



Annual Enrollment 2020

November 1 - November 15

Agenda

- What's New for 2020
- Introduction to Aetna Medical
- Wellness
- Dental & vision coverage
- Introduction to PayFlex for HSA/FSA
- Voluntary benefits
- 401(k)
- Active Enrollment

What's New for 2020?



New medical plan administrator



Third medical plan option



Second dental plan option



New FSA/HSA administrator



Active enrollment



A hand is shown holding a wooden block with a plus sign. Below it are several other wooden blocks with medical icons: a water drop, a heart with an ECG line, a wheelchair, a first aid kit, and a pill. At the bottom, four wooden blocks spell out the year '2019'. The background is a blue gradient with a geometric shape on the right side.

New Medical Plan Administrator

Introducing **aetna**SM

Our medical plan administrator will change from Cigna to Aetna.

The following are key advantages gained through our partnership with Aetna:



Stronger provider discounts

You will realize lower cost sharing by visiting Aetna's providers, as services will have a lower total cost, on average



Minimal contribution increases for 2020

Depending on your plan choice and coverage level, you may only see minimal increases, or no increase at all



Strong provider network

98% of current providers seen by Huber members will be in-network with Aetna



Personalized health and wellness programs

Access to tools that empower you to make informed health decisions

Aetna Perks

Hearing aids



Covered up to \$3,500 every 2 years

Oral surgery



Now covered under the medical plan

Aetna Concierge



Huber-dedicated phone line with answers to questions about your coverage, diagnoses, doctors, and healthcare costs, available M-F, 8am-6pm

Informed Healthline



24/7 access to nurses for your health questions via phone or online

Maternity Program



Specialized support for a healthy pregnancy, delivery, and newborn care

Teledoc



24/7 access to doctors via phone or video for non-emergency medical conditions; \$40 until deductible is met, then coinsurance applies

CVS Minute Clinics



Preferred partner of Aetna providing scheduled and unscheduled medical care



Medical Plan Options

What are the medical plan options for 2020?

We will be adding a third medical plan option, Choice II. Current plan options will remain unchanged, and prescription drug coverage will remain with Express Scripts.

	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						
Single	\$300	\$750	\$1,500	\$3,000	\$3,000	\$4,500
Family	\$900	\$2,250	\$3,000	\$6,000	\$6,000	\$9,000
HSA Funding						
Single	N/A		\$500		\$500	
Family	N/A		\$1,000		\$1,000	
Coinsurance (Amount you pay)	20%	40%	20%	40%	20%	40%
Rx – Retail/Mail-order						
Generic	\$10 / \$25	100% of the in-network cost minus the copay	Deductible then 20%**	Deductible then 40%	Deductible then 20%**	Deductible then 40%
Brand	\$30* / \$75*					
Non-formulary	\$50* / \$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

How much do the medical plan options cost?

You may see slight increases in your contributions depending on your medical plan choice and level of coverage. Rates below assume that **you will be receiving the wellness credit.**

	2020 Monthly Contributions	Monthly Increase / (Decrease)		
		Increase Amount	If moving to Choice I	If moving to Choice II
CORE				
Employee Only	\$125	\$9	(\$53)	(\$105)
Employee + Spouse	\$272	\$20	(\$100)	(\$197)
Employee + Child(ren)	\$233	\$14	(\$86)	(\$183)
Employee + Family	\$425	\$34	(\$153)	(\$300)
CHOICE I				
Employee Only	\$72	\$0	N/A	(\$52)
Employee + Spouse	\$172	\$6	N/A	(\$97)
Employee + Child(ren)	\$147	\$3	N/A	(\$97)
Employee + Family	\$272	\$8	N/A	(\$147)
CHOICE II				
Employee Only	\$20	N/A	N/A	N/A
Employee + Spouse	\$75	N/A	N/A	N/A
Employee + Child(ren)	\$50	N/A	N/A	N/A
Employee + Family	\$125	N/A	N/A	N/A

How much do the medical plan options cost?

