



YOUR 2023 ASSOCIATE BENEFITS ENROLLMENT GUIDE

Your Health Plan Options and Wellness Program

Annual Benefits Open Enrollment
OCTOBER 24, 2022 - NOVEMBER 4, 2022



**Grange
Enterprise**



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Grange Enterprise's Benefits & Wellbeing Vision

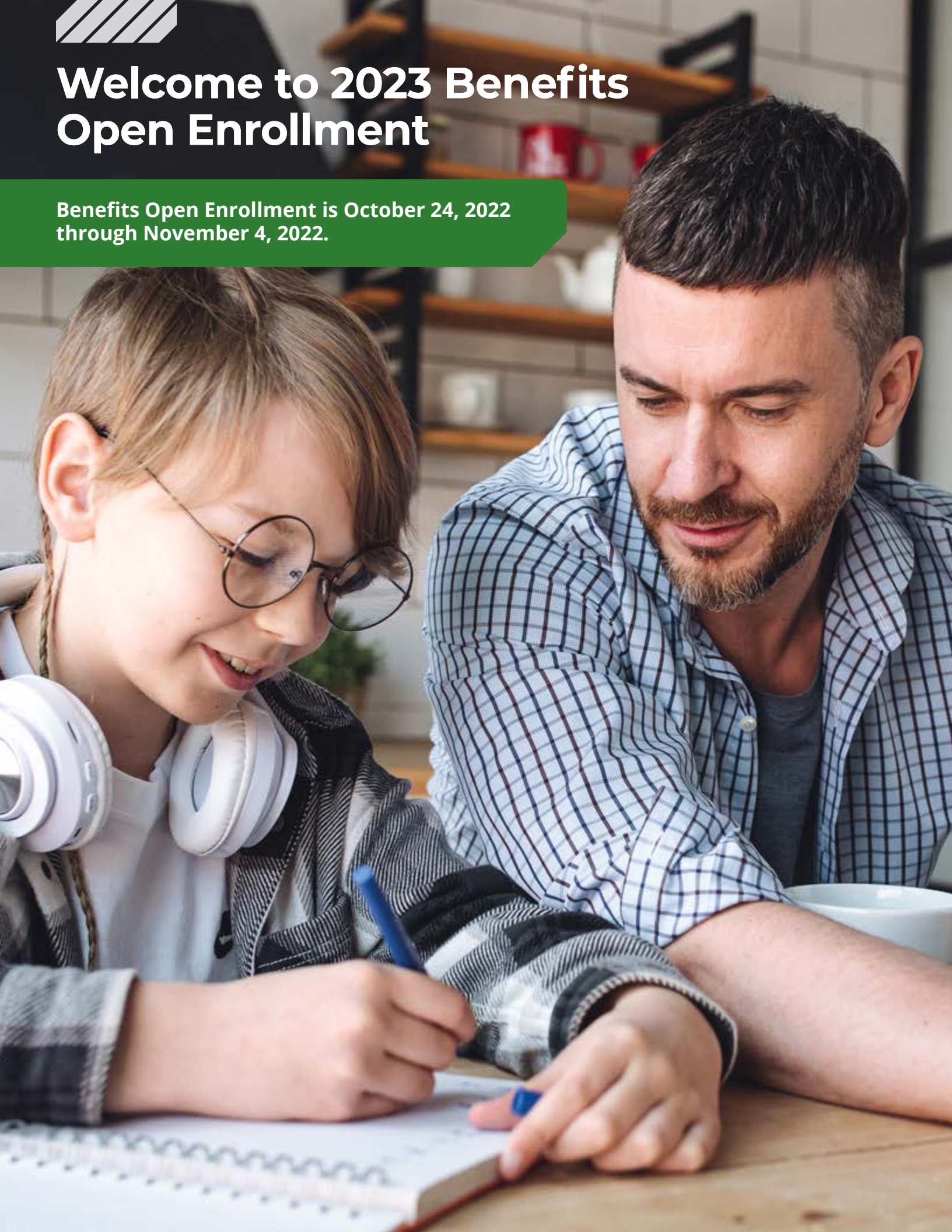
We care for and support our associates and their families by offering valuable benefits and wellbeing programs that empower associates to enrich their lives, care for their health, and secure their future. We will do this by following these guiding principles:

- **Offer Market Competitive Benefit Plans** to empower associates and their families to address physical, financial, and emotional wellbeing.
- **Provide Options That Meet Changing Needs and Maximize Benefit Value.** Continue to offer choices and options that account for associates at different stages in their careers and lives.
- **Peace of Mind and Protection** in programming allows associates to prepare for known events, such as retirement, as well as unexpected events, such as illness.
- **Engage Associates** in benefits and wellbeing tools and resources that are easy to use and assist in making informed, sound decisions regarding their health and wellbeing.



Welcome to 2023 Benefits Open Enrollment

Benefits Open Enrollment is October 24, 2022 through November 4, 2022.



The strength and power of our organization rests with you, our associates. And health is an important component of helping you and your family be at your best.

This guide will lead you through your options and will help you determine which plans may be best for you and your family's needs in the upcoming year. Should you have questions after reading this guide, refer to "Your Resources" on the back cover of this enrollment guide, which provides you with phone numbers and websites you can visit for additional information.

IMPORTANT!

Benefits Open Enrollment is your once-a-year opportunity to elect benefit options for you and your family. Your elections remain in effect throughout 2023 (unless you have a qualified status change, such as a marriage or birth of a child — see Mid-Year Benefit Changes on page 10 for details). Therefore, it's important to review your options to ensure you have the appropriate coverage for your healthcare needs.

You must actively enroll during Benefits Open Enrollment if you want coverage under the medical, dental, vision, HSA or DCFSa in 2023. If you do not wish to make changes to your life insurance coverage, no re-enrollment is necessary. Your current optional life insurance elections (optional associate, spousal life or child life) elections will roll to 2023.

Your current Long-Term Disability (LTD) elections will roll over to 2023. If you do not have LTD coverage, contact Anissa Price to apply.

Benefits Open Enrollment is a two-step process:

- Step 1: Enroll in health benefits through the HR Service Center to have healthcare coverage.
- Step 2: Review and update your life insurance beneficiary information and enroll in any new optional life insurance products through Prudential's website (www.prudential.com/mybenefits). If you are accessing the Prudential website for the first time, you will need to register. For information on how to register, see page 6. You may already be registered if you currently have optional life insurance, you are a manager, or if you've filed for FMLA or Short-Term Disability (STD) in the past.

Benefits Open Enrollment begins Monday, October 24, 2022, at 8:00 AM EDT and ends on Friday, November 4, 2022. You must finalize your enrollment by 6:00 PM, EDT, on November 4, 2022. **If you do not enroll during Benefits Open Enrollment, your benefits coverage (medical, dental, vision, HSA & DCFSa) will terminate effective December 31, 2022, at 11:59 PM, EST.**



What's New and Important for 2023

The following benefit changes and enhancements have been made for 2023:

Medical Care Rates

As you review the materials for 2023, you will notice that the medical rates went up for next year. Grange works diligently to keep the cost of health insurance affordable for our associates and their families. However, with the rising cost of health care and inflation, it was necessary to evaluate pricing while continuing to offer affordable coverage.

NEW! Dental Plan Options

New for 2023! Based on associate feedback, there are now two dental plans to choose from. The main change is orthodontia and the annual maximum covered.

- Dental Low Plan has no orthodontia coverage with a deductible of \$50 for individual and \$150 for family and an annual maximum of \$1,500.
- Dental High Plan includes orthodontia for both adults and child(ren) with a lifetime maximum of \$1,500. The deductible is \$25 for individual and \$75 for family with an annual maximum of \$2,000.

Expanded Prescription Benefit

Grange has partnered with UHC to continue expanding access and affordability of pharmacy benefits. In 2023, the \$0 out-of-pocket drug list will expand to cover preferred rapid-short and long-acting insulins, as well as several other vital prescription drugs including albuterol inhalers. Please see the PDL report for specific cost and utilization of the Vital Drug List medications.

Real Appeal

Real Appeal is a program for associates enrolled in one of UnitedHealthcare's medical plans. This program is designed to help associates lose weight and keep it off. There is no copay or deductible. You will have access to a personal health coach, mobile app to track food, activity, and weight loss progress. After your first session you will receive a Success Kit with food and weight scales, recipes, workout DVDs and more. To participate in this program, you must be enrolled in Grange's medical plans. Enrollment will begin in January 2023. For more information refer to pages 36-37 for more details and/or call UnitedHealthcare.

Musculoskeletal Solutions

If you have chronic pain that affects your bones, muscles and nerves, you will want to learn more about the new musculoskeletal solutions offered by UHC. The new solutions offer new treatments including virtual exercises, physical therapists, and second opinions from expert physicians.

The new offering includes personalized care plans and virtual support from certified health coaches and orthopedic nurses provide holistic pre- and post-surgery support. Refer to page 40 for more details and/or call UnitedHealthcare.

Fertility Benefits

Grange Enterprise continues to grow its comprehensive fertility benefits in an effort to create equity for all associates looking to start or add to their family. We are pleased to announce the added benefits of UnitedHealthcare Fertility Solutions and an expanded family building benefits including surrogacy and donor material.

UHC Fertility Solutions

Fertility Solutions through UnitedHealthcare provides clinically guided support with the goal of delivering quality outcomes, lower treatment cost and faster time to pregnancy. This program helps associates navigate each step of the process from infertility identification, early stages of treatment, and advanced treatment options. Associates utilizing this benefit must enroll in the program and can expect support from a dedicated fertility nurse, information on provider and treatment options, care from licensed clinical social workers and much more. Refer to page 38 for more details and/or call UnitedHealthcare.

