



MEDICAL



ENDEAVOR

HDHP with HSA

New Aetna Medical Plan

Save Money with the New HSA-eligible HDHP

Endeavor contributes \$500 or \$1000 to your HSA, depending on your coverage level. Don't leave money on the table!

- + **What is a Health Savings Account (HSA)?** An HSA is a special savings account for your medical expenses. You can put money into it before taxes are taken out of your paycheck, and you can use that money to **pay for things like doctor's visits, prescriptions, and other health-related services/items**. You are only eligible for an HSA if you enroll in the new HDHP.
- + **What are the benefits of an HSA?** Unlike a Health Care FSA, any unused money in your HSA **rolls over year-to-year** and remains yours even if you leave Endeavor or retire!
- + **How much can I contribute to an HSA?** To contribute to an HSA, you must **participate in the HDHP** through Endeavor. In 2024, you can contribute (including both your and Endeavor's contribution) up to **\$4,150 (employee-only coverage)** and **\$8,300 (all other coverage levels)**. If you are 55 or older, you can contribute an additional \$1,000 in catch-up contributions.

High Deductible Plan with HSA (NEW!)	
Annual Deductible (single/family)	
<i>In-network</i>	\$2,000/\$4,000
<i>Out-of-network</i>	\$4,000/\$8,000
Coinsurance	
<i>In-network</i>	You pay 20%, plan plays 80%
<i>Out-of-network</i>	You pay 40%, plan pays 60%
Annual Out-of-Pocket Maximum (single/family)	
<i>In-network</i>	\$5,000/\$10,000
<i>Out-of-network</i>	\$10,000/\$20,000
Maximum Contribution to FSA/HSA (single/family)	
<i>Flexible Spending Account</i>	Limited Purpose FSA - \$3,200
<i>Health Savings Account</i>	HSA - \$4,150/\$8,300 (Endeavor contribution: \$500/\$1,000)

The new 2024 HSA HDHP's deductible is **less than half of the current deductible** for the 2023 100/80 plan – reducing how much you pay out of your pocket before coinsurance kicks in.

Note: the 100/80 plan and new HSA-eligible HDHP have different plan designs, so please review carefully.



Medical Plan Overview



AETNA HIGH DEDUCTIBLE HEALTH PLAN WITH HSA (HDHP)

Take control of your spending by keeping more of your paycheck through lower contributions, in exchange for higher deductibles. Save on health care expenses through tax-free contributions to your HSA or Limited Purpose FSA.

AETNA OPEN ACCESS NETWORK ONLY 80/0 PLAN

Receive coverage for in-network care only (except for emergencies), while saving money with relatively low contributions and the lowest deductibles of all four plans.

AETNA CHOICE POS II 80/60 PLAN

Balance the cost of your coverage and care with relatively low deductibles and moderate contributions.

AETNA CHOICE POS II 90/80 PLAN

Keep your out-of-pocket costs as low as possible by paying a low coinsurance percentage and smaller copays, in exchange for higher contributions from your paycheck.

Medical Plan Comparison (1 of 3)



High Deductible Plan with HSA (NEW!)

Open Access Network Only 80/0 Plan

Choice POS II 80/60 Plan

Choice POS II 90/80 Plan

Annual Deductible (single/family)

<i>In-network</i>	\$2,000/\$4,000	\$250/\$625	\$500/\$1,250	\$1,000/\$2,000
<i>Out-of-network</i>	\$4,000/\$8,000	N/A	\$500/\$1,250	\$1,000/\$2,000

Coinsurance

<i>In-network</i>	You pay 20%, plan plays 80%	You pay 20%, plan plays 80%	You pay 20%, plan plays 80%	You pay 10%, plan plays 90%
<i>Out-of-network</i>	You pay 40%, plan pays 60%	N/A	You pay 40%, plan pays 60%	You pay 20%, plan pays 80%

Annual Out-of-Pocket Maximum (single/family)

