

2024 Benefits Open Enrollment

October 16 - November 1, 2023

The 2024 open enrollment portal will open at 12:01 a.m. on October 16, 2023 and close at midnight, November 1, 2023. All changes made during open enrollment will be effective on January 1, 2024.



Prepare for Open Enrollment

Access 2023 Benefits Information and Verify Email address

Prior to October 16th, review your current coverage and make sure your correct email address is in the benefits portal. All communication regarding open enrollment will be emailed to you at the email address you provide.

<https://www.aflacatwork.com/williamson>

Your Employee ID is the first four letters of your last name and the last four digits of your Social Security Number, or you can use your full Social Security Number (no dashes).

Your PIN is the last four digits of your Social Security Number and the last two digits of your year of birth.

Consider your Options

During open enrollment, you have the option to:

- o Add or drop any medical, dental, or voluntary benefits.
- o Add or drop any dependents, and begin to collect documents needed.
- o Make an election to a Flexible Spending Account. You must make a new election to continue this benefit or are enrolling for the first time in 2024.
- o Make an election to contribute to a Health Savings Account (HSA). You must make a new election to continue this benefit or are enrolling for the first time for 2024.
- o Name beneficiaries for your life insurance policies.

Submit your open enrollment questions through the [Benefits Communication System](#).



October 16 – November 1, 2023

The Open Enrollment Benefits Portal will open at 12:01 a.m. on October 16, 2023.

Sign in and Make Your Benefits Selection

The online benefits system is easy to use, and will walk you through all of the benefits available, giving you the option to make changes or keep your benefits the same for 2024. Please complete the entire enrollment process in order to ensure your benefit choices are processed correctly upon submission.

<https://www.aflacatwork.com/williamson>

Your Employee ID is the first four letters of your last name and the last four digits of your Social Security Number or you can use your full Social Security Number (no dashes).

Your PIN is the last four digits of your Social Security Number and the last two digits of your year of birth.

Sign, Print, and Review

After making your benefit selections, sign with your PIN, and print the benefits confirmation. After printing your benefit confirmation, verify that your benefit choices are accurate for 2024. If you have any questions about the benefits you have chosen, please contact the benefits department by November 1, 2023.

Submit your open enrollment questions through the [Benefits Communication System](#).

OPEN ENROLLMENT OVERVIEW

<p><u>MEDICAL PLANS</u></p>	<p>Review your provider network and make sure you do not need to make a change.</p> <p>If you do not submit a new election for 2024 by the deadline, your medical coverage will continue with the current network and at the same coverage level (i.e., no coverage, employee only, employee +1, family) for 2024.</p>
<p><u>DENTAL PLAN</u></p>	<p>If you do not submit a new election for 2024 by the deadline, your dental coverage will continue under the current dental plan and same coverage level (i.e., no coverage, employee only, employee +1, family) for 2024.</p>
<p><u>SPOUSAL SURCHARGE</u></p>	<p>If you are enrolling a spouse on the medical plan, it is mandatory that you complete the online process and spousal verification questions.</p> <p>If you do not complete the process or return the needed spousal verification form, the surcharge will apply.</p>
<p><u>H.S.A PARTICIPATION</u></p>	<p>Your Health Savings Account remains active; however, to continue contributing to your HSA through pre-tax payroll deductions, you must complete the online process and make a new election for 2024.</p>
<p><u>F.S.A. PARTICIPATION</u></p>	<p>Your participation for 2023 will end on December 31, 2023. To continue contributing to the medical flexible spending account, dependent care flexible spending account or the limited purpose flexible spending account (LPFSA), you must complete the online process and elect your contribution for 2024.</p>
<p><u>VOLUNTARY SUPPLEMENTAL BENEFITS</u></p>	<p>Refer to the Voluntary Supplemental Benefit Options section for information on voluntary programs.</p> <p>If you do not submit a new election for any of your voluntary benefits, your current election(s) will continue without interruption. It is important you complete the online process so that you are aware of any changes to your per pay period premium amount for 2024.</p> <p>Supplemental Life Insurance premiums are based on age and income. Long Term Disability premiums are based on income.</p>
<p><u>IS IT MANDATORY?</u></p> <p><u>DO I HAVE TO COMPLETE THE OPEN ENROLLMENT ONLINE PROCESS?</u></p>	<p>If you do not complete the online process, you will not lose benefits that do not require reenrollment for 2024.</p> <p>Employees need to complete the online process and either enroll or decline each benefit available to them. By completing this process, you are made aware of all benefit programs, your enrollment options and any changes in their per pay period cost for 2024.</p>
<p><u>QUESTIONS ABOUT OPEN ENROLLMENT</u></p>	<p>Submit your open enrollment questions through the Benefits Communication System.</p>

HELPFUL DOCUMENTS AND OVERVIEW OF BENEFIT PLANS

MEDICAL PLAN INFORMATION

Medical Plan Options Booklet Cigna 2024

OAP Network Information

If you choose the OAP (Open Access Plus) network, employees and dependents will have a per pay period cost for this network election. Refer to the below informational sheets for the provider network and the per pay period cost.