Expanded Family Building Benefit

Grange Enterprise recognizes the importance of supporting our associates through the emotional and financial challenges of family-building. In that spirit, Grange Enterprise is expanding upon the existing adoption benefit and beginning January 1, 2023, will provide \$10,000 reimbursement for surrogacy and donor materials. The existing adoption benefit will now increase to a \$10,000 reimbursement. The full policy can be viewed in the Associate Guidebook.

Compassionate Leave

We recognize that having a miscarriage, a stillbirth, an unsuccessful assisted reproductive procedure, a failed surrogacy agreement, or a failed or non-finalized adoption can be a very difficult experience and want to provide time off up to five (5) days to heal and cope with the loss. This includes time off to support your spouse/partner experiencing a loss described above. If you need a leave for this reason, you should reach out to your manager or a member of the Grange Enterprise Benefits Team.

What to Consider Before You Enroll

This enrollment guide is designed to explain your choices for 2023 Benefits Open Enrollment. We recognize the number of decisions you need to make. And by providing choices, you make selections that meet the needs for you and your family.

Take the time to consider the following:

YOUR COSTS

- Calculate your total out-of-pocket expenses under each health plan option, including your paycheck premiums, deductibles and coinsurance.
- Evaluate your results to see where you might be paying more than you should.

YOUR HEALTHCARE USAGE

- Throughout the plan year, are you a high, moderate or low user of healthcare? If you are a low user of healthcare, you may be paying more in payroll premiums than you need to. As you think about your healthcare usage, consider the following:
- Are you currently undergoing treatment that will continue into next year?
- Do you currently use maintenance prescription medications?
- How often do you or your family members typically visit a physician?

YOUR AND YOUR SPOUSE/DOMESTIC PARTNER'S BENEFIT OPTIONS OUTSIDE OF GRANGE ENTERPRISE

- Does your spouse/domestic partner's employer offer medical coverage?
- Compare the coverage available through Grange Enterprise versus the coverage available through your spouse's employer and calculate the costs. Determine which employer's plan makes the most sense for coverage.
- Are you under age 26 and able to get coverage through a parent? (Compare their coverage against yours and determine if coverage available elsewhere makes more financial sense for you.)

YOUR ADDITIONAL BENEFIT OPTIONS

- Will you enroll in dental and vision coverage?
- Review your decisions, talk with family members and select what is best for your situation.



Benefits Open Enrollment

How to Enroll in Health Benefits

When you enroll, you'll make your benefit elections online through the HR Service Center:

1. Log in to the HR Service Center.
2. Review the enrollment instructions (located as a PDF on the *HR Service Center* home page).
3. Click on Menu, then Myself, then Open Enrollment.
4. Use the instruction guide and follow the prompts to enroll in 2023 benefits.
5. When finished, save your confirmation. **You will not receive an additional confirmation of enrollment from Human Resources.**



**Enrolling
in benefits
for 2023 is
a two-step
process.**

How to Enroll in Life Insurance Benefits through Prudential

When you enroll in optional life insurance products, you'll make your benefit elections online through www.prudential.com/mybenefits.

Prudential uses the same site for FMLA and STD leaves. If you have had a leave and registered with this site, use your previous username and password. If you have forgotten your username and/or password, follow the prompts for "Forgot username?" or "Forgot password?".

If you are a first-time user:

1. Next to "First-Time User?" click on "Register Here."
2. Under Control Number, enter **46863**, then click "Next."
3. Enter your date of birth (8 digits - no dashes) and your Social Security Number (no dashes), then click "Next."
4. Create a username and password using the requirement displayed.
5. Answer the remaining questions, then click "Next."
6. Under the *Agreement*, please read the agreement and at the end, check "I Agree" then select "Continue."
7. After you have registered, you can now log in and enroll in life insurance. You will see prompts to enroll in life insurance benefits and STD/FMLA. If you do not need to open an STD or FMLA claim, please do not click on this.

Who is Eligible

Full-time and part-time associates who are regularly scheduled to work 30 or more hours per week are eligible to enroll in:

- Medical
- Dental
- Vision
- HSA (if you also enroll in the company's medical coverage)
- Dependent Care FSA
- Optional Associate Life
- Optional Spousal/Domestic Partner Life
- Optional Child Life
- Optional Accidental Death & Dismemberment

Part-time associates regularly scheduled to work fewer than 30 hours per week or temporary part-time associates (including interns) are not eligible to enroll in benefits. You may enroll in benefits through the Health Insurance Marketplace in your state. Visit www.healthcare.gov for more information.


Dependent Eligibility

In addition to yourself, you can enroll eligible dependents, including:

- Your legal spouse (opposite -sex or same -sex).
- Domestic Partner (see information on next page).
- Any dependent child under age 26, including a natural child, stepchild, legally adopted child, a child for whom you or your spouse or domestic partner are the legal guardian or a child who must be covered due to a Qualified Medical Child Support Order.

NOTE: A dependent child is eligible for child life insurance if he or she is under 26 and not married.

- Your fully handicapped dependent child age 26 or older who is not able to earn his/her own living because of a documented mental or physical handicap that began before the child attained age 26 and who is dependent on you for care and support.



**Coverage for
adult children
ends on their
26th birthday.**





Domestic Partner Benefits

Grange Enterprise is pleased to offer its benefits-eligible associates the ability to insure their domestic partners and domestic partner's children under various benefit programs in accordance with the terms and conditions of such plans. We believe in the importance of equalizing benefits for employees in same- and opposite-sex partnerships.

These programs currently include the company's medical, dental, vision, health savings account, and voluntary life insurance plans. Grange Enterprise also offers all associates the ability to participate in non-plan benefits as they may be applied or relate to their domestic partners in the same manner as currently applicable to legal spouses of Grange Enterprise associates. Such non-plan related benefits currently include family and medical leave, associate assistance program, and wellbeing programs.

Associates enrolling for domestic partner benefits should reference the open enrollment information on HR Connect where further information is outlined including benefit plan information, enrollment, and important cost considerations.

Cost considerations include tax consequences and the spouse and tobacco surcharges that are applicable to all benefit eligible associates. We strongly encourage you to review these considerations.

If you are enrolling in domestic partner benefits, the following options are available:

- Associate & Domestic Partner
- Associate, Domestic Partner & Associate Child(ren)*
- Associate, Domestic Partner & Domestic Partner Child(ren)*
- Associate, Domestic Partner & Associate and Domestic Partner Children*

** These options are considered Family Coverage.*

We encourage anyone with questions to review the information on HR Connect and contact the Benefits Department for further information.

LGBTQ+ Inclusive Benefits

Grange Enterprise is committed to providing inclusive benefits coverage for all associates. Below, you will find a description of benefits and services that may be useful for LGBTQ+ associates, spouses/domestic partners, and dependents.

Standard Benefits

The Enterprise provides health (medical, dental, vision) and life insurance benefits that cover LGBTQ+ associates, same-sex spouses, domestic partners, and their dependents.

Family Formation Benefits

There are a variety of family formation benefits that LGBTQ+ associates may be interested in utilizing, including:

- Family Building Benefit
 - Adoption assistance – Up to \$10,000 per child
 - Surrogacy and donor materials assistance– Up to \$10,000 per year
- Paid parental leave – Up to 4 weeks
- Fertility/IVF benefits – Details available through UnitedHealthcare

HIV Treatment/Prevention

All associates and dependents covered under Grange Enterprise medical plans have access to HIV treatment and prevention services. For more information, please view page 4 of the preventative medications coverage list.

Transgender and Non-Binary Inclusive Benefits

The Summary Plan Descriptions (SPDs) detail more information regarding benefits. Additionally, a UHC patient advocate can help determine what is covered under the medical plan. Call the number on the back of your card for more information.

Further Resources

The Enterprise launched the Gender Transition Resource Guide. Among other resources, this guide provides information about coverage that is applicable to transgender, non-binary, and transitioning associates and their dependents. For more information on transgender inclusive healthcare coverage, please view the benefits sections of the [*Gender Transition Resource Guide*](#).

Questions about (1) benefits, services, and treatments offered, (2) the process for using these benefits (such as pre-authorization requirements), and (3) information on the appeals process, can be directed to the vendors located on the last page of this guide.





Coverage Tiers

When you enroll in health benefits, you need to decide who to cover. You can choose from the following coverage tiers:

- Associate Only
- Associate + Spouse
- Associate + Child or Children
- Associate & Domestic Partner
- Associate, Domestic Partner & Associate Child(ren)*
- Associate, Domestic Partner & Domestic Partner Child(ren)*
- Associate, Domestic Partner & Associate and Domestic Partner Children*

** These options are considered Family Coverage.*

In general, the more people you cover on a health plan, the higher the cost of coverage and the higher your per-paycheck contribution. If your spouse has access to medical coverage through his/her employer's plan, you may choose to cover only yourself (or you and your dependents) under the health plan.

Mid-Year Benefit Changes

Benefit elections made during Benefits Open Enrollment cannot be changed until the following year once the Benefits Open Enrollment window closes. However, if you have a qualified change in family status, you can make limited mid-year enrollment changes. You have 31 days from the date of the event to complete a Change in Family Status Form and return it to the Benefits Department. If the form is not received within 31 days of the benefit change date, you cannot make any election changes until the next Benefits Open Enrollment period – or unless you have another qualified change in family status.

Common examples of a qualified change in family status include but are not limited to:

- Birth, adoption or placement of a child
- Marriage
- Divorce
- Gain or loss of coverage by a spouse
- Death of a dependent



Evolve & Virgin Pulse

Live healthy, get rewards! Evolve is hosted through the Virgin Pulse wellbeing platform. Virgin Pulse is a wellbeing resource offered to all associates and your spouses and partners. You can track and earn points for the healthy choices you make each day. This includes earning points towards Pulse Cash and, for those participating in the medical plan, earning dollars towards the Health Savings Account (HSA). Virgin Pulse can easily be used on your desktop or as an app on your phone.

Virgin Pulse unlocks the value of all your health investments – integrating your wellbeing, conditions management, benefits navigation, and point solutions into a smart, open, flexible and better-together platform that delivers a highly personal, empowering and change-enabling experience for you. Their technology connects you to your wellbeing by infusing behavior-based science and advanced personalization in one experience customized for you.