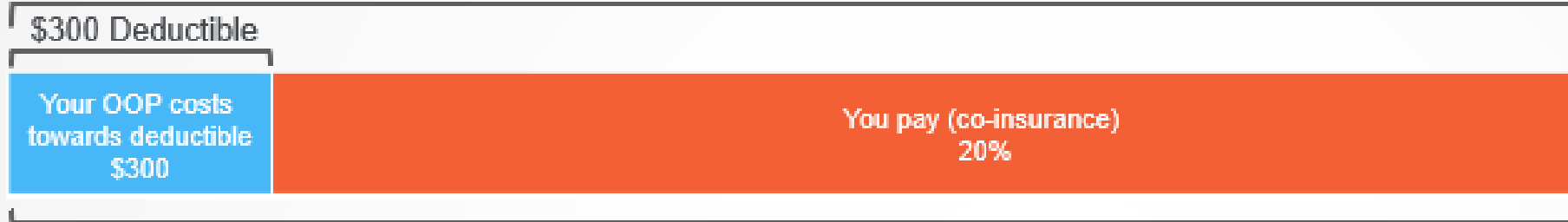
You may see slight increases in your contributions depending on your medical plan choice and level of coverage. Rates below assume that you will not be receiving the wellness credit.

	2020 Monthly Contributions	Monthly Increase / (Decrease)		
		Increase Amount	If moving to Choice I	If moving to Choice II
CORE				
Employee Only	\$185	\$9	(\$53)	(\$105)
Employee + Spouse	\$392	\$20	(\$100)	(\$197)
Employee + Child(ren)	\$293	\$14	(\$86)	(\$183)
Employee + Family	\$605	\$34	(\$153)	(\$300)
CHOICE I				
Employee Only	\$132	\$0	N/A	(\$52)
Employee + Spouse	\$292	\$6	N/A	(\$97)
Employee + Child(ren)	\$207	\$3	N/A	(\$97)
Employee + Family	\$452	\$8	N/A	(\$147)
CHOICE II				
Employee Only	\$80	N/A	N/A	N/A
Employee + Spouse	\$195	N/A	N/A	N/A
Employee + Child(ren)	\$110	N/A	N/A	N/A
Employee + Family	\$305	N/A	N/A	N/A

