must return to full duty without restrictions from their doctor. Branscome reserves the right to require a return-to-work exam from an independent physician. Note: FMLA (Family Medical Leave Act) runs concurrent with STD when applicable.

Other Valuable Benefits

Telemedicine – Sydney Health (Anthem)

Expanding your virtual care options.

Find complete care support, on your time, through the **Sydney Health app**

Visit with a doctor at your convenience

Accessing the care you need, when you need it, matters. That's why our SydneySM Health mobile app connects you to a team of doctors ready to help you on your time. There are two secure ways to find low or no-additional cost care through our app:

1. Chat with a doctor 24/7 without an appointment

- Urgent care support for health issues, such as allergies, a cold, or the flu.
- New prescriptions¹ for concerns such as a cough or a sinus infection.

2. Schedule a virtual primary care appointment

- Routine care, including virtual annual preventive care (wellness) visit and prescription refills.^{1,2,3,4}
- Personalized care plans for chronic conditions, such as asthma or diabetes.

Assess your symptoms with the Symptom Checker

When you're sick, you can use the Symptom Checker on Sydney Health to answer a few questions about how you're feeling. That information is run against millions of medical data points to provide care advice tailored to you.

Save money and time with virtual care

Sydney Health brings care to you anywhere, anytime. The Symptom Checker is always free to use, while virtual primary care visits and on-demand urgent care through the app are available at low or no-additional cost.

Download our Sydney Health mobile app today.

Set up your account right away and it will be ready to use when you need it.

Go to the SydneySM Health mobile app to register.

Employee Assistance Program

Branscome provides you and your family members with an Employee Assistance Program (EAP) through AllOne Health. At some point in our lives, each of us faces a problem or situation that is difficult to resolve. When these instances arise, AllOne Health will be there to help.

The AllOne Health EAP is a confidential resource that helps you deal with life's challenges and the demands that come with balancing home and work. AllOne Health provides confidential, professional referrals and up to five (5) sessions of face-to-face counseling sessions for a wide variety of concerns, such as:

- **Mental Health Sessions** Manage stress, anxiety, and depression, resolve conflict, improve relationships, and address any personal issues. Choose from in-person sessions, video counseling, or telephonic counseling.
- **Life Coaching** Reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and achieve greater balance.
- **Financial Consultation** Build financial wellness related to budgeting, buying a home, paying off debt, resolving general tax questions, preventing identity theft, and saving for retirement or tuition.
- **Legal Referrals** Receive referrals for personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.
- **Work-Life Resources and Referrals** Obtain information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.
- **Personal Assistant** Save time with referrals for travel and entertainment, seeking professional services, cleaning services, home food delivery, and managing everyday tasks.
- **Medical Advocacy** Get help navigating insurance, obtaining doctor referrals, securing medical equipment, and planning for transitional care and discharge.
- **Wellness** Build holistic well-being with wellness coaching, wellness courses, fitness videos, mindfulness exercises, and a variety of fun, engaging tools, challenges, and activities.
- **Member Portal** Access your benefits 24/7/365 through your member portal with online requests and chat options. Explore thousands of self-help tools and resources including articles, assessments, podcasts, and resource locators.

AllOne Health EAP is available 24/7/365. For more information, visit www.allonehealth.com/support (username **branscome**) or call 866-216-1996.

401(k) Savings Plan

Our 401(k) Savings Plan helps you plan, save, and invest for the future. All current Branscome Employees are eligible to participate in the plan immediately. All full time Branscome Employees will be automatically enrolled with a 3% deferral contribution rate in a default fund called “Yourpath” when the account is activated. The “Yourpath” fund band will match your estimated retirement age. You may adjust your deferral amount and fund election changes when your account is activated.

For new hires, plan eligibility is effective the 1st of the month after 60 days following date of hire.

The plan features include:

- Company matching contributions of 100% on the first 3% of eligible earnings, and 50% on the next 2% of eligible earnings; matching contributions available after one year of continued employment. If you are not saving at least 5%, you could be leaving potential money on the table!
- The ability to elect pre-tax and/or Roth after-tax contributions, from 1% to 75% of your pay, subject to an annual IRS limit of \$23,000 (based on the 2024 limit)
- Catch-up contributions are available if you are age 50 or older by the end of the calendar year, up to the annual IRS limit of \$7,500 (based on the 2024 limit) for a total maximum contribution of \$30,500 (based on the 2024 limit)

Can I access balances in my retirement savings account prior to retirement?

Your retirement plan will have the greatest potential to grow if you stay invested for the long term, rather than withdrawing money from it. For that reason, the IRS limits what you can do with your account prior to retirement by imposing certain penalties for early distributions. However, you do have access to your savings—and may avoid penalties—under certain circumstances.

