

2020 Annual Enrollment Frequently Asked Questions



What changes are being made in 2020?

- Our medical provider will change from Cigna to Aetna.
- The **Core** will remain the same; the Choice Fund w/HSA will now be **Choice I**, with the same plan structure.
- A new medical plan option, **Choice II**, will offer a lower payroll contribution in exchange for a reduced benefit level.
- Choice I and Choice II provide access to a Health Savings Account (HSA). The contribution limits for HSAs have increased for 2020. The total amount that can be contributed to your HSA (from both you and Huber) is:
 - Up to \$3,550 for employee-only coverage (including \$500 Huber contribution)
 - Up to \$7,100 for all other coverage levels (including \$1,000 Huber contribution)
 - Note: If you're age 55 or older, you may contribute an additional \$1,000
- Some enhancements from our Aetna partnership include covering hearing aids up to a dollar limit, and oral surgery will now be covered under the medical plan.
- A new dental option is being added offering a lower payroll contribution in exchange for a reduced benefit level.
- Contributions may increase slightly depending on your medical plan choice and level of coverage.

There are no changes to the prescription drug benefits or vision benefits for 2020.

ENROLLMENT

When is annual enrollment?

Annual enrollment will begin on November 1st and close on November 15th at midnight.

I usually sign up for the same benefits every year—do I need to do anything different for 2020?

Yes, during Annual Enrollment, you must take action to:

- **Continue coverage:** If you do not actively enroll in Medical, Dental, FSA, and/or HSA benefits during the annual enrollment period, you will not receive these benefit coverages for 2020, and you will be defaulted to no coverage. All other benefits will remain as currently elected.
- **Receive your wellness credit:** If you completed the wellness qualifiers by August 31, 2019, you will need to certify that you and your covered family members are tobacco-free to receive the wellness credit for 2020.
- **Elect opt out credit:** To receive credit for opting out of coverage, you must actively decline the coverage.

Additionally, make sure your dependent information is correct and all your dependents are still eligible. Any new dependents you add for 2020 will require proof of eligibility.

How do I enroll in benefits?

You have two options for enrolling in your benefits.

Online: Log into your COMPASS at www.huberbenefits.com. You can enroll from any computer with internet access, 24 hours a day seven days a week.

By Phone: Call the J.M. Huber Benefit Service Center at 844-347-9035. Representatives are available to assist you Monday through Friday between 9am and 6pm Eastern time.

MEDICAL & PRESCRIPTION

Why is Huber changing medical providers?

After extensive review, we made the decision to switch to Aetna as our new medical plan partner beginning in 2020. This transition will secure a better financial arrangement for both the Company and employees. Aetna is a national carrier who offers strong discounts with an expansive network of doctors bundled with a high level of customer service.

Will Huber's prescription drug coverage change with Express Scripts?

Prescription drug coverage will remain with Express Scripts. There are no changes to the prescription drug coverage under each existing medical option although there may be formulary changes. If you are impacted by any changes to the formulary, Express Scripts will contact you directly.

Will I be receiving a new prescription ID card?

You will only receive an ID card from Express Scripts if you enroll in one of the medical options for the first time.

When will Aetna start to provide my medical benefits?

The new Aetna options will be effective January 1, 2020.

What medical options will I have to choose from?

The following chart provides a comparison of key coverage features and costs:

	Core		Choice I		NEW: Choice II	
	In-network	Out-of-network ¹	In-network	Out-of-network ¹	In-network	Out-of-network ¹
Deductible In-Network						
Single	\$300	\$750	\$1,500	\$3,000	\$3,000	\$4,500
Family	\$900	\$2,250	\$3,000	\$6,000	\$6,000	\$9,000
HSA Company Funding						
Single	N/A		\$500		\$500	
Family	N/A		\$1,000		\$1,000	
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 Max						
Single	\$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

* Plus cost difference from generic.

** Under the HDHP options, certain preventative 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.

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

Will all three medical options use the same Aetna provider network?

Yes. The provider network “POS II” is the same for all three medical options. When evaluating the change of administrators, we found that 98% of the providers seen by Huber employees and dependents overlap in the Aetna POS II network.

How do I find out if my providers are part of the Aetna POS II network?

It's quick and easy to search for participating doctors, specialists, hospitals and facilities closest to home and work. If you would like to verify that your provider participates in the Aetna network, go to **www.aetna.com**:

- Click “Find a Doctor” on the menu at the top right hand side
- Under Guest, click on “Plan from an employer”
- Continue as a Guest and enter 5 digit of zip code, city, state or county and the number of miles you want to look within and click on “Search”
- “Select a Plan” will appear. Under Aetna Open Access Plans select: Aetna Choice POSII (Open Access) then click “Continue”
- Enter either the provider you are searching for or search by category

What if my doctor is not in the Aetna network?

To receive your maximum coverage, you should see a doctor from the Aetna list of participating doctors and other health care professionals. You can continue seeing your current doctor, even if he or she is not in Aetna's network. However, in that case, you will pay higher out-of-pocket costs, and your care will be covered at the out-of-network coverage level.