Understanding the medical plan structure

*Contributions shown in Wellness/Non-Wellness amounts

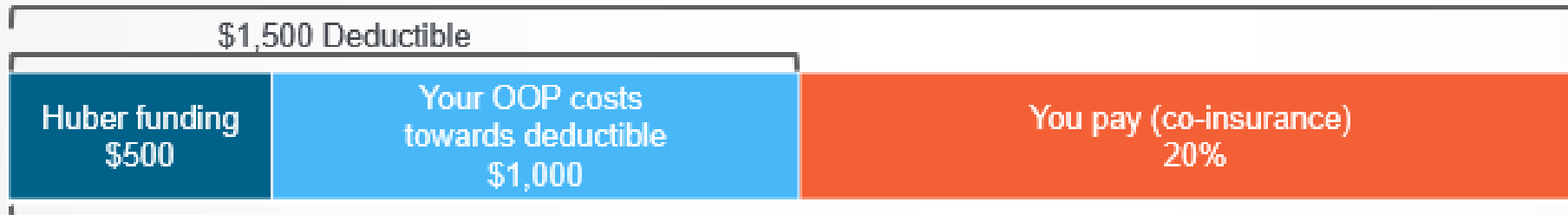
\$2,500 In-Network OOP Maximum



Core
Employee Only
Annual Payroll
Contributions: \$1,500/\$2,220

You pay 0% for in network preventive care

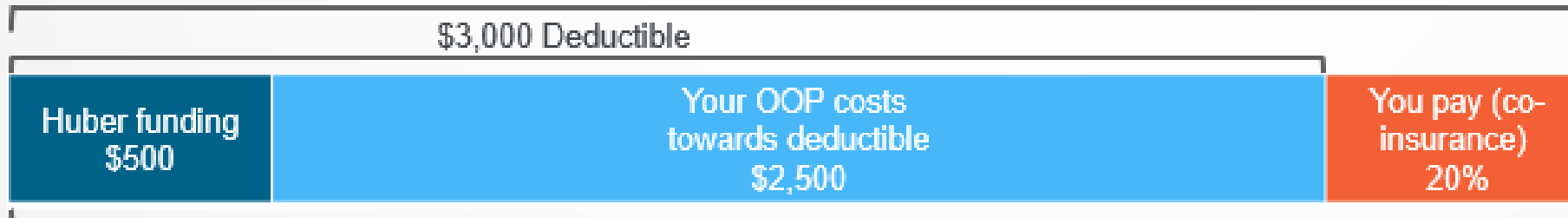
\$3,400 In-Network OOP Maximum



Choice I
Employee Only
Annual Payroll
Contributions: \$864/\$1,584

You pay 0% for in network preventive care

\$4,000 In-Network OOP Maximum



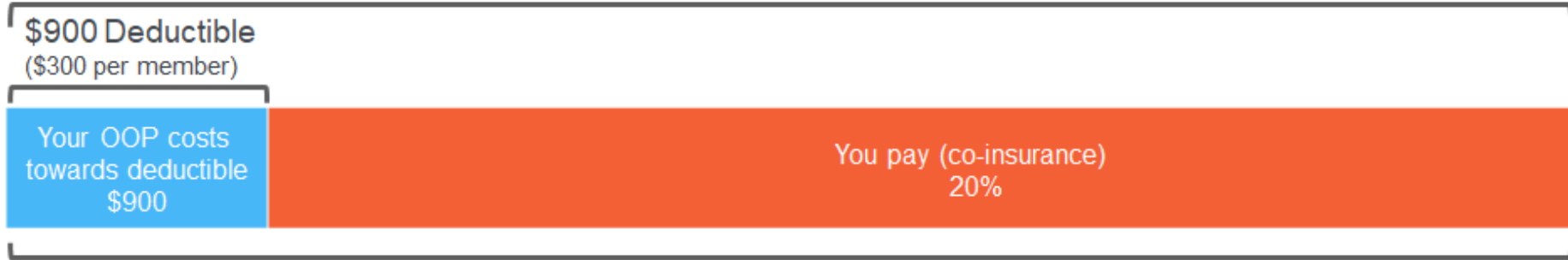
Choice II
Employee Only
Annual Payroll
Contributions: \$240/\$960

