Open Enrollment 2023

It is that time of year again, Open Enrollment time! This packet will include information you will need to make decisions surrounding your insurance offerings.

If you have any questions about enrollment or the benefits listed below. **Please feel free to contact Jennifer Slater or Peta Birrell in Human Resources.**

Health Insurance

- This year all options have remained the same as last year. To curb continued health insurance increases, we have adjusted the cost share. For this year Action Traffic Maintenance will cover 20% of the cost of the premium, and the remainder can be paid for with your Fringe Benefit Payment you receive each week.

ACTION TRAFFIC MAINTENANCE HEALTH PLANS

Plan	Plan A	Plan B	Plan C w/ HSA	Plan D
Deductible	$500/$1000	$2000/ $4000	$2500/ $5000	$6350 / $12,700
Coinsurance	0%	20% ($4000/$8000)	20% ($1500/$3000)	100%
Total Out-of-Pocket	$1000 /$2000	$6350/$12,700	$4000/$8000	$6350 / $12,700
RX	$4/$15/$40/$80/20%/20%	$6/$25/$50/$80/20%/20%	$10/$30/$60/$80/20%/20% After Deductible	100% paid after deductible

Per Week Costs From Fringe Benefit	Plan A	Plan B	Plan C	Plan D
Single	$133.59	$101.49	$87.82	$75.26
2 Person	$320.19	$243.15	$210.10	$180.21
Family	$401.11	$304.81	$263.49	$226.13

For more information about each plan, please click here to view the Summary of Benefits and Coverage (SBC) for each plan.

Health Savings Account (HSA)- *Paired with Plan C Health.*

Our HSA Program is available to employees who enroll in the **PLAN C** Health option above. The Health Savings Account is provided through Health Equity along with your Blue Care Network Medical Plan.

For an added incentive, Action Traffic will **match $750** of your employee contributions into the account!

WHAT IS A HEALTH SAVINGS ACCOUNT?

HSAs are tax-advantaged member-owned accounts that let you save pre-tax[1] dollars for future qualified medical expenses. You can invest[2] in mutual funds tax-free—and funds never expire.

HSA triple-tax advantage[1]

1. Make pre-tax contributions
2. Grow tax-free earnings
3. Enjoy tax-free distribution[2]

Be retirement ready

Your HealthEquity HSA works like a second 401(k). After you're 65, you can withdraw HSA dollars for any expense—you'll just need to pay ordinary income taxes. Of course, if you use that money for qualified medical expenses, you never pay taxes at all.[3]

It's not just an HSA—it's your nest egg.

HSA Annual Contribution Limits

Tax year	Individual coverage limit	Family coverage limit
2023	$3,850	$7,750
At age 55, members can contribute an additional $1,000 beyond IRS limits.		

Side-by-side Comparison of Health Plans:

