

DITTA ENTERPRISES INC
2024-2025 INSURANCE BENEFITS
OPEN ENROLLMENT



Ditta Enterprises Inc.



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www.dittainc.com

Welcome to Open Enrollment for 2024!

Ditta Enterprises, Inc. offers you and your eligible family members a comprehensive and valuable benefits program that meets or exceeds the standards required by the health care reform. The elections you make now will go into effect on September 1, 2024, and remain in effect until August 31, 2025, unless you have a qualifying event that allows you to change. Because your medical, dental, and vision premiums are held out of your paycheck pre-taxed, if you have a qualifying event, you must notify your HR Department within 30 days of the event to make changes to your elections. All new full-time employees have a 60-day waiting period, and elected benefits are effective the first month following the 60-day waiting period. The amounts listed are your weekly costs that will be held out of your payroll check from September 1, 2024, through August 31, 2025. In the event of termination, you are responsible for all elected plans for the remainder of the month. Cobra options will be mailed to you the following month.

We are moving to Cigna Health Insurance starting 9-1-24.

Please review this information carefully and direct any questions you have to:

Candace Burkheart

PO Box 2265

Jonesboro, AR 72402

870-935-1260

cburkheart@dittainc.com

Anna Ditta

PO Box 2265

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870-935-1260

amditta@dittainc.com

NOTE: After open enrollment, you **cannot** make changes to your coverage during the year unless you experience a change in family status, such as:

- Loss or gain of coverage through your spouse
- Loss of eligibility of a covered dependent
- Death of your covered spouse or child
- Birth or adoption of a child
- Marriage, divorce, or legal separation
- Switch from part-time employment to full-time employment
- Becoming Medicare-eligible

You have **30 days** from a qualifying event to make changes to your current coverage.

Benefit Contact Information

CIGNA Insurance is the insurance for your health insurance options, effective 9/1/2024

Contact information is as follows: www.mycigna.com Customer Service: 866-494-2111.

Delta Dental of AR administers your dental coverage.

Contact information is as follows: Website: www.deltadentalar.com Customer Service: 1-844-788-7627

Mutual of Omaha administers your vision, voluntary short-term disability, and voluntary life coverages.

Contact information is as follows: Website: www.mutualofomaha.com Customer Service: 1-800-775-6000

Higginbotham Insurance Assists Ditta Enterprises with our employee benefit plan. They will happily assist if you have any questions regarding your benefits. Contact information is as follows:

Vanessa Criswell

901-321-1009

Vcriswell@higginbotham.net

Tisha Dudley

901-321-1021

Tdudley@higginbotham.net

Billie Ann Askue-Heugel

501-940-9052

Bheugel@higginbotham.net

What's new for 2024?!?!

New Medical Carrier – CIGNA Health Insurance

All employees that Elect Health Insurance—Cigna will not automatically mail paper medical ID cards to all employees on the medical plan. If you enroll in medical coverage, you can access your ID card via MyCigna.com or their mobile app after September 1, 2024.

If you have met a portion of your deductible and/or out-of-pocket limit with Arkansas BlueCross BlueShield Plan for 2024, you will receive credit toward your CIGNA 2024 deductible and out-of-pocket limit.

Your pharmacy benefits will also change on September 1, 2024. If you have a medication that requires preauthorization, please allow time before your next refill after September 1 for that preauthorization to be completed with Cigna.

If you take maintenance medication regularly, please be sure to refill it the last week of August if you are going to run out the first week of September. Please do not wait to fill your medicine in case you do not have your Cigna ID information on September 1.

A new option available to us with Cigna is Telemedicine through MDLive.

Now it's easier than ever to manage your health and make the most of your health plan with myCigna®.* From programs that help improve your health to tools that help manage your health spending, there's so much you can do.

 View, print and send ID cards	 Find in-network doctors, hospitals and medical services	 Compare quality of care information, including patient reviews from Cigna Healthcare SM customers
 Manage and track claims	 See cost estimates for medical procedures	 Use the click-to-chat feature to connect with a live Cigna Healthcare rep



Feel better protected Cigna Healthcare is as committed to helping protect your health information as we are to protecting your health and well-being. That's why we take certain steps to enhance the security of your personal health information on myCigna.

Visit [myCigna](#) today. Not registered yet? [Start here.](#)**

Customers under age 13 (and/or their parent/guardian) will not be able to register at [myCigna.com](#).



Download the myCigna App for your mobile device. Disponible en Español.



