



WE INVEST IN CUSTOMER SUCCESS®

Open Enrollment

What Is Staying the Same?

- Medical
 - Plan designs (choice of four):
 - Core PPO
 - Max Coverage PPO
 - No Contribution HSA
 - Low Contribution HSA
 - Network (UHC)
- Dental
 - Plan Design
 - Basic Dental
 - Enhanced Dental – Includes orthodontia coverage
 - Network (UHC)
- Vision
 - Plan design
 - Network (UHC)



What Is Changing?

- **Medical**

- Contribution Rates are increasing:
 - \$10 per pay for Single Plans
 - \$30 per pay for Family Plans
- Why?

- **Prescription**

- ProAct – New Pharmacy Benefits Manager
- PayerMatrix – Specialty Drug Program



What Are Others Paying?

AT&F Contribution Benchmarking (Per Month)

Contributions for HSA plan designs

	AT&F	AT&F	Other Manufacturing Companies
Monthly Payroll Contribution	No Contrib.	Low Contrib.*	
Single	\$0.00	\$105.08	\$107.00
Family	\$0.00	\$270.83	\$440.00

Contributions for PPO plan designs

	AT&F	AT&F	Manufacturing
Monthly Payroll Contribution	Core*	Max*	
Single	\$98.58	\$169.54	\$154.00
Family	\$281.67	\$422.50	\$581.00

**Based on tobacco-free and wellness participation.*



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Medical/Rx Per Pay Rates for 2022

Team Member Contributions				
Core Plan - PPO \$1500				
	Tobacco-Free & Wellness Participant	Tobacco-Free (No Wellness)	Tobacco User & Wellness Participant	Tobacco User (No Wellness)
Single	\$45.50	\$59.75	\$67.25	\$81.00
Family	\$130.00	\$160.00	\$175.00	\$200.00

Team Member Contributions				
Max Coverage Plan - PPO \$500				
	Tobacco-Free & Wellness Participant	Tobacco-Free (No Wellness)	Tobacco User & Wellness Participant	Tobacco User (No Wellness)
Single	\$78.25	\$92.50	\$100.00	\$113.75
Family	\$195.00	\$225.00	\$240.00	\$265.00

Team Member Contributions				
No Contribution HSA Plan - \$5000				
	Tobacco-Free & Wellness Participant	Tobacco-Free (No Wellness)	Tobacco User & Wellness Participant	Tobacco User (No Wellness)
Single	\$0.00	\$0.00	\$0.00	\$0.00
Family	\$0.00	\$0.00	\$0.00	\$0.00

Team Member Contributions				
Low Contribution HSA Plan - \$2000				
	Tobacco-Free & Wellness Participant	Tobacco-Free (No Wellness)	Tobacco User & Wellness Participant	Tobacco User (No Wellness)
Single	\$48.50	\$62.75	\$70.25	\$84.00
Family	\$125.00	\$155.00	\$170.00	\$195.00

Payroll deductions are on a Bi-Weekly basis (26 pays/year)

Who Is Eligible?

- **Team Member**

- Full-Time Team Members working at least 30 hours per week

- **Spouse**

- Legally married Spouse

- **Child(ren)**

- Eligible for coverage through age 26

Enrollment Opportunities

- New Hire
- Annual Open Enrollment
- Within 30 days of a qualified family status change
 - If you need to make a change to your benefit plan due to a family status change, you **MUST** inform Human Resources within 30 days of the event or you will miss your chance to make changes until the next open enrollment period

Benefit Summary

- Open Enrollment documents can be viewed on the Open Enrollment website and in Paycor
 - Log in to Paycor
 - Click the “Me” tab on the top
 - Select Benefits
 - Click on Library and Select Contents



Preventative Care

PREVENTIVE CARE – Covered at 100% on all medical plan options. Know what services are covered at 100% by your medical plan prior to your preventive care visit

Routine preventive for Children*

Appropriate screenings based on gender and age

- Newborn visits
- Tuberculosis testing
- Anemia testing
- Lead exposure
- Pelvic exam and pap test
- Development and behavior
- Lipid profile
- Depression
- Obesity and counseling
- Nutrition counseling

Routine preventive for Adults

Appropriate screenings based on gender and age

- Lipid profile
- Diabetes
- Pelvic exam and pap testing
- Breast exam and mammogram
- PSA testing
- Bone density testing
- Colonoscopy
- Aortic aneurysm

*Birth to age 18

Where To Go For Care?

- If you cannot get to your Primary Care Physician and it is not an emergency, use this tiered approach for the least impact to costs:
 - Nurse Line
 - Cleveland Clinic Nurse On Call
 - Telemedicine from Teladoc
 - Teladoc.com
 - 1-800-Teladoc
 - Download the Teladoc app
 - Convenience Clinic
 - Urgent Care
 - Emergency Room

Wellness Program – How Do I Qualify?

