

2023 Annual Benefits Enrollment

Questions & Answers

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Introducing your 2023 benefits

Your well-being matters to us, so we offer benefits to help you get the most out of life. Think of us as your personal cheerleader as you take care of your body, save for retirement and provide for your family. Whether you're picking benefits for the first time or are a seasoned pro, make sure you know your options.

Please review these Questions & Answers to learn more about what's changing for 2023 benefits and the basics of how to enroll. You can find additional information and plan details in your online Benefits Decision Guide at mytabenefits.com.

What's changing for 2023?

Q1. What's changing with my health and welfare benefit options for 2023?

A1. You will have access to the same comprehensive suite of benefits for 2023, but with a few changes. Here's what's changing (and not changing) for 2023:

- **Your Cost for Coverage:** Due to the rising cost of health care, you'll see an increase in the amount you pay for medical coverage. Dental and vision rates will not change. [See your 2023 rates.](#)
- **The \$2,850 Deductible Plan Will Be the \$3,000 Deductible Plan:** Based on new IRS guidelines, the \$2,850 Deductible Plan will become the \$3,000 Deductible Plan. If you are currently enrolled in the \$2,850 Deductible Plan and you do not make an election during Annual Benefits Enrollment, you'll be enrolled automatically in the \$3,000 Deductible Plan for 2023.
- **New Network Option for Iowa Residents:** If you live in Iowa, you will have an additional option for medical coverage: the Narrow Network (Iowa only). This plan offers the same range of deductibles as the current (national) plan – \$900, \$1,850, \$3,000 or \$4,500 – but the premiums are much lower because the network is Iowa-only. Many of the same providers are part of the Narrow Network (about 98%); the biggest differences are you can't receive care out of state (except for emergencies, pre-approved referrals, and dependents that live out of state); you must designate a Primary Care Physician; and the number of chiropractic care providers is substantially less.

To help you decide which plan makes sense for you you'll want to check to see if your current providers are part of the Narrow Network. You can do this by visiting wellmark.com and clicking on "Find a provider or facility." Search for your provider and then click on "Plans accepted" to see if "Wellmark Blue HMO" (the name of the network) is listed.

- **Enhanced Employee Life Insurance Benefit:** The company-provided basic life insurance will automatically include an accelerated death benefit. That means that if you are diagnosed with a terminal illness (less than a year to live), you'll be able to withdraw cash from your policy. The accelerated death benefit will also be automatically included in any additional supplemental employee life insurance you purchase.
- **Enhanced Dependent Life Insurance Benefit:** You will be able to purchase dependent life insurance for your spouse/domestic partner in \$5,000 increments up to \$250,000 (minimum \$10,000). **For this enrollment only, you can elect coverage of up to \$50,000 without having to provide evidence of insurability.** Note: You must purchase supplemental employee life insurance to be eligible to elect dependent life insurance and the amount of your dependent life insurance cannot exceed the value of your supplemental coverage.

Your current dependent life coverage will not automatically carry over. All employees must re-elect their dependent (spouse and child) life insurance coverage for 2023.

- **Enhanced Retiree Life Insurance Benefit:** Employees who retire on or after January 1, 2023, and who are age 55 or older with at least 10 years of service will receive \$20,000 in retiree life insurance, an increase from \$10,000.
- **Introducing Rx Savings Solutions:** If you enroll in a Wellmark or United Healthcare (UHC) plan for 2023, you will have access to Rx Savings Solutions, which can help you save on prescription drugs. Watch for more information in 2023.
- **New UHC Cancer Guidance Program:** If you are covered under a UHC medical plan and are diagnosed with cancer, you'll automatically be enrolled in the UHC Cancer Guidance Program, which helps ensure you receive high-quality, proven treatments.
- **New Disability Administrator:** MetLife will take over administration of our disability insurance in 2023. If you have an existing or pending disability claim, you'll continue to work with Lincoln Financial Group for the remainder of your disability.
- **2023 Tax-Advantaged Account Contribution Limits:**
 - Health Savings Account*: \$3,850 for individuals and \$7,750 for families
 - Health Care Flexible Spending Account (FSA): \$2,850
 - Dependent Care FSA: \$5,000

**If you are age 55 or older, you can contribute an additional \$1,000 to your HSA in catch-up contributions.*

Q2. Is the cost of employee coverage increasing?

A2. Due to the rising cost of health care, you'll see an increase in the amount you pay out of your paycheck for medical coverage. But we're doing everything we can to keep what you pay as low as possible, and Transamerica continues to pay the majority of the cost for your medical coverage. Dental and Vision rates will not change. [See your 2023 rates.](#)

Q3: Where can employees who reside in Iowa find more information about the new Wellmark narrow network?

A3: You can learn more about this in [ePortal](#). Search for Wellmark Narrow Network from the home page.

General

Q4. Where can I learn about my health and welfare benefit options for 2023?

A4. Education and resources are available to help you understand your options and the enrollment process.

- **2023 online Benefits Decision Guide** – You should refer to this online guide to get a detailed view of your benefits and the enrollment process. The guide is available at mytabenefits.com. You can view the site from work or from home with no login required.
- **2023 benefits program presentations** – You have access to a series of short recorded

presentations at mytabenefits.com with details on plan options, the enrollment process and online tools.

