

WRNSSTUDIO

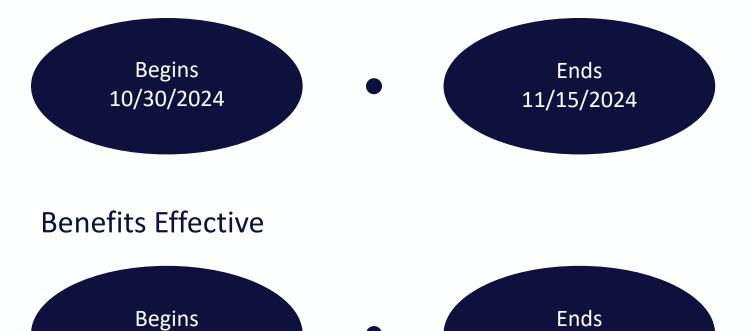
Today's Agenda

- 1. Open Enrollment Details
- 2. Benefits Program Overview
- 3. Resources

Timeline

Open Enrollment Dates

01/01/2025



12/31/2025



Who is Eligible?

Employees

Full-time employees who work at least 30 hours per week are eligible for benefits.

Eligibility begins the 1st of the month following the date of hire.

Eligible dependents

- Your legal spouse or domestic partner; or
- Your dependent children, including your step-children and legally adopted children up to age 26; or
- A child which includes your natural child, adopted child, child placed with you for adoption, stepchild, domestic partner's child, or a child for whom you, your spouse, or Domestic Partner are the legal guardian; or
- Any dependent child who reaches the age limit and is incapable of self-support because of a mental or physical disability.
- Note: Parents, siblings and their children are not eligible dependents.
- Contributions made towards a Domestic Partners' coverage are subject to taxation



During Open Enrollment

You can elect, change, and/or waive coverage for:

Plan	Elect	Change	Waive
Medical	Υ	Υ	Υ
Dental	Υ	Υ	Υ
Vision	Υ	Υ	Υ
FSA / Commuter*	Υ	Υ	Υ
Term Life Insurance w/ Long Term Care	Υ	Υ	Υ

^{*}Contribution changes can be year-round Commuter Benefits.

Benefits Program Summary

Plan	Carrier
Medical	Kaiser HI
Dental	Cigna
Vision	Cigna
Life and AD&D	The Standard
LTD and STD	The Standard
FSA and Commuter	Navia Benefits
HSA Admin	Sterling
Life Ins w/Long Term Care	Chubb

What's new?

- Core Benefit Carriers are staying the same!
- Life and AD&D and Disability (LTD & STD) are moving from back to The Standard from Lincoln Financial Group.
- FSA Contributions are projected to be \$3,300 for Medical with a \$660 maximum rollover limit. Dependent care is projected to stay at \$5,000.
- FSA Commuter Contributions are projected to be \$325 for Parking & Transit.

2025 Employee Monthly Contributions

WRNS Studio will continue to cover 80% of employee and dependent cost for the Kaiser HI medical plan, dental (base plan) and vision. If you wish to elect the dental buy-up plan, you will be responsible for the cost difference between the dental base plan and buy-up plan. Please log in to your Employee Navigator portal to view your exact monthly dollar costs.

WRNS Studio will pay 100% of the Group Life, STD and LTD for the Employee only. Employees will pay 100% of the premium for the Term Life Plan w/ Long Term Care and all FSA contributions.

Plan Options for 2024	
Medical	FSA
Kaiser Hawaii	Health Care; Limited Purpose Health Care
	Dependent Care
	Parking
	Transit
Dental	Life Ins w/Long Term Care
Cigna (Base and Buy-Up)	Chubb
Vision	
Cigna Vision	
Group Life, STD and LTD	
The Standard	

2025 Employee Monthly Contributions

Plan	Employee Only	Employee + Spouse/DP	Employee + Child(ren)	Employee + Family
Medical				
Kaiser HI	\$134.77	\$269.54	\$242.58	\$404.31
Dental				
Cigna Base	\$9.12	\$18.52	\$22.91	\$34.42
Cigna Buy-Up	\$24.16	\$49.06	\$60.71	\$91.21
Vision				
Cigna Vision	\$1.40	\$2.81	\$2.84	\$4.53



Health Insurance 101

Deductible	Copayment	Co-Insurance	Out-of-Pocket Maximum
This is the amount that you will have to pay before your insurance coverage kicks in. In many plans, doctor's visits and annual testing, such as mammograms, do not apply toward the deductible. Read the plan description carefully to find out more.	This is the amount that you must pay for certain services, such as doctor's visits, lab work, urgent care, or emergency room services.	Coinsurance is the out-of-pocket amount you will pay after your deductible. For example, a plan with 80/20 coinsurance will require you to pay for 20% of all incurred medical costs once your deductible is met. This will continue until you reach the maximum out-of-pocket costs as defined in the plan.	Most plans have an annual out- of-pocket limit, which is the maximum amount you will have to pay during the plan year. Once you reach that limit you will no longer need to pay co-insurance costs.