You pay 0% for in network preventive care

Understanding the medical plan structure

*Contributions shown in Wellness/Non-wellness amounts

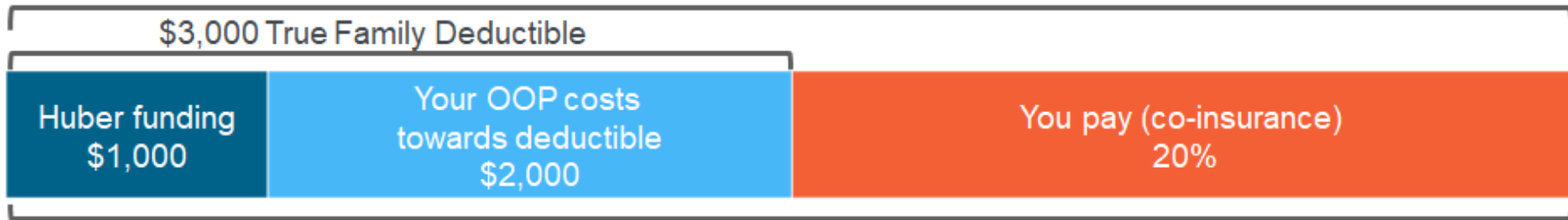
\$5,000 In-Network OOP Maximum



You pay 0% for in network preventive care

Core
Annual Payroll
Employee + Family
Contributions: \$5,100/\$7,260

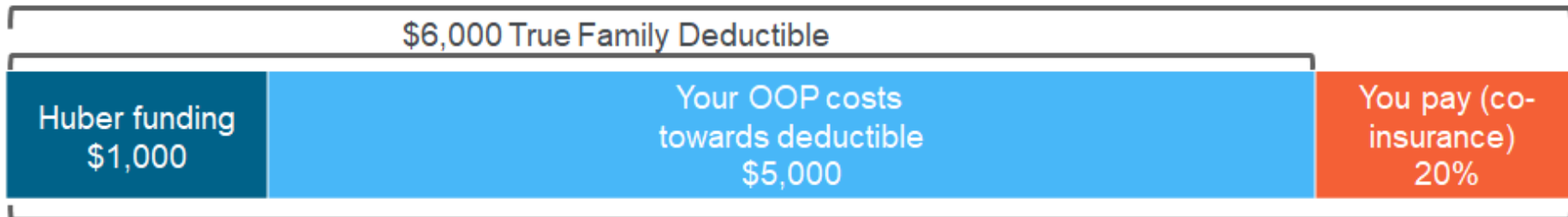
\$6,800 In-Network OOP Maximum



You pay 0% for in network preventive care

Choice I
Annual Payroll
Employee + Family
Contributions: \$3,264/\$5,424

\$8,000 In-Network OOP Maximum



You pay 0% for in network preventive care

Choice II
Annual Payroll
Employee + Family
Contributions: \$1,500/\$3,660

Medical Plan Comparison Guide

		Your Total Annual Cost (Payroll Contributions (with qualifiers) + Out-of-Pocket Costs)				
Expected Utilization Profile	Health Care Services You Expect to Use in 2020	Core	Choice I	Choice II	Result	
Employee Only	Infrequent User of Medical Services	<ul style="list-style-type: none"> • 2 office visits • 2 prescriptions 	\$1,845	\$1,034	\$410	Choice II saves \$624
	Moderate User of Medical Services	<ul style="list-style-type: none"> • 5 office visits • 5 prescriptions • 1 outpatient surgery • 1 ER visit 	\$2,988	\$2,903	\$3,479	Choice I saves \$85
	Frequent User of Medical Services	<ul style="list-style-type: none"> • 10 office visits • 15 prescriptions • 1 hospital stays 	\$4,000	\$3,764	\$3,740	Choice II saves \$24

Medical Plan Comparison Guide

		Your Total Annual Cost (Payroll Contributions (with qualifiers) + Out-of-Pocket Costs)				
Expected Utilization Profile	Health Care Services You Expect to Use in 2020	Core	Choice I	Choice II	Result	
Employee + Spouse	Infrequent User of Medical Services	<ul style="list-style-type: none"> • 5 office visits • 5 prescriptions 	\$3,957	\$2,013	\$849	Choice II saves \$1164
	Moderate User of Medical Services	<ul style="list-style-type: none"> • 10 office visits • 5 prescriptions • 1 outpatient surgery • 1 imaging service 	\$5,081	\$4,778	\$6,014	Choice I saves \$303
	Frequent User of Medical Services	<ul style="list-style-type: none"> • 10 office visits • 10 prescriptions • 1 outpatient surgery • 1 hospital stays 	\$6,967	\$7,762	\$7,900	Core saves \$795

How do I know which plan is right for me?

The following resources are available to help you select the plan that best supports you and your family:

- Plan Comparison Guide
- Call Aetna Concierge at 866-276-1820

What can I do to prepare for this transition?

Confirm that your doctor participates in the Aetna network

- Call Aetna Concierge at 866-276-1820
- Visit www.aetna.com and select “Find a Doctor” within the Aetna Choice POSII (Open Access) network

Determine if you qualify for Transition of Care arrangements

- If you are currently being treated for an acute medical condition by an in-network Cigna provider who does not participate in the Aetna network, you may be eligible to continue to receive services for specified medical and behavioral conditions for a defined period of time
- Call Aetna Concierge at 866-276-1820 to determine if you qualify
- If you qualify, you must apply no later than 30 days after the effective date of your coverage

A photograph of a person's hands tying their shoelaces on a running shoe. The image is overlaid with a semi-transparent blue filter. A large, bright blue geometric shape, consisting of several overlapping triangles, is positioned on the right side of the page, partially overlapping the photograph. The word "Wellness" is written in white, sans-serif font on the left side of the image.