Digital Wellbeing Platform & Benefits Navigation

- Flexible total health engagement platform that drives sustainable behavior change and delivers measurable outcomes.
- Backed by more than a decade of experience and the latest behavioral science, the solution helps you achieve success every day by building and sustaining habits that form intelligent routines.
- Consolidates health, wellness and financial benefits solutions into one engaging, personal experience to provide peace-of-mind in your health journey.



**Check out
the wellbeing
newsletter
for current
programs and
offerings!**

Coaching & Guidance

- Virgin Pulse Coaches take a whole-person approach and establish 1:1 relationships to provide ongoing support across behavior change, lifestyle and condition management. Coaches help you achieve your health and wellness goals. And they're available at the touch of a button during times that actually work for busy professionals. They provide personalized, high-touch guidance that goes beyond the surface-level recommendations and drive positive health outcomes.
- Journeys are a great way to introduce healthier habits into your life or maintain healthy habits you already have in place. They are designed to engage you in a series of small steps that form a new healthy habit over time. Journeys are made up of small, fun and informative “steps,” and most Journeys take roughly 2-4 weeks to complete.

Pulse Cash Rewards

- Get rewarded for healthy behaviors! Watch your points grow as you engage in healthy activities with Virgin Pulse. You choose which activities to do that are meaningful to you in your wellness journey.
- All associates can participate in Pulse Cash even if you don't have our health insurance. Associates can earn up to \$100 per year for doing healthy activities.
- You can bank your dollars and don't have to cash them in right away. When you're ready to cash them in, you will do that through the Virgin Pulse Store which offers a wide array of gift cards and healthy lifestyle items such as watches and fitness trackers.
- Earning dollars is easy, just log in and go to Home > How To Earn.

Get started today signing up is easy

Virgin Pulse is a wellbeing resource offered to all Grange Enterprise employees and their spouses/partners. Move through levels as you earn points for the healthy choices you make each day! Join Virgin Pulse in three easy steps.



Step One

Join Virgin Pulse by visiting join.virginpulse.com/evolve. Fill out the required fields to confirm your eligibility, and then click **CONTINUE**.



Step Two

You're important to us – and so is your data. After all, health and wellness information is personal and should be kept private. Read and accept our Member Privacy Notice, Membership Agreement, and PHI Notice.



Step Three

Enter your preferred email, and create a strong password and provide a few additional details to help us give you the best possible experience. Then, click **CREATE MY ACCOUNT**.

Once you've created your account, you can sign in and get started right away.

Logging In & Questions

- New users can join by going to join.virginpulse.com/evolve.
- Existing users can navigate there by going to the Evolve button on HR Connect or by going to iam.virginpulse.com.
- The Virgin Pulse app is available through the App Store or Google Play.
- Questions regarding the platform should be directed to Virgin Pulse via chat, phone at 888-671-9395, or email support@virginpulse.com.
- Questions regarding programming can be directed to the Grange Enterprise Benefits Team.

Employee Assistance Program

Employee Assistance Program

The Employee Assistance Program (EAP), provided through IMPACT Solutions, is a free and confidential service that helps you and/or your family address personal problems that may affect your health, family life and/or job performance. You can call IMPACT Solutions at 1-800-227-6007.

You can also access IMPACT Solutions at <https://allonehealth.com/impact-solutions/>. IMPACT is merging with a new company. First time users will need to set up an account by clicking on *MyLifeExpert Login, Create a new account*. The account code is **Grange**.

Sanvello Transitioning to AbleTo

On Jan. 1, 2023, the self-help app, Sanvello, will be transitioning to **Self Care** by AbleTo. Self Care includes many of the same features and benefits as the Sanvello app and members will still have access at no cost to them.

Stay tuned for more information on AbleTo.

Legal Assist

Legal Assist, also provided through IMPACT Solutions, offers free or discounted legal consultation services with a qualified attorney either on the phone or in person. Legal assistance is also available online.

Fitness

At the Grange Enterprise Home Office, associates have access to a free exercise facility with state-of-the-art equipment and a personal trainer provided through the YMCA. We encourage you to take advantage of several group fitness classes offered by our personal trainer either live or via Zoom. Associates are required to observe the current Covid requirements while utilizing the fitness center.

LifeCare Alliance

Take advantage of the onsite nurse and dietitian. They can help you with weight management, nutrition counseling, blood pressure management and more! All associates and spouses are eligible to use the nurse and dietitian.

UnitedHealthcare (UHC) Health and Wellness Programs

If you are enrolled in the health care plans, additional benefits from UHC are available to you.

- UnitedHealthcare Premium: Looking for a new doctor? Look for the Premium designation when you use **myuhc.com**! Premium designated doctors are quality physicians with cost efficient care!
- Treatment Decision Support (TDS): This service can help you make informed choices and decisions regarding an illness or with managing a disease. Call 1-888-866-8295 for additional information.



Additional Perks

Education:

- Tuition Reimbursement
- Development classes and workshops (Elevate)
- Job-related training
- Professional licenses and certifications

Family:

- New Baby Gift
- Mom Room
- Maternity Leave
- Parental Leave
- Bereavement Leave
- Compassion Leave
- Wedding Day Off
- Adoption Assistance
- Family Building Benefits

Financial:

- Legal Services (Voluntary insurance)
- Discounts on home and auto insurance
- Dependent Care FSA
- Health Care Savings Account
- Financial Planning Seminars and Classes

Service:

- Tenure Anniversary Gifts
- Volunteering paid time off
- Donation Matching
- Community Service Events
- Onsite Coffee Loft and Grill

Wellness:

- Health and Wellness Apps
- Mental and Behavioral Health Apps
- Onsite Fitness Classes
- Onsite screenings and vaccinations
- Virtual Fitness Classes
- Onsite Gym
- Wellness Incentives – Pulse Cash
- Onsite & Virtual Nurse Access
- Onsite & Virtual Dietitian Access
- Onsite & Virtual Fitness Training Access
- Onsite flu shots
- Onsite wellness room
- Health Coaching Programs – smoking cessation, weight management, nutrition
- Flexible Work Schedule
- Summer Fridays

Your Health Plan Options for 2023

UnitedHealthcare (UHC) will continue to be our medical plan provider. We offer two Consumer-Driven Health Plan (CDHP) options – the Premium CDHP and Choice CDHP. It is important to consider your needs for the upcoming year and look at both options to determine which CDHP is best for you and your family. This section explains:

- The design of each of those plans.
- What you'll experience from the plans.
- What you'll pay.

Both CDHP options are paired with a Health Savings Account (HSA). If you enroll in one of the CDHP options, determine if you are eligible for the HSA (if you don't already have one). You can use your HSA to pay current, eligible health care expenses or save your funds for future health care expenses.

You can view your enrollment, search providers, price services and prescriptions, view an online ID card and claims by visiting www.myuhc.com. You can also download UHC's *Health4Me* app to view this information on your mobile device.



Think of these health plans as having two distinct parts.

Part 1, medical and prescription drug coverage for you and your family, and **Part 2**, an HSA.

Enrollment is a multi-part process. If you choose to enroll in a CDHP option, you also must decide whether to make a pre-tax, per-paycheck contribution to your HSA. If you decide to contribute to your HSA, you'll need to enroll in the appropriate HSA option (Individual or Family). If you decide not to contribute, you'll need to waive HSA enrollment. **Keep in mind that you should re-examine how much to put in your HSA every year.**

Think about your health expenses throughout 2022 and if you had the funds you wanted in your HSA to pay for these expenses. You may want to increase your HSA contributions for 2023 if you needed more money in your HSA.

The last step in the HSA enrollment process is to open your account online through Optum Bank if you don't currently have an HSA. If you enroll in a CDHP, you'll need to open this account (even if you do not want to contribute your own funds) if you wish to receive the company contribution. **If you are already contributing to an HSA, you do not need to open a new account, but you will need to make a new HSA contribution election for 2023.**

Comparing the Premium CDHP and Choice CDHP

All associates who are enrolling in a health plan for 2023 will need to understand the differences and similarities between the Premium CDHP and Choice CDHP:

Premium CDHP "Higher Fixed Costs with Lower Variable Costs" per paycheck

- Higher paycheck premium contribution
- Lower deductible
- Lower out-of-pocket maximum
- 10% coinsurance cost for in-network services after you meet your deductible

Both CDHP Options

- Same network for services
- Administered by UnitedHealthcare
- Preventive care covered at 100% – you pay nothing for preventive services such as an annual physical, a mammogram or a well-child visit
- Most women's preventive health benefits (such as birth control treatments, breast pumps, etc.) are covered at 100%
- Offer Virtual Visits (Telemedicine services)
- Have a deductible to meet
- Have an out-of-pocket maximum so you won't pay for any further medical services above a certain limit
- Ability to open an HSA

Choice CDHP "Lower Fixed Costs with Potential for Higher Variable Costs"

- A lower paycheck premium contribution
- Higher deductible
- Higher out-of-pocket maximum
- 20% coinsurance cost for in-network services after you meet your deductible

Contribution Rates and Coverage Levels by Plan

	2023 Premium CDHP	2023 Choice CDHP
COVERAGE TIER	CONTRIBUTION RATES (PER PAY)	CONTRIBUTION RATES (PER PAY)
Associate Only	\$75.65	\$21.60
Associate + Spouse/Domestic Partner	\$166.54	\$55.32
Associate + Child or Children	\$135.62	\$43.83
Family*	\$218.16	\$74.48

* Family includes Domestic Partner and DP children.

