

2017

EMPLOYEE BENEFITS



Agenda

- ❖ Introductions
- ❖ Open enrollment overview
- ❖ Open enrollment instructions
- ❖ Overview of benefits and changes
- ❖ Next steps & action items



Open Enrollment Overview

- ❖ Opportunity to:
 - Make changes to current benefit elections
 - Add or delete insurance for yourself
 - Add eligible dependent(s) or remove dependent(s)
- ❖ All changes are effective January 1, 2017 through December 31, 2017
- ❖ This is the **only time during the plan year** you can make changes to your benefit elections *unless* you experience an IRS-defined qualifying life event, including but not limited to:
 - Birth or adoption of a child
 - Change in marital status
 - Change in your spouse's coverage
 - Employment status change
- ❖ Human Resources must be notified within 30 days of a qualifying life event and may require proof of the event (birth certificate, marriage license, etc.)

You must notify Human Resources within 30 days of a qualifying event

Open Enrollment Instructions

- ❖ Open enrollment runs **November 14–November 30**
- ❖ New medical elections must be made
- ❖ Current FSA elections will not carry over to the new plan year, you must make a new election to have coverage in 2017
- ❖ Unum Voluntary Accident & Critical Illness enrollment packets must be returned, even if waiving coverage
- ❖ Update personal information (if applicable), including your beneficiary designation

All changes must be made in PayCom by November 30

All benefit elections are effective January 1, 2017

Overview of Changes for 2017



Benefit	Carriers	Changes
HMO Medical/Rx	Kaiser	Benefit enhancement + new ID card
PPO Medical/Rx	Allegiance & WellDyne	Enhancements + new HDHP offering
Medical Payroll Deductions	-	Changes
Health Savings Account	Health Equity	New offering
Flexible Spending Accounts	Allegiance	New administrator
Dental	Triple Choice	No changes
Vision	VSP	No changes
Advocate & Transparency	Health Advocate	New benefit
Life & AD&D	Unum	No changes
Disability	Unum	No changes
Accident & Critical Illness	Unum	New benefit offering
EAP & Travel Assist	Unum	No changes

Please refer to the Benefits Guide for an overview of benefits, and/or the Summary Plan Documents for more information

Health Reform–Individual Mandate

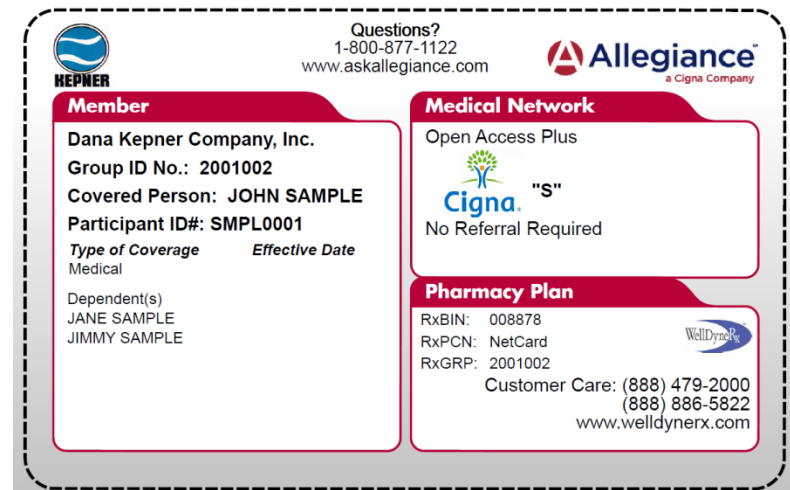
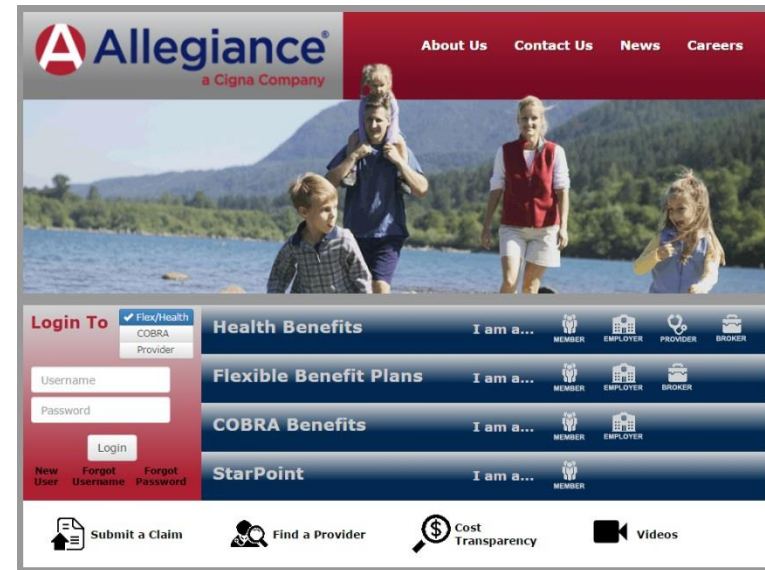
- ❖ Effective January 1, 2014
- ❖ Requires most individuals to have health insurance
- ❖ Most employer group plans (including Dana Kepner's plans) satisfy requirement for individual mandate
 - Other coverage, such as individual policies, student health coverage, Medicare, Medicaid and Tricare or Veteran's coverage also satisfy individual mandate
- ❖ You will not incur a penalty under the individual mandate if you enroll in one of Dana Kepner's medical plans

