

Jacobson Companies and affiliated entities

2023 Open Enrollment Benefits Rates and program descriptions FOR 2024

➤ Medical Plans – agent Western Growers Insurance Services

- **Option 1 - Blue Cross Blue Shield** – HSA Plus 3200 / 80% with employer funding of HSA with deductibles of \$3200 individual/\$6400 family. Additionally, you will receive a debit card from Health Equity that contains the company’s contribution for your HSA. The IRS allows a maximum contribution of up to \$4150 in tax-free monies into an employee’s Health Spending Account for individuals; and \$8300 for families. The company will contribute the annual amounts shown in green in the table below to the employee’s HSA Account. An employee may contribute additional monies in the ranges shown in red. The IRS allows employees age 55 and older to contribute \$1000 more per year, as well.
- **Option 2 - México** (*Pinnacle México Selecta Network in San Luis, Los Algodones, Mexicali, Tijuana*) and preventative (annual exam and/or physical) at a US at Cedar clinic.

Table of Health Spending Accounts Contributions				
Level of BCBS Plan Chosen	Maximum Amount IRS Allows to be contributed in and HRA for employees	Monies to be Contributed to Employee’s HSA by Company Annually	Maximum Annual Amount remaining that an Employee can contribute	Total additional maximum weekly deduction an employee can make to HSA
Employee Only	\$4150	\$2000	\$2150	\$41.24
Employee Plus Child(ren)	\$8300	\$3000	\$5300	\$101.64
Employee Plus Spouse	\$8300	\$3000	\$5300	\$101.64
Employee Plus Family	\$8300	\$4000	\$4300	\$82.47
Employee Only (age 55 and older)	\$5150	\$2000	\$3150	\$60.41
Employee Plus Child(ren) (age 55 and older)	\$9300	\$3000	\$6300	\$120.82
Employee Plus Spouse (age 55 and older)	\$9300	\$3000	\$6300	\$120.82
Employee Plus Family (age 55 and older)	\$9300	\$4000	\$5300	\$101.64

➤ Dental Plan – Delta – US Coverage with possible Mexico Expense Reimbursement

- Group Dental - Delta Dental AZ PPO **Plus Premier** Coverage – dentist must be part of Delta Premier Network

➤ Vision Plan – Delta - US Only Coverage

- Group Vision Policy – Delta Silver Plan with Eyemed Access Network

Employee's Weekly Portion of the Costs for these plans for 2024 are shown in the table below

Benefit	Plan	Options	Employee \$ Cost / week	Average % the EMPLOYEE pays towards total cost of plan	Average % the COMPANY pays towards total cost of plan
Medical With HSA Tax Free Account (Option #1)	BCBS HSA Plus 80 / 3200 Deductible is \$3200 ind / \$6400 fam (Company to fund HSA \$2000 for EE only; or \$3000 for EE Plus Child(ren); or \$3000 for EE Plus Spouse; or \$4000 for EE Plus Family)	Employee	35.86	34%	65%
		Employee Plus Spouse	175.00		
		Employee Plus Child(ren)	165.00		
		Employee Plus Family	205.00		
Medical (Option #2)	Mexico with US MEC at Cedar Clinic	Employee	30.00	56%	44%
		Employee Plus Spouse	37.00		
		Employee Plus Child(ren)	34.00		
		Employee Plus Family	41.00		
Dental	Delta Dental PPO With Premier	Employee	5.25	50%	50%
		Employee Plus Spouse	11.00		
		Employee Plus 1 Child	12.25		
		Employee Plus Family	19.00		
Vision	Delta Silver (Eyemed Access)	Employee	1.45	100%	0%
		Employee Plus Spouse	3.00		
		Employee Plus 1 Child	3.95		
		Employee Plus Family	5.50		

DUAL COVERAGE – BCBS AND MEXICO MEC ENROLLMENT

If an employee that chooses the Mexico MEC wants more US benefits than just the preventative annual exam or physical provided at the US Cedar clinic, they may enroll dual coverage by taking both the Mexico MEC and one of the other BCBS plans at the same tier level. They would pay both weekly premiums. For example, enrolling in the Mexico MEC and the BCBS HSA plan for family coverage would have a premium cost \$41 for the Mexico MEC and \$205 for the BCBS HSA, or \$246 a week.

ADDITIONAL TIER LEVEL COVERAGE

We have four-tier levels in our coverage plans. We will have Employee Only, Employee plus Spouse, Employee plus child(ren) and Employee plus Family. The new tier level distinguishes between an employee covering themselves and a spouse versus an employee covering themselves and a child or children. Before these were the same premium cost; now they are different.

