

HR Open Enrollment Team

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508-482-5740

Log into PlanSource for benefit details

Today's Presentation

Agenda

- What you need to know
- What's new for 2025
- Medical / Pharmacy / Pre-Tax Accounts
- Other Benefits

HR@MiltonCAT.com

508-482-5740

Log into PlanSource for benefit details.

Resources

- Open Enrollment email going out (11/4/2024)
- Benefit details found at <u>www.MyMiltonCAT.com</u>
- Benefit elections can be made at https://benefits.plansource.com
- Benefit questions can be sent to Benefits@miltoncat.com
- 1:1 Enrollment sessions available (schedule at www.mymiltoncat.com)

What You Need to Know



November 4 – November 22



This is an active enrollment.

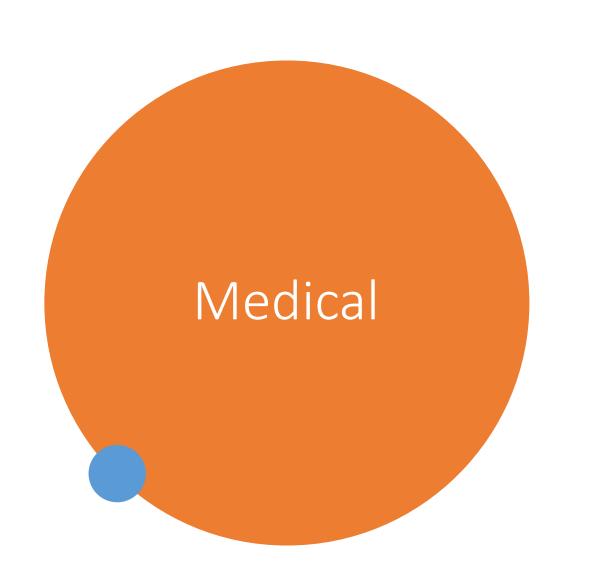
What's new for 2025

Medical

- Contribution Increases to Plan B & C
- Embedded deductible increasing on Plan A & B
- Prior Authorization and Quantity Limits will apply to certain non-specialty prescriptions
- Resource for bone & joint care *new*
- Weight-loss program *new*
- All existing and new members to receive new digital ID cards

Health Savings Account (HSA): Plan A & B

- Increased employer contributions (Plan A)
- Entire annual Milton CAT HSA contributions available Jan 2025
- HSA maximum contribution limits increasing to \$4,300 (individual) / \$8,550 (2-person or family)



- Existing Program Offerings
- New Program Offerings
- Medical/Rx Plan Overview
- Health Savings Account

MotivateMe (Wellness) Incentives

- **Earn rewards** for engaging in health & wellness activities
- Goals can be found on the Wellness Tab on your myCigna member portal
- Wellness dashboard provides both incentive information as well as healthy articles & healthy rewards

Lifestyle & Chronic Conditions Management Programs

Telephonic or online self-guided support for Chronic conditions, weight management, quit tobacco, reduce stress. Find out more on your mycigna.com member site

Omada Diabetes Prevention Program

Helps members:

- Manage weight safely
- Eat healthier without counting calories or cutting out favorite foods
- Try new habits to increase physical activity, improve sleep, reduce stress
- Reduce the risk of type 2 diabetes, health disease and stroke

Program Offers:

- Dedicated Omada health coach
- Personalized health plan
- Smart scale
- Weekly lessons, nutrition counseling, food & activity trackers, online peer groups

To see if you qualify go to omadahealth.com/miltoncat

If you or your covered adult dependent are at risk for type 2 diabetes or heart disease, and are accepted into the program, you'll receive the program at no cost.

Cigna Pathwell Bone & Joint

New

A dedicated care team helping to guide you to the right care at the right time for your spine, knee, hip and shoulder pain.