Medical & Prescription Plan–Kaiser HMO

Summary of Benefits	Kaiser DHMO Plan
	In-Network Only
Annual Deductible Individual/Family	\$750/\$2,250
Annual Out-of-Pocket Maximum Individual/Family	Includes deductible, copays, coinsurance \$1,250/\$2,500
 Physician Services Preventive Care Telemedicine Visit Primary Care Physician Office Visit Specialist Office Visit Chiropractic	100% covered Phone: \$0 copay Video: \$15 or \$25 copay \$15 copay; 10% after deductible \$25 copay; 10% after deductible Not covered
Hospital & Emergency Care Services Inpatient Outpatient/Ambulatory Surgery Emergency Room Urgent Care	10% after deductible 10% after deductible 10% after deductible \$25 copay at a Kaiser designated after hours facility; 10% after deductible procedures
Diagnostics Lab/X-Ray (independent/outpatient) MRI, nuclear med, other high-tech	Lab: 100% covered X-Ray: 10% after deductible 10% after deductible
 Hearing Aid (covered once every 3 years up to \$1,500 per ear for devices)	Applicable exam copay
Prescriptions Generic Preferred Brand Name Non-Preferred Brand Name Specialty	\$10 copay \$25 copay Not covered 20% up to \$250
Mail Order (90-day supply)	2x retail copay

Medical & Prescription Plan–Allegiance & WellDyne PPO & HDHP

- ❖ New claims administrator & provider network
 - Open Access Plus (OAP) network access
 - Locate a provider now via website shared by Ann; after 1/1/17
www.askallegiance.com
- ❖ Welcome booklet shared by Ann electronically
- ❖ New ID card–share updated card with your physician
- ❖ Continue to access WellDyne's website for prescription specific information



Medical & Prescription Plan—Allegiance & WellDyne

PPO & HDHP

- ❖ Minimal changes on medical due to TPA change
- ❖ Out-of-network benefits covered at 40% after deductible
- ❖ Plan is no longer grandfathered and now subject to ACA
- ❖ MDLive – New telemedicine vendor
 - PPO: \$40 copay
 - HDHP: deductible, \$40 copay
 - Watch your mail for information on how to register
- ❖ Prescription changes
 - For Mental Health Parity Act compliance, the plan had to remove antidepressant coverage
 - ❖ Utilize WellDyne's *WellCard* to obtain discounted prescriptions
 - ❖ Discounts up to 15-50%
 - ❖ Login to WellDyne to obtain a copy of the WellCard
 - Preventive / maintenance medications will be covered at 100% under the new HDHP
 - ❖ Ann will send out if you enroll, if you want now just let her know!

Medical & Prescription Plan–Allegiance & WellDyne

PPO

Summary of Benefits	PPO Plan	
	In-Network	Out-of-Network
Annual Deductible Individual/Family	\$750/\$1,500	\$750/\$1,500
Annual Out-of-Pocket Maximum Individual/Family	Includes deductible & coinsurance \$3,000/\$5,500	
Physician Services Preventive Care Telemedicine Visit Primary Care Physician Office Visit Specialist Office Visit Chiropractic	100% covered \$40 copay 20% after deductible 20% after deductible 20% after deductible	40% after deductible Not covered 40% after deductible 40% after deductible 40% after deductible
Limited to 32 visits per year		
Hospital & Emergency Care Services Inpatient Outpatient/Ambulatory Surgery Emergency Room Urgent Care	20% after deductible 20% after deductible 20% after deductible 20% after deductible	40% after deductible 40% after deductible 40% after deductible 40% after deductible
Diagnostics Lab/X-Ray (independent/outpatient) MRI, nuclear med, other high-tech	20% after deductible 20% after deductible	40% after deductible 40% after deductible
Hearing Aid (covered once every 3 years up to \$1,500 per ear for devices)	20% after deductible	40% after deductible
Prescriptions Generic Preferred Brand Name Non-Preferred Brand Name Specialty	20%, deductible waived 20%, deductible waived 20%, deductible waived 20%, deductible waived	40% after deductible 40% after deductible 40% after deductible 40% after deductible
Mail Order (90-day supply)	20%, deductible waived	Not covered

Medical & Prescription Plan–Allegiance & WellDyne High Deductible Health Plan (HDHP)