Do I have to choose an Aetna Primary Care Physician (PCP)?

No. However, a PCP gives you and your covered family members a valuable resource and a personal health advocate.

Do I need a referral to see a specialist?

Though you may want your personal doctor's advice and assistance in arranging care with a specialist in the network, you do not need a referral to see a participating specialist.

Will I see changes to the way my claims are submitted?

In-network claims will continue to be submitted by Aetna's participating providers. If you have an out of network claim that was incurred on December 31, 2019, or prior, you will need to submit that claim to Cigna for processing. All 2019 out of network claims must be submitted to Cigna with 180 days of the date incurred to ensure reimbursement.

Cigna: P.O. Box 182223, Chattanooga, TN 37422

For any out of network claims incurred on or after January 1, 2020, you will need to submit a claim form with your receipt to:

Aetna: P.O. Box 981106, El Paso, TX 79998-1106

What happens if I am currently in treatment for a condition or have a scheduled surgery that will extend into 2020, and my current Cigna in-network provider will be out of network with Aetna?

If you are currently being treated for an acute medical condition, you may qualify for Transition of Care arrangements. Examples of conditions that may qualify are:

- Pregnancy in the second or third trimester
- Newly diagnosed or relapsed cancer in the middle of chemotherapy, radiation therapy or reconstruction
- Recent major surgeries still in the global follow-up period (generally six to eight weeks)
- Acute conditions in active treatment, such as heart attacks, strokes or unstable chronic conditions
- Transplant candidates

Transition of care allows you to continue to receive services for specified medical and behavioral conditions—for a defined period time—with a health care professional who does not participate in the Aetna network. Service continues until the safe transfer of care to a participating doctor or facility can be arranged.

You must apply for Transition of Care at the time of enrollment or no later than 30 days after the effective date of your coverage. All requests for Transition of Care must be submitted to Aetna in writing using the Transition of Care/Continuity of Care request form. Aetna will review and evaluate the information provided and will contact you about whether your request was approved or denied. You can find the Transition of Care/Continuity of Care request form in your annual enrollment packets or at www.huber.com/mybenefits.

When can I create an account on Aetna.com or on the Aetna app?

If you enroll in Aetna medical coverage, you will be able to create an account on Aetna.com on or after January 1, 2020.

When will I be receiving my new Aetna ID cards?

Aetna will be mailing your new ID cards prior to January 1st. If you don't have your ID card on January 1st, you can access a copy of your ID card by registering on www.aetna.com, or download the Aetna app on your mobile phone on or after January 1, 2020.

HEALTH SAVINGS ACCOUNT (HSA)

Who will be Huber's HSA administrator?

Huber has selected PayFlex as the new administrator of our Health Savings Account (HSA). They are a preferred partner of Aetna.

If you elect the HSA plan during our upcoming annual enrollment period a new HSA will be opened for you at PayFlex. As part of annual enrollment, you will have the opportunity to participate in a bulk transfer process which will transfer any funds that you may have in your current HSA at HSA Bank to your new HSA at PayFlex. The process of moving your account balance will follow a defined timeline with important dates and key steps you will need to take if you elect to electronically consent to transfer your funds.

Do I have to transfer my current HSA with HSA Bank to PayFlex?

No, however there are benefits to consolidating your HSA into one account.

- The Huber HSA contribution will be made to your PayFlex account. To receive Huber’s contribution, you will need to open a PayFlex HSA account.
- Simpler tracking of contributions and distributions with one account.
- Potential to reduce fees from having multiple HSA administrators.
- Less complicated tax reporting.

If you do not elect the HSA plan during annual enrollment or you do not agree to electronically consent to transfer your funds to Payflex, you do not need to take any further action. Your current account will automatically transition to an individual free agent account with HSA Bank. You will receive a letter from HSA Bank outlining changes to the following:

- Debit Card
- Alternative Reimbursement Options
- Member Website
- Auto Pay
- Fees

How do I transfer my HSA from HSA Bank to PayFlex?

You will have the opportunity to authorize a onetime rollover of your HSA Bank account to PayFlex when you enroll online in either Choice I or Choice II. The amount that you contribute to all HSAs is still limited to the annual contribution limit for the year.

If you elect to rollover your current HSA to PayFlex note the following:

- HSA Bank will inactivate your debit card on or about January 6, and initiate a quiet period until the target transfer date. During this quiet period of approximately ten (10) days, you will not be able to access your account funds. This will allow for trailing transactions to settle and allow your HSA closure and funds transfer to occur in a timely fashion.
- If you currently have invested a portion or all of your HSA account balance, you may liquidate and transfer those funds to the HSA cash account prior to December 20, 2019. If you do not transfer these funds to the cash account prior to December 20, 2019, HSA Bank is authorized to liquidate these funds on your behalf and close your investment account. The proceeds from the liquidation will be transferred to your new HSA at PayFlex.

- The consent requests the transfer to occur on or about January 16, 2020. HSA Bank will make every effort to execute this transfer on that date, but certain circumstances may cause a delay. Additionally, HSA Bank may not be able to execute this transfer request should you not have a positive balance in your account, or if the account is closed, or should PayFlex not have an account in your name, or for other similar reasons. HSA Bank is in no way responsible for the timing of the crediting of your account at PayFlex, the successor custodian.