Guidance to the care you need

You'll work one-on-one with a Clinical Care Advocate³ who has expertise in spine, knee, hip and shoulder pain. They'll help you understand your options and create a personalized plan based on your goals. Your Clinical Care Advocate can help with:

- · Finding the right treatment plan
- · Understanding your benefits
- Access to in-network physical therapy, both in person and virtual
- Education on how lifestyle can impact musculoskeletal (MSK) health
- Pre- and post-surgery support and connection with other helpful resources

Online tools and resources

Our user-friendly digital tools enable you to communicate with your dedicated Clinical Care Advocate, and access personalized activities and articles to support your care plan.

Surgery benefit

When surgery is right for you, a Benefit Specialist can help with:

- Finding quality, affordable surgeons who are part of the Pathwell Bone & Joint surgery benefit
- Understanding how to qualify for the zero or low-cost cost surgery benefit⁴
- Reviewing the travel benefit⁵ of up to \$600 when a Pathwell Bone & Joint designated surgeon isn't close to home
- Additional programs and support offered through your Cigna Healthcare benefits



Demand is growing for GLP-1s for weight loss

- GLP-1 agonists help lower blood sugar levels, they also suppress appetite and reduce calorie intake — fueling their growing popularity as obesity drugs.
- Just a 5% loss in weight can decrease the risk of chronic diseases related to obesity.¹
- Potential need for lifelong therapy can lead to dramatic increases in usage and cost:
 - Wegovy® costs² about \$1,300/month
 - Zepbound™ costs² about \$1,000/month

Controlling costs and optimizing health outcomes requires UM and lifestyle change.



EncircleRx for Cigna Healthcare

The next evolution in benefit coverage of weight management medications

EncircleRx offers:

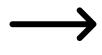
- Enhanced management to ensure that the right customers have access
 - Higher BMI and documentation of weight-related comorbidities
- Required enrollment and ongoing engagement with a lifestyle modification program through Omada®
- Appropriate prescriber and pharmacy management with enhanced fraud, waste, and abuse activities focused on GLP-1s

1. Centers for Disease Control and Prevention Know Your Risk for Heart Disease https://www.cdc.gov/heartdisease/risk_factors.htm Last reviewed: March 21, 2023. Accessed February 2024. 2. Could Zepbound's Lower Cost Start a Weight Loss Drug Price War?" Nancy Schimelpfening. December 2023. https://www.healthline.com/health-news/zepbound-cost-lower.



Medical Plan: Contribution Cost Benchmarking

Actuarial Plan Design Richness	Plan A	Plan B	Plan C
Milton CAT Plans	79%	83%	86%
Machinery / Heavy Equipment	78%	78%	78%
1000+ employees	81%	81%	81%
Northeast	82%	82%	82%



Benchmarking data shows that Milton CAT's plan are richer than the norm.

Individual Enrollment Average Benchmark

EE+SP or Child(ren) Enrollment

Monthly Payroll Contributions						
2024 2025						
Plan A	Plan B	Plan C		Plan A Plan B Plan C		
\$0	\$65	\$140		\$0	\$96	\$281
\$119	\$119	\$179		\$129	\$129	\$193

\$119	Ф11 9	Φ1/9
	2024	
Plan A	Plan B	Plan C

2024				
Plan A	Plan B	Plan C		
\$0	\$126	\$272		
\$317	\$317	\$454		

2025				
Plan A Plan B Plan C				
\$0	\$187	\$545		
\$342	\$342	\$490		

Family Enrollment
Average Benchmark

Average Benchmark

2024				
Plan A	Plan B	Plan C		
\$0	\$165	\$355		
\$514	\$514	\$729		

	2025	
Plan A	Plan B	Plan C
\$0	\$243	\$713
\$555	\$555	\$787

- Historically, Milton CAT's plan offerings are richer than benchmarking, and will remain this way for 2025.
- Making market corrections still results in Plan A & B's contributions lower than the norm.
- Plan C contributions are slightly higher than the norm, but the normative data is based on plans that are not as rich as the Milton CAT offering.