HMO Plans - Kaiser

Health Maintenance Organization (HMO) plans cover medical care provided by an in-network physician. All care must be coordinated by a primary care physician (PCP).

HMO plans provide predictable costs such as copays and out-of-pocket maximums.

HMO Key Features

- A flat copay for most services
- You designate a PCP, or one will be assigned for you
- In-network coverage only; no coverage is provided if a member goes outside of medical group or network (except for emergencies)

Kaiser Medical HMO

	Kaiser Traditional HMO In-Network Benefits
Deductible - Single	\$0
Deductible - Family	\$0
Out-of-Pocket Max - Single	\$2,500
Out-of-Pocket Max - Family	\$7,500
Office Visit (PCP / Specialist)	\$15 per visit
Emergency Visit	\$100 per visit
MRI/CT/PET	20% coinsurance
Inpatient Hospital	10% coinsurance
Prescription Drugs	
30-day supply (Retail) 100-day supply (Mail Order)	Retail / Mail Order
Tier 1 - Generic	\$10 / \$20
Tier 2 — Preferred	\$35 / \$70
Tier 2 — Non-preferred Brand	\$35 / \$70
Tier 4 - Specialty	\$200 (retail only)

Kaiser Resources

24/7 Nurse Line	Healthy Resources	Partner With a Wellness Coach	Choose Healthy
 24-hour access to a registered nurse These trained medical professionals can answer your questions and address your health concerns They can help you determine the level of care you need, such as emergency room or urgent care 	 Special rates for members Health classes Online healthy lifestyle programs Online wellness tools Maternity education and resources 	 Manage weight Reduce stress Increase activity Quit tobacco Eat healthier 	 Fitness club membership for \$25 per month Chiropractic care up to 25% off Acupuncture up to 25% off Massage therapy services up to 25% off Discounts on herbs, vitamins, and supplements Access health and fitness books and videos Register for Choose Healthy and you'll also receive a free annual premium membership
866.454.8855	https://healthy.kaiserpermanente .org/register	https://healthy.kaiserpermanente .org/health-wellness/wellness- coaching	kp.org/choosehealthy

Kaiser Resources

Emergency Care	Video and Phone Visits*	Mobile App
Our plans include emergency and urgent care coverage from qualified providers anywhere in the world. We can also help you before you leave town by checking to see if you need a vaccination, refilling eligible prescriptions, and more. Just call us or go online.	It's a simple, secure way to get care from a doctor — just like an in-person appointment. You have the option to schedule a phone or video visit using the My Doctor Online app. We can help you determine if a phone or video visit is right for your condition. These appointments are with your physician or a Kaiser clinician who has complete access to your medical records. *HDHP-HSA qualified plan members will have a fee associated with these services.	 Manage your care online Email your Kaiser Permanente doctor's office with nonurgent questions Refill most prescriptions Choose your doctor based on what's important to you and change at anytime Schedule and cancel routine appointments Print vaccination records for school, sports, and camp Review and manage your lab results Manage your family members' health needs
866.454.8855 www.kp.org	866.454.8855 <u>www.kp.org</u>	Get it on Google Play Store or Apple Store

Kaiser Resources

E-Visits Available 7 days per week from 7:00 a.m. to 7:00 p.m.	Digital Self Care Apps
 Get a quick and convenient online care for common conditions. How it works: Answer questions about your concerns Get a response from a clinician within 2 hours Receive advice, lab test orders, and/or prescriptions 	Calm App Calm uses mediation and mindfulness to help lower stress, reduce anxiety, and improve sleep quality. The program offers guided meditations from world-renowned experts. myStrength myStrength offers tools and trackers that help you set and achieve your goals and make positive changes that support your mental, emotional, and overall wellbeing.
866.454.8855 www.kp.org	kp.org/selfcareapps