Plan Feature	UHC Network	Out-of-Network	UHC Network	Out-of-Network
DEDUCTIBLE*				
Associate Only	\$1,750	\$3,500	\$3,100	\$6,200
All Other Coverage Tiers	\$3,500	\$7,000	\$6,200	\$12,400
Preventive Care	100% Covered			
COINSURANCE				
Associate Only	90%	70%	80%	60%
All Other Coverage Tiers	90%	70%	80%	60%
OUT-OF-POCKET MAXIMUM*				
Associate Only	\$2,500	\$5,000	\$4,300	\$8,600
All Other Coverage Tiers	\$5,000	\$10,000	\$8,600	\$17,200
RETAIL/MAIL-ORDER				
Tier 1	You pay 100% of the cost (after UHC’s discounts are applied) until you reach the deductible. Then, you share the Rx cost (you pay 10%) with the company through coinsurance until you reach the out-of-pocket maximum.	No coverage	You pay 100% of the cost (after UHC’s discounts are applied) until you reach the deductible. Then, you share the Rx cost (you pay 20%) with the company through coinsurance until you reach the out-of-pocket maximum.	No coverage
Tier 2				
Tier 3				
HEALTH SAVINGS ACCOUNT - 2023 EMPLOYER CONTRIBUTIONS				
Coverage Tier	2023 Premium & Choice CDHP			
Associate Only	\$500			
All Other Coverage Tiers	\$1,000			

*Family deductibles and out-of-pocket maximums are aggregate for CDHPs, which means you'll need to meet the family deductible and the family out-of-pocket maximum before additional plan benefits begin for you and for any other family members.

How does the CDHP work in a real-life situation?

Let's say you have a sinus infection and need to go to your primary care physician for treatment. Here is the process that occurs if you enroll in one of the CDHPs for this event, as well as other treatments.



First, you will visit your primary care physician (remember, you will have access to the same UHC network of physicians under both the Premium CDHP and Choice CDHP).

You should pay nothing when you visit the physician's office.



The physician's office will send the claim to UHC for processing.

If the physician is in-network, your claim will be adjusted to reflect the discounted rate.



You will then receive a statement from the physician's office requesting payment for the discounted rate.

This process will occur for all services (except for eligible preventive services, which are covered at 100%) until your annual deductible is met. Under both the Premium CDHP and Choice CDHP, after you reach the annual deductible, you and the company will share the cost of coverage through coinsurance.

PREMIUM CDHP

Under the Premium CDHP, you pay 10% and the company pays 90% of discounted and qualified health care costs until you meet your out-of-pocket maximum.

CHOICE CDHP

Under the Choice CDHP, you pay 20% and the company pays 80% of discounted and qualified health care costs until you meet your out-of-pocket maximum.



Remember, you will have the option to use your HSA funds to pay for a covered service or you can choose to save your HSA funds and pay the bill through another source. If you don't have all the funds at once, contact the service provider. You may be able to set up a payment plan for no additional cost.

Medical Providers with UHC

Using an in-network provider: The health plans deliver care to you through a network of medical providers. Each plan offers two levels of benefits – in-network and out-of-network care. In-network care is less expensive for you. If you go out-of-network, you will incur higher health care costs. If you are not currently enrolled in the medical plan, you can confirm that your doctor(s) participate(s) in the UHC network by visiting UHC's website:

1. Go to www.uhc.com
2. Select the "Find a Doctor" link
3. Under "What Kind of a Provider are you looking for," select "Physician, Hospital or Health Care Facility"
4. Follow the prompts
5. For Plan, choose "UnitedHealthcare **Choice Plus**" (both the Premium CDHP and the Choice CDHP use the same network)

Current enrollees can verify whether or not their provider is in-network by visiting www.myuhc.com.

Using an out-of-network provider: If you decide to use an out-of-network provider, it is important to understand that only the Maximum Non-Network Reimbursement Plan (MNRP) amount will be applied toward your deductible. The difference between the provider's charged amount and the MNRP will not be applied to your deductible and will be your responsibility. However, if you have any money in your Health Savings Account (HSA), you may use this to pay the difference.

While 97% of claims are for network providers, our plan design allows members to use providers who are not in the UnitedHealthcare Choice Plus network. Effective January 1, 2023, we will be changing our non-network reimbursement methodology to a percentage of Medicare Allowable, which is an industry standard. Therefore if you are using a non-network provider, you may see a difference in the amount the Plan reimburses on a non-network claim, which means you may be responsible for more out of pocket. The most cost-effective providers are available through the UnitedHealthcare Choice Plus network. If you want to find a network provider, you can search online at www.myuhc.com, use the UnitedHealthcare App, or call an Advocate at the number on back of your UnitedHealthcare ID card.

**When
searching
for a provider,
look for the
Premium
Designation!**





Spousal/Domestic Partner Surcharge

Providing sustainable and competitive health plan options to our associates remains one of our long-term goals. We also want to be sure our associate's spouses or domestic partners have access to health care coverage. In order to keep benefits sustainable for all associates, we will continue the spousal surcharge in 2023.

What is the spousal surcharge?

If your spouse/domestic partner has access to subsidized health care coverage through his or her employer and instead chooses to be covered through your plan through the company, you will pay the spousal surcharge. The surcharge will be \$200 per month or \$100 per pay period.* If your spouse/domestic partner is not employed, is also an associate of Grange or Integrity or does not have access to subsidized health care coverage through his or her workplace, you will not pay the additional surcharge.

Keep in mind that you still can cover any qualified dependents through the company's plan, even if your spouse/domestic partner is offered subsidized health care coverage through his or her workplace.



Tobacco User Surcharge

If you and/or your covered spouse/domestic partner use tobacco products, you will pay \$40 more per month or \$20 per pay period,* per covered associate and/or covered spouse/domestic partner for health care coverage. Tobacco products are defined as, but not limited to:


- Cigarettes (including e-cigarettes)
- Cigars
- Smokeless tobacco
- Vaping

This means if both you and your covered spouse/domestic partner have used tobacco products on or after July 1, 2022, your total tobacco surcharge would equal \$80 per month or \$40 per pay.*

We will suspend the surcharge for the remainder of 2023 and will refund the surcharge amount you paid up to that point in 2023 if you and/or your covered spouse/domestic partner successfully complete a tobacco cessation program sponsored by the Enterprise between August 1, 2022 and April 1, 2023. Simply complete three coaching sessions with a Virgin Pulse coach or through Grange Nurse Julie Poirier.

We will continue to offer tobacco cessation products through the medical plan free of charge! If you/your spouse/domestic partner are enrolled with our coverage through UHC, you can receive 180 days of tobacco cessation drugs (with a prescription from your doctor) paid at 100%. This includes prescription only or over-the-counter nicotine replacement therapy.

*Surcharges apply to the first two pay periods of each month. In months where there are three pay periods, the surcharges do not apply to the third pay period.



**Do not delay
in enrolling for
tobacco cessation
coaching!**

Prescription Drug Plan

OptumRx will continue to be our pharmacy benefit provider.

The OptumRx pharmacy plan includes retail, mail-order and specialty prescription drug services with prescription management programs designed to promote appropriate use, reduce cost and improve health status. Covered associates must utilize an in-network pharmacy to receive benefits.

Retail Pharmacy Benefit

If you have a maintenance prescription, your physician may write a prescription for a 30-day supply to fill at a retail pharmacy. However, you are able to fill certain maintenance medication prescriptions and receive a 90-day supply at any participating retail pharmacy. Obtaining a prescription for a 90-day supply can reduce your overall prescription costs. Prescriptions that are narcotics/controlled substances or fall under Specialty RX are not eligible for a 90-day supply.

All covered prescriptions to treat an acute illness or injury are available under retail pharmacy.

Mail Order Prescriptions

The mail-order prescription plan allows members to get a 90-day supply of their maintenance medicine. To begin using the mail-order Rx program, you will need to:

- Visit your physician and obtain a 90-day mail-order prescription
- Complete the OptumRx New Prescription Mail-Order form
- Send this form to OptumRx with payment

The [OptumRx mail order form](#) is accessible from *HR Connect* by clicking on the Health tab and under Prescription Plan.



Specialty RX Program

If you have prescriptions that fall under Specialty RX, you are allowed two grace fills at a retail pharmacy and then the prescription will need to be filled with Optum's Specialty RX. Prescriptions that fall under Specialty RX are typically expensive, injectables and require special handling. Optum RX is committed to ensuring that their patients receive their specialty medications in a cost effective and timely manner.

There are many pharmacy management programs designed to promote appropriate use, reduce costs and improve health status. Some programs will require use of OptumRx's mail-order or Specialty Rx program, while others are designed to direct you toward less expensive options. For additional information on the Prescription Drug Plan, including information on pharmacy management programs, go to *HR Connect/Health*.

The Prescription Drug List

UHC refers to their formulary listing as the Prescription Drug List (PDL). The PDL is a list of commonly prescribed medications placed into three tiers. Participants should work with their physicians to select prescription drugs from the lowest tier possible, as these drugs offer the best value over higher tier drugs.

- **Under the Premium CDHP**, you pay the full cost of prescription drugs (after UHC's discounts are applied) at the time of purchase until you reach the annual deductible. At that time, you and the company share the prescription drug cost through coinsurance (with you paying 10% of the cost) until you reach the out-of-pocket maximum. Then the plan pays 100% of the cost.
- **Under the Choice CDHP**, you pay the full cost of prescription drugs (after UHC's discounts are applied) at the time of purchase until you reach the annual deductible. At that time, you and the company share the prescription drug cost through coinsurance (with you paying 20% of the cost) until you reach the out-of-pocket maximum. Then the plan pays 100% of the cost.

You should review the PDL carefully to see if your prescription drugs will have a tier change, new requirements (supply limits, notification, etc.), restrictions or exclusions. UHC provides a PDL quick guide, which you can find on the 2023 Benefits Open Enrollment page.

The quick guide is updated twice a year and includes the most common prescriptions. If you cannot find your prescription in the PDL Quick Guide, please call OptumRx at the number listed on the back cover of this enrollment guide, on your ID card or log onto www.myuhc.com.