Medical Plan: In-Network Coverage

	2025 Plan Offerings			
Milton Cat Medical Plan Choices	Plan A	Plan B	Plan C	
In-Network Coverage	You Pay	You Pay	You Pay	
Annual Deductible				
Individual / Family	\$3,000 / \$6,000	\$3,000 / \$6,000	\$1,000 / \$2,000	
Family Embedded Deductible††	\$3,500	\$3,500	\$1,000	
Annual Out-of-Pocket Maximum (OOP Max)				
Individual / Family	\$6,000 / \$12,000	\$3,000 / 6,000*	\$3,000 / \$6,000	
Family Embedded OOP Max††	\$6,000	\$3,500	\$3,000	

You Pay After The Deductible			
Coinsurance	10%	0%	10%
Service Type (list not exhaustive)			
Essential Preventive Care Visits	\$0	\$0	\$0
General Practitioner Office Visit	Deductible, then 10%	Deductible, then 0%	\$20 per visit
Specialist Visit	Deductible, then 10%	Deductible, then 0%	\$40 per visit
Urgent Care	Deductible, then 10%	Deductible, then 0%	\$40 per visit
Emergency Room	Deductible, then 10%	Deductible, then 0%	\$150 per visit

Rx under Plan A&B subject to medical de	eductible
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	The arrace Francisco Subject	The under Than Mad Subject to Medical deduction		
Prescription Drugs	Retail	Retail	Retail	
Certain Generic Preventive	\$0	\$0	\$0	
Other Generic	Deductible, then 10%	Deductible, then 0%	\$10 / \$20	
Brand	Deductible, then 10%	Deductible, then 0%	\$20 / \$40	
Non Preferred Brand	Deductible, then 10%	Deductible, then 0%	\$50 / \$100	

†† For employees who have 2 or more members covered under the medical plan, no 1 person will ever have to pay more than the embedded amount.

- Deductibles and Out-of-Pocket Maximums are combined both in and out of network.
- For Plan B, if you have all services provided in-network you will never pay more than \$3,000 (individual) or \$6,000 (family).



Medical Plan: Pre-Tax Account Overview

	2025 Plan Offerings			
Milton Cat Medical Plan Choices	Plan A	Plan B	Plan C	FF Only
Pre-Tax Funding Account Allowed †				EE Only EE & SP or C
- General Purpose Health FSA			Х	Family
- Limited Purpose Health FSA	Х	Х		ranney
- Health Savings Account (HSA)	Х	Х		
HSA Annual Contribution Maximums †††	Yes	Yes	No	
- Company Contribution - Individual/Family	\$1,000 / \$2,000	\$750 / \$1,500	N/A	EE Only
Francisco Contribution Individual / Francisco	ć2 200 / ćC FF0	¢2 FF0 / ¢7 0F0	N1 / A	EE, SP or CH
- Employee Contribution - Individual / Family	\$3,300 / \$6,550	\$3,550 / \$7,050	N/A	Family
- Additional Contribution for those age 55+	\$1,000	\$1,000	N/A	

	Annual 2025 Premium			
	Plan A	Plan B	Plan C	
EE Only	\$0	\$1,154	\$3,372	
EE Only EE & SP or CH(ren)	\$0	\$2,238	\$6,541	
Family	\$0	\$2,916	\$8,557	

	Annual Savings, Moving From Plan C To:					
	Plan A Plan B					
EE Only	-\$3,372	-\$2,218				
EE, SP or CH(ren)	-\$6,541	-\$4,302				
Family	-\$8,557	-\$5,641				
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Account Description	Health FSAs are funded by employees used by the end of the calendar yea the next cal	Health Savings Accounts (HSAs) are funded by Milton CAT but employees can also choose to fund this account using pre-tax dollars.	
Account Type	General Purpose FSA	General Purpose FSA Limited Purpose FSA	
Who Owns the Account?	Milton CAT	Milton CAT	Employee
Contribution Max	\$3,300	\$3,300	see above
Is the Account Portable?	No	No	Yes
Eligible Expenses	General Purpose FSA covers all qualified Medical, Dental and Vision expenses.	Limited Purpose FSA covers qualified Dental and Vision expenses only.	Health Savings Accounts (HSA) covers all qualified Medical, Dental and Vision expenses.