Dental Benefit Overview - Cigna

Plan Features	Cigna Base Plan (In-Network)	Cigna Buy-Up Plan (In-Network)
Deductible – Individual / Family	\$50 / \$150	\$25 / \$50
Preventive care	Covered at 100%; No Deductible	Covered at 100%; No Deductible
Basic services	Covered at 80%	Covered at 90%
Major services	Covered at 50%	Covered at 60%
Calendar Year Benefit Maximum	\$1,500	\$5,000
Orthodontia	Covered at 50% (Children Only)	Covered at 50% (Children & Adults)
Orthodontia Lifetime Maximum	\$1,000	\$5,000
UCR Reimbursement Level*	90 th Percentile	95 th Percentile

^{*}Out-of-Network Benefits are available and will be based on the UCR Reimbursement levels. This is the amount paid for a dental service in a geographic area based on what providers in the area usually charge for the same or similar dental service. The UCR amount sometimes is used to determine the allowed amount.

Vision Benefit Overview – Cigna (EyeMed)

Plan Features	Cigna (EyeMed)
Frequency	Exams: Once per 12 months / Lenses: One Pair per 12 months / Frames: One Pair per 24 months
Eye Exam	\$10 copay
Lenses	\$10 copay
Frames	\$200 allowance + 20% discount on the remaining balance
Allowance for elective contacts	\$200 allowance
Allowance for medically necessary contacts	Covered 100%
Extra savings	 Glasses and Sunglasses 20% off any item not covered by the plan, including non-prescription sunglasses, but excluding professional services Frames and Lenses Up to 40% off additional complete pairs of glasses (frame and lenses)

Out-of-Network Benefits are available. Please review your Benefit Summary for more details.

Digital ID Cards

Enjoy easy, secure access to your ID cards.

No longer worry about misplacing your ID. Simply log in to the myCigna® mobile app or website to view your digital ID card.¹

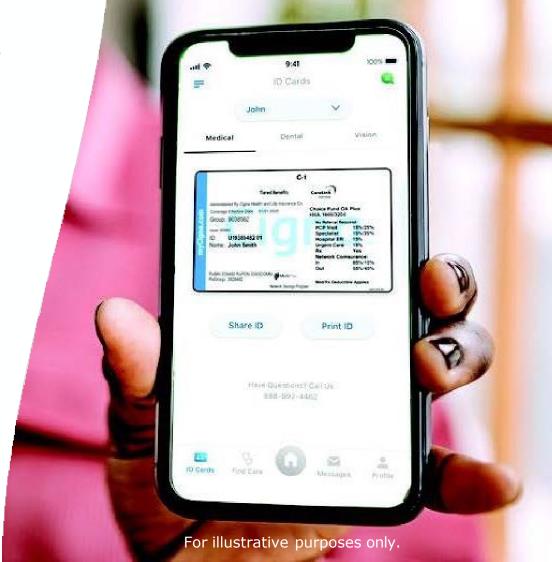
Getting your digital ID card is easy!

- Log in to myCigna® website or app.
- Click or tap "ID Cards."
- View your card(s) and the cards of any dependents.²

You can **show** your digital ID card on your phone screen, **print** it or **email** it to your doctor's office.

- 1. The transition to digital ID cards does not apply to the following: all insured medical clients sitused in Texas, New York, Florida, and Colorado (ASO will be included); all medical clients sitused in Minnesota regardless of funding type; all D-HMO plans sitused in Texas; all D-HMO and D-PPO plans sitused in Georgia and Minnesota; all vision plans sitused in Georgia, Minnesota, and Texas. Clients with situs in Texas, North Carolina, New York, Tennessee, Colorado, Georgia, and Florida will transition beginning with 7/1/2023 new and renewal effective dates unless prohibited by a state mandate.
- 2. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.





Vision Benefit Overview

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Out-of-Network Benefits are available. Please review your Benefit Summary for more details.