Wellness

Wellness Credit towards Contributions

To redeem significant savings on your medical contributions (from \$720 up to \$2,160 per year):

- ✓ You (and spouse, if applicable) completed an annual physical
- ✓ You (and spouse, if applicable) completed online health assessments
- Confirm your tobacco status during Annual Enrollment

More details to follow on wellness programs with Aetna that will be available to you in January!

Aetna Wellness Incentive

Complete these healthy activities, and get a \$50 gift card from Aetna:

1. Get a biometric screening
2. Take your online health assessment
3. Complete one telephonic health coaching call

Available for employee and spouse; \$100 annual family limit

More details to follow on wellness programs with Aetna that will be available to you in January!

Livongo

Voluntary program to assist with managing diabetes at no cost to you or your family members, which includes:

- **Connected meter:** Provides personalized tips after each check to help you stay or get in range
- **Unlimited test strips:** Get as many strips and lancets as you need shipped right to your door with no hidden costs or co-pays
- **Coaching to support diabetes management:** Coaches are available anytime to discuss your blood glucose readings, nutrition, or lifestyle changes

More information available at welcome.livongo.com/jmhuber

Fitbit

Friends & Family Discount with a maximum of 3 devices per employee:

www.fitbit.com/welcome/huberFF

Have you received your one-time subsidized Fitbit device yet?

Huber will continue to offer a \$50.00 subsidy per employee to purchase a Fitbit wearable device

www.fitbit.com/welcome/huber

Both online storefronts allow employees to easily purchase a device at a discounted rate and with free shipping

Look for upcoming challenges!



Fitbit Corporate Wellness Support:
Email: cwsupport@fitbit.com
Phone: 844-5-FITBIT (844-534-8248)
Online: <http://help.fitbit.com/cwsupport>

To register your existing Fitbit device, please see your local HR Representative



Dental Plan Options

What are the dental plan options for 2020?

We will be adding a second dental plan option, Dental II. The current plan option will remain unchanged, and dental coverage will remain with Cigna.

	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	No
Implants lifetime maximum per person	\$2,000	\$2,000
Orthodontia lifetime maximum per person	\$2,000	Not Covered

How much do the dental plan options cost?

There will be no increases for the Dental I plan.

	Monthly Contributions	If moving to Dental II
Dental I		
Employee Only	\$17.98	(\$6)
Employee + Spouse	\$35.05	(\$13)
Employee + Child(ren)	\$35.05	(\$17)
Employee + Family	\$59.11	(\$26)
Dental II		
Employee Only	\$11.67	N/A
Employee + Spouse	\$22.55	N/A
Employee + Child(ren)	\$17.81	N/A
Employee + Family	\$33.57	N/A



Vision Plan

What are the vision plan options for 2020?

The current vision plan option will remain unchanged, and will remain with EyeMed.

There will be no contribution increases.

Monthly Contributions	2020
Employee Only	\$6.76
Employee + Spouse	\$12.83
Employee + Child(ren)	\$13.51
Employee + Family	\$21.61

A piggy bank and a stethoscope are the central focus of the image. The piggy bank is a light blue pig with a smiling face, positioned in the upper right. The stethoscope is a dark blue medical instrument with a silver chest piece, positioned in the lower left. The background is a light blue gradient with a darker blue diagonal stripe running from the top right to the bottom left.

New FSA/HSA Administrator

Introducing **PAYFLEX**[®]



PayFlex is a part of the Aetna family and one of the nation's leading providers of healthcare reimbursement accounts. This allows for easy coordination between your healthcare claims and your Flexible Spending Account (FSA) or Health Saving Account (HSA). Below are the 2020 maximum contributions:

Plan	Maximum Contribution
Health Care FSA	\$2,700
Dependent Care FSA	\$5,000 (including maximum company contribution of \$450)
Employee Only HSA*	\$3,550 (including company contribution of \$500)
Employee and Dependents HSA*	\$7,100 (including company contribution of \$1,000)




*If you're age 55 or older, you are eligible to contribute an additional \$1,000 catch-up contribution

What are the advantages of Health Care FSAs and HSAs?