- To qualify for the Wellness Program Discount, you need to do the following:
 - Have a physical completed during the following time frame (8/1/2021 – 7/31/2022).
 - If your spouse is covered under the plan, they will also need to have a physical completed during that time frame.
 - Return the appropriate form(s) back to HR by 7/31/2021 to continue to receive the Wellness Program Discount for the remainder of 2022.
 - The forms can be found in Paycor on the Benefits tab, Team Member Central, or you may request a copy from HR

Wellness Program Disclosure

Your health plan is committed to helping you achieve your best health status. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources and we will work with you to find a wellness program with the same reward that is right for you in light of your health status.

Tobacco-Free Program – How Do I Qualify?

- To qualify for the Tobacco-Free Discount you need to do the following:
 - Be Tobacco-Free for all of 2022.
 - If your spouse is covered under the plan, they will also need to be Tobacco-Free for all of 2022.
 - New for 2022 Forms will be sent out through Paycor. There will be one form to complete for both you and your covered spouse (if applicable).
 - If you currently use tobacco products and would like to quit, please see Ryan or Terrah for information on the tobacco cessation program available to you.

Wellness Program Disclosure

Your health plan is committed to helping you achieve your best health status. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources and we will work with you to find a wellness program with the same reward that is right for you in light of your health status.

Tax Free Spending Accounts

- FSA
 - Use it or loose it
 - Fully Funded
 - Up to \$2,750
 - Can enroll if **not** in Low Contribution HDHP or No Contribution HDHP
- Dependent Care Account
 - Use it or loose it
 - Funded as you go
 - Up to \$5,000
- HSA
 - Funds stay from year to year
 - Up to \$3,650 for Single Coverage and \$7,300 for Family Coverage
 - Have to be in Low Contribution HDHP or No Contribution HDHP

Please Note:

You will need to re-enroll in any of these Spending Accounts

– You can not do a passive enrollment, you must do the Open Enrollment in Paycor

Dental – Basic Plan

BASIC PLAN		United HealthCare Dental PPO Plan
Annual Deductible		\$50 per individual \$150 per family
Benefit Maximum		\$1,000
Deductible Waived for Preventive Care		Yes
Preventive Care		100%
Basic Services		80%
Major Services		50%
Payroll deductions are on a Bi-Weekly basis (26 pays/year)		
Single		\$11.88
& Spouse		\$23.11
& Child(ren)		\$24.21
Family		\$36.01

Dental – Enhanced Plan

ENHANCED PLAN		United HealthCare Dental PPO Plan
Annual Deductible		\$50 per individual \$150 per family
Benefit Maximum		\$1,500
Deductible Waived for Preventive Care		Yes
Preventive Care		100%
Basic Services		90%
Major Services		60%
Orthodontia (children to age 19)		50%; \$1,500 lifetime max
Payroll deductions are on a Bi-Weekly basis (26 pays/year)		
Single		\$17.63
& Spouse		\$32.90
& Child(ren)		\$38.35
Family		\$53.47

Vision Benefit

United HealthCare Vision Plan

Exam Copay \$10 copay

Materials Copay \$25 copay

Benefits & Frequency

Exam Subject to exam copay; every 12 months

Lenses Subject to materials copay; every 12 months
Benefit varies by type of lens (i.e. single vision, bifocal, trifocal)

Frames \$130 retail allowance; every 24 months

Contacts (in lieu of glasses) Covered in full after copay; every 12 months
Medically Necessary Formulary contact lenses (disposable): up to four (4) boxes included after copay
Elective Non-formulary contact lenses: \$125 allowance

Rates - Payroll deductions are on a Bi-Weekly (26 pays/year) basis

Single \$2.29

& Spouse \$4.35

& Child(ren) \$5.10

Family \$7.17

Voluntary Life Insurance

- **Team Member:**

- Increments of \$10,000
- Max: 5x annual salary or \$500,000

- **Spouse:**

- Increments of \$5,000
- Max: \$100,000; may not exceed 50% of Team Member election

- **Eligible Children:**

- Increments of \$2,000
- Max: \$10,000; may not exceed 50% of Team Member election
- Guarantee Issue: \$10,000

Costs for these policies are listed in your Benefit Guide

Be sure to elect or update your beneficiary!

Team Member must be enrolled in order to elect coverage for spouse and/or child(ren)

2022 Enrollment Process

- Now is your opportunity to **enroll in a benefit for the first time or make changes to your current elections.**
- Changes to the plans are **effective January 1st, 2022**
- If you are not making any changes to your coverage **no action is required by you. Coverage choices will remain the same for 2022. (The only exception is for FSA, HSA, and Dependent Care Accounts)**
- Changes need to be made through Paycor. You may make changes between now and November 30th.

Next Steps

1. Review “More Information” section on Open Enrollment website (www.atfco.com/oe2022/) to find the following info:
 - Open Enrollment Benefits Guide
 - Slide show of this presentation
 - Contribution Sheet
 - Website Reference Sheet
2. Decide if making any changes for 2022
3. If you are not making any changes you are done. No action needs to be taken. This is considered a Passive Enrollment.
4. If you are making changes or have a FSA, HSA, or Dependent Care Account, click on the Link to Paycor.com to complete your Open Enrollment for 2022
5. Contact Ryan or Terrah with any questions.