

WHAT'S NEW TO YOUR BENEFITS



WHAT YOU NEED TO KNOW

Open Enrollment is July 1 – July 15, 2022.

This is your one-time opportunity to change your current benefit elections for 8/1/2022 – 7/31/2023 unless you have a qualified change in status during the plan year.

This guide provides an overview of your benefit options and a snapshot of what's changing for 8/1/2022 – 7/31/2023.

OPEN ENROLLMENT JULY 1 – JULY 15, 2022

To make changes to your current benefit elections, **enroll by July 15. If you're happy with your current elections, you do not need to do anything.** Your current coverage will continue through 7/31/23.

WHAT'S NEW

For the Benefits Department besides still surviving the global pandemic:

- Company-Paid Life Insurance and Accidental Death & Dismemberment (AD&D) will change to MetLife from The Hartford.

For Aetna, 2 changes:

- All Aetna medical plans will cover in-network acupuncture.
- New digital ID cards will be issued in order to adhere to the recent “No Surprises Act” legislation.


WHAT'S NOT NEW


- Aetna will continue to be our medical & dental insurance vendor and VSP will continue to be our vision vendor.
- Despite an increase in Aetna's premiums, for the eighth year in a row, your costs for coverage will stay the same through 7/31/23.



YOUR COVERAGE OPTIONS

The following information gives you an overview of your benefit options. Visit the benefits website to find plan comparison charts and other useful information.

 MEDICAL COVERAGE HIGHLIGHTS	YOUR WEEKLY COST (PRE-TAX)		
	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
Aetna HMO (CA only) (traditional HMO) <ul style="list-style-type: none"> • In-network coverage only • \$500 individual/\$1,000 family deductible • Doctor visit copays: \$35 PCP/\$50 specialist • Prescriptions (generic/brand/non-formulary) <ul style="list-style-type: none"> ○ Retail: \$15/\$35/\$60 ○ Mail order (90-day supply): \$30/\$70/\$120 Use Provider Search to find in-network providers	\$33.46	\$71.54	\$102.69
Aetna Open Access Managed Choice POS (traditional PPO) <ul style="list-style-type: none"> • In & out-of-network coverage • \$750 individual/\$1,500 family in-network deductible • Doctor visit copays: \$35 PCP/\$50 specialist • 80% in-/60% out-of-network for most services • Prescriptions (generic/brand name/non-formulary) <ul style="list-style-type: none"> ○ Retail: \$15/\$35/\$60 ○ Mail order (90-day supply): \$30/\$70/\$120 	\$48.00	\$101.54	\$146.54
Aetna Basic PPO (high deductible, catastrophic PPO) <ul style="list-style-type: none"> • In & out-of-network coverage • \$4,250 individual/\$8,500 family in-network deductible • 80% in-/60% out-of-network for most services • Prescriptions: 80% in-network for a 30-day supply/not covered out-of-network 	\$15.00	\$41.54	\$57.69

 DENTAL COVERAGE HIGHLIGHTS	YOUR WEEKLY COST (PRE-TAX)		
	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
Aetna Dental DMO (set copays for most services) <ul style="list-style-type: none"> • In-network coverage only • No deductible or annual maximum • Orthodontia covered Use Provider Search to find in-network providers	\$1.85	\$3.46	\$5.31
Aetna Dental PPO (traditional PPO) <ul style="list-style-type: none"> • In & out-of-network coverage • \$50 individual/\$150 family in-network deductible • \$1,500 in-network annual plan maximum • Orthodontia not covered 	\$9.23	\$17.08	\$25.38





VISION COVERAGE HIGHLIGHTS

Vision Service Plan (VSP) – Company paid

- One eye exam & new prescription lenses per year
- New frames every 2 years
- You must elect this coverage in order to be enrolled
- Visit www.vsp.com to find in-network providers



LIFE INSURANCE HIGHLIGHTS

Life and Accidental Death & Dismemberment (AD&D) Insurance (MetLife) – Company-paid

- Even if you are not enrolled in health coverage, you will be automatically enrolled in Life and AD&D at no cost to you and, if you terminate employment, you have [conversion rights](#) that give you the opportunity to convert to an individual life insurance policy.
- Make sure to submit the [Life Insurance Beneficiary Form](#)

For detailed information, please refer to the Summary of Benefits (SBC), Summary Plan Description and other documents posted on the benefits website.