The US Preventive Services Preventive Medications and Supplements

The Affordable Care Act ("Obamacare") makes certain preventive medication and supplements available to you at no cost — both prescription and over the counter (OTC). Certain preventive medications are covered at 100% with no cost share when they are prescribed by a health care professional, if the medication is age and/or condition appropriate and filled at a network pharmacy. The zero cost preventive RX listing is located on the 2023 Benefits Open Enrollment web page.

In 2023, the \$0 out-of-pocket drug list will expand to cover preferred rapid-, short- and long-acting insulins, as well as several other vital prescription drugs including albuterol inhalers and epinephrine. Please see refer to the PDL report for specific cost and utilization of the Vital Drug List medications.

Important Pharmacy Plan Information

Prior Authorization. There are certain medications on the Prescription Drug List (PDL) that your doctor will now be required to provide additional information to UHC to determine coverage. UHC will make an assessment that takes into consideration numerous factors including, but not limited to: safety, potential off-label use, and appropriate use. These medications are denoted by a PA (Prior Authorization) on the PDL.

Core Plus Pharmacy Benefit. Preventive care benefits are an essential part of a comprehensive health care plan, including preventive medications. The U.S. Dept. of Treasury's clinical guidance will allow certain medications to be covered prior to meeting the deductible. The Core Plus Preventive Medication list includes medications that will be covered at coinsurance without having to first meet your deductible. Medications include breast cancer prevention, cardiovascular/heart disease (blood clot, blood pressure, cholesterol), organ rejection, osteoporosis, prenatal vitamins, diabetes and asthma/COPD. The listing for prescriptions eligible for Core Plus Pharmacy is located on the 2023 Benefits Open Enrollment web page.

The Health Savings Account

The Health Savings Account (HSA), administered by Optum Bank, is an account paired with our CDHPs. It is a powerful savings tool to help you set aside money to pay for health care expenses now and/or into the future – including retirement.

An HSA is a triple tax-advantaged account with features similar to a 401(k) plan, a Health Care Flexible Spending Account (HCFSA) and a checking account. If you are new to the HSA, to be eligible to open an account, you also must be enrolled in a Consumer-Driven Health Plan that meets certain deductible and coinsurance criteria defined by the IRS. The Premium CDHP and Choice CDHP meet these requirements.

The HSA has the following features:

- **You own the HSA.** If you leave the company for any reason, the funds remaining in your HSA go with you.
- **Because you own the HSA, you handle the substantiation process on your own.** There will be no need to supply receipts to Optum Bank to prove that your expenses are for health-related services. However, you will have to supply proof of expenses if you are audited by the IRS.
- **HSA funds roll over every year.** There is no use-it-or-lose-it rule with the HSA.
- **Money in the HSA gains interest and grows.** Once your account has reached a balance of at least \$2,000, you will have additional investment opportunities.
- **The HSA is triple-tax advantaged.** Funds go in on a pre-tax basis, grow on a tax-free basis and are not subject to taxes when used for qualified health care expenses.
- **You may use these funds for expenses that are not health-care-related.** However, there are taxes and penalties for using HSA funds for non-health-care-related expenses.

HSA Contributions

You and the company have the ability to deposit money into your HSA (up to the annual legal limit).

If you enroll in the Premium CDHP or Choice CDHP, you will receive the HSA contribution from the company if you are eligible to open an HSA and receive the employer seed. The HSA account must be opened with Optum Bank to make payroll contributions and to receive the employer seed. See Page 28 for the activities needed to qualify for the HSA seed.

Grange Enterprise HSA Seed Contributions*

	EMPLOYER SEED**
Premium CDHP and Choice CDHP	Associate Only – \$500 All other tiers – \$1,000

* Associates over 65 are ineligible for the seed. If you are under 65 but enroll a spouse over 65, you will receive a seed for single coverage.

** Associates who are eligible to receive the HSA seed, have earned the HSA seed credit, and have an open HSA account will receive the funds on January 1.

2023 HSA Contribution Limits

ASSOCIATE ONLY	\$3,850
ASSOCIATE + SPOUSE ALL OTHER TIERS	\$7,750
CATCH-UP CONTRIBUTION*	\$1,000

* If you are 55 or older now or will turn 55 in 2023, you may make a catch-up contribution into the HSA.

In order to receive the HSA Employer Seed, your account must be open by December 1 and the wellness activities must be completed by November 15.

HSA eligibility rule

If you are an active associate who is enrolled in any other type of health care plan that is not a qualified CDHP (Medicare, Medicaid or PPO for example), or are enrolled in military insurance such as TRICARE, neither you nor Grange Enterprise can make contributions to a Health Savings Account.

- This includes coverage under a spouse's Health Care Flexible Spending Account (HCFSAs), even if your spouse intends to only use the HCFSAs for himself or herself and your children.

For additional information about Health Savings Accounts, visit www.irs.gov and click "Forms and Publications" and select "Publication 969".

Catch-Up Contributions

If you are 55 or older now or will turn 55 in 2023, you may make a catch-up contribution of \$1,000 into the HSA. If your spouse also is enrolled in the plan, is at least 55 years old now or will be in 2023 and is not covered by Medicare or any other type of medical plan, he or she may make an additional \$1,000 catch-up contribution — however, this must be deposited into an HSA that your spouse opens outside of the company benefit plan. We will not administer this account, which means that there may be fees for which the account holder will be responsible.

IRS Contribution Regulations

Our health plans have four coverage tiers from which you can choose enrollment: Associate Only, Associate + Spouse, Associate + Child or Children and Family coverage. However, the IRS only allows for two benefit options for the HSA. If you enroll in Associate Only coverage, you only can elect to enroll in the HSA Individual Plan, which has a maximum contribution limit of \$3,850 for 2023. If you enroll in Associate + Spouse, Associate + Child or Children or Family coverage, you can elect the HSA Family Plan, which allows for a maximum contribution of \$7,750 for 2023. Note that the annual maximum limits include any contributions provided by the company.



How the HSA Works



You enroll in one of the CDHP options and open your HSA through Optum Bank — you only need to do this once.

You contribute money tax-free into the HSA.



The company will contribute money to the HSA.



You pay health care costs until you reach the out-of-pocket maximum. If you choose, you can use money from your HSA to pay for those costs, or you may pay for health care costs out of your pocket with after-tax dollars and keep the money in your HSA for future use.



You carry over any unused HSA funds to next year.



HSA Contributions

You and the company have the ability to deposit money into the HSA (up to the annual legal limit). These amounts are payable starting on the first business day in January 2023 if you complete the wellness activities by November 15, 2022.

If you enroll in the Premium CDHP or Choice CDHP, you and your covered spouse must complete a biometric screening, the personal health check (PHC) and tobacco attestation to get the incentive-based HSA contribution from Grange Enterprise.

Benefit Option	2023
Associate Only	\$500
Associate + Children	\$1,000
All Other Tiers	\$1,000 (\$500 Associate + \$500 Spouse/ Domestic Partner)

For an associate with a spouse/domestic partner on our medical plan, the associate and the spouse/domestic partner must both complete the biometric screening, the PHC and tobacco attestation in order to receive the full incentive. If only one person completes all three activities, you will receive an incentive of \$500.

HSA & Domestic Partner Coverage

Health Savings Accounts (HSAs) may only be used to make tax-advantaged reimbursements of medical expenses of associates, their legal spouses, and their dependents, as determined under federal tax law. Thus, if the domestic partner is not the employee's tax dependent, then even if there are qualified medical expenses for the domestic partner, they cannot be reimbursed from the HSA. Any reimbursements for domestic partners will be taxable to you and may be subject to additional penalty tax.

Grange Enterprise makes HSA contributions to the associate, not a spouse, domestic partner or dependent. The amount the company contributes is based on the tier of CDHP coverage, i.e., self-only or family. Domestic partners may earn dollars towards the HSA contribution, but the dollars will be deposited in the associate's HSA. If the domestic partner is not a tax dependent, then the domestic partner can establish his/her own HSA. The domestic partner would be able to contribute based on having family coverage.



Do You Want to Use HSA Funds to Pay for a Doctor's Bill?

YES

You can in one of four ways:

- Pay using your HSA debit card when you receive a bill from the doctor.
- Pay with your HSA debit card in person at your doctor's office/facility (this can be done if you make a return visit at a later date and find you have an outstanding balance).
- Pay online through your HSA website by transferring money from your account to your doctor.
- Set up a payment plan with the doctor (this often can be done for larger bills — call your provider and let the office know how much you want to pay on a monthly basis; then you can set up this payment from your HSA website).

NO

You may want to pay out of your pocket and save your HSA funds for future health care expenses. If you don't want to pay for a doctor's bill using your HSA, you can pay using:

- Cash
- A personal check
- Credit/debit card

If you want to use your HSA, but don't have enough money in your account, you may pay the doctor out of your pocket and then reimburse yourself from your HSA once you have the funds in your account or at a future date. You can do this weeks or even years later. Just be sure to save receipts should you ever be audited by the IRS.

Before you determine how you'd like to pay for health care services using the funds in your HSA, compare your options.

	HSA	Out of Your Pocket
Tax advantages now	✓	
Accepted form of payment by medical service providers	✓	✓
Build health care savings, ability to earn interest and invest balances on a tax-advantaged basis	✓	

What kinds of expenses can I claim with the HSA?

You can use your HSA to pay for expenses that fall under your annual deductible and coinsurance, dental expenses (including orthodontia) and vision expenses. Keep in mind that dental and vision expenses you have through MetLife or VSP do not apply to your CDHP deductible. You also can claim some types of insurance premiums, such as for COBRA, Long-Term Care Insurance and health insurance (if you are unemployed) with the HSA. For a comprehensive listing of covered expenses, visit Optum Bank's website at www.optumbank.com.

HSA Fees

The company will pay your HSA monthly account maintenance fees. However, you are responsible for any additional fees associated with the HSA account, such as ATM fees or the purchase of checks. If you terminate employment, you'll be responsible for any monthly account maintenance fees from that point forward. Information on other types of fees related to the HSA is located on Optum Bank's website at www.optumbank.com.