<i>In-network</i>	\$5,000/\$10,000	\$4,000/\$7,000	\$4,000/\$7,000	\$2,000/\$4,000
<i>Out-of-network</i>	\$10,000/\$20,000	N/A	\$6,500/\$12,000	\$3,000/\$6,000

Office Visit (Primary Care Physician)

<i>In-network</i>	You pay 20% after deductible	\$25 copay	\$25 copay	\$25 copay
<i>Out-of-network</i>	You pay 40% after deductible	N/A	You pay 40% after deductible	You pay 20% after deductible

Pharmacy (30-day supply; retail pharmacy; in-network only)

<i>Generic</i>	\$20 copay after deductible	\$20 copay	\$20 copay	\$20 copay
<i>Preferred brand</i>	\$30 copay after deductible	\$30 copay	\$30 copay	\$30 copay
<i>Non-preferred brand</i>	\$40 copay after deductible	\$40 copay	\$40 copay	\$40 copay

Maximum Contribution to Savings or Spending Account (single/family)

<i>Flexible Spending Account</i>	Limited Purpose FSA - \$3,200	Health Care FSA - \$3,200	Health Care FSA - \$3,200	Health Care FSA - \$3,200
<i>Health Savings Account</i>	HSA - \$4,150/\$8,300 (Endeavor's contribution: \$500/\$1,000)	Not eligible	Not eligible	Not eligible

Family = Employee + Child(ren) or Employee + Spouse + Child(ren)

Medical Plan Comparison (2 of 3)



	High Deductible Plan with HSA (NEW!)	Open Access Network Only 80/0 Plan	Choice POS II 80/60 Plan	Choice POS II 90/80 Plan
Office Visit (Primary Care)				
<i>Preventive care</i>	Covered at 100% in-network	Covered at 100% in-network	Covered at 100% in-network	Covered at 100% in-network
Office Visit (Specialist)				
<i>In-network</i>	You pay 20% after deductible	\$50 copay	\$50 copay	\$30 copay
<i>Out-of-network</i>	You pay 40% after deductible	N/A	You pay 40% after deductible	You pay 20% after deductible
Telehealth Visit (General Medicine)				
<i>In-network only</i>	Covered at 100%	\$0 copay	\$0 copay	\$0 copay
Telehealth Visit (Dermatology and Behavioral Health)				
<i>In-network only</i>	You pay 20% after deductible	\$50 copay	\$50 copay	\$30 copay
Urgent Care Visit				
<i>In-network</i>	You pay 20% after deductible	\$25 copay	\$25 copay	\$25 copay
<i>Out-of-network</i>	You pay 40% after deductible	N/A	\$25 copay	\$25 copay
Physical Therapy				
<i>Visit limits</i>	90 visits	90 visits	Unlimited	Unlimited
<i>In-network</i>	You pay 20% after deductible	\$50 copay	\$50 copay	\$30 copay
<i>Out-of-network</i>	You pay 40% after deductible	N/A	You pay 40% after deductible	You pay 20% after deductible
Speech, Hearing, and Occupational Therapy				
<i>Visit limits</i>	90 visits	90 visits	Unlimited	Unlimited
<i>In-network</i>	You pay 20% after deductible	\$50 copay	\$50 copay	You pay 10% after deductible
<i>Out-of-network</i>	You pay 40% after deductible	N/A	You pay 40% after deductible	You pay 20% after deductible

Medical Plan Comparison (3 of 3)