OAP network Provider Directories

Finding a Doctor in our directory is easy

[OAP Central TN 1 of 2](#)

[OAP Central TN 2 of 2](#)

[OAP East TN 1 of 2](#)

[OAP East TN 2 of 2](#)

[OAP West TN](#)

Go to www.cigna.com to create an online personalized directory.

- **[Option 1 OAP deductible plan cost](#)**
- **[Option 1 OAP deductible plan 2024 Summary of Benefits and Coverage](#)**
- **[Option 2 OAP deductible plan with HSA cost](#)**
- **[Option 2 OAP deductible plan with HSA 2024 Summary of Benefits and Coverage](#)**
 - **[2024 H.S.A contributions](#)**
- **[Convenient Care Clinics covered under Local PlusIN and OAP](#)**
- **[Getting the care you need and the savings you want with Open Access Plus \(OAP\)](#)**

LOCAL PlusIN Network Information

IN stands for **in-network providers only**. These plans have no out of network benefits and the network of providers is limited. If you use a provider not in the Local PlusIN network your claim will be denied.

If you choose the Local PlusIN network, employees have no per pay period cost, only dependents have a per pay period cost for this election. Refer to the below informational sheets for the provider network and the per pay period cost.

LOCAL PlusIN network Provider Directories

Finding a Doctor in our directory is easy

[LocalPlus 1 of 3](#)

[LocalPlus 2 of 3](#)

[LocalPlus 3 of 3](#)

Go to www.cigna.com to create an online personalized directory.

- **[Option 3 Local PlusIN deductible plan cost](#)**
- **[Option 3 Local PlusIN deductible plan 2024 Summary of Benefits and Coverage](#)**
- **[Option 4 Local PlusIN deductible plan with HSA cost](#)**
- **[Option 4 Local PlusIN deductible plan with HSA 2024 Summary of Benefits and Coverage](#)**
- **[Helpful Information on the Local PlusIN Network and finding providers outside of Tennessee](#)**
- **[Convenient Care Clinics covered under Local PlusIN and OAP](#)**
- **[When your dependents are way from home, finding Local PlusIN in-network care](#)**
- **[Coverage for emergencies outside the Local Plus IN network](#)**

SPOUSAL VERIFICATION

If enrolling a spouse or continuing their coverage on the medical plan, the spousal questions are required to be answered during the open enrollment online process. The Employee is subject to the spousal surcharge if this portion of the online process is not completed or the necessary Employer Coverage Spousal Statement Form is not returned to the Williamson County Benefits Department.

- [Employer Coverage Spousal Statement Form](#)

DENTAL PLAN INFORMATION

- [2024 Dental Plan Options and per pay period](#)

HEALTH SAVINGS ACCOUNT INFORMATION

- [Comparison of Health Savings Account and Flexible Spending Account](#)
- [How Your Health Savings Account \(H,S.A\) Works](#)
- [2024 H.S.A contributions](#)

FLEXIBLE SPENDING ACCOUNT INFORMATION

- [Comparison of Health Savings Account and Flexible Spending Account](#)
- [HealthEquity Tax Advantaged FSA Accounts](#)

VOLUNTARY SUPPLEMENTAL BENEFIT OPTIONS

If you need assistance or have questions about any of the voluntary supplemental benefit programs, contact The Drury Group - Haley: 615-628-3379 HaleyB@DruryGroup.com or Charles: 615-628-3382 CharlesP@DruryGroup.com.

One America Short Term Disability provides a benefit payment directly to you for up to three months if you are unable to work due to a covered illness or injury. **You may select a minimum benefit amount of \$500 per month, up to a maximum benefit amount based on a percentage of salary, available in \$100 increments.** This is the amount you would receive from One America should you become disabled, upon approval of your claim. Premiums for this coverage vary according to the monthly benefit amount selected and your current age.

If you have had a salary increase, you may increase your benefit amount at Open Enrollment, up to the benefit maximum.

Short Term Disability can be used for maternity claims. One America will pay for six weeks for non-Caesarian delivery or eight weeks for Caesarian delivery, minus any elimination period. Maternity could be considered a pre-existing condition if you deliver within 10 months of the effective date of the policy. There is a 12/12 pre-existing condition limitation as defined by the policy on all claims in the first year of coverage.