Completing Biometrics, Health Check and Tobacco Attestation

STEP 1: Biometric Screening Options and Instructions.

Please choose one option and complete by November 15, 2022.

*All biometric screening options require a fasting (water only) period of 8 to 12 hours **prior to testing**. If you are taking medications, please contact your physician for guidance while fasting.*

1. **Option 1: Biometric Screening at a Labcorp Center**

Associates and spouses or domestic partners can visit a local Labcorp to complete a biometric screening (by venipuncture). You will need to print a pre-filled form to take with you to Labcorp. To do this, simply follow the instructions located in Virgin Pulse. Go to Benefits, then use the search tool to locate Labcorp and follow the prompts. Labcorp will not charge you for the service and they will send your biometric results directly to Virgin Pulse. Results should reflect in approximately 14 days after Virgin Pulse has received them.

2. **Option 2: Use the Physician Form**

The Physician form can be completed by your primary care physician when you see them for your annual physical/wellness check-up. Upon completion, you will fax or send the form directly to Virgin Pulse for processing and upload into your portal. Associates and spouses or domestic partners who have had a physical in 2022 can use this form. If you wish to complete your biometric screening using the physician form, contact your physician. When you schedule the appointment, you may also want to ask if you can have your blood work drawn *prior* to your visit to save time (your doctor can fax your lab order to a local lab). It typically takes 5-7 business days for a lab to return your results to the physician.

The completed form must be sent directly to Virgin Pulse by November 15, 2022. This form is available on Virgin Pulse by going to Benefits, then use the search tool to locate Labcorp and then follow the prompts. Your biometric results will automatically upload in about 14 days to your Virgin Pulse account once your results are processed.

*Note that some physicians may charge a fee for completing the form and this cost is at your own expense. The physician visit and laboratory fees may be covered as a 100% preventive benefit (e.g., no co-pay or no charge to your deductible) under your Grange Enterprise health plan, if you have not already had your annual wellness exam.

Request for Reasonable Alternative Standard for Biometrics Screenings

Associates may use the Request for Reasonable Alternative form to meet one or all of their biometric measures under certain circumstances:

- You have a medical condition that prevents you from performing the biometric screening.
- You are under the care of a doctor that will waive biometric measures based on a medical condition.
- You/your spouse are pregnant.

The Reasonable Alternative Standard form is available on Virgin Pulse on the Rewards page. Click on “check out our Support page answers” or “send us an email” and it will direct you to more information on how to fill out the reasonable alternative standard form.

Even if you use the waiver form for your biometrics, it is still necessary to complete the PHC and tobacco action.

Questions? Reach out to the Grange Enterprise Benefits Team at benefitsteam@grangeinsurance.com.

If you are unable to make an appointment with your physician, you may contact a local Minute Clinic (or similar type clinic for your geographic area) to see if they have the ability to complete the required screening (e.g., can draw lab work and measure waist circumference, etc.), and contact your insurer to see whether or not this is covered as a preventive benefit.

3. **Option 3: Home Test Kit**

A home test kit allows you to take part in biometrics from the comfort of your own home. **You must order your kit by October 15, 2022 in order for results to be received in time.** To order your kit on Virgin Pulse by going to Benefits, then use the search tool to locate LabCorp and follow the prompts. Your biometric results will automatically upload to your Virgin Pulse account once your results are processed. Each kit is essentially a complete mail-in lab test. You receive the kit, stick your finger, and simply send it back to the lab for testing. After receiving your kit, you have four easy steps to complete the process.

1. Collect the sample (finger stick)
2. Mail the sample
3. The sample is tested
4. Results are available.

STEP 2: Complete Your Personal Health Check (PHC) through Virgin Pulse

Go to iam.virginpulse.com to complete your PHC. Visit “My Rewards” and scroll to “Action Rewards”. The PHC must be completed by November 15, 2022. The PHC can be completed at work or at home and it is not necessary to wait on your biometric results before completing the PHC.

STEP 3: Complete the Tobacco Attestation through Virgin Pulse

Go to iam.virginpulse.com to complete your tobacco free action. Visit “My Rewards” and scroll to “Action Rewards”. There are three options: complete a nicotine free attestation, complete a tobacco journey or complete a tobacco coaching appointment.



Life Insurance

Prudential will continue to be our life insurance provider.

Basic Life Insurance

Prudential offers employer-paid life insurance to full-time employees in the amount of 1 times your annual base earnings, up to \$1,500,000. The benefit for part-time associates (working 30 hours or more) is \$25,000.

These charts provide a summary of your Basic Life Insurance coverage. Basic life includes Accidental Death and Disbursement for yourself only in the amount equal to your basic life insurance benefit.

Class	Class Type	Benefit Amount
Class 1	Full Time Associates	1X Base Annual Earnings
Class 2	PT Working 30+ hours	\$25,000

Optional Life Insurance

Optional life insurance is insurance coverage you can purchase that is in addition to your basic life insurance benefit. You are responsible for the full premium of optional life insurance coverage. Full-time associates can purchase optional life insurance coverage from 1 to 5 times your base annual earnings – up to a maximum benefit of \$1,000,000.

During the open enrollment period, you may elect to purchase optional life insurance coverage or increase your current coverage in the amount of 1 times your base salary. If your election increase of 1X base salary exceeds the GI limit, evidence of insurability is required.

Part-time associates can purchase optional life insurance coverage in \$10,000 increments up to a maximum benefit of \$100,000 during the 2023 Open Enrollment period. An increase of \$10,000 is approved without evidence of insurability. Increases of more than \$10,000 will require evidence of insurability. This chart provides a summary of your Optional Life Insurance coverage rates per month.

Optional Life Benefit (Associate & Spouse)	Rate (per \$1,000)
<25	\$0.021
25-29	\$0.034
30-34	\$0.039
35-39	\$0.050
40-44	\$0.067
45-49	\$0.103
50-54	\$0.154
55-59	\$0.243
60-64	\$0.366
65-69	\$0.595
70-74	\$0.756
75+	\$1.435



Spouse/Domestic Partner/Child/Dependent Life Insurance

In addition to basic and optional life insurance coverage, full-time and part-time associates will also have access to dependent life insurance coverage. This coverage would pay to the associate if a spouse or dependent child dies:

- The maximum coverage for a legal spouse or an approved domestic partner is \$100,000.
- Dependent election cannot exceed 50% of the associate basic plus optional life insurance election.
- The maximum benefit coverage for a dependent child (age 26 or under) is \$10,000.
- Spousal/domestic partner rates are based upon the age of the associate.

If you elect Spousal or Domestic Partner Life Insurance during Open Enrollment, you can elect a benefit in \$10,000 increments up to \$100,000; however any increase in insurance will require evidence of insurability. Rates for spouses and domestic partners are the same as the rates for associate optional life insurance. The rate for child life insurance is \$0.42 per pay. Evidence of insurability is not required for Child Life Insurance coverage.

Benefit	Rates (\$10,000 in Coverage)
Child Life	\$0.42 (per pay)

Optional Accidental Death and Dismemberment (AD&D)

Optional AD&D coverage is available for full-time and eligible part-time associates. This chart provides a summary of your optional AD&D coverage rates. You may purchase additional AD&D coverage in increments of \$10,000 to a maximum of \$250,000.

Benefit	Rate (per \$1,000)
Optional AD&D – Associate Only	\$0.016
Optional AD&D – Associate + Family	\$0.026

You may increase coverage during open enrollment without evidence of insurability.

How to Enroll in Optional Life Insurance Coverage through Prudential

During Benefits Open Enrollment, take action and enroll in or make changes to your life insurance coverage through Prudential effective January 1, 2023. If you currently have optional life and do not wish to make changes, no action is necessary. See page 6 for enrollment information.

Benefit Counselors will be available October 24 and October 26 from 11am – 1pm EST and 4pm – 6pm EST on both days.

Converting your Life Insurance Coverage

If you lose your basic life insurance coverage with Prudential, you can maintain coverage by converting to an individual policy. You would continue to receive coverage without the need for a physical examination. Even if you are seriously ill or have a pre-existing medical condition, you can still convert your life insurance coverage. Converting is a simple process. You just need to apply for conversion to an individual policy within 31 days after the date your group coverage terminates. Conversion is a feature available for basic life insurance, optional life insurance and spouse/dependent life insurance coverage.

Life Insurance Portability

If you purchase optional life insurance or spouse/dependent life insurance coverage, your benefit may be portable, so if you change employers you could take your benefit with you. Portable life insurance ensures you'll remain protected. Note, your basic life insurance benefit is not portable.



Dependent Care Flexible Spending Account (DCFSA)

UnitedHealthcare is our Dependent Care Flexible Spending Account administrator. You may use the DCFSA for reimbursement of dependent care expenses, such as child day care or elder care, so that you and your spouse (if married) can work, look for work or attend school full-time.

The 2023 contribution limits for the DCFSA are:

- \$5,000 per year/per household
- \$2,500 for married individuals filing a separate tax return

Contribution limits are per household. If you elect more than \$5,000 per household in dependent care contributions, the IRS will tax you on amounts in excess of this amount.

Eligible dependent day care expenses include but are not limited to:

- dependents under age 13
- an elderly parent who lives with you, provided you are responsible for 50% of his or her support, you claim the parent as a legal dependent on your Federal income tax return and your parent is mentally or physically incapable of self-care
- any age-dependent child or spouse who lives with you and is physically or mentally incapable of self-care

Dependent care reimbursements for the 2023 plan year must be submitted no later than March 31, 2023, in order to receive payment from UnitedHealthcare. To file a claim, follow these steps:

- Pay your dependent care provider.
(You may request an itemized receipt from the provider, or you may ask your provider to sign the claim form.)
- Complete a paper or electronic claim form, located on the **myuhc.com** website, and submit to UnitedHealthcare. (It is your responsibility to verify records.)