Summary of Benefits	HDHP	
	In-Network	Out-of-Network
Annual Deductible Individual/Family	\$2,600/\$5,200	\$5,200/\$10,400
Annual Out-of-Pocket Maximum Individual/Family	Deductible & coinsurance included \$5,200/\$10,400	
Physician Services Preventive Care Telemedicine Visit Primary Care Physician Office Visit Specialist Office Visit Chiropractic	100% covered \$40 copay after deductible 20% after deductible 20% after deductible 20% after deductible	40% after deductible Not covered 40% after deductible 40% after deductible 40% after deductible
Limited to 32 visits per year		
Hospital & Emergency Care Services Inpatient Outpatient/Ambulatory Surgery Emergency Room Urgent Care	20% after deductible 20% after deductible 20% after deductible 20% after deductible	40% after deductible 40% after deductible 40% after deductible 40% after deductible
Diagnostics Lab/X-Ray (independent/outpatient) MRI, nuclear med, other high-tech	20% after deductible 20% after deductible	40% after deductible 40% after deductible
Hearing Aid (covered once every 3 years up to \$1,500 per ear for devices)	20% after deductible	40% after deductible
Prescriptions Preventive Medications Generic Preferred Brand Name Non-Preferred Brand Name Specialty	100% covered 20% after deductible 20% after deductible 20% after deductible 20% after deductible	40% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible
Mail Order (90-day supply)	20% after deductible	Not covered

❖ See Ann for a copy of the 2017 Preventive Medications List

Medical & Prescription Contribution Cost

❖ New – 4 tier enrollment breakout!

Coverage Level	PPO & HMO Plans Non-Smoker	PPO & HMO Plans Smoker	HDHP Non-Smoker	HDHP Smoker
	Per Pay Period	Per Pay Period	Per Pay Period	Per Pay Period
Employee Only	\$74.77	\$120.92	\$46.15	\$92.31
Employee + Spouse	\$313.85	\$360.00	\$230.77	\$276.92
Employee + Child(ren)	\$309.23	\$355.38	\$230.77	\$276.92
Employee + Family	\$332.77	\$378.92	\$253.85	\$300.00

What is a Health Savings Account (HSA)?

- ❖ An HSA is a tax-exempt trust or custodial bank account
- ❖ You must be an “eligible” individual to qualify for an HSA
- ❖ You are eligible to open an HSA as long as:
 - You are enrolled in a qualified High Deductible Health Plan
 - You are not enrolled in other medical coverage with non-qualifying or “low” deductibles, an FSA, or HRA—either as a dependent or an employee
 - You are not enrolled in a health care FSA (Limited FSA ok - more to come on this)
 - You are not enrolled in Medicare or TRICARE for LIFE
 - You cannot be claimed as a dependent on someone else’s tax return
 - You have not received Veteran Administration Benefits in the last three months

**Even if you are ineligible to enroll in the HSA,
you can still enroll in the HDHP**



Your HSA Helps You Save

1

The money you put into your HSA is tax-deductible

2

Any money you use from your HSA to pay for qualified expenses is withdrawn tax-free

3

You may earn interest on your account, and it is not taxable

4

The amount not spent during this year carries over for use in future years *AND* it's portable!

Dana Kepner Will Help You Start Saving

- ❖ For your first year enrolling in the HDHP (whether this year or a future year), Dana Kepner will match your HSA contribution, up to:
 - Employee only coverage: up to \$200
 - Employee + spouse or children coverage: up to \$400
 - Employee + family coverage: up to \$500
- ❖ Example
 - Employee only coverage: if you contribute at least \$200 to your HSA, Dana Kepner will also contribute \$200
- ❖ Funding
 - Employee and employer dollars will be deposited on a per pay period basis
 - Flexibility to change HSA contribution on a quarterly basis



Contributing to an HSA

❖ IRS maximum contributions

- Includes *both* Dana Kepner & your contributions

	2017 Limits
Employee Only	\$3,400
All Other Coverage	\$6,750
Age 55+ Additional Catch-Up	\$1,000

❖ Contributions exempt from federal income tax, FICA and most state taxes

❖ Contribution options:

- Contribute pre-tax to HSA with Health Equity through payroll deduction
 - ✧ You must open your account with Health Equity in order to receive Dana Kepner matching dollars
- Contribute after-tax via check or online directly to HSA account

HSA Eligible Expenses

- ❖ HSA funds should be used for qualified expenses only
 - Withdrawals are tax-free for eligible expenses defined by IRS Code Sec.213(d)
 - ❖ The expense must be incurred on or after date you established your HSA bank account
 - Withdrawals for non-qualified expenses become income and subject to income taxes *plus* an additional 20% penalty
 - Mistaken distributions from an HSA can be returned—must be repaid by April 15 of following year
- ❖ Keep receipts!
 - IRS may require proof of qualified expenses