Medical Plan: Recap

Plan C (Traditional Plan)

- Essential preventive care visits covered at 100% and not subject to deductible
- Higher premium contribution but lower deductible
- Plan begins to pay for some services once the deductible is met. With other services you continue to pay the copay until the out-of-pocket maximum is met.
- Embedded deductible feature

Plan A & B (HSA Qualified Plan)

- Essential preventive care visits covered at 100% and not subject to deductible
- Lower premium contribution but higher deductible
- Pharmacy subject to medical deductible
- Plan begins to pay after deductible is met (Plan B)
- Plan begins to pay after out-of-pocket maximum is met (Plan A)
- Embedded deductible feature included
- Funds in your HSA can be used to cover eligible health and pharmacy expenses
- Unused HSA money rolls over year-to-year
- Funds in the HSA is yours to keep even if you unenroll in the plan or leave the company



Medical Plan Employee Cost & Utilization Comparison

		How Bille	d Amount A	pplies to E	ach Plan		
	Retail Cost Per Usage	Plar	n A	Plar	n B	Pla	ın C
Annual Payroll Deduction		\$0		\$1,154		\$3,372	
Annual Preventive Care	\$0	\$0		\$0		\$0	
PCP Visit (2)	\$225	\$450	ded.	\$450	ded.	\$40	copay
Brand Prescription (12 fills)	\$50	\$600	ded.	\$600	ded.	\$240	copay
Generic Prescription (12 fills)	\$30	\$360	ded.	\$360	ded.	\$240	copay
Lab Work (2)	\$300	\$600	ded.	\$600	ded.	\$600	ded.
ER Visit (1)	\$650	\$650	ded.	\$650	ded.	\$150	copay
Urgent Care (1)	\$250	\$250	ded.	\$250	ded.	\$40	copay
Employee Premium + Utilization Cost		\$2,910		\$4,064		\$4,682	
Annual Employer HSA Contribution		-\$1,000		-\$750		\$0	
Net Employee Out-of-Pocket Cost		\$1,910		\$3,314		\$4,682	

As a Reminder, Once the Out-of-Pocket Maximum is met, coverage is paid at 100%

	Plan A	Plan B	Plan C
	Indv / Fam	Indv / Fam	Indv / Fam
Deductible	\$3,000/\$6,000	\$3,000/\$6,000	\$1,000/\$2,000
Embedded Deductible	\$3,500 (Indv.)	\$3,500 (Indv.)	\$1,000 (Indv.)
OOP Max	\$6,000/\$12,000	\$3,000/\$6,000	\$3,000/\$6,000
Coinsurance	10%	0%	10%

Note:

Embedded Deductible is for those enrolled as EE+1 or more Deductibles are applied to the Out-of-Pocket Maximum (OOP Max) Coinsurance applies after the deductible

- This is an example of how claims are billed under each plan using an employee only enrollment.
- The key factors to consider when comparing plans for your own specific situation are:
 - 1. What you will pay for annual premium through payroll deductions.
 - 2. What kind of utilizer are you and/or your family.
 - 3. What, if any, Milton CAT annual HSA contribution is provided.



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Get answers to your health, claims and benefit questions



Ask for a Spanish-speaking service representative, or someone who can translate one of 200 languages



Order an ID card, update insurance information, check claim status and more

The answers you need are just a phone call away. Anytime you need us, feel free to call the toll-free number on your Cigna ID card.