Health Care FSAs and HSAs offer the following benefits:

- Never pay taxes**  Set aside pre-tax money to pay for medical, prescription, dental, and vision out-of-pocket expenses, and your withdrawals will never be taxed when used for eligible expenses
- Use it like a bank account**  Pay for eligible medical, prescription, dental, and vision expenses by swiping your debit card, or reimburse yourself for payments you've made

If you open an HSA, you'll receive these additional benefits:

- Company contributions**  Huber will make a \$500 contribution for employee-only coverage or a \$1,000 contribution if you cover dependents
- Keep your money**  Money in your HSA is yours to keep and can be rolled over from year to year; You can take your unused balance with you when you retire or leave Huber
- Invest more**  Once your HSA balance is greater than \$1,000, you can invest in mutual funds, stocks, or more as a part of your long-term retirement strategy

What if I have a remaining Health Care and/or Dependent Care FSA balance with Cigna?

If you have a remaining FSA balance with Cigna at the end of 2019:

- You will be able to use your remaining Cigna FSA balance towards any eligible claims incurred through the grace period of March 15, 2020
- All eligible claims must be submitted to Cigna by April 30, 2020
 - FSA Debit Cards will be deactivated as of January 1, at which time incurred claims must be submitted through www.mycigna.com or by fax at 860-781-7460

How do I transition from an FSA to an HSA?

If you currently have an FSA, and will be electing HSA coverage for 2020:

- You must deplete your FSA balance by December 31, 2019 to avoid a delay in opening your HSA
- If you do not deplete your FSA balance, you will have until March 15, 2020 to incur and submit claims
- As of April 1, 2020, your HSA will be opened, and you will need to re-elect your HSA contribution

How do I transition my HSA from Cigna to PayFlex?

If you currently have an HSA, and will be re-electing HSA coverage in 2020:

- A new PayFlex HSA account will be established with your 2020 contribution election and company funding.
- You will be required to provide online consent to automatically rollover your existing account balance from HSA Bank to PayFlex
- If consent is not provided, your existing account balance will remain with HSA Bank, in a non-employer sponsored account and will be subject to applicable fees

Reminder! If you will be turning or are already age 65:

- If you are age 65 and enrolled in Medicare Part A, B, or D, you are not eligible to contribute to your HSA
- If you are turning 65 in 2020, you must prorate your annual contribution amount (including catch-up) based on the number of months prior to your 65th birthday

The image features a dark blue background with a lighter blue diagonal split. In the center, there are silhouettes of a man and a woman. The man is in the foreground, and the woman is behind him, both with their arms outstretched horizontally. The text 'Voya Voluntary Benefits' is overlaid on the silhouettes in a white, sans-serif font.

Voya Voluntary Benefits

Critical Illness Insurance

- No increases to rates, which are based on age and tobacco usage
- Pays a lump-sum benefit if you are diagnosed with a covered illness, condition, or disease, on or after your coverage effective date
 - Examples: Heart attack, stroke and cancer
- The level of coverage will vary depending if you are electing coverage for yourself or your eligible covered dependents
 - To elect coverage for your dependents, you must be enrolled for coverage
- The maximum covered benefit you can purchase is \$10,000 for yourself, \$5,000 for your spouse and \$5,000 for your children

For more information:

- Access www.hubervoluntarybenefits.com
- Call 1-877-236-7564

EXAMPLE SITUATION

An employee enrolls in Critical Illness insurance with a \$10,000 benefit.



He is diagnosed with cancer, enters into chemotherapy treatment for several months, and after successful drug therapy, is diagnosed as cancer-free. The employee incurred more than \$6,000 in out-of-pocket costs including copays, deductibles and medication.