Withdrawals of pretax balances

You may take a distribution from **certain available accounts** upon:

- Severance from employment
- Attainment of age 59 ½
- Financial hardship (*Distribution may be subject to the premature 10% distribution penalty if taken prior to age 59 ½.*)
- Disability
- Attainment of normal retirement age

You can enroll in the 401(k) plan by calling Lincoln Financial at 1-800-234-3500 or online at **www.lincolnfinancial.com/retirement**.

Carolyn Robinson, Retirement Consultant, is our contact with Lincoln Financial.

Carolyn can be reached by email at Carolyn.robinson@lfg.com or by phone at (717) 585-5356.

Wellness Program

When you are in good health, it is good for all of us. At Branscome, all employees and spouses who are enrolled in a company-sponsored medical plan are eligible and encouraged to participate in the Wellness Program. The Wellness Program is confidential, and your information will not be shared with anyone.

Live Well and Save

If you choose to participate in the Wellness Program, you will be rewarded with the preferred healthcare premium contribution rate. You and your spouse must complete an annual wellness exam (no tests/blood work is required) by January 31, 2025, to receive the preferred rates in 2025. No tests or bloodwork are required at this exam.

Your preventive exam **must** be done by a primary care provider, which includes family medicine, general practitioners, nurse practitioners, and internists. To avoid billing issues for the well visit, please make sure it is coded as a preventative well visit up front with your doctor. The purpose of our Wellness Program is to encourage employees and their covered spouses to create a relationship with a primary care provider.

Preventive health care can help you stay healthier throughout your life. Your annual adult preventive care visit is covered -at no cost to you – when provided by an in-network provider and not billed with a diagnosis. Preventive care includes health services like screenings, check-ups, and patient counseling, which as used to prevent illnesses, disease, and other health problems, or to detect illness at an early stage when treatment is likely work best. Having recommended preventive services and making healthy lifestyle choices are key steps to good health and well-being. And going to a doctor annually could potentially help control health care cost increases.

Not everything is covered during a preventive care visit. Services such as EKG's, thyroid tests, Hepatitis C immunizations, and chest X-rays are NOT deemed preventive-care services.

If you have any questions about the Wellness Program, please contact Human Resources for more information.

How to Enroll

Benefits Open Enrollment will begin February 12, 2024, run through February 26, 2024. During the enrollment period, you can make elections for the year 2024.

Why You Need to Enroll

This Benefits Open Enrollment is a passive enrollment. **This means if you do not make an election, your current 2024 elections (excluding your FSA) will continue at the 2024 contribution level. You must re-enroll in the FSA every year.** You will have to wait until the 2025 Benefits Open Enrollment period to make new benefit elections unless you experience a qualified life status change.

Because your group health coverage selections result in a payroll deduction(s), your deduction(s) will be taken from your pay on a pre-tax basis.

If you wish to add supplemental and/or dependent life insurance coverage or make changes to your existing supplemental and/or dependent life insurance coverage, you must enroll and complete Evidence of Insurability.

Start Process Here

Type in Registration Link for Navigator: employeenavigator.com

1. Click “Login” in top right corner”
2. Click “Register as a new user”
3. Put in information: Company Identifier: **BraOpe2023**

Enrollment Steps:

Step 1: Go to registration link or login link

Step 2: Once logged in, click on “open enrollment” in blue

Step 3: Fill out personal information – click save & continue

Step 4: Fill out address

Step 5: Fill out any dependent information

Step 6: Pick your medical plan – if you are not enrolling in medical select – “Don’t want this benefit?” and pick the reason why

Step 7: Pick your dental plan - if you are not enrolling in dental select – “Don’t want this benefit?” and pick the reason why

Step 8: Pick your vision plan - if you are not enrolling in vision select – “Don’t want this benefit?” and pick the reason why

Step 9: Group life – click save & Continue this is a benefit Branscome provides for employees

Step 10: you “**must**” provide beneficiary information



Employee Navigator QR Code

Step 11: Group AD&D – click save & Continue this is a benefit Branscome provides for employees

Step 12: you “**must**” provide beneficiary information

Step 13: Short Term Disability – click the “select” button on this screen – this is a free benefit to employees provided by Branscome

Step 14: Voluntary Life – if you wish to purchase additional life insurance for you, your spouse, or children you can select it here. There is a guaranteed issue amount shown on the screen, which means you do not have to complete a medical exam for the amount. If you go over the guaranteed issue amount, you will have to complete a medical exam to get approved for that amount. The cost per pay will be calculated for you once you use the sliding bar to select the amount you want.

Step 15: FSA account (Flexible Spending Account) **IF YOU ENROLL IN THE PPO PLAN YOU ARE ELIGIBLE FOR THE MEDICAL FSA. YOU MUST SELECT THAT YOU DO NOT WANT THIS BENEFIT AND PICK THE “NOT ELIGIBLE” REASON IN THE DROP DOWN MENU. YOU CANNOT ELECT TO PARTICIPATE IN THE MEDICAL FSA IF YOU SELECT THE HDHP PLAN.**

Step 16: This is a paperless authorization for Anthem which means you would get information sent to your email address verses USPS. If you wish to keep getting everything USPS then click “no thanks, please mail communications”

Step 17: You will get an enrollment summary – if everything is not completed properly it will show up in Yellow on the right hand side of your screen. IF everything is correct you will be prompted to electronically sign.

