

Welcome to Open Enrollment!

At The Heritage Group, we believe our success as a company is bound to our commitment to sustain the health of individuals and the environment, now and in the future. That's why our employee benefits program has been designed to support you physically, emotionally and financially.

As you consider and transition to retirement, The Heritage Group wants you to be as well-informed about your benefits as possible. This guide will help you understand:

- What happens to your current benefits when you retire
- Benefits available to you, as a retiree, as well as to eligible family members
- How High Deductible Health Plans (HDHP) and Medicare can work together

To ensure the smoothest transition possible, notify your manager and HR Business Partner at least 30 days prior to your anticipated retirement date. Isolved Benefit Services, a third party benefits administration firm, will mail your Early Retiree benefits enrollment form to you two to three weeks prior to your retirement date. You have up to 31 days from your retirement date to enroll. Complete the form in its entirety and return it to Isolved Benefit Services.

You will receive a monthly invoice from Isolved Benefit Services. You'll have two payment options – pay by check each month or elect to have your premium payment automatically debited from your checking account.

Your premium payments are due on the first day of each month. The grace period for late premium payments is 30 days. If your payment isn't received within the 30-day window, your benefits will be terminated on the last day of the previous month. Contact your HR Business Partner or HR Shared Services with questions.

Mercer Indigo

is your one-stop shop for insurance



We are pleased to offer **Mercer Indigo** to our workforce. A digital portal that is designed give you access to affordable individual healthcare and lifestyle coverages.

Through **Mercer Indigo** you have access to **20+ products** through top rated carriers to bring you best-in-market rates. This allows you to spend less time shopping around for insurance.

Digital Tools	Learning Center	Human Led Support
Use Mercer Indigo's smart engine to see personalized recommendations and compare quotes.	Insurance can be complicated. Access Mercer Indigo' guides and resources to navigate insurance options.	Mercer Indigo provides licensed counselors to help answer your questions and to support you through you purchase journey.



Healthcare – Get comprehensive coverage to cover a range of medical expenses with over 200+ carriers providing ACA health plans.



Pet Health – Find competitive insurance quotes and coverage for your pet's breed instantly.



Dental – coverage for preventative care and dental issues that occasionally come up.



Legal – Get affordable legal help, when you need it.



Vision – Coverage for eye exams, glasses and contacts! Plans starting at \$12/Mo



ID Theft – Protection from criminal, medical, and tax Identity theft.



Life Insurance – Protection for your loved ones. Plans starting at \$7/Mo with instant approval options!



Auto/Home/Renters – Compare plans from multiple carriers to fit your needs and get the best deal.



Start Today!

mercerindigo.com

1-855-207-0301

Program Serviced by Mercer Health & Benefits Administration LLC
 AR Insurance License #100102691 • CA Insurance License #0G39709
 In CA d/b/a Mercer Health & Benefits Insurance Services LLC

Copyright 2023 Mercer LLC. All rights reserved.



Choose From Two Plan Options

We offer two High Deductible Health Plan (HDHP) options for medical and pharmacy coverage that are Health Saving Account eligible:

We're continuing to offer two High Deductible Health Plan (HDHP) options for medical and pharmacy coverage that are Health Savings Account eligible:

Health Plan Option 1:

\$2,000 / \$4,000 Deductible

This plan features a lower deductible, with lower out-of-pocket expense compared to Plan Option 2. This plan is suited for employees who expect ongoing moderate to high medical expenses.

Health Plan Option 2:

\$4,000 / \$8,000 Deductible

This plan has a higher deductible, with higher total out-of-pocket expense potential compared to Plan Option 1. This plan is suited for those who do not anticipate significant medical expenses and are willing to accept more cost risk.

Both plans will include 10% coinsurance after the deductible is met, up to the out-of-pocket maximum. What does that mean?

- The **out-of-pocket maximum** is the maximum amount of money you'll pay for covered services in the plan year, including your deductible. These amounts are referenced later in the guide for each plan.
- **Coinsurance** is the percent amount of the bill paid by the employee after the deductible is met, and up to the out-of-pocket maximum.

Here's how that looks in action: Mike has met his deductible, then incurs a claim for \$1,000. Mike will only pay \$100 (or 10% of the full amount). The remaining \$900 is paid by the company. Once Mike hits his out-of-pocket maximum, he will no longer be subject to the 10% coinsurance.

Ready to learn more? Read on to begin your benefits journey!



