

WHAT'S NEW TO COBRA BENEFITS



WHAT YOU NEED TO KNOW

Open Enrollment is July 3 – July 14, 2023. This is your one-time opportunity to change your COBRA benefit elections for 8/1/2023 – 7/31/2024 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 8/1/2023 – 7/31/2024.

OPEN ENROLLMENT JULY 3 – JULY 14, 2023

To make changes to your current benefit elections, **enroll by July 14**. If you're happy with your current elections, you do not need to do anything. Your current coverage will continue through 7/31/2024.

WHAT'S NEW

- Effective 8/1/2023:
 - Increase of frame allowance to \$200 for vision
 - Aetna's Attain program will no longer be offered
- Effective 1/1/2024:
 - Teledoc copay will increase to the following on all Aetna Plans:
 - General Medical will increase from \$49/visit in 2023 to \$56/visit in 2024
 - Dermatology will increase from \$75/consult in 2023 to \$85 consult in 2024
 - Mental Health
 - \$85/therapist visit in 2023 to \$90/visit in 2024
 - \$190/psychiatrist first visit in 2023 to \$215 in 2024
 - \$95/psychiatrist ongoing visit in 2023 to \$100 in 2024



WHAT'S NOT NEW

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

Payflex will remain the COBRA Administrator.

NEED HELP?

Visit tpbenefits.com or contact Benefits at (818) 331-1041

HOW TO ENROLL

Step 1: VISIT tpbenefits.com/benefits/23/24-open-enrollment

Step 2: COMPLETE the [COBRA Open Enrollment Form](#)



Step 3: UPLOAD by July 14th, the COBRA Open Enrollment form along with marriage and/or birth certificates (if applicable) to the Benefits Department our secure link here: [SECURE WEB LINK FOR EMPLOYEE FORMS](#) (faxes & scans to emails will not be accepted) or via the "Submit" button our website at tpbenefits.com.

- If you send via US Mail, be advised that there may be a delay in processing your enrollment.




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	*MONTHLY PREMIUM FOR AUGUST 1, 2023 - JULY 31, 2024		
	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	\$673.32	\$1,414.01	\$2,019.98
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 	\$957.58	\$2,010.85	\$2,872.62
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 	\$503.46	\$1,019.71	\$1,406.10
 DENTAL COVERAGE HIGHLIGHTS	*MONTHLY PREMIUM FOR AUGUST 1, 2023 - JULY 31, 2024		
	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	\$18.65	\$35.46	\$52.24
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 	\$45.51	\$86.53	\$127.54



 VISION COVERAGE HIGHLIGHTS	EMPLOYEE ONLY	EMPLOYEE +1	FAMILY
Vision Service Plan (VSP) <ul style="list-style-type: none"> One eye exam & new prescription lenses per year New frames every 2 years Visit www.vsp.com to find in-network providers 	\$6.02	\$8.70	\$16.91

For detailed information, please refer to the Summary of Benefits (SBC), Summary Plan Description and other documents posted on the benefits website. *Please note, rates may vary slightly from actual rate. Payflex will send out new monthly statements reflecting the new rates for August 1, 2023 effective date.

RESOURCES

PayFlex (888) 678-7835 www.payflex.com

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

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

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 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) 972-0787 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.