	High Deductible Plan with HSA (NEW!)	Open Access Network Only 80/0 Plan	Choice POS II 80/60 Plan	Choice POS II 90/80 Plan
Outpatient Mental Health (unlimited)				
<i>In-network</i>	You pay 20% after deductible	\$50 copay	\$50 copay	\$30 copay
<i>Out-of-network</i>	You pay 40% after deductible	N/A	You pay 40% after deductible	You pay 20% after deductible
Chiropractic Care				
<i>Visit limits</i>	Unlimited	Unlimited	Unlimited	Unlimited
<i>In-network</i>	You pay 20% after deductible	\$50 copay	\$50 copay	\$30 copay
<i>Out-of-network</i>	You pay 40% after deductible	N/A	You pay 40% after deductible	You pay 20% after deductible
X-Ray & Lab				
<i>In-network</i>	You pay 20% after deductible	You pay \$0, covered 100%	You pay 20%, no deductible	You pay 10% after deductible
<i>Out-of-network</i>	You pay 40% after deductible	N/A	You pay 20%, no deductible	You pay 20% after deductible
Hospital Emergency Room Visit				
<i>In- and out-of-network</i>	You pay 20% after deductible	\$200 copay	\$200 copay	\$200 copay
Ambulance				
<i>In- and out-of-network</i>	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 10% after deductible
Inpatient Hospitalization				
<i>In-network</i>	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 10% after deductible
<i>Out-of-network</i>	You pay 40% after deductible	N/A	You pay 40% after deductible + \$500 per admission	You pay 20% after deductible
Outpatient Surgery				
<i>In-network</i>	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 10% after deductible
<i>Out-of-network</i>	You pay 40% after deductible	N/A	You pay 40% after deductible + \$500 per admission	You pay 20% after deductible
Enhanced Infertility (Includes Cryopreservation)				
<i>In- and out-of-network</i>	\$50,000 lifetime maximum	\$50,000 lifetime maximum	\$50,000 lifetime maximum	\$50,000 lifetime maximum

+ COMMON BENEFIT TERMS TO KNOW

HERE ARE SOME BENEFIT TERMS YOU MAY COME ACROSS DURING OPEN ENROLLMENT:

Term	Meaning
<i>Premium</i>	The amount of money you pay each month for your health insurance coverage.
<i>Deductible</i>	The amount you pay out-of-pocket for expenses before insurance starts to pay.
<i>Coinsurance</i>	The amount you and your insurance company split <u>after</u> you reach your deductible. You pay a percentage of your medical bills.
<i>Out-of-Pocket Maximum</i>	The maximum amount of money that you, as an insured individual, are required to pay for covered health care expenses within the year. Once you reach your out-of-pocket maximum, your health insurance plan will cover 100% of your eligible medical expenses.
<i>Copay</i>	A fixed amount you pay for services or prescriptions
<i>Preventive Care</i>	Health care services aimed at preventing illnesses and detecting health issues early.
<i>In-Network/Out-of-Network Benefits</i>	Details about what insurance covers for providers in-network versus out-of-network.
<i>Embedded Deductible/Maximum</i>	System with a combination of individual and family deductibles, where no single individual on the plan will pay a higher deductible than the individual deductible amount.
<i>True Family Deductible/Maximum</i>	System where a family can meet the deductible by pooling deductible expenses, with no limit to the amount one member can pay toward the family deductible.

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Comparing Plan Features

	Open Access Network Only 80/0 Plan Choice POS II 80/60 Plan Choice POS II 90/80 Plan	HDHP with HSA
Deductible	<ul style="list-style-type: none"> • Applies to medical services only • “Embedded” deductible, meaning individual and family deductibles apply, however, coinsurance begins for an individual once that individual hits their own deductible 	<ul style="list-style-type: none"> • Applies to both medical and prescription drug services • “True Family” deductible, meaning coinsurance does not begin for anyone until the family deductible is satisfied (\$4,000), even if only one individual is incurring claims
Out-of-Pocket Maximum (OOPM)	“Embedded” OOPM, meaning each individual has their own OOPM they must hit before coinsurance begins for that person	
Prescription Drug	<ul style="list-style-type: none"> • Coverage begins immediately 	<ul style="list-style-type: none"> • Coverage begins once deductible is met
Preventive Care	<ul style="list-style-type: none"> • 100% coverage applies to medical services 	<ul style="list-style-type: none"> • 100% coverage applies to medical services and certain prescription drugs
Spending & Savings Accounts	<ul style="list-style-type: none"> • Offered with a Health Care Flexible Spending Account (HCFSA) • Funds are “use it or lose it” (only a fraction of the funds can be carried over to the next year) 	<ul style="list-style-type: none"> • Offered with a Health Savings Account (HSA) • Enrollees cannot have a Health Care FSA (nor a balance) and an HSA simultaneously • Enrollees can have a Limited Purpose FSA
Plan Cost Share	Select medical services are covered by a fixed amount or “ copay ” when you receive a covered service and whether or not you hit your deductible does not impact those costs (e.g., \$200 copay for emergency room visit, \$25 copay for primary care visit)	For all non-preventive medical and pharmacy services , you must first meet your deductible , then you will pay “ coinsurance ” or a percentage of the medical bill (e.g., you pay 20% after deductible for emergency room visit or for a primary care visit)