Topics

Benefits Eligibility	5
High Deductible Health Plan Benefit Detail	7
Health Savings Account (HSA)	10
Additional Programs for Medical Plan Participants	11
Dental, Vision and Other Plan Benefits	14
Our Benefit Providers	16



Benefits Eligibility

If possible, give your manager and HR Business Partner a 30-day advance notice of your plans to retire.

- Your current health benefits (medical, dental and vision) are active through the last day of the month you retire.

Who is eligible to enroll in benefits?

- You are eligible to participate if you are a beneficiary (or descendant of a beneficiary) of a Fehsenfeld Trust.
- You are eligible to participate as long as you are paying your monthly premiums by the due date (or within the 30- day grace period).
- As an early retiree, you are eligible to participate up to your 65th birthday. Your elected benefit coverage will terminate at the end of the month in which you turn 65.
- Once elected, COBRA participants are generally eligible to participate for up to 18 months.
- You are at least 60 years of age, but younger than 65.
- You are employed by The Heritage Group for a minimum of 5 years.

Who can I cover on my health insurance?

- Your lawful spouse
- Your domestic partner (tax implications apply)
- Eligible dependents, if you or your spouse or domestic partner are their parent or legal guardian

How do I pay for my benefits?

isolved offers two payment options. You may elect to pay by check every month or have your premium payment automatically debited from your checking account. Your premium payments are due on the first day of each month.

Eligible dependents may include:

- Children younger than age 26 (health care coverage will end the last day of the month in which they turn 26; COBRA health coverage is available in this case, if needed)
- A child age 26 or older who is primarily supported by you (or your domestic partner) and is incapable of self-sustaining employment due to a mental or physical disability

My Spouse is younger than me. How long can my spouse participate?

For Early Retirees, at the end of the month in which you turn 65, your spouse's coverage will terminate, and COBRA coverage will be offered. Your spouse may remain on COBRA for up to 18 months.



Anthem Plan Match Tool*:

We've Got Your Medicare Plan!

If you're approaching 65 – whether you'll retire or keep working – Anthem has a quality, affordable Medicare plan for you.

- Choose from a wide range of Medicare Advantage and Medicare Supplement plans
- Get expert help to find the right plan for your health, lifestyle and budget
- Ask how you could save money by moving your eligible spouse to Medicare

GET A PERSONALIZED MEDICARE PLAN RECOMMENDATION

Employees have exclusive access to Anthem's PlanMatch tool. Anthem provides a custom Medicare plan recommendation based on your costs, doctors, prescriptions and where you receive care.

*The Anthem PlanMatch tool is a free product offered by the Anthem Insurance Company. The Heritage Group companies do not administer the tool. If you have questions regarding supplement plan recommendations, consult with a financial/retirement advisor.

Call: **1-888-280-5845 (TTY: 711)**, 8 am to 8 pm, Monday - Friday or visit www.anthem.com/movetomedicare has context menu



High Deductible Health Plan Benefit Details

In Network	Health Plan Option 1	Health Plan Option 2
Calendar Year Deductible	Individual: \$2,000 Family: \$4,000	Individual: \$4,000 Family: \$8,000
Coinsurance	10%	10%
Out-of-Pocket (OOP) Maximum	Individual: \$3,000 Family: \$5,500	Individual: \$5,000 Family: \$10,000
Embedded Out-of-Pocket (OOP) Maximum (Any single individual on a family plan)	\$3,500	\$5,000
Physician Visit (Primary Care/Specialist)	Up to deductible 100% then 10% until OOP max reached	Up to deductible 100% then 10% until OOP max reached
Preventive Care Services	Covered at 100%	Covered at 100%
ER Visit	Up to deductible 100% then 10% until OOP max reached	Up to deductible 100% then 10% until OOP max reached
Urgent Care Visit	Up to deductible 100% then 10% until OOP max reached	Up to deductible 100% then 10% until OOP max reached
Prescriptions (Generic, Mail Order or Specialty)	10% coinsurance after deductible is met (retail and home delivery)	10% coinsurance after deductible is met (retail and home delivery)
Preventive RX Drug List	Covered at 100%	Covered at 100%



Out of Network	Health Plan Option 1	Health Plan Option 2
Calendar Year Deductible	Individual: \$4,000 Family: \$8,000	Individual: \$8,000 Family: \$16,000
Coinsurance	30%	30%
Out-of-Pocket Maximum	Individual: \$6,000 Family: \$12,000	Individual: \$10,000 Family: \$20,000
Prescriptions (Generic, Mail Order or Specialty)	Retail: greater of \$75 or 50% coinsurance after deductible is met Home delivery: not covered	Retail: greater of \$75 or 50% coinsurance after deductible is met Home delivery: not covered

- All covered services are subject to the deductible and coinsurance, except preventive care services.
- Family refers to any combination of Spouse, Domestic Partner and Dependents.
- Preventive care services received at the doctor's office or in outpatient centers are covered at 100%. Visit the portal for a complete list of preventive services.