DELTA DENTAL AZ – DENTAL EXPANDED COVERAGE

The company will maintain the same upgraded contract with Delta Dental AZ. This is the Dental PPO Plus Premier option. Delta Dental PPO plus Premier affords all the benefits of Delta Dental PPO with a plus: enrolled patients who visit a Delta Dental Premier dentist still receive the benefit of that dentist's contracted fee. Remember, your dentist *must* be a Delta Premier Level dentist to get the full benefits of this plan. If your dentist is not at that level, let us know and we can provide them a contact on how to reach that level. The employee and company will continue to split the costs of this premium at 50%.

DELTA DENTAL AZ – VISION COVERAGE

The company will maintain the same contract with Delta Dental AZ to provide vision coverage through the Eyemed network. The employee will continue to pay the full cost of this premium at 100%. The company will not contribute to these costs.

AFLAC Supplemental Insurance

The company provides access to all employees to various taxable and non-taxable supplemental insurance programs through a payroll deduction. The company pays no portion of these premiums. If you are interested in AFLAC programs, you must contact their representative to sign-up or change your coverage. Contact Nicole Van Winden by email at Nicole.VanWinden@us.aflac.com by phone at 520-780-0612. Any enrollments or changes to your coverages for the 2024 year, must be processed by Nicole by no later December 28, 2023. If received after that date, then the changes will not be in effect for January 1, 2024. You must speak to this Aflac representative to make changes; Marge cannot help you in this area.

Enrollment Processing

We are doing an online enrollment process via your company email account. You will receive an email from DocuSign with this year's 2024 POP Enrollment form. Once you complete that form and electronically sign it, you will then receive a 2nd email with the appropriate forms for the benefits you have signed up for. Once you complete those forms, you will be enrolled for next year.

Waiving Benefits

If you choose to waive your benefits enrollment, you are **REQUIRED** to sign the declination area of the POP Form. All employees must complete and sign this form whether they are taking benefits or not. You **must** indicate a beneficiary even if you are not taking any of the medical, dental or vision plans. We use that beneficiary designee for your company-provided life insurance policy.

Open Enrollment Dates

All forms must be returned to the office by Saturday, December 16, 2023. If you do not turn in your forms into the office by this date, then you will **not** receive any of these benefits for the 2023 year. We do not want to chase anyone down for forms, so please make a note of the due dates. EVERY employee must turn in at least a completed and signed purple POP form. If you don't, your current benefit enrollments will be cancelled.

Recent Hires

If you were hired after October 1, 2023, then your benefits will not go into effect until 90 days after your hire date. However, you should review and complete the open enrollment paperwork. This paperwork and pricing supersede any paperwork you received previously. That will make the process easier when it comes time to get your benefits started. **Recent Hires must complete all enrollment forms.**

Required Forms that must be returned:

Blue Cross Blue Shield or Mexico MEC Enrollment Forms – medical- If you are adding new benefits or changing dependents, complete both sides. Sign in the appropriate area and indicate beneficiary. If you are not making changes, you do not need to complete this form.

Delta Dental AZ – dental and/or vision – If you currently have benefits or are adding new benefits, complete first side. If not taking the insurance, you must indicate that in the Decline Coverage Area. Sign at the bottom. If you are not changing or adding to your current selections, you do not need to complete this form.

Premium Only Plan (POP) – **All** employees must complete the top portion of the form and indicate a beneficiary for their company paid life insurance at the bottom. If you are declining all medical, dental and vision coverages, then you must sign the declination area of this form.

WHEN COMPLETING FORMS, BE SURE TO SIGN, DATE, INDICATE WHERE YOU ARE DECLINING COVERAGE OR INDICATE THE COVERAGE YOU ARE TAKING OR CHANGING. ALL EMPLOYEES MUST COMPLETE THE PURPLE POP FORM. RETURN YOUR SIGNED FORMS TO THE FRONT DESK VIA THE DOCUSIGN PROCESS BY NOON ON FRIDAY DECEMBER 15TH.

If you have any questions, you can contact Marge Harper on her cell phone at 928-947-5098 with a phone call or a text from 6:00am to 6:00pm every day from the open enrollment date through December 15th, the day before the forms are due back. You can also email her at margeharper@jsyinc.com at any time. If you need assistance filling out the forms, please contact Alejandra at alejandra@jsyinc.com, and we will setup an appointment for you to come in and get help. Don't wait until the last minute, please.