BENEFIT

A lump-sum benefit of

\$10,000

is paid to the employee upon diagnosis.

Accident Insurance

- No increases to rates
- Pays benefits for specific injuries and events resulting from a covered accident that occurs on or after your coverage effective date
- For more information:
 - Access www.hubervoluntarybenefits.com
 - Call 1-877-236-7564

Monthly Contributions	2020
Employee Only	\$7.60
Employee + Spouse	\$12.67
Employee + Child(ren)	\$14.99
Employee + Family	\$20.06

EXAMPLE SITUATION

An employee enrolls her family in a low option Accident insurance plan.

Two months later, she is in a car accident and transported by ambulance to the emergency room. After a CT scan and X-rays, she is admitted into the hospital for three days. The total cost for medical attention is \$11,500 with \$5,000 in expected out-of-pocket costs.

BENEFIT

A lump-sum benefit of

\$4,255

is paid to the employee.

Hospital Indemnity Insurance

- No increases to rates
- Pays a daily benefit if you have a covered stay in a hospital, critical care unit or rehabilitation facility
- For more information:
 - Access www.hubervoluntarybenefits.com
 - Call 1-877-236-7564

Monthly Contributions	2020
Employee Only	\$8.48
Employee + Spouse	\$19.58
Employee + Child(ren)	\$13.97
Employee + Family	\$25.07

EXAMPLE SITUATION

An employee enrolls in a low Hospital Indemnity plan.



Later in the year, he suffers a heart attack and is transported to the hospital by ambulance. He spends one day in the intensive care unit and two more in the hospital. His medical bills total more than \$20,000.

BENEFIT

Total out-of-pocket costs:

\$5,000

Benefit paid to employee:

\$1,950

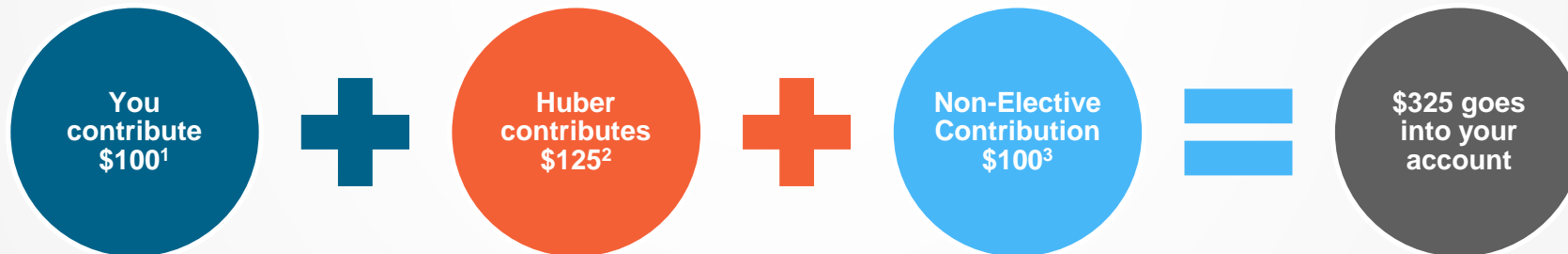
A hand is shown holding a wooden block with the text "401(k)" on it. The block is being held over a stack of other wooden blocks. The background is a blurred image of a computer keyboard. The entire image is overlaid with a blue geometric design consisting of several overlapping shapes.

401(k)

401(k) Plan

401(k) Company Match

- In 2019, Huber increased matching contributions from 100% to 125% of the first 5% of eligible pay you contribute to your 401(k) account
- If you contribute at least 5%, the company will contribute 6.25% on your behalf
- To take full advantage of the company match and its increase, consider contributing a minimum of 5% of your pay to the Plan



jmhuber.voya.com
1-800-35-HUBER (8am - 8pm EST Mon to Fri)

¹Employee deferrals are subject to annual IRS 401(k) contribution limit.

²Employee contributions and Company match are deposited within required Department of Labor guidelines.

³Non-elective contribution is subject to eligibility rules – must be employed for at least 12 months as of December 31, 2019.