Helpful Terms

Coinsurance

The percent amount of the claim paid by the employee after the deductible is met, and up to the out-of-pocket maximum.

Out-of-Pocket Maximum

The maximum amount of money you'll pay for covered services in the plan year.

Embedded Out-of-Pocket Maximum

The maximum amount of money one family member will pay for covered services in the plan year.

Preventive RX Drugs

Prescription drugs considered effective in preventing the development of a health condition or a disease.



ARE YOU IN for Benefits Designed to Support Your Body, Mind, and Finances?

The Heritage Group is proud to offer you access to a benefits plan that supports you and your loved ones. Sign up and join in to take advantage of this program.

Early retirees may participate in THG’s employee benefit plans for health, dental and vision. If possible, give your manager and HR Business Partner a 30-day advance notice of your plans to retire. You can enroll by calling HR Shared Services at 800-303-0408 or emailing HRSS@thgrp.com and selecting a plan option.

Premiums are paid to iSolved Benefits, which sends monthly invoices to participants.

For 2024, medical premiums include base dental coverage at no additional cost. Enhanced dental coverage – including orthodontia – is available through a separate premium and includes a higher annual max benefit per individual (\$1500 enhanced vs \$1000 base). See the full benefits guide for more details.

2024 Retirees

Coverage Tier	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family
High Deductible Health Plan Option 1 - COBRA Monthly Rate	\$897.78	\$2,192.21	\$1,608.64	\$2,911.33
High Deductible Health Plan Option 2 - COBRA Monthly Rate	\$821.89	\$2,005.92	\$1,474.35	\$2,666.66
Anthem Vision Plan - Monthly Rates	\$6.27	\$10.99	\$11.94	\$18.21
Delta Dental Buy-Up with Medical - Monthly Rates	\$10.40	\$20.91	\$28.27	\$42.75
Delta Dental Buy-Up without Medical - Monthly Rates	\$33.39	\$67.17	\$85.83	\$131.45

Questions? Contact HR Shared Services at hrss@thgrp.com or **1-800-303-0408**.



Health Savings Account (HSA) from Empower: *you choose how much to contribute*

Why contribute to your HSA?

Your HSA is a great way to plan for future medical, dental and vision expenses. You can use HSA funds for certain Medicare premiums in retirement. The money you put into your HSA is not taxed when you contribute it, and as long as you spend it on qualified medical, dental and vision expenses, you never pay income tax on it.

Employer contributions to your HSA, called “seed money,” are indeed generous, but they typically are not enough to cover all health care expenses. You will need to decide how much more money you’d like to contribute on a pre-tax basis through automatic payroll deductions. Note: Total annual contributions from you and your employer cannot exceed the annual IRS limits.

2024 Annual Employer Contribution (“seed money”) & IRS Contribution Limits

Coverage Level	2024 IRS Limit ¹	Maximum Annual Company Contribution	Annual Maximum Employee Pre-Tax Contribution ²
Employee Only	\$4,150	\$400	\$3,750
Employee + Spouse or Domestic Partner	\$8,300	\$800	\$7,500
Employee + Child(ren)	\$8,300	\$800	\$7,500
Family	\$8,300	\$1,200	\$7,100

¹Prior HSA contributions this year (for example, at another employer or a spouse’s HSA contributions) count toward the annual limit.

²Employees age 55+ are allowed an annual \$1,000 “catch up” contribution.

³COBRA participants are not eligible for Heritage Contributions to an HSA.

IRS CONTRIBUTION GUIDELINES FOR HSAs:

Your Heritage contribution is deposited within the first seven business days of the contribution month. Quarterly company HSA contributions are based on the month benefit coverage begins. In general, you’re eligible to contribute to your HSA and receive employer contributions if:

- You’re covered by a qualifying HDHP that meets IRS guidelines (ours do!)
- You are not covered by any other health plan
- You are not enrolled in Medicare, TRICARE or TRICARE for Life
- You have not received VA benefits within the past three months, except for preventive care; if you are a veteran with a disability rating from the VA, this exclusion does not apply
- You cannot be claimed as a dependent on someone else’s tax return
- Other restrictions and exceptions may also apply; request help from a tax, legal or financial advisor to discuss your personal situation



Preventive Rx Plan (prescription drug coverage) from Anthem: *included free for HDHP participants*

If you're being treated for a chronic condition, Anthem's Preventive Rx may cover drugs that could prevent or slow illness or disease progression, free of charge. Select prescription drugs are provided at no cost to you for chronic conditions such as asthma, blood clots, diabetes, heart health and high blood pressure, high cholesterol, osteoporosis and stroke.