Summary of Employee Benefits

Medical Insurance – CIGNA

- Medical coverage is moving to CIGNA Healthcare with benefits that remain similar to current ones.
- Ditta Enterprises, Inc. pays 100% of the Employee Only Base plan at no cost to you for all full-time employees. (Employees must work and maintain 30+ hours per week to be eligible for these plans)
- You may buy up to the Open Access Plus Plan and/or add your family to the plan at the rates listed below.

	CIGNA Open Access Plan			
	OAP Base Plan		OAP Plus Plan (Buy-Up)	
	In-Network	Out-of-Network		
Deductible				
Individual	\$7,000	\$14,000	\$1,500	\$4,500
Family	\$14,000	\$28,000	\$3,000	\$9,000
Coinsurance	100%	80%	80%	60%
Out of Pocket (Incl Ded)				
Individual	\$7,000	\$28,000	\$5,500	\$11,000
Family	\$14,000	\$56,000	\$11,000	\$22,000
Hospitalization	100% after deductible	80% after deductible	80% after deductible	60% after deductible
Outpatient Surgery	100% after deductible	80% after deductible	80% after deductible	60% after deductible
Emergency Room	100% after deductible		80% after deductible	
Urgent Care/Walk-In Clinics	100% after deductible	80% after deductible	\$50 copay	60% after deductible
Primary Care Office Visit	100% after deductible	80% after deductible	\$30 copay	60% after deductible
Specialist Office Visit	100% after deductible	80% after deductible	\$50 copay	60% after deductible
Preventive Care	100% covered	Not covered	100% covered	Not covered
Prescription Drugs				
Deductible	Included in medical deductible	N/A	None	N/A
Tier 1 / Tier 2 / Tier 3	100% after deductible	Not covered	\$15/45/65 copay	Not covered
Tier 4	100% after deductible	Not covered	\$130 copay	Not covered
Mail-Order	100% after deductible	Not covered	2 times retail	Not covered

OAP Base Plan Options (Base Plan)

Base Plan Coverage	Employee Weekly Deduction Amount
Employee Only	\$0.00
Employee & Spouse	\$68.22
Employee & Child(ren)	\$31.33
Employee & Family	\$129.78

OAP Buy-Up Plan Options (Plus Plan)

Plus Plan Coverage	Employee Weekly Deduction Amount
Employee Only	\$99.38
Employee & Spouse	\$251.10
Employee & Child(ren)	\$169.04
Employee & Family	\$388.01

Dental Insurance – Delta Dental of Arkansas

- Dental coverage is staying with Delta Dental AR.
- Ditta Enterprises, Inc. pays 50% of the Employee Only for all full-time employees. (Employees must work and maintain 30+ hours per week to be eligible for this plan)
- You may also add your family at the rate listed below.
- To view a list of In-Network providers, go to www.deltadentalar.com. Go to members, find a doctor, find a dentist, select either Delta Dental PPO or Delta Dental Premier network (both are paid in-network), and find dentists.

Benefits	In-Network
Individual Deductible	\$50
Family Deductible	\$150
Annual Maximum Per Person	\$1,750
Preventive Care	100%
Basic Care	80%
Major Care	50%
Orthodontia	Not a covered benefit

Delta Dental Coverage	Employee Weekly Deduction Amount
Employee Only	\$3.24
Employee & Family	\$14.27

Vision Plan – Mutual of Omaha

- Voluntary Vision coverage is staying with Mutual of Omaha.
- This is a voluntary plan. Employees must work and maintain 30+ hours weekly to qualify for this plan.
- To view a list of In-Network providers, go to www.mutualofomaha.com. Select employers, Group benefits vision insurance, scroll down to Locate a vision provider and enter your zip code.

Benefits	In-Network	Frequency
Exams	\$10 copay	One every 12 months
Single Vision Lenses	\$25 copay	1 every 12 months
Bifocal Lenses	\$25 copay	1 every 12 months
Frames	\$130 allowance + 20% discount	1 every 24 months
Contacts – Medically Necessary	100% covered	1 every 12 months
Contacts – Elective	\$130 allowance + 15% discount	1 every 12 months

Vision Plan Coverage	Employee Weekly Deduction Amount
Employee Only	\$1.42
Employee & Spouse	\$2.82
Employee & Child(ren)	\$2.35
Employee & Family	\$3.89

