

# WHAT'S NEW TO YOUR BENEFITS



## WHAT YOU NEED TO KNOW

Open Enrollment is July 3 – July 14, 2023.

This is your one-time opportunity to change your current 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 your 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, 2023**. **If you're happy with your current elections, you do not need to do anything.** Your current coverage will continue through 7/31/24.

## 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 insurance vendor and VSP will continue to be our vision vendor.
- Despite an increase in Aetna's premiums, for the ninth year in a row, your costs for coverage will stay the same through 7/31/2024.



## 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
<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	\$33.46	\$71.54	\$102.69
<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>	\$48.00	\$101.54	\$146.54
<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>	\$15.00	\$41.54	\$57.69

 DENTAL COVERAGE HIGHLIGHTS	YOUR WEEKLY COST (PRE-TAX)		
	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	\$1.85	\$3.46	\$5.31
<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>\$1,500 in-network annual plan maximum</li> <li>Orthodontia not covered</li> </ul>	\$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](http://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 14<sup>th</sup> to the Benefits Department via the [SECURE WEB LINK FOR EMPLOYEE FORMS](#) (<https://tpbenefits.com/forms>) or via the “Submit” button on the website- **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) 972-0787

Telepictures: [www.tpbenefits.com](http://www.tpbenefits.com)

WAG: [www.wagbenefits.com](http://www.wagbenefits.com)

Warner Horizon: [www.warnerhorizon.com/benefits](http://www.warnerhorizon.com/benefits)




WB Television: [www.benefitsfortvhires.com](http://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 8/1/23-7/31/24
<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 8/1/23-7/31/24
<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 8/1/23-7/31/24
<input type="checkbox"/>	• No, I don't want vision coverage from 8/1/23-7/31/24

\*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](http://www.aetna.com).



## 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)

MetLife (800) GET-MET8 [twventures.ease.com](http://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 (HIPP) 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) 972-0787 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.