Flexible Spending Accounts (FSAs)

YOU CAN SAVE MONEY ON ELIGIBLE HEALTH CARE AND CHILD/ELDER CARE EXPENSES BY PAYING FOR THEM WITH TAX-FREE MONEY, BUT YOU MUST ACTIVELY RE-ENROLL DURING OPEN ENROLLMENT.

WHAT IS AN FSA?

Endeavor offers you the opportunity to **contribute pre-tax money from your paycheck** to Flexible Spending Account(s). Using an FSA is like getting a **discount on everyday health, child, and elder care expenses** because you don't pay income tax on FSA money.

Those enrolled in the HDHP have access to a **Dependent Care FSA** and **Limited Purpose FSA**.

Those enrolled in the 80/0, 80/60 or 90/80 plans have access to a **Dependent Care FSA** and **Health Care FSA**.

UNDERSTANDING THE DIFFERENT FSAs

A Health Care FSA (HCFSA) enables you to use pre-tax funds for qualified medical expenses, such as co-pays, prescriptions, and other health care costs not covered by insurance. **The projected IRS limit for 2024 is \$3,200.**

A Dependent Care FSA (DCFSA) allows you to set aside pre-tax money to cover eligible childcare or adult-dependent care expenses. **The projected IRS limit for 2024 is \$5,000.**

Employees making under \$150,000 annually are eligible for a DCFSA.

NEW! A Limited Purpose FSA (LPFSA), available to HDHP enrollees only, is designed for dental and vision expenses only (e.g., contact lenses, eye exams, lasik, fillings, crowns, orthodontia, etc.). LPFSA funds can only be used after you meet your deductible. **The projected IRS limit for 2024 is \$3,200.**

USE IT OR LOSE IT

With an FSA, the IRS imposes a **“use it or lose it”** rule, which means unused money above the IRS balance limit will be forfeited and cannot be carried over into the following year. For the Health Care FSA, there is a small amount that is eligible for carryover. That **projected amount is \$640 for 2024**. Always be sure to estimate your FSA contributions carefully.

If you currently have a balance in your HCFSA and are moving to the HSA HDHP, you must spend your balance by Dec. 31, 2023, **or** your balance will be converted into a LPFSA.



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To contribute to your **Health Care FSA or Dependent Care FSA** in 2024, you must re-enroll during Open Enrollment, **by Nov. 17**.

Health Savings Account (HSA)

YOU CAN SAVE MONEY ON ELIGIBLE HEALTH CARE EXPENSES BY PAYING FOR THEM WITH TAX-FREE MONEY, BUT YOU MUST ENROLL IN THE HDHP DURING OPEN ENROLLMENT.

WHAT IS AN HSA?

A Health Savings Account (HSA) is a special savings account for your medical expenses. You can put money into it before taxes are taken out of your paycheck, and you can use that money to **pay for things like doctor's visits, prescriptions, and other health-related costs**. You are only eligible for an HSA if you enroll in the new HDHP.

Don't forget: **Endeavor is contributing to your HSA, too.** For employee-only coverage, Endeavor will contribute \$500 to your HSA. For all other coverage levels, Endeavor will contribute \$1,000.



THE BENEFITS OF AN HSA

The best part about an HSA? **Any money you don't use from your HSA in a calendar year will roll over to the next year**, so it can help you save for future medical needs.

These accounts are well-liked for their **triple tax advantage**:

- contributions are tax-deductible
- earnings are tax-free
- withdrawals are tax-free when used for qualified medical expenses

Plus, it's portable, so even if you change jobs, **you can keep your HSA and the money you've saved.**

HSA MAXIMUMS

To contribute to an HSA, you must participate in the HDHP through Endeavor.