Examples of Qualified & Nonqualified Expenses

Examples of qualified expenses*

- Out-of-pocket costs for medical and dental care
- Prescriptions
- Vision care, including glasses and LASIK eye surgery
- Smoking cessation treatment and prescriptions
- Family planning procedures
- Chiropractic services
- Some insurance premiums, such as long-term care, COBRA and health care coverage premiums while receiving unemployment compensation

Examples of nonqualified expenses

- Air purifiers
- Cosmetic surgery and related expenses
- Health club dues (unless prescribed by physician to treat illness)
- Illegal operations and treatments
- Massages for general well-being
- Premiums for health care coverage
- Transportation (unless specifically for and essential to medical care)
- Toothpaste, cosmetics and toiletries
- Vitamins and nutritional supplements

Qualified medical expenses are determined by the IRS

***For an expanded list, visit www.HealthEquity.com/qme or the IRS website at www.irs.gov and see Publications 502 and 969**

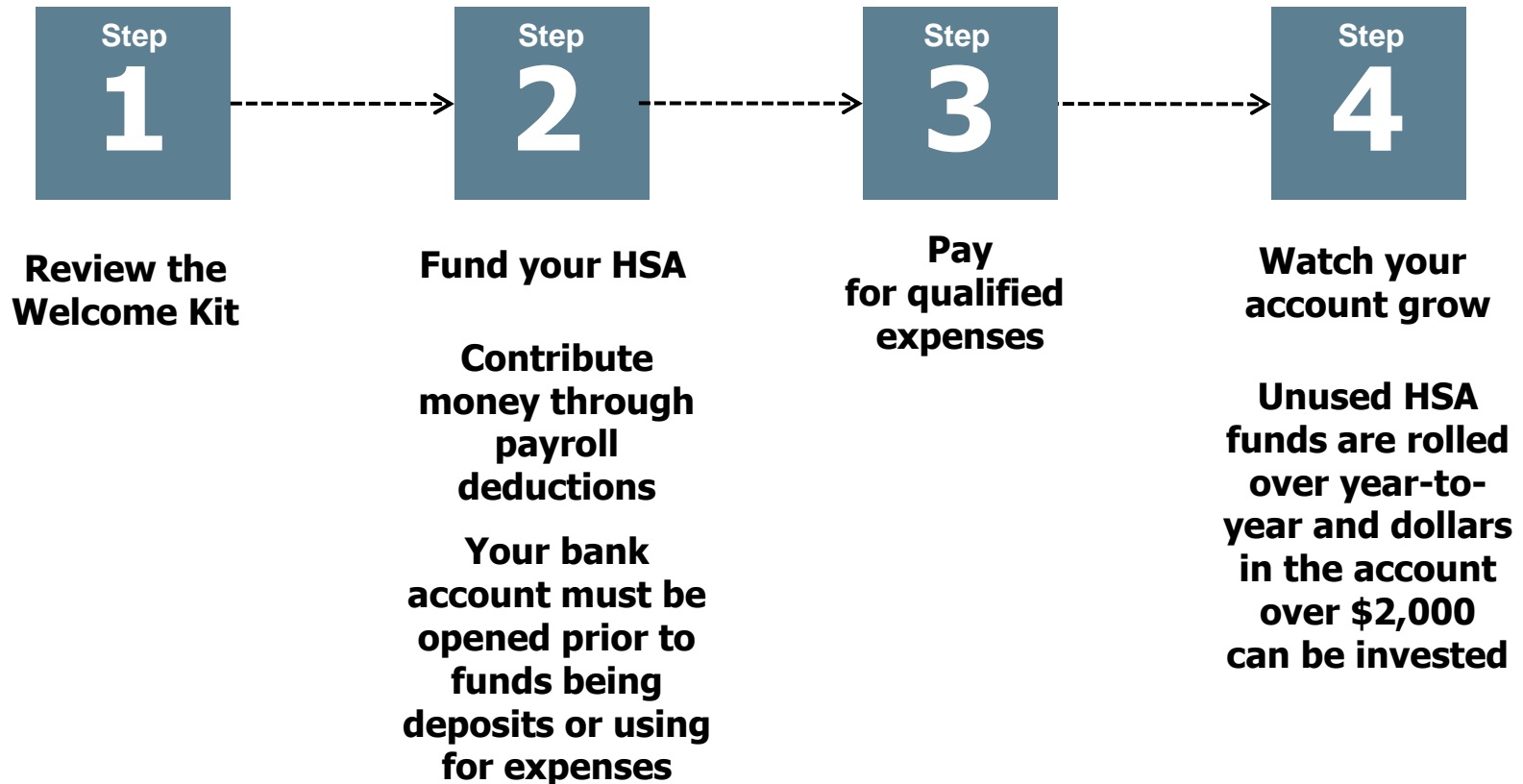
Paying for Qualified Expenses

- ❖ Three payment options:
 - HSA debit card
 - Pay your provider from the member portal
 - Pay out of your pocket and reimburse yourself via the portal
- ❖ You can only pay expenses from your HSA if you have \$\$ in the account
- ❖ You can use HSA money **only for expenses incurred after** the account is established