If you miss the opportunity to move your HSA during enrollment, you can still transfer your HSA to PayFlex. You will need to complete the HSA Trustee Transfer Form. You can access this form at www.payflex.com.

How do I access my HSA through PayFlex?

To make the most of your PayFlex HSA, you can access it at www.aetna.com or www.payflex.com. When you log into PayFlex for the first time, you will be asked to verify your identity. PayFlex will confirm your full name, address, birth date and Social Security number. This is required under Section 326 of the USA PATRIOT Act. It's also known as the Customer Identification Process (CIP).

If for some reason you encounter an issue with the identification process, PayFlex will send you a letter within three business days, explaining the CIP issue and request the documentation needed to confirm your identity or address. If you don't respond within 30 days, PayFlex will send you a second letter. If you don't respond within 30 days of your second letter, PayFlex will send you a third and final letter. If you do not respond to PayFlex, they won't be able to open your HSA and you won't receive your contributions.

Once your identity has been confirmed, you can then create your profile along with a username and password. You will then have access to features to help you make the most of your account:

- View your account information, including your balance, contributions and payment.
- Order additional PayFlex debit cards for your dependents.
- Choose your account notifications.
- Link bank account(s) for easy transfers in and out of your HSA.
- View your investment options and open an investment account when eligible.

PayFlex also has an app available. Once you set up your account online, you'll also want to download the PayFlex Mobile® app. This way, you can easily access and manage your account on the go! Keep in mind you'll use your same website username and password to log in to the app.

Will I still have access to HSA Bank after January 1?

You will be able to access your HSA Bank account at www.hsabank.com to view your account.

Flexible Spending Accounts

If I have eligible expenses, where do I submit my claims?

For any eligible claims incurred in 2019, and through the grace period of March 15, 2020, you will be able to submit claims to Cigna through April 30, 2020.

PayFlex will begin administering 2020 FSA monies.

Where do I submit my claims for processing under Cigna?

For 2019 run-out claims: Cigna, P.O. Box 182223, Chattanooga, TN 37422-7223 – or – Online submission.

For 2020 incurred claims during Extended Claim Period (1/1/20 – 3/15/20): Designated fax number: 860-781-7460 – or – Online submission

www.mycigna.com

What are the new contribution limits for Healthcare FSA?

The contribution limits are:

- Health Care FSA: \$2,700
- Dependent Care FSA: \$5,000 total (\$4,550 employee plus \$450 from company - 10% match)

When will I receive my new PayFlex debit card?

Your new debit card will be mailed prior to January 1st. Should you need to order additional or replacement cards, you can do that directly on the member portal, www.payflex.com, once registered.

DENTAL

Will Cigna continue to administer our dental program?

Yes, Cigna will continue to administer dental coverage, and contributions will not increase.

What are my dental options for 2020?

We are adding a new dental option for a reduced payroll contribution. The following are the dental options available effective 1/1/2020.

	Dental I*	New Dental II*
Deductible In-Network		
Single / Family	\$25/ \$50	\$50 / \$150
You pay (Coinsurance)		
Preventative	0%	0%
Basic	20%	20%
Major	50%	50%
Annual Maximum Benefit per covered person	\$2,000	\$1,000
With Progressive Max	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).

If I need oral surgery during 2020, is it covered?

Yes, 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.

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 you have routine cleanings, x-rays and oral exams. You can have three progressions in maximum increases, up to the maximum of \$2,300. You will need to stay enrolled in the plan and keep getting preventive care to receive the increase(s) to your annual maximum.

VISION

Has Huber's vision coverage changed with EyeMed?

There are no changes to vision coverage, and contributions will not increase.

CONTACTS

What resources are available to help me understand my plan options?

If you have questions regarding your medical options, HSA, or FSA, Aetna concierge is here to help. Simply call **866-276-1820** Monday through Friday from 8 AM to 6 PM.

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
- Planning for upcoming treatment

What if I have other questions for that are not handled by Aetna?

The following provides the contact information for Huber's 2020 providers.

	2020 Providers	PHONE	WEBSITE
Medical	Aetna	888-276-1820	www.aetna.com
Health Savings Account	PayFlex	844-729-3539	www.payflex.com
Prescriptions	Express Scripts	877-263-2931	www.expressscripts.com
Dental	Cigna	800-244-6224	www.mycigna.com
Vision	EyeMed	866-800-5457	www.eyemed.com
Flexible Spending Accounts	PayFlex	844-729-3539	www.payflex.com
Enrollment	Empyrean	844-347-9035	www.huberbenefits.com

What if I have questions regarding Cigna and HSABank?

The following is the listing of the providers that we are changing effective 1/1/2020.

	2020 Providers	PHONE	WEBSITE
Medical	Cigna	800-CIGNA24	www.mycigna.com
Health Savings Account	Cigna	800-CIGNA24	www.mycigna.com
Flexible Spending Accounts	HSA Bank	800-CIGNA24	www.hsabank.com