Blue Care Network

BCN HMO - Medical Plan Comparison
Plan Benefits for 2023

	A	B	C	D
Deductible/Coinsurance	Blue Care Network HMO $500 - 0%	Blue Care Network HMO $2,000 - 20%	Blue Care Network HMO HSA $2,500 - 20%	Blue Care Network HMO MVP $6,350 - 0%
Deductible (Calendar Year)	$500 / $1,000	$2,000 / $4,000	$2,500 / $5,000	$6,350 / $12,700
Coinsurance	100% / 0%	80% / 20%	80% / 20%	100% / 0%
Coinsurance Maximum (Calendar Year)	N/A	$4,000 / $8,000	N/A	N/A
Annual Out-of-Pocket Maximum	$1,000 / $2,000	$6,350 / $12,700	$4,000 / $8,000	$6,350 / $12,700
Preventive Care Services				
Preventive Care	100%	100%	100%	100%
Professional Services				
Primary Care Physician Visit	$20 copay	$30 copay	Covered 80% after deductible; Member pays 20% coinsurance	Covered 100% after deductible
Specialist Visit	$30 copay	$50 copay	Covered 80% after deductible; Member pays 20% coinsurance	Covered 100% after deductible
Chiropractic Visit	$30 copay	$50 copay	Covered 80% after deductible; Member pays 20% coinsurance	Covered 100% after deductible
Urgent Care	$35 copay	$50 copay	Covered 80% after deductible; Member pays 20% coinsurance	Covered 100% after deductible
Emergency Room	$150 copay*	$150 copay*	Covered 80% after deductible; Member pays 20% coinsurance	Covered 100% after deductible
Hospital (Outpatient Surgery)	Covered 100% after deductible	Covered 80% after deductible; Member pays 20% coinsurance	Covered 80% after deductible; Member pays 20% coinsurance	Covered 100% after deductible
Ambulance	Covered $25 copay after deductible	Covered 80% after deductible; Member pays 20% coinsurance	Covered 80% after deductible; Member pays 20% coinsurance	Covered 100% after deductible
Diagnostic Services				
Laboratory / Pathology Services	Covered 100%	Covered 100%	Covered 80% after deductible; Member pays 20% coinsurance	Covered 100% after deductible
Diagnostic Tests & X-rays	Covered 100% after deductible	Covered 80% after deductible; Member pays 20% coinsurance	Covered 80% after deductible; Member pays 20% coinsurance	Covered 100% after deductible
High Tech Imaging	$150 copay after deductible	$150 copay after deductible	Covered 80% after deductible; Member pays 20% coinsurance	Covered 100% after deductible
Hospital Services				
Inpatient Hospital Care	Covered 100% after deductible	Covered 80% after deductible; Member pays 20% coinsurance	Covered 80% after deductible; Member pays 20% coinsurance	Covered 100% after deductible
Inpatient Mental Health Care	Covered 100% after deductible	Covered 80% after deductible; Member pays 20% coinsurance	Covered 80% after deductible; Member pays 20% coinsurance	Covered 100% after deductible
Inpatient Substance Abuse Treatment	Covered 100% after deductible	Covered 80% after deductible; Member pays 20% coinsurance	Covered 80% after deductible; Member pays 20% coinsurance	Covered 100% after deductible
Prescription Drugs			Copays After Deductible	
Retail Pharmacy Tier 1A - Value Generic Tier 1B - Generic Tier 2 - Preferred Brand Name Drugs Tier 3 - Non-Preferred Drugs Tier 4 - Preferred Specialty Tier 5 - Non-Preferred Specialty	$4 copay $15 copay $40 copay $80 copay 20% (max $200) 20% (max $300)	$6 copay $25 copay $50 copay $80 copay 20% (max $200) 20% (max $300)	$10 copay $30 copay $60 copay $80 copay 20% (max $200) 20% (max $300)	Covered 100% after deductible
Mail Order (90-Day Supply)	Three times copay - $10	Three times copay - $10	Three times copay - $10	Covered 100% after deductible

Dental: Dental coverage has remained the same as previous years and is offered through Principal Insurance. This is a voluntary plan and is 100% employee paid.

Dental Plan 1

Eligibility	
Job Class	All Members

Benefits Payable				
Network	Dental Preferred Provider Organization (PPO)			
	Calendar Year Deductible		Coinsurance (Policy Pays)	
	In-Network	Non-Network	In-Network	Non-Network
Unit 1 – Preventive	$0	$0	100%	100%
Unit 2 – Basic	$50	$50	80%	80%
Unit 3 – Major	$50	$50	50%	50%
Family Deductible Maximum	3 times the per person deductible amount			
Combined Deductible	In-network deductibles for basic and major procedures are combined. Non-network deductibles for basic and major procedures are combined.			
Combined Maximums	Maximums for preventive, basic, and major procedures are combined. In-network Calendar year maximums are $1,000 per person. Non-network Calendar year maximums are $1,000 per person.			
Prevailing Charge	When using non-network providers, you pay any amount over the allowable charge.			
Emergency Services	If a member requires treatment or service for an emergency dental condition and cannot reach a preferred dental provider without unreasonable delay, benefits for such treatment or service received from a non-preferred dental provider will be paid as if the treatment or service had been provided by a preferred dental provider. The member must provide information either with the claim or during an appeal that identifies the situation as an emergency.			