Life and AD&D – The Standard

- Basic Life: 1x annual salary (\$250,000 maximum)
- AD&D: 1x annual salary (\$250,000 maximum)
- Age reductions apply
- 100% employer-paid benefit

Disability Insurance – The Standard

Help protect your income & family

100% employer-paid benefit

	SHORT TERM DISABILITY (STD)	LONGTERM DISABILITY (LTD)
Waiting Period	7 days	180 days
Maximum Benefit Duration	173 days	Reducing Benefit Duration (SSNRA)*
Benefit Percentage	60%	60%
Max Benefit	\$2,769 / week	\$12,000 / month
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^{*}See benefit summary for full details

Term Life Insurance w/ Long Term Care - Chubb

Employees:

- \$50,000 Guarantee Issue Underwriting (for new hires)
- \$100,000 Conditional Guarantee Issue underwriting
- Long Term Care Benefit would be 4% of the death benefit, per month, for up to 75 months

Spouses:

- \$50,000 Conditional Guarantee Issue underwriting
 - 3 health underwriting questions
- Long Term Care Benefit would be 4% of the death benefit, per month, for up to 75 months

Long Term Care Benefit – Chubb

Benefits:

- Term Life protection to age 121
- Guaranteed Portability & Continuation of Coverage
- Base Life insurance premium guaranteed level for life

LTC Benefits include:

Home Health Care, Assisted Living, Adult Day Care, Nursing Home Care, Acceleration for Terminal Illness

Employees:

- \$50,000 Guarantee Issue Underwriting (for new hires)
- \$100,000 Conditional Guarantee Issue Underwriting

Spouses:

- \$50,000 Conditional Guarantee Issue Underwriting
 - 3 health underwriting questions

Child Coverage: Age 15 days through 25 years

• Up to \$25,000 Guaranteed Issue

Issue Age 71-80:

Employee up to \$50,000 simplified issue underwriting



Flexible Spending Accounts (FSA) – Navia Benefit Solutions

An FSA is an IRS Code Section 125 benefit that allows employees to set aside a specific pre-tax dollar amount for unreimbursed medical, dental, vision, and dependent care expenses.

FSA plan year

- January 1, 2025 December 31, 2025
- You may roll \$660* or less over to the next plan year
- Rollover amounts do not count towards the following year's contribution limit
- Claim Submission: You have until March 31, 2026 (or 90 days following the end of the calendar year) to submit expenses for reimbursement that were incurred during your plan year
- Healthcare FSA Annual Limit: \$3,300*
- Dependent Care FSA Annual Limit: \$5,000 per household

^{*}Estimated amount; the IRS will announce actual amount in Nov. 2024.

FSA Eligible Expenses

Healthcare FSA	Dependent Care FSA
 Acupuncture Chiropractic services Bandages Coinsurance and copays Corrective/laser eye surgery Deductibles Eye exams Flu vaccine Glasses (prescription) Orthodontia Massage therapy Prescription medication Over the counter drugs and medications and menstrual supplies PPE 	 Au pair Babysitter Before and after school care Day camps Elder care (letter of medical necessity may be needed) Nanny Overnight care Preschool, nursery school/pre-Kindergarten

Non-Eligible Expenses

Healthcare FSA

- Cosmetic surgery and procedures, including teeth whitening
- Hers, vitamins, and supplements used for general health
- Insurance premiums
- Family or marriage counseling
- Personal use items such as toothpaste, shaving cream, and makeup
- Prescription drugs imported from another country

Dependent Care FSA

- · Education or tuition fees
- Expenses for children ages 13 and older
- Late payment fees
- Overnight camps
- Virtual camps
- Payment for services not yet provided (advance payments)
- Field trips, clothing, and food
- · Transportation to and from the dependent care provider
- Money paid to your spouse, your child under 19, a parent of your child who is not your spouse, or a dependent where you or your spouse are receiving a personal tax exemption

Commuter FSA Benefits – Navia Benefit Solutions

A Commuter Account is a pre-tax benefit account used to pay for public transit and parking as part of your daily commute to work.