You may submit expenses incurred between January 1, 2023, and December 31, 2023, or your termination date, whichever comes first. The most common eligible dependent care expenses are for services in your home, in someone else's home, at a day care facility, after-school care or at a day camp for children under age 13.

Funds in the DCFSA must be used as these funds do not rollover each year. It is a use it or lose it plan!

For additional information regarding the DCFSA, visit the 2023 Benefits Open Enrollment web page.

Dental Plan

We will continue to offer dental coverage through MetLife, our dental insurance carrier. This year we are adding a second dental plan with MetLife. The Low Dental Plan has no orthodontia coverage with a deductible of \$50 for individual and \$150 for family and an annual maximum of \$1,500. The High Dental Plan includes orthodontia for both adults and child(ren) with a lifetime maximum of \$1,500. The deductible is \$25 for individual and \$75 for family with an annual maximum of \$2000.

With MetLife dental insurance coverage, you may use any licensed dentist and receive benefits under the plan. However, when you choose a dentist from MetLife's Preferred Dentist Program (PDP network), you receive additional savings. You may use an out-of-network provider; however, you will be responsible for any fees in excess of MetLife's Reasonable & Customary charges.

Reasonable & Customary charges are costs set by MetLife that allow for covered dental procedures. These charges are considered "Reasonable & Customary" for the service provided in the market.

Remember, you will not receive an ID card from MetLife. When you arrive at your dentist's office, simply inform your provider that you are a MetLife participant and your Group Number is 123550.

You can also access an electronic ID card, view eligibility information, find a provider and view claims by using the Metlife mobile app.

When setting up your online account, use the employer name "Grange Insurance Company".

Coverage Tier	High Plan		Low Plan	
Associate Only	\$6.57		\$5.66	
Associate + Spouse/Domestic Partner	\$17.30		\$14.90	
Associate + Child or Children	\$19.24		\$16.57	
Family	\$29.87		\$25.73	
PLAN FEATURE	PDP NETWORK	OUT-OF-NETWORK	PDP NETWORK	OUT-OF-NETWORK
Type A Preventive (Cleanings, Oral Examinations, etc.)	100%	100%	100%	100%
Type B Basic Restorative (Fillings, Repair of Crowns and Dentures, Oral Surgery)	80%	80%	80%	80%
Type C Major Restorative (Bridges, Crowns and Dentures)	50%	50%	50%	50%
Type D - Orthodontia	50%	50%	50%	50%
DEDUCTIBLE				
Associate Only	\$25		\$50	
All Other Coverage Tiers	\$75		\$150	
ANNUAL MAXIMUMS				
Annual Maximum Benefit (per person)	\$2,000		\$1,500	
Orthodontia (adult and child)	\$1,500		No coverage	

*PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full, subject to any co-payments, deductibles, cost sharing and benefits maximums.

**R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.



Vision Plan

We will continue to offer vision coverage through VSP, our vision insurance provider.

Vision providers can move in and out of the VSP network at any time. Even if you use the same provider as last year, check the provider network to see if your doctor is still in the network. When you receive care from an in-network provider, there are no claim forms to file. If you choose to use an out-of-network provider, reimbursements are limited, and you must complete and mail your claim forms along with itemized receipts to VSP. Claim forms are available on VSP's website at www.vsp.com.

You will **not receive** a VSP ID card. When you arrive at your provider's office, simply inform your provider that you are a VSP participant. The following charts provide a summary of your vision coverage and potential savings when using VSP.

You may also access an ID card, view eligibility information and claims using VSP's app.

Coverage Tier	VSP Coverage (per pay)
Associate Only	\$5.00
Associate + Spouse/DP	\$9.23
Associate + Child or Children	\$9.86
Family	\$15.78

Service	VSP Coverage
Eye Exam	\$10 copay
Frames	\$25 copay
Single Vision Lenses	\$25 copay
*Frame Allowance	\$160
*Contact Allowance	\$160

Note: The Frames and Contact Lenses Benefits cannot be used in the same year.

Reminder! Polycarbonate Lenses for Adults are covered in full under the plan. Anti-reflective Coating will be covered after a \$40 co-pay.

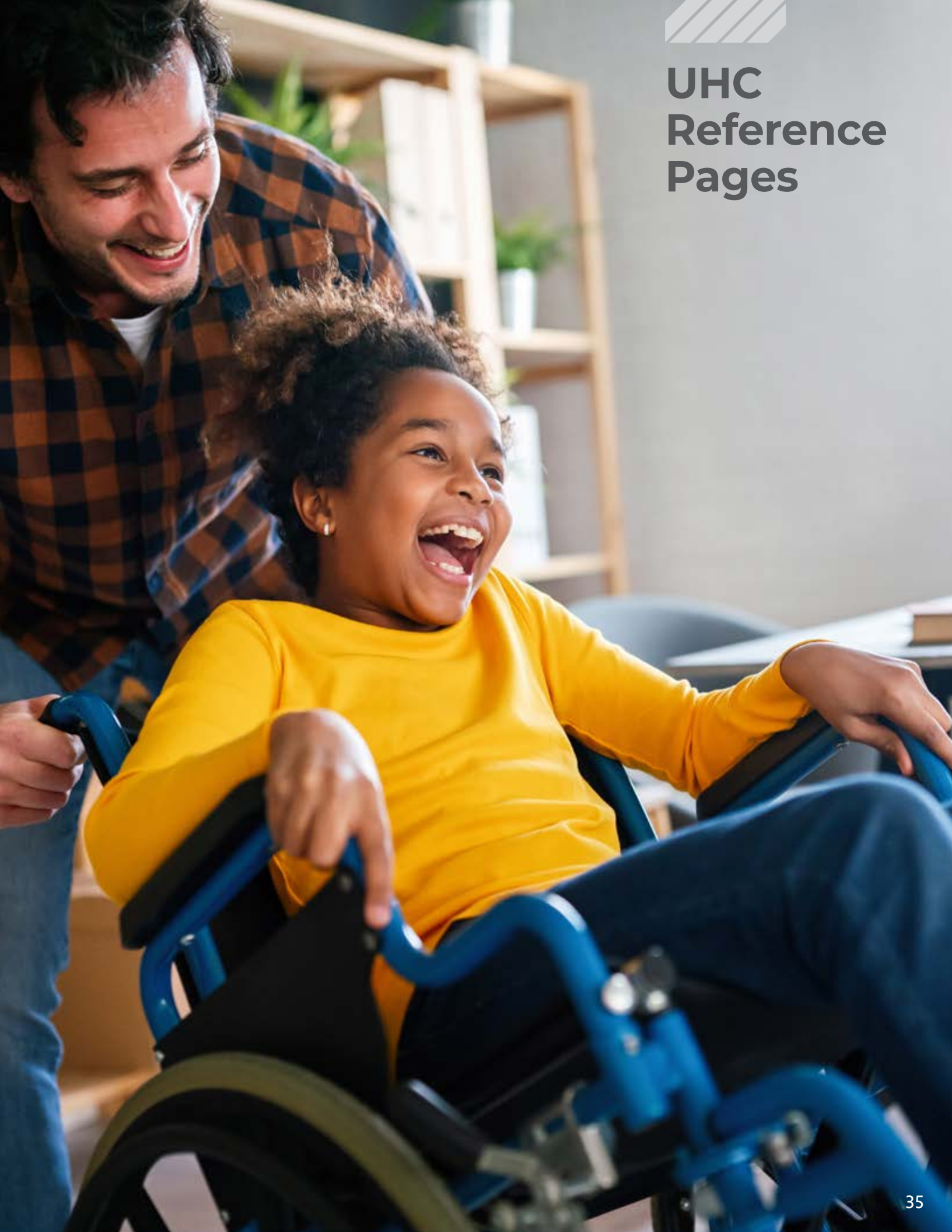


Long-Term Disability (LTD) Insurance

Your cost for LTD coverage will remain the same in 2023. If you already have LTD coverage, you do not need to re-enroll for 2023. If you are not currently enrolled in LTD, you might want to consider applying for this valuable protection. You can submit an application and evidence of insurability to Prudential at any time (please keep in mind that you could be denied coverage if you have pre-existing medical conditions). For more details, refer to the LTD premium rate sheet or if you would like to apply for LTD coverage, contact Anissa Price (x3130).



UHC Reference Pages





A program designed to help employees lose weight and keep it off

More than 7 out of 10 adults are considered overweight or obese.¹ Health care costs directly related to excess pounds are estimated at \$480 billion per year and continue to rise.² Real Appeal® is working to help reverse this trend, with resources and support to help employees lose weight and prevent weight-related health conditions. **Real Appeal is provided at no additional cost to eligible employees as part of their medical benefit plan.**

Support to help achieve and maintain weight loss

Real Appeal may help motivate employees to improve their health and reduce their risk of developing costly chronic conditions such as heart disease and diabetes. The program combines clinically proven science with content that teaches employees how to eat healthier and be active—without turning their lives upside down—to help them achieve and maintain their weight-loss goals.

- ✓ Entertaining and aspirational messaging
- ✓ A Success Kit
- ✓ Online classes
- ✓ Digital support and tracking
- ✓ Health Coach

Real Appeal yields real success

720k+
enrolled participants³

56%
of at-risk participants lost weight³

36%
lost 5% or more in body weight³

2:1 ROI
over 3 years⁴

United
Healthcare

Real Appeal includes:



A Success Kit

After attending their first group coaching session, employees receive a Success Kit with tools to help them kick-start their weight loss.

The kit includes:

- Nutrition guide with recipes
- Portion plate
- Electronic food scale
- Digital weight scale
- Blender
- Fitness guide
- 12 fitness DVDs
- Resistance bands



A personal Health Coach

Coaches guide employees through the program step by step, customizing it to help fit their needs, personal preferences, goals and medical history.