One America Long Term Disability provides a benefit when your disability continues for longer than three months. Upon approval of your claim, this coverage pays you 60% of your salary, as long as you are medically disabled or until you reach social security defined retirement. Premium rates are based on your age and salary level. There is a 12/24 pre-existing condition limitation.

One America Voluntary Life Insurance may be elected in increments of \$10,000, up to a maximum of \$750,000 or 7x your annual salary, whichever is less. If you participate, you may also elect coverage for your spouse, up to a maximum of \$100,000 or 50% of the employee amount, whichever is less. You may also elect coverage for a child or children, up to age 26, with a maximum of \$10,000.

Aflac Accident coverage pays cash benefits in the event of a covered accident. Coverage is for injuries on or off the job. Benefits are based on a set fee schedule. Includes coverage for accidental death and dismemberment. After one year of coverage, this policy pays a wellness benefit of \$50 per year for wellness checkups.

Aflac Critical Illness coverage pays a cash benefit upon diagnosis of a covered critical illness, including cancer, stroke, heart attack and other covered illnesses. You select a benefit amount at enrollment, from a minimum of \$5000 to a maximum of \$50,000. Premiums vary based on the benefit amount selected and your age. After one year of coverage, this policy includes a health screening benefit of \$50 per year for covered health screening tests, including mammogram, PSA, stress tests, or certain blood tests. Spouse coverage is also available.

Norton LifeLock Benefit Plans include comprehensive identity theft protection.

- Class Leading LifeLock Identity Alert™ System
- Credit Monitoring
- Investment & 401(k) Activity Alerts
- On-Demand Credit Reports & Scores
- Dark Web Monitoring
- Password Manager
- Device Security including Anti-Virus
- Norton Online Parental Control
- Online Privacy including Norton VPN and Online Social Media Monitoring
- Secure Cloud Backup

And much more! <https://www.nortonlifelock.com/us/en/partner/employee-benefits/benefit-plans/>

LIFELOCK benefit outline and cost

VISION:

Cigna Allowance Plan (Option 1):

- There are no deductibles and no copays.
- You may see any provider you wish, and submit a claim for reimbursement.
- This is the best option if the provider you want to see is **not** in the Cigna network.

Cigna Network Plan (Option 2):

- This is a network plan. Benefits are better when you see an in-network provider.
- No claim forms or reimbursements are necessary when in-network providers are used.
- Low copays for most services.
- This is the best option if the provider you want to see is **in** the Cigna network.
- To find in-network providers: Cigna.com > Find a doctor > Employer or School > Additional Directories > Cigna Vision Directory (Serviced by EyeMed)

Cigna Allowance Plan (Option 1)

Exam Copay	N/A
Materials Copay	N/A
Exam	\$75 allowance
Lenses	
Single Vision	\$50 allowance
Lined Bifocal	\$75 allowance
Lined Trifocal	\$100 allowance
Lenticular Lenses	\$100 allowance
Contact Lenses - Therapeutic	\$175 allowance
Contact Lenses - Elective	\$175 allowance
Frames (retail allowance)	\$125 allowance

Cigna Network Plan (Option 2)

	In Network	Out of Network
Exam Copay	\$10	N/A
Materials Copay	\$25	N/A
Exam	Covered in full	\$45 allowance
Lenses		
Single Vision	Covered in full	\$32 allowance
Lined Bifocal	Covered in full	\$55 allowance
Lined Trifocal	Covered in full	\$65 allowance
Lenticular Lenses	Covered in full	\$80 allowance
Contact Lenses - Therapeutic	Covered in full	\$210 allowance
Contact Lenses - Elective	\$150 allowance	\$120 allowance
Frames (retail allowance)	\$150 allowance	\$83 allowance

Provided information is not intended to replace policy plans or provisions and should be used solely to inform employees of their options. Please refer to plan documents for detailed plan descriptions.

**Cigna Vision Per Pay Period Cost
Effective January 1, 2024**

Cigna Allowance Plan Option 1

	Monthly Cost	Per Pay Period WCG - 26	Per Pay Period BOE - 20	Per Pay Period BOE-22	Per Pay Period BOE-24
Employee	\$8.44	\$3.90	\$5.06	\$4.60	\$4.22
EE + 1	\$16.88	\$7.79	\$10.13	\$9.21	\$8.44
Family	\$25.32	\$11.69	\$15.19	\$13.81	\$12.66

Cigna Allowance Plan Option 2

Employee	\$6.70	\$3.09	\$4.02	\$3.65	\$3.35
EE + 1	\$12.55	\$5.79	\$7.53	\$6.85	\$6.28
Family	\$19.16	\$8.84	\$11.50	\$10.45	\$9.58