- **TouchCare** – You can consult with a Personal Health Assistant (866-486-8242) to discuss your 2023 benefit options.
- **Ask the Expert Webinars** – Join our panel of experts at one of our live webinars. Watch your email for registration opportunities.

Q5. Who are the medical plan carriers?

A5. You will have either Wellmark Blue Cross Blue Shield or United Healthcare as your medical plan carrier, based on the state where you live. Some states will have additional network options. [Click here](#) for a list of medical plan carrier(s) by state.

Iowa residents: Before enrolling in the new Wellmark narrow network option, check to make sure your current providers are still in-network. Visit wellmark.com and click on “Find a provider or facility.” Search for your provider and then click on “Plans accepted” to see if “Wellmark Blue HMO” (the name of the network) is listed. You will need to designate a Primary Care Physician if you enroll in this plan.

Q6. Where can I find my benefit costs for 2023?

A6. The online Benefits Decision Guide at mytabenefits.com has everything you need to know about your benefits, including the 2023 costs for medical, dental and vision coverages. On the homepage, under “What are you looking for?” click the “2023 rates” tile. You’ll also see full coverage details and costs on the Mercer Marketplace 365+ website when you enroll during Annual Benefits Enrollment.

Q7. Will I receive new medical plan ID cards?

A7. If you enroll in the new Wellmark Narrow Network, you will receive a new ID card. If your medical plan election is staying the same in 2023, you will **not** receive a new ID card unless you change coverage tiers or add new members.

Q8. Will I receive a new debit card for my HSA or FSA?

A8. You will only receive a new debit card if you were not previously enrolled in an HSA, FSA or the Commuter Benefits Program with Transamerica.

Enrollment

Q9. When is Annual Benefits Enrollment?

A9. This year’s Annual Benefits Enrollment begins **Thursday, October 27, through Wednesday, November 9, 2022.**

Q10. How do I enroll?

A10. You will enroll through the Mercer Marketplace 365+ website.

Enter benefits.transamerica.com in your browser window.

- If you are connected to the network, it won’t be necessary to enter additional credentials.
- If you’re not connected to the network, you’ll need to enter your network username, password and domain. Most employees will enter “US” as the domain (Corporate Center will use “DS”).

Please note: If you’re part of the Transamerica Agency Network, you’ll be required to enter your credentials whether you are connected to the network or not, enter the same ID and password you use for ePortal and Integrity Ed, and enter “US” as the domain.

Once you’ve finished enrolling, make sure to print or save a copy of your confirmation statement for your records. You will not be able to make any changes after the enrollment period ends.

Q11. What happens if I don't enroll?

A11. Most of your current benefits will automatically carry over for 2023 with the exception of the Health Savings Accounts (HSA), Flexible Spending Accounts (FSAs), and dependent life insurance.

- If you have a high-deductible health plan, you may wish to elect an HSA and set your contribution amounts for 2023; even if you don't wish to contribute to an HSA, you must elect one (you can make a \$0 election) in order to receive Reward Dollars for the wellness activities you complete.
- You may wish to elect an FSA and set your contribution amounts for 2023. Keep in mind that even if you don't wish to contribute, you'll still need to elect an FSA if you plan to carry over Health Care or Combination FSA funds (up to \$570).
- If you want to have dependent (spouse and child) life insurance coverage in 2023, you must re-elect this for 2023.

If you want to make any changes to your current benefit elections, including adding or dropping benefits, electing an HSA or FSA, or adding dependent life insurance, you must make these enrollment changes between **October 27 and November 9, 2022**.

Even if you don't plan to make changes to your medical benefits, it's still a good idea to review your elections, confirm your providers are in-network and make sure your beneficiary information is up to date.

Q12. Will I need to verify my dependents?

A12. You will need to submit dependent verification if you add a new dependent to your benefits. You must submit verification within 31 days from the date of enrollment or your dependents will be removed from benefits.

Q13. Why should I review my beneficiaries each year?

A13. Life changes such as a birth or marriage happen. And when they do, you should review your primary and contingent beneficiary elections. You can do this by visiting the Mercer Marketplace 365+ website at benefits.transamerica.com.

Q14. What if I enroll on the Mercer Marketplace 365+ site and need to make a change to my elections before November 9?

A14. You can return to the site and make changes to your elections any time up until 11:59 p.m. ET on November 9.

Q15. What if I need to make changes to my 2023 elections after November 9?

A15. No changes will be allowed after the November 9 enrollment deadline unless you experience a qualifying life event.

Q16. What if I have a qualifying life event?

A16. If you have a qualifying life event (i.e., you have a baby or get married) either later in 2022 or in 2023, you can make changes to your benefit elections at benefits.transamerica.com.

Questions

If you have additional questions, please contact the Mercer Marketplace 365+ dedicated Transamerica Benefits Center at 866-891-4274. Benefits counselors are available from 6 a.m. to 8 p.m. CT Monday through Friday. During Annual Benefits Enrollment, extended hours will be available on Saturdays from 9 a.m. to 1 p.m. CT.

The information is intended to provide highlights for 2023 Annual Benefits Enrollment. In the event of any conflict or inconsistency between this information and the actual Plan documents, the provisions of the Plan documents, including applicable insurance contracts, will govern. The receipt of this information does not entitle you to benefits under the Plan. In order to be entitled to benefits, you must meet all of the applicable eligibility requirements.