24/7 online support and mobile app

Real Appeal is designed to help employees stay accountable to their goals with:

- Customizable food, activity, weight and goal trackers
- Unlimited access to digital content
- Success group support, which lets employees chat with others in the program
- An online program to help employees learn new ways for a healthier lifestyle

Learn more

Contact your UnitedHealthcare representative

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¹ Centers for Disease Control and Prevention. Obesity and Overweight. cdc.gov/nchs/fastats/obesity-overweight.htm. Page last reviewed March 1, 2021.

² The Milken Institute. America's Obesity Crisis: The Health and Economic Costs of Excess Weight. milkeninstitute.org/reports/americas-obesity-crisis-health-and-economic-costs-excess-weight. Published Sept. 20, 2020.

³ UnitedHealthcare book of business; results through December 2020: Cohort represents participants at risk, in program 26+ weeks, attending 9+ ILIs (N > 50,000).

⁴ Horstman, et al. "Return on Investment: Medical Savings of an Employer-Sponsored Digital Intensive Lifestyle Intervention, Weight Loss." Obesity; 2021. Based on Real Appeal financial model. ROI pertains to members who enrolled and attended 1+ sessions in the Real Appeal program from July 2015 to June 2016. Results may vary by population.

Real Appeal is a voluntary weight loss program that is offered to eligible members at no additional cost as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Results, if any, may vary. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program.

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Guidance and care to help cope with fertility issues



Fertility Solutions provides you with helpful information, emotional support and experienced guidance as you explore options for expanding your family.

The Fertility Solutions program is here for you



Self-schedule calls

Set up a call with a fertility nurse at a time that works best for your schedule



Search for Fertility Centers of Excellence (COEs)

Get care from specialists who have demonstrated potential in increasing the chance of having a baby



Get 24/7 online learning

Explore our program and get answers to questions on fertility, possible treatment options and how to cope with the challenges they may bring



A dedicated team of experienced fertility nurses to help you:

- Get information on causes of infertility and treatment options
- Find doctors, clinics and facilities that meet your needs
- Navigate the health care system and make the most of your benefits

Get more info

Call **1-866-774-4626**, TTY **711**, Monday – Friday, 7 a.m. – 6 p.m. CT. This service is available at no additional cost as part of your benefit plan. Visit myuhc.phs.com/fertility.

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This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for your information only. It is provided as part of your health plan. Program nurses and other representatives cannot diagnose problems or suggest treatment. This program is not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. This is not an insurance program and may be discontinued at any time.

The Centers of Excellence (COE) program providers and medical centers are independent contractors who render care and treatment to health plan members. The COE program does not provide direct health care services or practice medicine, and the COE providers and medical centers are solely responsible for medical judgments and related treatments. The COE program is not liable for any act or omission, including negligence, committed by any independent contracted health care professional or medical center.

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Visit with a doctor 24/7 — whenever, wherever

With 24/7 Virtual Visits, you can connect to a doctor by phone or video¹ through **myuhc.com**[®] or the UnitedHealthcare[®] app.



A convenient and faster way to get care

Doctors can treat a wide range of health conditions—including many of the same conditions as an emergency room (ER) or urgent care—and may even prescribe medications,² if needed. **With a UnitedHealthcare plan, your cost for a 24/7 Virtual Visit is usually \$49 or less.³**

Consider 24/7 Virtual Visits for these common conditions:

- Allergies
- Flu
- Sore throats
- Bronchitis
- Headaches/migraines
- Stomachaches
- Eye infections
- Rashes
- and more

\$49_{cost}

An estimated 25% of ER visits could be treated with a 24/7 Virtual Visit — bringing a potential \$2,000⁴ cost down to \$49.

Get started

Sign in at myuhc.com/virtualvisits | Call 1-855-615-8335
Download the UnitedHealthcare app

United Healthcare

¹ Data rates may apply.

² Certain prescriptions may not be available, and other restrictions may apply.

³ The Designated Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change at any time.

⁴ Average allowed amounts charged by UnitedHealthcare Network Providers are not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. Estimated Urgent Care savings are based on \$131 difference between average Urgent Care visit cost of \$180 and Virtual Visit cost of \$49; \$2,000.00 difference between the average Emergency Room visit and the average urgent care visit. The information and estimates provided are for general informational and illustrative purposes only and is not intended to be nor should be construed as medical advice or a substitute for your doctor's care. You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, call 911 or go to the nearest emergency room.



The UnitedHealthcare[®] app is available for download for iPhone[®] or Android[®]. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

24/7 Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

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Musculoskeletal Solutions Bundle

An exclusive, end-to-end approach to Musculoskeletal spend designed to increase conservative treatment using virtual exercises, physical therapists, nurse coaches and second opinions from expert physicians. Inclusive of Centers of Excellence (COE) and no up-front cost!

What	Powered by	How the solution works
Virtual PT Exercises + Health Coaches		<ul style="list-style-type: none"> • Digital, adaptive, personalized care plans for each user • AI based Motion Coach™ provides PT grade feedback 24/7 • Virtual support from certified health coaches / physical therapists
Nurse Coaches + COEs	Orthopedic Health Support	<ul style="list-style-type: none"> • Orthopedic nurses provide holistic pre and post-surgery support • Evaluate & recommend appropriate treatment options • Refer members to Centers of Excellence when surgery is needed
Expert physician second opinions		<ul style="list-style-type: none"> • Second opinion services from medical experts • Provides confidence in diagnosis and treatment plan • Live video consults completed within 3 days (on average)



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Glossary of Terms

Annual Deductible:

The amount you must pay for covered medical expenses (e.g., physician office visits, hospital stays, X-rays – anything not considered preventive but covered by your insurance) out of your pocket each plan year before the plan begins paying coinsurance. In a CDHP, there is one annual deductible, which means that all individuals covered by the plan (e.g., Family coverage) fall under one deductible. It makes no difference if one person's medical expenses hit the deductible amount or all members of the family have medical expenses that add up to the deductible amount. Once this amount is reached, the deductible is met.

Coinsurance:

After you meet your deductible, you and the plan share the cost of your covered medical expenses by each paying a certain percentage of those costs. You will pay this percentage until you reach your out-of-pocket maximum.

Discounted Rate:

The amount that UnitedHealthcare and other health care providers agree on as a "reasonable and customary" rate for a medical service. The discounted rate is not as high as what you would pay if you were not covered by insurance.

Domestic Partner:

Grange Enterprise considers a domestic partnership as follows. An associate and their partner are (1) unrelated; (2) are in a committed, exclusive relationship; and (3) are financially dependent on each other. The qualified domestic partner is an individual of the same- or opposite-sex that have established a domestic partnership, as described in this section. Both persons must not be so closely related that marriage would otherwise be prohibited; not be legally married to, or the domestic partner of, another person under either statutory or common law; be at least 18 years old; live together and share the common necessities of life; be mentally competent to enter a contract; and be financially interdependent.

In-Network:

Medical service providers who participate in the health plan's network and agree to charge a reduced rate.

Outcomes-Based Incentives:

The money Grange Enterprise contributes to your HSA to reward you for either achieving certain health levels or for working toward better health.

Out-of-Network:

Medical service providers who do not participate in the health care plan's network. These out-of-network providers charge higher fees than those who are in-network.

Out-of-Pocket Maximum:

The amount you pay out of your pocket in a plan year for covered health expenses. This includes both deductible and coinsurance. Once you reach this limit, the plan pays 100% of your costs for the rest of the year (aside from premiums).

Premium:

The amount you pay each pay period to be covered on a Grange Enterprise health plan. This is taken out of your paycheck before taxes are withheld to allow you to benefit from the lower taxable income.

Preventive Care:

Health care services that are covered at no cost to you (100% of the amount is covered by the health care plan). An annual physical, blood pressure screening and diet counseling are considered preventive care services and therefore do not require you to pay any amount. For a full list of preventive care services, visit www.healthcare.gov.

This enrollment guide provides a brief overview of each benefit, including premium information, for which you must make a decision during Benefits Open Enrollment. Additional information, including Plan Summaries and informational brochures, can be found by clicking on the "2023 Grange Enterprise Benefits Open Enrollment" link accessible from *HR Connect*.

This document was written for ease of understanding. It may contain generalizations and individual situations may vary. This document is a Summary of Material Modifications to the Company's benefit plans. This document is only a brief description of the Company's benefit plans; therefore, it does not provide details on all benefits, eligibility details and does not include limitations or exclusions. If there is any difference between this document and the official plan documents, the official plan documents will govern. The company reserves the right to terminate or amend any and all benefit plans.

Your Resources

INSURANCE COMPANY	PHONE NUMBERS	WEBSITE
UnitedHealthcare Group Number: 743105 Premium CDHP Choice CDHP Optum RX App: Health4Me	Customer Care: 1-800-562-7972 Treatment Decision Support: 1-888-866-8295 Substance Abuse Disorder Help Line 1-855-780-5955	www.myuhc.com liveandworkwell.com/recovery
Optum Bank Group Number: 743105 Health Savings Account App: Health4Me/OptumBank	1-800-791-9361	www.optumbank.com
Optum Bank Group Number: 925268 Dependent Care FSA	1-800-331-0480	www.myuhc.com
MetLife Group number: 123550 Dental App: MetLife app	1-800-942-0854	www.metlife.com/mybenefits
VSP Group Number: 12323726 Vision (outside of medical plan) App: VSP	1-800-877-7195	www.vsp.com
Vanguard Group Number: 091380 Incentive Savings Plan – 401(k) App: Vanguard	1-800-523-1188	www.vanguard.com
Prudential Control Number: 46863	Life: 1-877-232-3619 STD / FMLA / LTD: 1-877-367-7781	www.prudential.com/mybenefits
Human Resources (Questions and assistance)	Anissa Price (X3587) <i>Sr. Benefits Consultant</i> Carrie Browning (X3075) <i>Director of Benefits and Administration</i> Donna Allison (X3563) <i>Sr. Benefits Consultant</i>	HR Connect