HEALTH INFORMATION LINE



Call the number on your Cigna ID card, 24/7/365

- Offers access to a trained clinician¹ to help you determine when and where to get treatment for immediate health care needs
- Provides guidance and education about both specific health concerns and general health topics



Chat via myCigna.com® website or app Mon-Fri 9:00 am – 8:00 pm EST²

- Provides suggestions for online tools or local resources to help support your physical and mental health needs
- Delivers access to audio health library (both in English and Spanish), as well as podcasts

- 1. These health advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing medical advice in any capacity as a health advocate.
- Excluding holidays.



YOUR CIGNA HEALTH SAVINGS ACCOUNT



The medical claims process with an HSA plan:



You visit in-network doctor/hospital/facility.



Cigna receives and processes the claim.



Cigna sends an explanation of benefits (EOB) as your receipt.

Manage your communication settings – by mail or paperless – on myCigna®.
You can log in to myCigna.com to build an on-

demand health statement too.



Around the same time you'll also receive the bill from your doctor/hospital/facility

Once you confirm that the bill (amount due) matches the EOB, you can pay the bill.



You can elect to have all or some of your claims paid directly from your HSA.

If not, you have the option to pay the doctor bill using your HSA or pay out of pocket.





Cost of prescriptions are determined at point of sale

Healthcare Financial Management

Reminder: For 2025, Milton CAT's entire annual contribution will be available in January

2025!

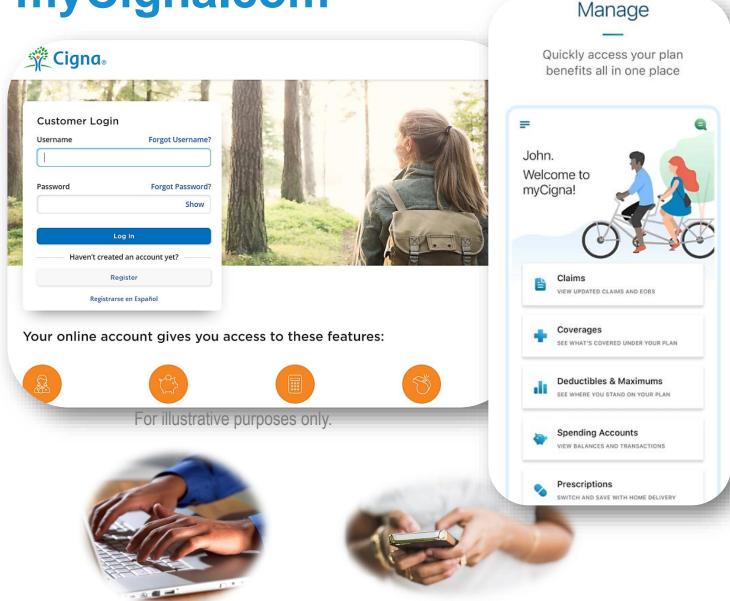
Milton CAT Annual Contribution						
Enrollment Tier Plan A Plan B						
Employee	\$1,000	\$750				
EE+1 or More	\$2,000	\$1,500				

High healthcare bills can be intimidating. Below are suggestions for paying bills and managing your HSA:

- 1) Use Cigna's cost comparison tool to shop for equal quality, less expensive medical services. For example:
 - a) MRIs at standalone facilities are less expensive than at hospitals (especially teaching hospitals).
 - b) Prescription drugs at one pharmacy might be higher cost than another pharmacy right around the corner.
- 2) Negotiate for a lower bill: If you can pay your bill in full, ask your provider if they will consider applying a discount to your owed amount. Providers don't want to send multiple payment reminders or nor do they want to use a collections agency.
- 3) Ask your provider to set up a payment schedule based on what you can afford to pay each month.
 With an HSA you can:
 - a. Set up monthly auto-payments. Once your payroll contributions are deposited into your HSA, you can send payment to your provider. You save money since your HSA dollars are pre-tax.
 - b. Pay out-of-pocket and then reimburse yourself through your HSA.
 - c. If doable, pay out-of-pocket and preserve your HSA funds for the future.