Commuter Key Features

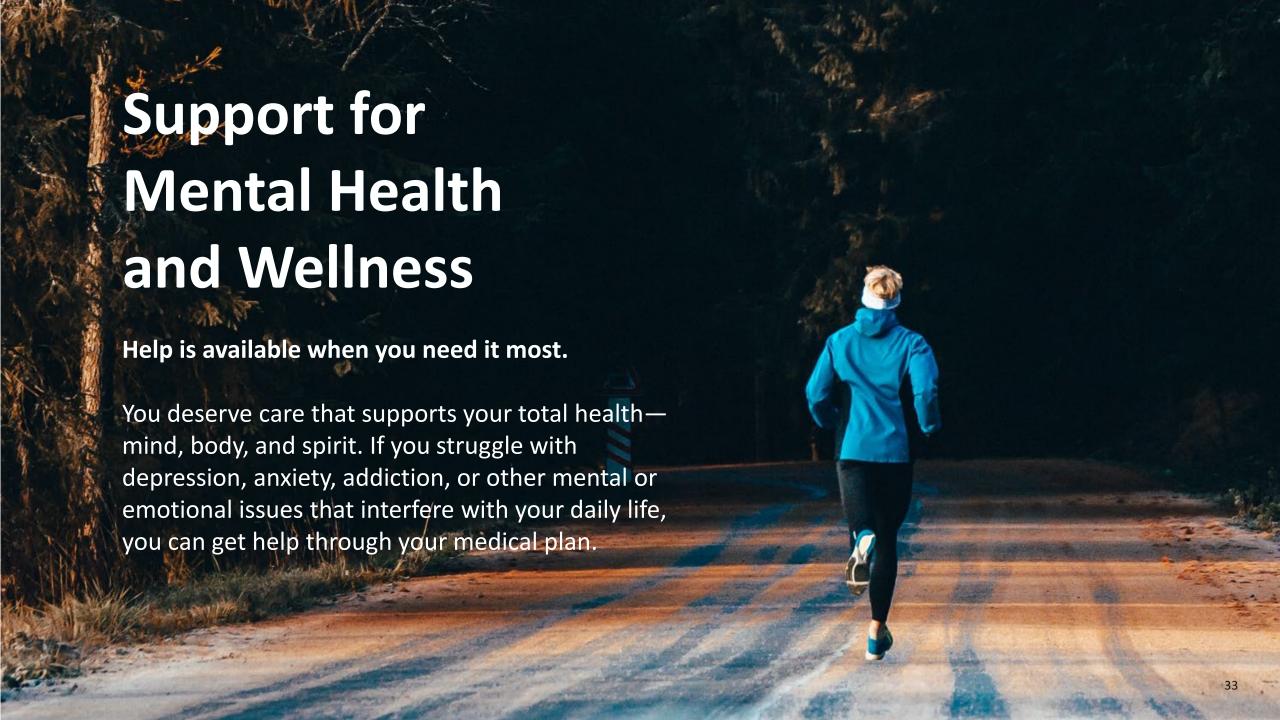
- Month-to-month benefit: opt in or out at any time
- Balance rolls over at the end of each month
- **Transit:** train, subway, light rail, bus, ferry, LyftLine and UberPool
- Parking: parking at or near your place of work or at a location near where you take public transportation to get to work

Monthly Limits

Transit Monthly Limit – up to \$325*

Parking Monthly Limit – up to \$325*

^{*}Estimated amount; the IRS will announce actual amount in Nov. 2024.



Employee Assistance Program – The Standard

WRNS Studio commitment doesn't end when your workday does. Maintaining a healthy balance between work and the rest of your life can make a big difference for your overall well-being. Your benefits investment includes plenty of options to help. Support is available 24/7!

When going through a difficult time, having someone to talk to can make a big difference in your state of mind. You and your loved ones have access to confidential counseling from trained counselors for:

• Family; Parenting; Addictions; Emotional Support; Legal; Financial; Relationships; and Stress, Depression, grief, loss, and emotional well-being

Benefit: You and your loved ones can connect with trained counselors. Sessions are confidential.

Financial services, legal services, and work-life services are available 24 hours a day, 7 days a week.

- Call 888-293-6948
- Access online at: healthadvocate.com/standard3



Newfront Answers

We're here when you need us

Newfront Answers gives you and your enrolled dependents access to a dedicated team of individuals to answer your benefits-related questions. Our highly-trained team is ready to guide you through your enrollment process, answer any questions, assist with life events, and more!

We can help with:

- Benefits plan reviews
- Claims review and eligibility
- Prescription assistance
- Qualifying life events

- Expedited enrollment
- Provider search
- HSA



5 am – 8 pm PST M-F

866.653.4190

wrns@answers.newfront.com

Takeaways

- Open Enrollment starts October 30, 2024, and ends November 15, 2024.
- Log in to your Employee Navigator portal for full plan details and payroll deduction amounts
- Open enrollment is Passive, except for FSA and Commuter enrollments
- New coverage starts on January 1, 2025
- Contact <u>shaun.dubrow@newfront.com</u> or <u>patrick.hennon@newfront.com</u> for questions