Voluntary Short-Term Disability – Mutual of Omaha

- Voluntary Short-Term Disability is staying with Mutual of Omaha.
- This is a voluntary plan. Employees must work and maintain 30+ hours weekly to qualify for this plan.
- STD Benefit amount is 60% of your weekly salary to a maximum of \$1,000 per week
- Waiting Period is 14 days after disability: maximum benefit of 11 weeks

Monthly Rate Per \$10 of Weekly Benefits		Illustration of Weekly Payroll Deductions based on Salary						
Age Range	Age Rate	\$30,000	40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000
<25	\$0.44	\$3.51	\$4.68	\$5.85	\$7.03	\$8.19	\$9.37	\$10.15
25-29	\$0.44	\$3.51	\$4.68	\$5.85	\$7.03	\$8.19	\$9.37	\$10.15
30-34	\$0.45	\$3.59	\$4.79	\$5.98	\$7.19	\$8.38	\$9.59	\$10.38
35-39	\$0.46	\$3.67	\$4.89	\$6.11	\$7.35	\$8.57	\$9.80	\$10.62
40-44	\$0.47	\$3.75	\$5.00	\$6.25	\$7.51	\$8.75	\$10.01	\$10.85
45-49	\$0.48	\$3.83	\$5.11	\$6.38	\$7.67	\$8.94	\$10.22	\$11.08
50-54	\$0.60	\$4.79	\$6.38	\$7.98	\$9.58	\$11.17	\$12.78	\$13.85
55-59	\$0.72	\$5.75	\$7.66	\$9.57	\$11.50	\$13.41	\$15.34	\$16.62
60-64	\$0.83	\$6.63	\$8.83	\$11.03	\$13.25	\$15.46	\$17.68	\$19.15
65-70	\$0.94	\$7.51	\$10.00	\$12.49	\$15.01	\$17.51	\$20.02	\$21.69
70-74	\$1.06	\$8.46	\$11.28	\$14.09	\$16.93	\$19.74	\$22.58	\$24.46

Voluntary Life – Mutual of Omaha

- Voluntary Life is staying with Mutual of Omaha.
- This is a voluntary plan. To qualify, employees must work and maintain 30+ hours weekly.
- Employee benefit amount: \$10,000 increments to the lesser of \$500,000 or 5x your annual salary.
- Spouse benefit amount: \$5,000 increments to the lesser of \$250,000 or 100% employee benefit (Guarantee issue amount of \$25,000). Spouse rates are based on employee age.
- Child benefit amount: \$1,000 increments to \$10,000 (Guarantee issue amount \$10,000)
- If you are a late enrollee, and this is not your initial eligibility, you must complete an evidence of insurability form and be approved.
- If you are currently enrolled in voluntary life insurance, then you can increase your benefit by \$20,000 without completing an evidence of insurability form.

Monthly Rate Per \$1,000		Illustration of Weekly Payroll Deductions based on the amount of coverage						
Age Bands	Age Rates	\$10,000	\$50,000	\$100,000	\$200,000	\$300,000	\$400,000	\$500,000
<29	\$0.088	\$0.20	\$1.02	\$2.03	\$4.06	\$6.09	\$8.12	\$10.15
30-34	\$0.096	\$0.22	\$1.11	\$2.22	\$4.43	\$6.65	\$8.86	\$11.08
35-39	\$0.113	\$0.26	\$1.30	\$2.61	\$5.22	\$7.82	\$10.43	\$13.04
40-44	\$0.164	\$0.38	\$1.89	\$3.78	\$7.57	\$11.35	\$15.14	\$18.92
45-49	\$0.266	\$0.61	\$3.07	\$6.14	\$12.28	\$18.42	\$24.55	\$30.69
50-54	\$0.426	\$0.98	\$4.92	\$9.83	\$19.66	\$29.49	\$39.32	\$49.15
55-59	\$0.654	\$1.51	\$7.55	\$15.09	\$30.18	\$45.28	\$60.37	\$75.46
60-64	\$1.009	\$2.33	\$11.64	\$23.28	\$46.57	\$69.85	\$93.14	\$116.42
65-70	\$1.796	\$4.14	\$20.72	\$41.45	\$82.89	\$124.34	\$165.78	\$207.23
70-74	\$3.200	\$7.38	\$36.92	\$73.85	\$147.69	\$221.54	\$295.38	\$369.23
75-79	\$5.264	\$12.15	\$60.74	\$121.48	\$242.95	\$364.43	\$485.91	\$607.38
Child	\$0.200	\$0.46	N/A	N/A	N/A	N/A	N/A	N/A