There are IRS-imposed maximums for contributions. In 2024, the total amount you can contribute (including both your and Endeavor's contribution) is **\$4,150 (employee-only coverage)** and **\$8,300 (all other coverage levels)**, plus an additional \$1,000 in catch-up contributions if you're 55 or older.

Prescription Drug Coverage

AETNA

When you enroll in an Endeavor medical plan, you automatically receive prescription benefits provided by **Aetna** in partnership with **CVS**.

GENERIC

Same active ingredients as brand-name equivalents and meet the same standards for quality and effectiveness, but usually cost much less.

You pay: 

PREFERRED

Brand-name medications included on the formulary and favored by your prescription carrier.

You pay: 

NON-PREFERRED

Brand-name medications not preferred by your carrier. They may still be covered but may require prior authorization and cost more.

You pay: 

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Prescriptions: Your Costs

	High Deductible Health Plan with HSA	Open Access Network Only 80/0 Plan	Choice POS II 80/60 Plan	Choice POS II 90/80 Plan
30-day supply (retail pharmacy – in-network only)				
Generic	\$20 copay after deductible	\$20 copay	\$20 copay	\$20 copay
Preferred Brand	\$30 copay after deductible	\$30 copay	\$30 copay	\$30 copay
Non-preferred Brand	\$40 copay after deductible	\$40 copay	\$40 copay	\$40 copay
90-day supply (retail/mail order)				
Generic	\$60/\$40 copay after deductible	\$60/\$40 copay	\$60/\$40 copay	\$60/\$40 copay
Preferred Brand	\$90/\$60 copay after deductible	\$90/\$60 copay	\$90/\$60 copay	\$90/\$60 copay
Non-preferred Brand	\$120/\$80 copay after deductible	\$120/\$80 copay	\$120/\$80 copay	\$120/\$80 copay

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Telemedicine

TELADOC



FREE when you enroll in an Endeavor medical plan



24/7 access to licensed doctors by phone or video



Doctors can **diagnose, treat, and prescribe** medication when needed



Fast, convenient, quality care **from wherever you are**

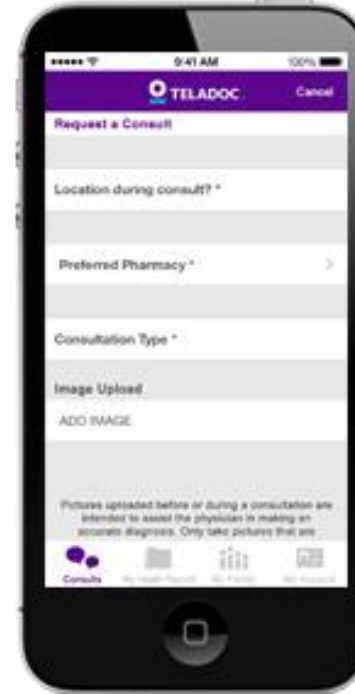
Access
YOUR ACCOUNT ANYTIME



Manage
YOUR HEALTH RECORD



Request
A PHONE OR VIDEO CONSULT



PROVIDES QUICK TREATMENT FOR:

- + Cold and flu symptoms
- + Ear infections
- + Pink eye
- + Allergies
- + Short-term prescriptions
- + And more

Also includes behavioral health and dermatology visits!

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Frequently Asked Questions

Can I update my medical, dental or vision coverage at any time?

Where do I find my employee contributions for medical, dental and vision coverage?

If I am experiencing a qualifying event, how do I update my health care coverage?

Do all medical plans have the option to enroll in an HSA and receive the Endeavor contribution?

Go to myendeavorbenefits.com to access the FAQ answer sheet

Where can I find information about our benefits plans?

How can I access my Aetna ID online or through the Aetna app to obtain a temporary ID card?

What is an HDHP and how do I know if it's right for me?

Should I receive a medical, dental, and vision ID card in the mail?