myCigna.com



Your personalized Cigna website

- Registration takes only a few short moments
- Access anytime on computer, tablet or smart phone device
- Touch ID sign-in available

What you can do on myCigna

- Review coverage details & deductible information
- Search for providers by specialty, procedure, location and language
- Compare cost & quality information for medical services
- Compare cost of prescriptions & find lower cost alternatives
- Keep track of appointments and reminders
- Access health & wellness information along with MotivateMe incentives



Cigna

Are you eligible to participate in HSA plan? (Plan A & B only)

Because HSA plans have certain tax advantages, the IRS defines specific rules for participation.



To be eligible, you:

- Must be enrolled in Plan A or B (IRS-qualified high-deductible plans)
- Cannot have any other health coverage which is not also a qualified high-deductible plan
- Cannot be claimed as a dependent on another person's tax return
- Cannot be enrolled in Medicare (A, B or D), TRICARE, or a Full Purpose FSA (including a spouse's Full Purpose FSA)



Your HSA maximum contribution

The IRS has set the following limits for 2025:

Under age 55 and not enrolled in Medicare (based on a 12-month period):

- Up to \$4,300 individual coverage*
- Up to \$8,550 family coverage*

Age 55 or older:

 Maximum contribution increases by \$1,000 (considered a "catch-up" contribution)

To make the maximum contribution in a calendar year, you must:

- Meet all requirements to be eligible for HSA contributions on January 1
- Remain qualified through December 1
- If these criteria are not met, maximum contribution is prorated if 1/12 maximum contribution for each month then individual is qualified

Maximum Annual Employee Contribution by Plan (does not include Milton CAT's contribution)					
	Enrollment Type				
	Employee Only	EE+1 or Family			
Plan A	\$3,300	\$6,550			
Plan B	\$3,550	\$7,050			
Additional Employee HSA Catch-up Contribution (age 55+)	\$1,000	\$1,000			



What are qualified health care expenses HSA?

Qualified health care expenses are determined by the IRS

Examples of qualified health care expenses*

- Deductibles and out-of-pocket costs for medical
- Prescriptions
- Vision care, including glasses and LASIK eye surgery
- Smoking cessation treatment and prescriptions
- Family planning procedures
- Chiropractic services
- Some insurance premiums, such as long-term care, COBRA and health care coverage premiums while receiving unemployment compensation

Examples of nonqualified health care expenses

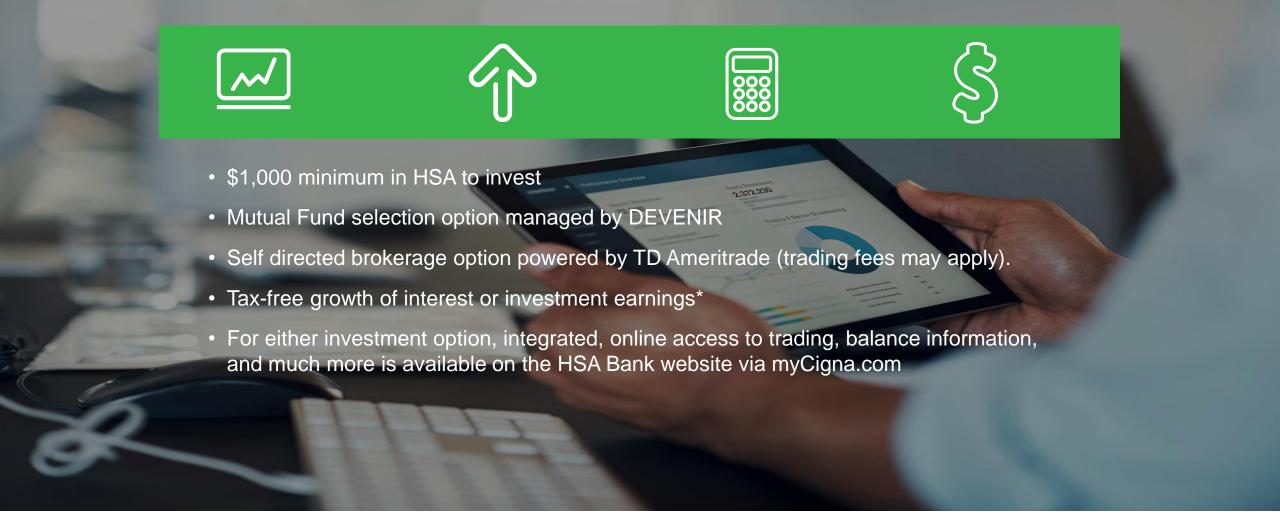
- Air purifiers
- Cosmetic surgery and related expenses
- Health club dues (unless prescribed by physician to treat illness)
- Illegal operations and treatments
- Massages for general well-being
- Premiums for health care coverage
- Transportation (unless specifically for and essential to medical care)
- Toothpaste, cosmetics and toiletries
- Vitamins and nutritional supplements
- Weight loss programs (unless for a specific illness)