Scan for the list of free prescription drugs!



Your Anthem Nurse: *free for HDHP participants*

As an HDHP plan participant, you can have access to a dedicated, specially trained health guide who can steer you through the complexities of health care — whether it's learning about your diagnosis, navigating your hospital stay or discharge, understanding your medications or other health-related matters.

You can reach Your Anthem Nurse by calling 1-844-441-1513* to ask questions like:

- How can I learn about a diagnosis and what are the next steps?
- How can I prepare for or recover from a hospital stay?
- Do these prescriptions cause any drug interactions?

Should it seem you need a little TLC, Your Anthem Nurse may contact you directly. You're encouraged to speak with them. With their help, you can learn about your condition and take next steps with confidence.

LIVE HEALTH ONLINE

You have lower cost, virtual access to a doctor via Live Health Online.

Call 1-888-548-3432, or enroll at livehealthonline.com or on the free mobile app Sydney



Employee Wellness Centers: *free for HDHP participants*

For HDHP participants and their eligible dependent(s), Employee Wellness Centers provide a convenient, free option for acute, preventive and wellness-focused primary care.

Services include:



Exams & screenings



Physical & health checks



Vaccine administration



Testing & diagnosis



Minor injury care



Registered dietitian sessions



Mental health counseling



Referrals to specialists

	Indianapolis Wellness Center	Brandenburg Wellness Center	East Liverpool Wellness Center
Address	6625 Network Way, Suite 390 Indianapolis IN 46278	1404 Old Ekron Road, Brandenburg KY 40108	Multiple locations; Check website
Phone	317-713-0430	502-684-8446	330-385-7170
Website	www.hgwellnesscenter.com	www.bluminehealth.com	www.elch.org/river-valley-physicians/

2024 Wellness Incentive: *available to benefits-eligible employees and enrolled spouses or domestic partners*

Whether or not you have an immediate health care need, it's important to establish a primary care provider. Yearly check-ups can help find problems before they start, or discover them early, so you can get the treatment you need. The screenings your doctor orders will vary, depending on your age, health history and lifestyle choices.

If you are enrolled in one of our health plans, your yearly check-up and preventive bloodwork cost nothing. Plus, you and your enrolled spouse or domestic partner together can earn \$400 (\$200 each) in wellness incentives! COBRA participants are not eligible.

Pharmacy Drug Grant Program: *financial help for eligible employees*

If you need help paying for costly prescription medications, the Pharmacy Drug Grant Program is available. The grant is \$2,000 in HSA funding. To be eligible, you must:

- Be enrolled in an HDHP through the company and enrolled in Optum HSA
- Provide documentation of family prescription drugs totaling more than \$500 within a 30-day period
- Have an annual base salary of \$90,000 or less
- This is a one-time ever benefit, per employee
- COBRA participants are not eligible for the Pharmacy Drug Grant Program.

Maternity Grant Program

The Heritage Group values family. We also know that expanding your family means extra expenses. The Maternity Grant Program is designed to help offset the costs of the prenatal journey and delivery of your newborn by providing you with extra HSA funding to cover maternity/delivery expenses. The grant amount is \$2,000 in HSA funding.

To be eligible for this grant, you must:

- Be a regular, full-time, benefits-eligible employee
- Be enrolled in an HDHP through the company and enrolled in Optum HSA
- If your spouse, domestic partner or dependent child is pregnant and you meet the criteria above, they must be enrolled in one of our HDHPs to be eligible for the grant.
- COBRA participants are not eligible for the Maternity Grant Program.



Base Dental Plan from Delta Dental: *included free for HDHP participants*

A healthy smile is key to your overall physical health. That's why you and your HDHP-covered dependent(s) are automatically enrolled in the Base Dental Plan. The plan pays 100% for preventive dental services, including oral exams, cleanings, x-rays, oral cancer screenings and fluoride treatments. Depending on your dentist's network participation, most other basic and major dental services are covered as well.

Enhanced Dental Plan from Delta Dental: *optional*

Why choose an enhanced dental plan?

