



# WHAT'S NEW TO COBRA BENEFITS



## WHAT YOU NEED TO KNOW

Open Enrollment is July 6 – July 17, 2020. This is your one-time opportunity to change your COBRA benefit elections for 8/1/2020 – 7/31/2021 unless you have a qualified change in status during the plan year.

This guide provides an overview of COBRA benefit options and a snapshot of what's changing for 8/1/2020 – 7/31/2021.

### OPEN ENROLLMENT

**JULY 6 – JULY 17, 2020**

To make changes to your current benefit elections, **enroll by July 17**. If you're happy with your current elections, you do not need to do anything. Your current coverage will continue through 7/31/21.

## WHAT'S NEW

- Effective 8/1/20, due to their recent purchase by CVS, the [Advanced Control Plan](#) will replace the Value Plus Formulary. If you are impacted by the prescription drug formulary change, you will receive a letter from Aetna regarding the affected drug and possible alternatives.
- Effective 1/1/21, Teladoc copays for general medicine & behavioral health will modestly increase in some cases.

## WHAT'S NOT NEW

Aetna will continue to be our medical & dental vendor and VSP will continue to be our vision vendor.

## HOW TO ENROLL

**Step 1: VISIT** <https://tpbenefits.com/benefits/2020-open-enrollment>

**Step 2: COMPLETE** the COBRA1 Open Enrollment Form

**Step 3: SUBMIT** by July 17<sup>th</sup>, the COBRA1 Open Enrollment form along with marriage and/or birth certificates (if applicable) to the Benefits Department via the secure link [SECURE WEB LINK FOR EMPLOYEE FORMS](#) (faxes & scans to emails will not be accepted). If you send via US Mail, be advised that there may be a delay in processing your enrollment.



### NEED HELP?

Visit [tpbenefits.com](https://tpbenefits.com) or contact Benefits at (818) 972-8914




## 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.

 <b>MEDICAL COVERAGE HIGHLIGHTS</b>	YOUR MONTHLY COST		
	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
<b>Aetna HMO (CA only) (traditional HMO)</b> <ul style="list-style-type: none"> <li>• In-network coverage only</li> <li>• \$500 individual/\$1,000 family deductible</li> <li>• Doctor visit copays: \$35 PCP/\$50 specialist</li> <li>• Prescriptions (generic/brand/non-formulary)                             <ul style="list-style-type: none"> <li>○ Retail: \$15/\$35/\$60</li> <li>○ Mail order (90-day supply): \$30/\$70/\$120</li> </ul> </li> </ul> Use <a href="#">Provider Search</a> to find in-network providers	\$581.67	\$1,221.56	\$1,745.04
<b>Aetna Open Access Managed Choice POS (traditional PPO)</b> <ul style="list-style-type: none"> <li>• In &amp; out-of-network coverage</li> <li>• \$750 individual/\$1,500 family in-network deductible</li> <li>• Doctor visit copays: \$35 PCP/\$50 specialist</li> <li>• 80% in-/60% out-of-network for most services</li> <li>• Prescriptions (generic/brand name/non-formulary)                             <ul style="list-style-type: none"> <li>○ Retail: \$15/\$35/\$60</li> <li>○ Mail order (90-day supply): \$30/\$70/\$120</li> </ul> </li> </ul>	\$827.25	\$1,737.17	\$2,481.64
<b>Aetna Basic PPO (high deductible, catastrophic PPO)</b> <ul style="list-style-type: none"> <li>• In &amp; out-of-network coverage</li> <li>• \$4,250 individual/\$8,500 family in-network deductible</li> <li>• 80% in-/60% out-of-network for most services</li> <li>• Prescriptions: 80% in-network for a 30-day supply/not covered out-of-network</li> </ul>	\$434.93	\$880.93	\$1,214.72
 <b>DENTAL COVERAGE HIGHLIGHTS</b>	YOUR MONTHLY COST		
	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
<b>Aetna Dental DMO (set copays for most services)</b> <ul style="list-style-type: none"> <li>• In-network coverage only</li> <li>• No deductible or annual maximum</li> <li>• Orthodontia covered</li> </ul> Use <a href="#">Provider Search</a> to find in-network providers	\$18.24	\$34.70	\$51.12
<b>Aetna Dental PPO (traditional PPO)</b> <ul style="list-style-type: none"> <li>• In &amp; out-of-network coverage</li> <li>• \$50 individual/\$150 family in-network deductible</li> <li>• \$1500 in-network annual plan maximum</li> <li>• Orthodontia not covered</li> </ul>	\$42.25	\$80.35	\$118.43



## YOUR 2020/2021 BENEFITS

 VISION COVERAGE HIGHLIGHTS	EMPLOYEE ONLY	EMPLOYEE +1	FAMILY
<b>Vision Service Plan (VSP)</b> <ul style="list-style-type: none"><li>• One eye exam &amp; new prescription lenses per year</li><li>• New frames every 2 years</li><li>• Visit <a href="http://www.vsp.com">www.vsp.com</a> to find in-network providers</li></ul>	\$5.47	\$7.92	\$15.40

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

## RESOURCES

Aetna HMO (800) 445-5299 [www.aetna.com](http://www.aetna.com)

Aetna POS or PPO (877) 204-9186 [www.aetna.com](http://www.aetna.com)

Aetna Pharmacy Hot Line (800) 238-6279  
[www.aetnapharmacy.com](http://www.aetnapharmacy.com)

Aetna Dental (877) 238-6200 [www.aetna.com](http://www.aetna.com)

VSP Vision (800) 877-7195 [www.vsp.com](http://www.vsp.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 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 (HIPP) Program

### SUMMARY OF MATERIAL MODIFICATIONS (SMM)

Portions of this guide serve as the Summary of Material Modifications (SMM) for the TW Ventures Inc. Group Benefits Plan (the "Plan"). The information on page 1 outlines the changes to the medical and pharmacy benefits effective August 1, 2020 and January 1, 2021. This document highlights certain health programs available to COBRA participants (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 SMM 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) 972-8914 to request copies. TW Ventures Inc., or any successor, reserves the right to amend, modify, suspend or terminate any program in whole or in part, at any time and for any reason. Please note that these programs do not create an employment contract between you and the Company, and do not give you any right, express or implied, of employment with the Company.