Cost Per Week	Dental
1 Person	$6.24
2 Person	$12.87
Family	$21.90

Dental Plan 2

**Based on in-network charges*

Plan	Deductible*	Coinsurance*
Preventive Routine exams, Cleanings (*once every 6 months)*, X-rays (*once per year*), etc.	$0	100%
Basic Services Filings, stainless crowns, etc.	$50	80%
Major Services Oral Surgery, Crowns, Bridges, Dentures, etc.	$50	50%
Annual Maximum **Lifetime Max- Orthodontia**	$1,500 per person/Per Year $1,500 per person	
Orthodontia Services For dependents 19 years or younger- Lifetime Max is $1,500		50%

Cost Per Week	Dental
1 Person	$9.60
2 Person	$20.32
Family	$38.74

Principal

Life Insurance: All Action Traffic Employees are provided with employer-provided Life Insurance at $30,000. Action Traffic Maintenance pays this benefit 100%. You may also choose to purchase additional life insurance during open enrollment if you choose as well.

Group Term Life/AD&D Benefit:

Company Provided Benefit $30,000

Voluntary Term Life/AD&D Benefit: (*Open Enrollment option to increase the benefit by $10,000 without EOI*)
Employee - Minimum $10,000/Maximum $500,000
Spouse - Minimum $10,000/Maximum $50,000
Child - $5,000 or $10,000

Age	Rate	Rate
0 - 29	$0.109	$0.109
30 - 34	$0.119	$0.119
35 - 39	$0.178	$0.178
40 - 44	$0.289	$0.289
45 - 49	$0.445	$0.445
50 - 54	$0.725	$0.725
55 - 59	$1.138	$1.138
60 - 64	$1.580	$1.580
65 - 69	$2.917	$2.917
70 - 119	$4.759	$4.759
120+	$4.759	$4.759

Rates Per $1,000 of Coverage

Employee AD&D Rates: $0.036 per $1,000 of coverage
Spouse AD&D Rates: $0.036 per $1,000 of coverage
Child(ren) Rates: $0.20 per $1,000 of coverage

Vision: All Action Traffic Employees who enroll in our Health Plan are provided with Vision coverage; costs are included in your health premium.

Member's responsibility (copays)		
Benefits	**VSP network doctor**	**Non-VSP provider**
Eye exam	$5 copay	$5 copay applies to charge
Prescription glasses (lenses and/or frames)	**Combined** $10 copay	Member responsible for difference between approved amount and provider's charge, after $10 copay
Medically necessary contact lenses **Note:** No copay is required for prescribed contact lenses that are not medically necessary.	$10 copay	Member responsible for difference between approved amount and provider's charge, after $10 copay

Eye exam		
Benefits	**VSP network doctor**	**Non-VSP provider**
Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	$5 copay	Reimbursement up to $45 less $5 copay (member responsible for any difference)
	One eye exam in any period of 12 **consecutive** months	

Lenses and frames		
Benefits	**VSP network doctor**	**Non-VSP provider**
Standard lenses (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or ground, glass or plastic. Also covers prism, slab-off prism and special base curve lenses when medically necessary. **Note:** Discounts on additional prescription glasses and savings on lens extras when obtained from a VSP doctor	$10 copay (one copay applies to **both** lenses and frames)	Reimbursement up to approved amount based on lens type less $10 copay (member responsible for any difference)
	One pair of lenses, with or without frames, in any period of 12 **consecutive** months	

Benefits	**VSP network doctor**	**Non-VSP provider**
Standard frames **Note:** All VSP network doctor locations are required to stock at least 100 different frames within the frame allowance.	$130 allowance that is applied toward frames (member responsible for any cost exceeding the allowance) less $10 copay (one copay applies to **both** frames and lenses)	Reimbursement up to $70 less $10 copay (member responsible for any difference)
	One frame in any period of 12 **consecutive** months	