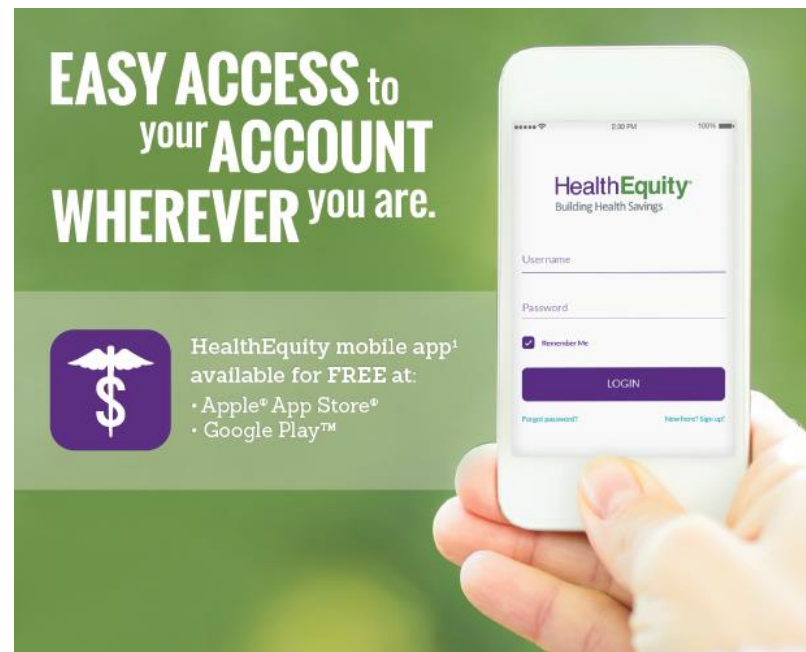
Enrolling in the HSA

Getting started with your HSA is easy – just follow these simple steps:



Managing Your HSA Bank Account

- ❖ Access your HSA bank account at www.healthequity.com or via their mobile app
 - View HSA balance and activity
 - View monthly statements
 - Monitor contributions and withdrawals
 - Access information and tools to help estimate contributions



Flexible Spending Accounts–Allegiance

- ❖ FSA claims with RCI can be paid and filed through December 23
 - Debit cards will be turned off on 12/23
 - RCI will not reimburse FSA claims received after 12/23
 - Claims that need reimbursement need to be sent to Allegiance for processing
- ❖ If you enroll in any of the flexible spending accounts, information will be sent to you via mail from Allegiance
 - Register your account online
 - New debit card

Flexible Spending Accounts–Allegiance

❖ Medical Flexible Spending Account

- Contribute up to \$2,600 annually
- If you enrolled in the health care FSA for 2016, any remaining funds up to \$500 will be automatically rolled over into the 2017 plan year

❖ Limited Purpose Flexible Spending Account

- If you are enrolling in the HDHP, you can enroll in the limited FSA (HSA as well)
- Can only be used to reimburse eligible *dental and vision* expenses
- If you currently have the FSA and believe you may have money left at the end of the year - any remaining funds up to \$500 will be automatically transferred to a *limited* purpose FSA to use in 2017

❖ Dependent Care Flexible Spending Account

- Contribute up to \$5,000 annually, or \$2,500 if married and filing taxes separately
- Allows you to set aside money on a pre-tax basis for day care expenses or allow you and your spouse to work or attend school full time
- Dependent care FSA dollars are “use it or lose it”

You cannot stop or change your FSA contribution during the plan year unless you experience a qualifying life event

Deciding Between Your Medical Plan Options

HMO, PPO vs. HDHP

	HMO	PPO	HDHP
Model of care	In-network, managed care	In and out of network, self-directed care	In and out of network, self-directed care
What is covered	All standard services, including mental health	All standard services, excluding mental health Note: WellDyne discount card & EAP	All standard services, excluding mental health Also includes 100% coverage of maintenance medications Note: WellDyne discount card & EAP
In-network preventive care	Preventive care is covered at no cost to you		
In-network deductible	\$750 individual / \$2,250 family	\$750 individual / \$1,500 family	\$2,600 individual / \$5,200 family
In-network out-of-pocket maximum	\$1,250 individual / \$2,500 family	\$3,000 individual / \$5,500 family	\$5,200 individual / \$10,400 family
How/when you pay (in-network)	You either pay a copay or deductible and 10% coinsurance for services until you reach the out-of-pocket maximum After you meet the out-of-pocket maximum, the plan pays 100% of covered services for the remainder of the plan year	You pay for all medical services out of your pocket until you meet the deductible. You pay 20% coinsurance for all prescription services After you meet the deductible, you pay 20% coinsurance for all medical services until you reach the out-of-pocket maximum After you meet the out-of-pocket maximum, the plan pays 100% of covered services for the remainder of the plan year	You pay for all services out of your pocket until you meet the deductible After you meet the deductible, you pay 20% coinsurance for all services until you reach the out-of-pocket maximum After you meet the out-of-pocket maximum, the plan pays 100% of covered services for the remainder of the plan year
Cost per pay period	Highest	Highest	Lowest
Pre-tax account eligibility	You can fund a health care flexible spending account up to \$2,600		You can fund a health savings account and a limited health care flexible spending account \$3,400 individual / \$6,750 others FSA \$2,600 Dana Kepner helps you save by matching your contribution to determined amounts