If you foresee the need for a higher annual benefit maximum and/or orthodontia coverage for children age 18 and under, this may be the dental plan for you. It's available whether or not you're enrolled in an HDHP. You can only be enrolled in one plan, enhanced or base dental. If you are enrolled in a health plan, you may elect the Enhanced Dental plan but must elect it for all dependents(s) enrolled in the health plan in order for everyone to have dental coverage.

Depending on your dentist's network participation (Delta PPO or Delta Premier), the percentages below are applied to Delta Dental's allowance for each service.

Preventive Dental Services ¹	Basic Dental Services ²	Major Dental Services ³
Delta PPO Network 100%	90%/10%	60%/40%
Delta Premier Network ⁴ 100%	80%/20%	50%/50%

¹ Preventive Dental Services include diagnostic and preventive services (oral exams, cleanings and fluoride treatments twice per calendar year, space maintainers once per area for people up to age 16, sealants, oral cancer screenings, x-rays).

² Basic Dental Services include temporary pain relief, fillings, root canals, treatment of gum disease, extractions and dental surgery, as well as repairs to crowns, bridges, implants and dentures.

³ Major Dental Services include crowns, bridges, implants and dentures.

⁴ Delta Premier Network includes all non-participating dentists.

Regarding Health and Dental Plans Only:

If you retire in the months of January - November you must elect the health plan you currently are enrolled in today. Our policy does not allow for a mid-year plan change. You will have the opportunity to change health plans during Open Enrollment in the fall.

• If you retire in the month of December, you have the opportunity to change your current health/dental plans for the following year. Your new election(s) will take effect on January 1.

	Base Dental Plan	Enhanced Dental Plan
Calendar Year Deductible (Individual / Family)	\$50 / \$100	\$50 / \$100
Annual Maximum Benefit per Person	\$1,000	\$1,500
Orthodontic Services (examinations, treatment, repositioning of the teeth)	Not Covered	50% (Lifetime Max of \$1,500 per dependent age 18 and under)



Vision Plan from Anthem

Why choose a vision plan?

Regular eye exams are part of detecting eye disease early, recommending treatment and preserving your vision. Vision exam services, glasses lenses and frames or contact lenses are included as part of the vision care benefit.

Vision Plan Highlights

In Network	Benefit Frequency	Copay
Vision Exam Services	Once per calendar year	\$10 Copay
Glasses Lenses ¹ (Single Vision/Bifocal/Trifocal/ Lenticular)	Once per calendar year	\$10 Copay
Glasses Frames	Once every two calendar years	Covered up to \$150 then 20% off balance
Contact Lenses (Medically Necessary/Elective Conventional/Elective Disposable)	Once per calendar year	Covered 100%/Covered up to \$150, then 15% off balance/ Covered up to \$150

¹ The plan will not cover both glasses frames/lenses and contact lenses in the same year.

You are responsible for the difference between the actual cost and what insurance pays.

Time Off Benefits

Vacation Pay

Any accrued, unused, vacation days at the time of retirement will be paid to the retiree in a lump sum payment. This payment will be treated as supplemental wages and taxes will be withheld at the supplemental tax rate.

Personal Time (if applicable)

Hourly Employees – Any accrued, but unused, personal days at the time of retirement will be paid to the retiree at his/ her regular, hourly rate of pay. However, if, upon retirement, an employee has used more personal time than has been earned, that additional time will be deducted from his/her last paycheck.

Salaried Employees – Any unused personal time will be forfeited at retirement.

Disability Bank (if applicable)

At retirement, the balance of the Disability Bank hours is paid to the retiree up to the company hours maximum cap.



Our Benefit Providers

Anthem Blue View Vision Customer Service

1-866-723-0515 | www.anthem.com

Anthem CarelonRx Pharmacy Customer Service

1-833-267-2133 | www.anthem.com

Anthem Medical Customer Service

1-844-441-1513 | www.anthem.com

Brandenburg Wellness Center

1-502-684-8446 | www.bluminehealth.com

BluMine Wellness Clinics

1-502-384-1917 EXT 5051 | www.bluminehealth.com

Delta Dental Customer Service

1-800-524-0149 | www.deltadentalin.com

East Liverpool Wellness Center

1-330-385-7170 | www.elch.org/river-valley-physicians

Empower HSA Customer Service

1-800-331-5455 | www.empowermyretirement.com

HR Shared Services

1-800-303-0408 | HRSS@thgrp.com

Indianapolis Wellness Center

1-317-713-0430 | www.HGwellnesscenter.com

isolved Benefit Services Customer Service

1-866-350-3040 | www.isolvedbenefitservices.com