Using HSA funds for nonqualified expenses, under the age of 65, subject to 20% penalty tax



^{*} This is not a complete list. For a detailed list, visit Cigna.com/expenses or the IRS website at information.

Your HSA saving and investment features



Investments are subject to market fluctuation, investment risk, and possible loss of principal. You are urged to consult a professional financial advisor and tax advisor prior to exercising any investment options.

*HSA contributions and earnings are not subject to federal taxes and not subject to state taxes in most states. A few states do not allow pretax treatment of contributions or earnings. Please consult your personal tax advisor or contact your plan administrator for information about your state.



OTHER BENEFITS

Other Voluntary / Contributory Benefits



Dental & Vision

	Dental	Vision
	Delta Dental	EyeMed
Covers	Cleanings, X-rays, Basic Services, Major Services & Orthodontia coverage for dependents under the age of 19.	Exams, Retinal Imaging, Contact Lens fit & follow up, Frames and Lenses.
	Z Sonic electric toothbrush, water flosser and replacement heads.	40% off additional complete pair of prescription eyeglasses.
	Virtual hearing screening and discounts for hearing aid devices and aftercare services.	40% off prescription sunglasses.
Additional Discounts		20% off non-prescription sunglasses.
		Hearing discounts from Amplifon Network.
		Lasik & PRK from U.S. Laser Network.

Accident Insurance



Pays for specific injuries (both on or off the job)

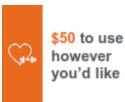
Includes an annual wellness benefit

Coverage options for employee, spouse & dependent

Choice of Low or High plan

Accident-related treatment	Low	High
Emergency room treatment	\$225	\$300
X-ray	\$75	\$100
Physical or occupational therapy (up to six per accident)	\$45	\$75
Stitches (for lacerations, up to 2")	\$60	\$120
Follow-up doctor treatment	\$90	\$120
Hospital admission	\$1,250	\$2,000
Hospital confinement (per day, up to 365 days)	\$300	\$300

This is only a small preview of the benefits available to you.



Wellness Benefit

- Complete an eligible health screening test (such as an annual physical) and receive a benefit payment.
- Your annual benefit amount is \$50. Your spouse's benefit amount is \$50.
- The benefit for child coverage is 100% of your benefit amount per child, with an annual maximum of waived for all children.

Low Plan	Employee	Employee & Spouse	Employee & Children	Family
Monthly	\$10.05	\$16.88	\$19.92	\$26.76
Annually	\$120.60	\$202.56	\$239.04	\$321.12

High Plan	Employee	Employee & Spouse	Employee & Children	Family
Monthly	\$14.26	\$23.73	\$28.08	\$37.55
Annually	\$171.08	\$284.70	\$336.96	\$450.58



Lump-sum benefits

Includes an annual wellness benefit

Coverage options for employee, spouse & dependent

Choice of Low or High plan*

How much coverage is available?