Once signed you have completed your enrollment.

Questions:

Please feel free to contact our Human Resources Department or our Insurance Broker Administrators at:

Amanda Duff, Engagement Specialist, Campbell Insurance

Email: aduff@campbellins.com

Cell Phone Number: 434-209-3703 (anytime)

Megan Massie, Benefits Account Manager, Campbell Insurance

Email: mmassie@campbellins.com

Cell Phone Number: 434-544-9508 (Monday – Friday, 9:00 am – 4:30 pm)

This is a passive enrollment process. If you do not do any of these steps because you do not wish to change anything, you will keep your current elections for March 1st start date in 2024. You must enroll if you are in the PPO plan and wish to add money to your medical flexible spending account.



Contacts

For Questions About...	Contact	By Phone	Online
Medical and Prescription Drugs	Anthem Blue Cross	1-833-592-9956	www.anthem.com
Dental	Anthem Dental	1-833-592-9956	www.anthem.com
Vision	Anthem Vision	1-833-592-9956	www.anthem.com
Flexible Spending Account (FSA) Medical	Anthem	1-833-592-9956	www.spendingaccountsupport@anthem.com
Health Savings Account (HSA)	Bank of America	1-866-791-0250	myhealth.bankofamerica.com
Telemedicine	Virtual Health Care Services	1-833-592-9956	www.anthem.com
401(k) Savings Plan	Lincoln Financial	1-877-275-5462	www.lincolnfinancial.com
Employee Assistance Program (EAP)	All One Health	1-866-216-1996	www.allonehealth.com

2024 Employee Health Care Plan Premiums

	Preferred Provider Organization (PPO - 2)					
	24 Week Rates (Semi-Monthly Employees)		52 Week Rates (Salary Weekly Employees)		39 Week Rates (Hourly Employees)	
	Semi-Monthly Deduction		Weekly Deduction		Weekly Deduction	
Level of Coverage	Base Rate	With Participation in Wellness Plan	Base Rate	With Participation in Wellness Plan	Base Rate	With Participation in Wellness Plan
Employee Only	\$ 197.50	\$ 131.50	\$ 91.15	\$ 60.69	\$ 121.54	\$ 80.92
Employee + Spouse	\$ 556.50	\$ 371.00	\$ 256.85	\$ 171.23	\$ 342.46	\$ 228.31
Employee + Child(ren)	\$ 456.00	\$ 304.00	\$ 210.46	\$ 140.31	\$ 280.62	\$ 187.08
Employee + Family	\$ 780.00	\$ 520.00	\$ 360.00	\$ 240.00	\$ 480.00	\$ 320.00

	High Deductible Health Plan (HDHP)					
	24 Week Rates (Semi-Monthly Employees)		52 Week Rates (Salary Weekly Employees)		39 Week Rates (Hourly Employees)	
	Semi-Monthly Deduction		Weekly Deduction		Weekly Deduction	
Level of Coverage	Base Rate	With Participation in Wellness Plan	Base Rate	With Participation in Wellness Plan	Base Rate	With Participation in Wellness Plan
Employee Only	\$ 58.00	\$ 29.00	\$ 26.77	\$ 13.38	\$ 35.69	\$ 17.85
Employee + Spouse	\$ 286.00	\$ 143.00	\$ 132.00	\$ 66.00	\$ 176.00	\$ 88.00
Employee + Child(ren)	\$ 286.00	\$ 143.00	\$ 132.00	\$ 66.00	\$ 176.00	\$ 88.00
Employee + Family	\$ 475.00	\$ 237.50	\$ 219.23	\$ 109.62	\$ 292.31	\$ 146.15

	Dental and Vision					
	24 Week Rates (Semi-Monthly Employees)		52 Week Rates (Salary Weekly Employees)		39 Week Rates (Hourly Employees)	
	Semi-Monthly Deduction		Weekly Deduction		Weekly Deduction	
Level of Coverage	Dental	Vision	Dental	Vision	Dental	Vision
Employee Only	\$ 6.00	\$ 1.50	\$ 2.77	\$ 0.69	\$ 3.69	\$ 0.92
Employee + Spouse	\$ 11.50	\$ 3.00	\$ 5.31	\$ 1.38	\$ 7.08	\$ 1.85
Employee + Child(ren)	\$ 12.50	\$ 2.50	\$ 5.77	\$ 1.15	\$ 7.69	\$ 1.54
Employee + Family	\$ 19.00	\$ 4.00	\$ 8.77	\$ 1.85	\$ 11.69	\$ 2.46