A person is shown from a high-angle perspective, working at a desk. They are holding a pen over a document. A laptop is open to their right, and their hand is near the keyboard. The scene is overlaid with a semi-transparent blue geometric shape that covers the top right and bottom right portions of the image. The text 'Active Enrollment' is written in white on the left side of the image.

Active Enrollment

Why do I need to actively enroll?

You must actively enroll if you want to:

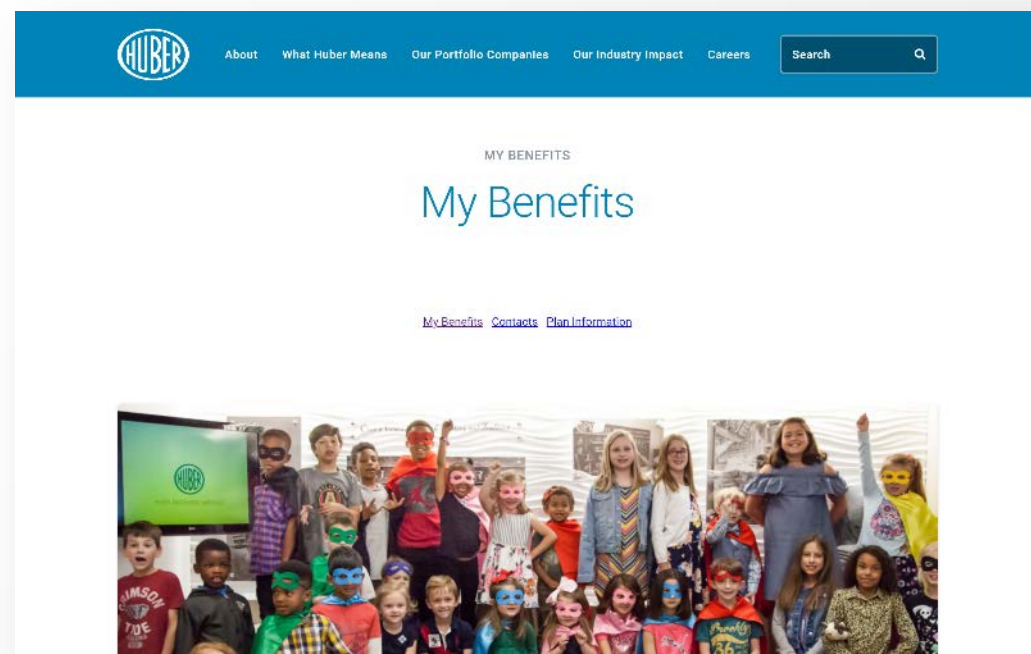
- **Continue coverage:** If you do not actively enroll in Medical, Dental, FSA, and/or HSA benefits during the annual enrollment period, you will not receive these benefit coverages for 2020, and you will be defaulted to no coverage. All other benefits will remain as currently elected.
- **Receive your 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.

Take this time to confirm that your dependent and beneficiary information is correct. Any new dependents that you add for 2020 will require proof of eligibility.

Where can I find information?

Visit www.huber.com/mybenefits for all 2020 benefit materials, and easy access to online enrollment:

- What's New for 2020
- Benefits Decision Guide
- Introduction to Aetna & PayFlex
- Benefit contacts



Action Required

Prior to Annual Enrollment:

- Confirm that your doctor participates in the Aetna network
- Determine if you need/qualify for Transition of Care arrangements
- Call Aetna Concierge at 866-276-1820, 8am - 6pm

November 1 – 15 on www.huberbenefits.com:

Complete your active enrollment for medical, dental, vision, and HSA/FSA

- Confirm your tobacco-free status to earn your wellness credit, if applicable
- Review your beneficiaries and dependents
- Aetna Concierge is available for extended hours from 8am – 9pm EST

After Annual Enrollment:

- Review your 2020 Benefits Confirmation Statement that will be mailed to your home address. If you find an error, contact the JM Huber Benefits Center
- Receive a new medical ID card and FSA/HSA debit card

Questions?