Dental & Vision Plans

Dental

- ❖ Three dental plan options
 - Alpha Dental plan
 - Blue Expert plan (aka Care POS plan or Beta Plan)
 - Delta Dental plan



Vision

- ## ❖ Voluntary vision coverage with VSP

See Benefit Guide for summary of plan designs and contributions

No changes to any plans

Advocacy Services & Transparency–Health Advocate

- ❖ Enrollment brochures have been shared by Ann
- ❖ Available January 1, 2017
- ❖ Two components offered
 - Health advocacy services
 - Cost transparency
- ❖ Who is eligible?
 - Anyone employee who enrolls in a Dana Kepner medical, plan plus your:
 - ❖ Spouse
 - ❖ Children
 - ❖ Parents and parents-in-law

Health Advocate—Advocacy Support

❖ What is a Personal Health Advocate?

- Registered nurses with 10+ years experience in clinical care, case management, nursing education, supervision and administration
- Benefits experts with 5+ years experience in benefits administration, claims management, provider group administration
- Trained clinical professionals – social workers, behavior change counselors, nutritionists, dieticians, dental care and pharmacy management

Find the right doctors

We can also find the right hospitals, specialists and other leading providers, anywhere in the country.

Schedule appointments

Our experts can expedite appointments, arrange second opinions and transfer medical records.

Assist in the transfer of medical records

We'll also handle the details of transferring X-rays and lab results.

Work with insurance companies

Our team works on your behalf to obtain appropriate approvals for needed services.

Resolve benefits issues

We'll do the legwork to resolve insurance claims and billing issues, untangle medical bills and coordinate benefits.

Help with eldercare

We can help address senior issues including finding eldercare services, adult day care and more.

Get your questions answered

We help you become informed about test results, treatments and medications.

Get pricing support

Make more informed healthcare decisions with detailed cost estimates for medical services in your area.

Calling Health Advocate



Claims Issue



Benefits Question



Clinical/Health Issue



We Listen
We Collect
We Connect

Triage is where we listen to the caller's issue and for the questions that are not asked. We then gather the details and connect them to the right experts.

Claims Specialist

Billing Expert

Benefits Specialist

Personal Health Advocate/RN

Wellness Coach

The Member Journey

Steve called Health Advocate.



He spoke to a Personal Health Advocate about the bill.



His Advocate asked Steve to send copies of all the paperwork, including phone numbers for his health plan, the doctor and the surgery center.



His Advocate contacted the health plan, and determined they had, in fact, paid the anesthesiologist according to Steve's benefits.



His Advocate contacted the provider's office and forwarded copies of the payment, requesting they send Steve a written confirmation that he no longer owed them money.

Steve needed help addressing an anesthesiology bill following a recent surgery that should have been covered by his plan.