You have the option to enroll in coverage in the amount(s) below.

	Coverage Amount		
For you	\$10,000 or \$15,000		
Your spouse	\$5,000 or \$10,000		
Your children*	\$2,500 or \$5,000		

^{*}Child(ren) up to age 26.

What's covered by Critical Illness Insurance?

Critical Illness Insurance provides benefits for the covered conditions and diagnoses shown below. The most common conditions we pay claims for include:

Kidney failure**



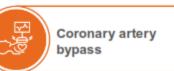




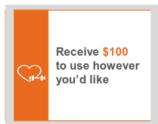
Critical

Illness

Insurance







Wellness Benefit

Complete an eligible health screening test, and we'll send you a benefit payment to use however you'd like.

- Employees receive an annual benefit of \$100.
- Spouses receive an annual benefit of \$100.
- Children receive 100% of your benefit amount per child, with an annual maximum of waived for all children.

^{*}Cost is age-banded and determined by tobacco/non-tobacco use



Life and AD&D Insurance

Life Insurance Helps Replace Your Income

AD&D Helps After a Severe Accident

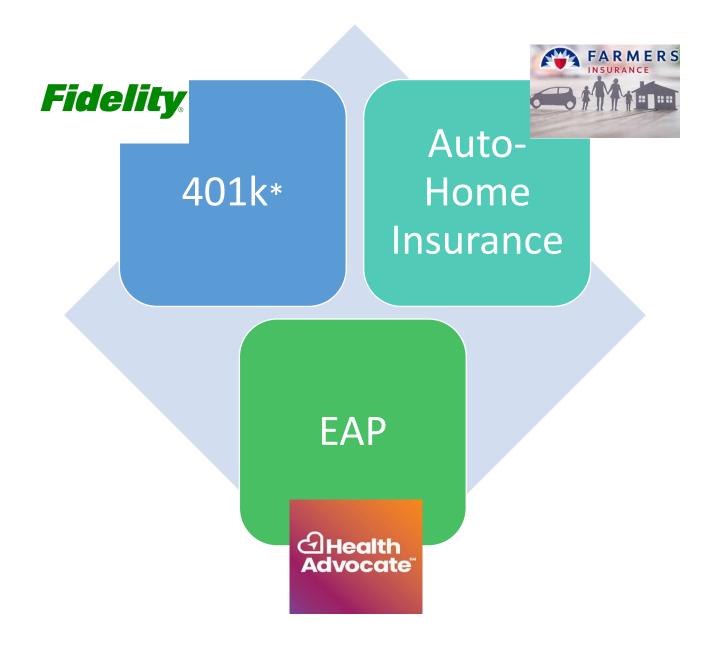
	Benefit Election Schedule			
Employee	increments of \$10,000 up to \$800,000 (limited to 5 xs your annual salary)			
Spouse	increments of \$5,000k up to \$250,000 (up to 100% of employee coverage)			
Child(ren)	\$10,000			

	Guarantee Issue for New Hires	Guarantee Issue for Late Enrollees	Guarantee Issue for Existing Enrollees Wishing to increase Coverage
Employee	\$150,000	\$20,000	one or two increments of coverage allowed unless exceeding the new hire
Spouse	\$30,000	\$10,000	guarantee issue amounts
Child(ren)	\$10,000	\$10,000	\$10,000

*Remember to keep your on-file beneficiary designation current.

Year-Round Anytime Benefits

*Eligibility Requirements



Things to Remember

November 4 – November 22

Passwords will be reset to YYYYMMDD format

Check your dependents (until age 26)

Check your beneficiaries

1:1 Enrollment Meetings





30 MINUTE PRIVATE ONE-ON-ONE APPOINTMENTS FOR YOU AND YOUR SPOUSE SCHEDULE APPOINTMENTS ONLINE, WWW.MYMILTONCAT.COM

QUESTIONS?

Call Cigna | 1.800.401.4041