Contact Lenses		
Benefits	**VSP network doctor**	**Non-VSP provider**
Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary)	$10 copay	Reimbursement up to $210 less $10 copay (member responsible for any difference)
	One pair of contact lenses in any period of 12 **consecutive** months	
Elective contact lenses that **improve** vision (prescribed, but do not meet criteria of medically necessary)	$130 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)	$105 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)
	One pair of contact lenses in any period of 12 **consecutive** months	

Employee Assistance Program (EAP): All employees, their Spouses, and Dependents have access to our EAP through Action Traffic Maintenance. Our EAP is covered at 100% and 100% confidential.

Looking for help with life's everyday—and not so everyday—challenges?
Visit **MagellanAscend.com** for valuable information and resources.
When you create an account, use **Principal Core** for the company name.
Your EAP is available to you and your family 24/7 by phone or online.

Help is just a click or call away

Online: MagellanAscend.com
Enter **Principal Core** for the company name

Call: 800-450-1327
International: 800-662-4504
TTY: 800-456-4006

Life's unpredictable—sometimes it can throw you a curveball. That's why it's important to know there's help available when you need it.

Your Employee Assistance Program (EAP), sponsored by your employer and provided by Magellan Healthcare, gives you access to resources you can turn to when the challenges of life are getting the best of you. Things like relationship issues, anxiety, addiction, aging parents to care for. They can all make balancing work and life stressful.

Your EAP offers these services to help you and your family household members deal with the big and little things:

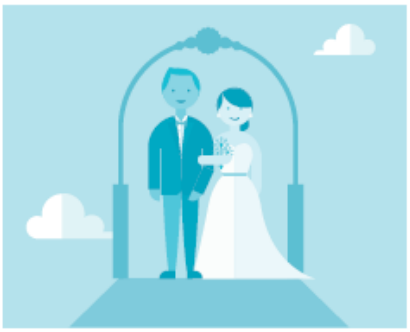
- **LifeMart Discount Center**—with savings on a variety of products and services
- **Self-care mobile apps** to help with insomnia, anxiety, depression, substance use, obsessive compulsive disorder and chronic pain
- Health and wellness **articles, guides, webinars and podcasts**
- Online assistance with elder care, child care and other **family life resources**
- Help with teen and adolescent issues, including **eating disorders and relationships**
- Tips on **parenting and grandparenting**
- **24/7 phone consultation** with licensed mental health professionals and referrals to supportive resources*
- **Ongoing personal coaching sessions** with scheduled telephonic appointments

* You're responsible for any fees resulting from referrals outside the EAP, including those associated with medical benefits.

How could your EAP help you?

Let's look at some examples.

Jan's mom moved in with her when she wasn't able to live on her own. But she needed care during the day while Jan worked. Jan used her EAP to research senior centers in her area, and found a place where her mom could be around friends and enjoy events and activities. A win-win for Jan and her mom.



Miguel and Molly brought their families together when they got married a year ago. Their children—Miguel's son and Molly's two daughters—were having trouble adjusting to the situation. Counseling resources through Miguel's EAP helped them adjust and begin to thrive as a family.

Jack had always been an easygoing guy, letting the little things roll off his back. But lately, he'd been having trouble dealing with day-to-day issues, and it was affecting his ability to get all his projects done. After doing a self-assessment provided by his EAP, he knew it was time to get professional help. Now, Jack has a better handle on how to manage his everyday challenges.

Important Notices- **The updates below reflect both changes and updates to your current health plan based on the Patient Protection and Affordable Care Act (PPACA), and additional information regarding certain federal guidelines.**

Special Enrollment Notice If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Human Resources at (810) 695-7516 or Jennifer@actiontraffic.net

PREVENTIVE CARE Medical* – Certain services, when billed as preventive, are covered at 100% due to the new Health Care Reform Law. Please note, the services must be billed as preventive, not diagnostic. You may also wish to contact your insurance carrier in advance of a medical procedure that you may undergo to determine what your benefit level is. In doing so, you will want to obtain the diagnosis and the billing code in advance that the Doctor's office or Hospital will use for payment of the service you will be provided. With the diagnosis and billing code, customer service should be able to tell you exactly how the service will be covered. Items on the Preventive Care Guidelines are covered with $0 copay can be found at http://bcbsm.com/healthreform/index.shtml or http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm.