HOW TO ENROLL

Step 1: VISIT the [Open Enrollment Benefits Website](#)

Step 2: COMPLETE the [Open Enrollment Form](#) (along with any additional required documentation)

Step 3: UPLOAD by July 15th to the Benefits Department via the [SECURE WEB LINK FOR EMPLOYEE FORMS \(https://tpbenefits.com/forms\)](#) - **faxes and scans to emails will not be accepted.** If you send via US Mail, there may be a delay in processing your forms.

NEED HELP?

Contact Benefits at (818) 331-1041 / (818) 640-9437

Telepictures: www.tpbenefits.com

WAG: www.wagbenefits.com




Warner Horizon: www.warnerhorizon.com/benefits

WB Television: www.benefitsfortvhires.com



Your Enrollment Checklist

Decisions to think about as you are completing your *Open Enrollment Form*.

 MEDICAL COVERAGE	
<input type="checkbox"/>	Type of coverage you want
<input type="checkbox"/>	• Aetna HMO (CA only)*
<input type="checkbox"/>	• Aetna POS (traditional PPO)
<input type="checkbox"/>	• Aetna Basic PPO (high deductible PPO)
<input type="checkbox"/>	• No medical coverage from 8/1/22-7/31/23
<input type="checkbox"/>	Who do you want to cover? You must provide marriage and/or birth certificates.
<input type="checkbox"/>	• Employee only
<input type="checkbox"/>	• Employee plus 1 dependent
<input type="checkbox"/>	• Family (2 or more dependents)
 DENTAL COVERAGE	
<input type="checkbox"/>	Type of dental coverage
<input type="checkbox"/>	• Aetna DMO® (HMO for teeth)*
<input type="checkbox"/>	• Aetna PPO (traditional PPO)
<input type="checkbox"/>	• No dental coverage from 8/1/22-7/31/23
<input type="checkbox"/>	Who do you want to cover? You must provide marriage and/or birth certificates.
<input type="checkbox"/>	• Employee only
<input type="checkbox"/>	• Employee plus 1 dependent
<input type="checkbox"/>	• Family (2 or more dependents)
 VISION COVERAGE	
<input type="checkbox"/>	Do you want vision coverage (provided at no extra cost to you)?
<input type="checkbox"/>	• Yes, I want vision coverage from 8/1/22-7/31/23
<input type="checkbox"/>	• No, I don't want vision coverage from 8/1/22-7/31/23

*If you elect the HMO or DMO, you must also select a primary care physician or dentist for yourself and each enrolled dependent before you can receive care. Use [Provider Search](#) to search online at www.aetna.com.



RESOURCES

Aetna HMO (800) 445-5299 www.aetna.com

Aetna POS or PPO (877) 204-9186 www.aetna.com

Aetna Pharmacy Hot Line (800) 238-6279
www.aetnapharmacy.com

Aetna Dental (877) 238-6200 www.aetna.com

VSP Vision (800) 877-7195 www.vsp.com

MetLife (800) GET-MET8 twventures.ease.com

MEDICARE CREDITABLE COVERAGE NOTICE

If you have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about prescription drug coverage. For more details, visit the benefits website.

READ THE FINE PRINT

Certain legal notices that inform you of your rights regarding eligibility, enrollment and coverage are available online on the benefits website under [Resources](#) / [Legal Notices](#). These materials include:

- Women's Health & Cancer Rights Act Notice
- Newborn's & Mother's Health Protection Act Notice
- Medicare Part D Creditable Coverage Notice
- Health Insurance Portability & Accountability Act (HIPAA) Notice
- Health Insurance Premium Payment (HIPPP) Program

This document highlights certain health programs available to eligible production employees (and dependents) and is not intended as a complete description of the Plan. Although every effort has been made to ensure that this information is accurate, if there are any discrepancies between the information in this guide and the Plan documents, the Plan documents will govern. Please visit the benefits website to view the Summary Plan Description and applicable Insurance Documents or call Benefits at (818) 640-9437 to request copies. TW Ventures Inc., or any successor, reserves the right to amend, modify, suspend, or terminate the Plan in whole or in part, at any time and for any reason, by action of the company. Please note that the Plan does not create an employment contract between you and your Participating Employer and does not give you any right, expressed or implied, of continued or future employment with a Participating Employer.