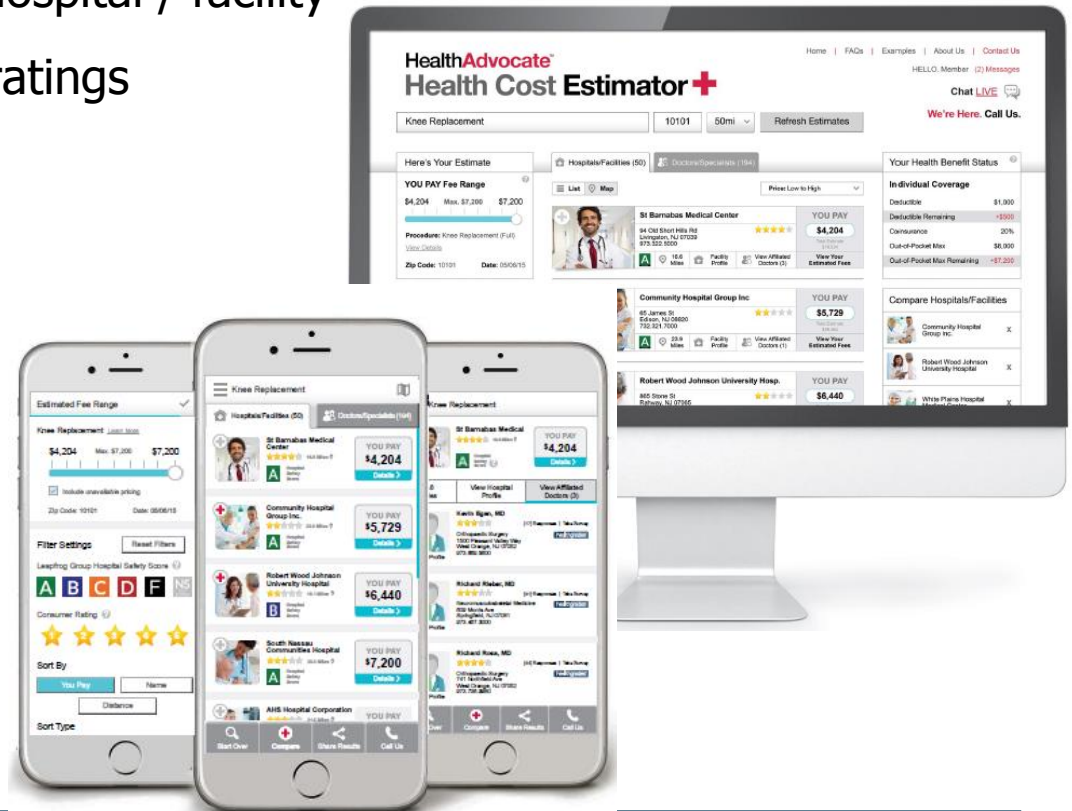


Steve's Advocate contacted him with the good news.



Health Advocate–Health Cost Estimator +

- ❖ Shop around and save!
 - Online, app, call
- ❖ Compare costs for hundreds of medical procedures and services nationwide
- ❖ View estimated cost results by hospital / facility
- ❖ View quality, safety, consumer ratings
- ❖ View results by location





**“ A quick search—
and a quick call to
Health Advocate—
saved me hundreds
of dollars! ”**

Having just signed up for a new high-deductible health plan, Anita panicked when her doctor ordered an abdominal ultrasound for some pain she was having.

After logging in to the Health Cost Estimator+ pricing tool, she was shocked to learn that the estimated out-of-pocket cost for the ultrasound at her local hospital, based on her new plan, was \$425—compared to \$130 at a nearby imaging center.

When Anita called Health Advocate to see if the imaging center was in her plan's network, her Personal Health Advocate confirmed that it was...and even made an appointment for her.

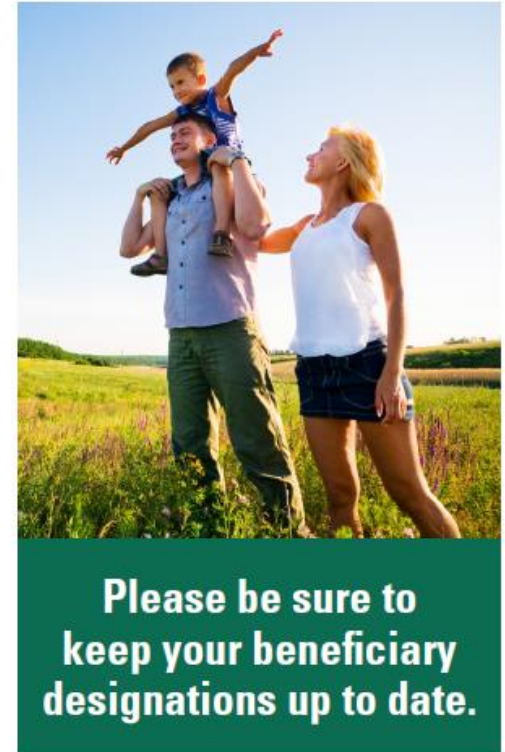
Life and AD&D–Unum

Basic Life and AD&D

- ❖ Dana Kepner provides basic life and accidental death (AD&D) insurance to you at no cost!
 - 1x base annual salary to \$50,000

Voluntary Life and AD&D

- ❖ You also have the option of purchasing additional life and AD&D for yourself, your spouse, and your eligible dependents
 - If you did not enroll in *any* coverage when you were initially eligible, amounts applied for at annual enrollment will be subject to evidence of insurability



Disability—Dana Kepner & Unum

Voluntary Short-Term Disability

- ❖ Administered by Dana Kepner, at \$5.00 per month
- ❖ You can purchase 60% of your monthly salary, up to \$5,000
- ❖ Elimination period of 31 days

Core Long-Term Disability

- ❖ Dana Kepner provides coverage at no cost to you
- ❖ Benefit is 60% of monthly salary, to a maximum of \$1,000

Voluntary Buy-Up Long-Term Disability

- ❖ Benefit of 60% of your monthly salary, to a maximum of \$5,000
- ❖ Guarantee issue, no underwriting process
- ❖ Both the core and buy-up have a 90 day elimination period