Pharmaceutical* – Certain preventive care prescription drugs are covered 100%.

*A complete list of covered preventive care services and prescription drugs can be found at http://www.healthcare.gov/center/regulations/prevention/taskforce.html.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires employer health plans to maintain the privacy of your health information and to provide you with a notice of the Plan's legal duties and privacy practices with respect to your health information.

LIFETIME LIMIT NO LONGER APPLIES AND ENROLLMENT OPPORTUNITY The lifetime limit on the dollar value of benefits under the Action Traffic Maintenance, Inc. BCN plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information contact Human Resources at (810) 695-7516 or Jennifer@actiontraffic.net

OPPORTUNITY TO ENROLL IN CONNECTION WITH EXTENSION OF DEPENDENT COVERAGE TO AGE 26 Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 is eligible to Action Traffic Maintenance's plan. Enrollment will be effective January 1, 2022. For more information contact Human Resources at (810) 695-7516 or Jennifer@actiontraffic.net

Women's Health and Cancer Rights Act of 1998 (Janet's Law) Your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). These benefits are subject to applicable terms and conditions under your health plan, including copayments, deductible, and coinsurance provisions. They are also subject to medical insurance limitations and exclusions. This notification is a requirement of the act. If you would like more information on WHCRA benefits, contact Human Resources at (810) 695-7516 or Jennifer@actiontraffic.net

The Women's Health and Cancer Rights Act (Women's Health Act) was signed into law on October 21, 1998. The law includes important new protections for breast cancer patients who elect breast reconstruction in connection with a mastectomy. The Women's Health Act amended the Employee Retirement Income Security Act of 1974 (ERISA) and the Public Health Service Act (PHS Act} and is administered by the Departments of Labor and Health and Human Services.

Newborns' and Mothers' Health Protection Act The Newborns' Act is a federal law that prohibits group health plans and insurance companies (including HMOs) that cover hospitalization in connection with childbirth from restricting a mother's or newborn's benefits for such hospital stays to less than 48 hours following a natural delivery or 96 hours following a delivery by cesarean section, unless the attending doctor, nurse midwife or other licensed health care provider, in consultation with the mother, discharges the mother or newborn child earlier.

Tell Us When You're Medicare Eligible Please notify Human Resources when you or your dependents become eligible for Medicare. You will need to provide Human Resources with a copy of your Medicare card. We are required to contact the insurer to inform them of your Medicare status. Federal law determines whether Medicare or the health plan pays primary. You must also contact Medicare directly to notify them that you have health care coverage through an employer group. Privacy laws prohibit anyone other than the Medicare beneficiary, or their legal guardian, to update or change Medicare records. The toll-free number to contact Medicare Coordination of Benefits Contractor is 855-798-2627.

GENETIC INFORMATION NONDISCRIMINATION ACT OF 2008 The Genetic Information Nondiscrimination Act of2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request

for medical information. 'Genetic Information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

MICHELLE'S LAW Michelle's Law is an act that requires health plans to allow college students who take a leave of absence or reduce their class load because of illness to retain their dependent status under their parents' health plan for up to one year. Students' eligibility for dependent coverage will continue for one year (unless the student would otherwise lose eligibility within the year). To qualify for protection under Michelle's Law, the following requirements must be met: the student must be enrolled as a full-time student immediately before the leave of absence or scheduled reduction the student must have written certification from a treating physician that the leave of absence or reduced schedule is necessary due to a severe illness or injury, and the leave or reduced schedule must have triggered the loss of student status under the health plan. If the Plan Sponsor changes group health plans during a medically necessary leave and the new health plan offers coverage of dependent children, the new plan will be subject to the same rules.