Voluntary Accident Insurance

Election paperwork required to be returned – elect or waive

- ❖ Designed to help offset out-of-pocket expenses, such as deductibles and co-pays, that can follow even ordinary accidents
- ❖ Main features
 - Paid directly to you, not your Doctor or Hospital, so you can choose what you want to do with the money
 - 24 hour coverage: this plan protects you around the clock, on and off job
 - Family Coverage: you are able to protect your active children and spouse
 - Fully portable: if you leave work for any reason, you can take this coverage with you
- ❖ An accidental injury can bust your budget
 - Example: torn ACL from falling off a ladder would cost \$100 emergency room co-pay, \$400 deductible, \$750 co-pay for hospital admission or confinement, \$150 co-pay for physical therapy
 - ❖ Total out of pocket expense: \$1,400
 - Benefits paid from the Accident plan: \$1,000 for hospital admission, \$150 for ER treatment, \$500 for torn knee cartilage, \$200 for hospital confinement, \$100 appliance (knee brace), \$50 for doctor follow up visit, \$150 for 6 physical therapy sessions
 - ❖ Total benefit paid: \$2,150

Annual open enrollment is the only opportunity to enroll in this benefit!

Voluntary Critical Illness Insurance

Election paperwork required to be returned – elect or waive

- ❖ This plan pays you a lump-sum benefit upon the Doctor's first diagnosis of a covered illness, like a heart attack, stroke, or cancer
- ❖ Benefit options
 - Employee High Plan: \$10,000
 - Employee Low Plan: \$5,000
 - Spouse is able to get a \$5,000 benefit
 - Children are automatically covered for 25% of the employee amount
- ❖ Covered conditions
 - Cancer, heart attack, stroke, major organ transplant, kidney failure, coronary artery bypass surgery, benign brain tumor, blindness
 - Due to injury: coma, permanent paralysis, occupational HIV
- ❖ Main features
 - Level premium: does not increase with age, based on your age when coverage is issued
 - Wellness benefit: receive a \$50 check for doing a preventative health test (i.e. mammogram, pap smear, blood work, skin exam, etc.)
 - Fully portable: this coverage can be taken with you if you leave work for any reason

Annual open enrollment is the only opportunity to enroll in this benefit! If you don't enroll now, you can at the next open enrollment, but you will be subject to EOI

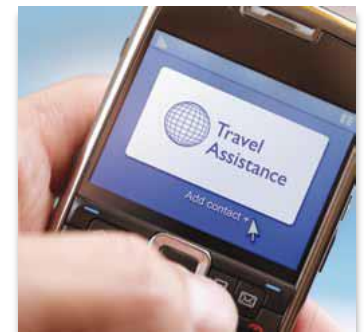
Employee Assistance Program

- ❖ Dana Kepner provides an Employee Assistance Program called LifeBalance. This program is available 24 hours a day, 7 days a week, and is free to you and your dependents!
- ❖ The LifeBalance program provides support, guidance, and resources that can help you resolve personal issues and meet life's challenges
- ❖ The program provides three face-to-face counseling sessions and may assist with the following:
 - Child care
 - Elder care
 - Alcohol and drug abuse
 - Depression
 - Difficulties in relationships
 - Financial and legal concerns



Travel Assistance Program

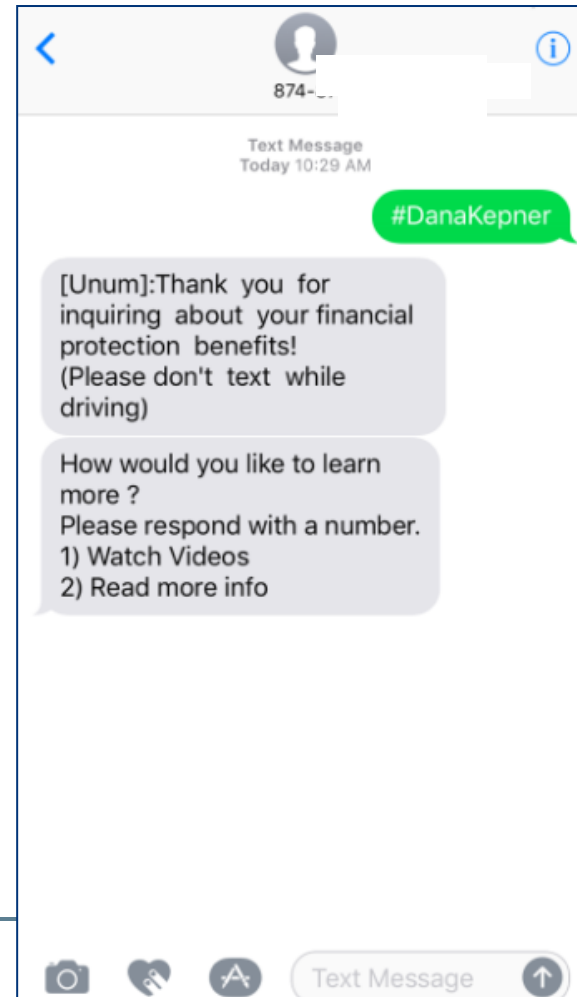
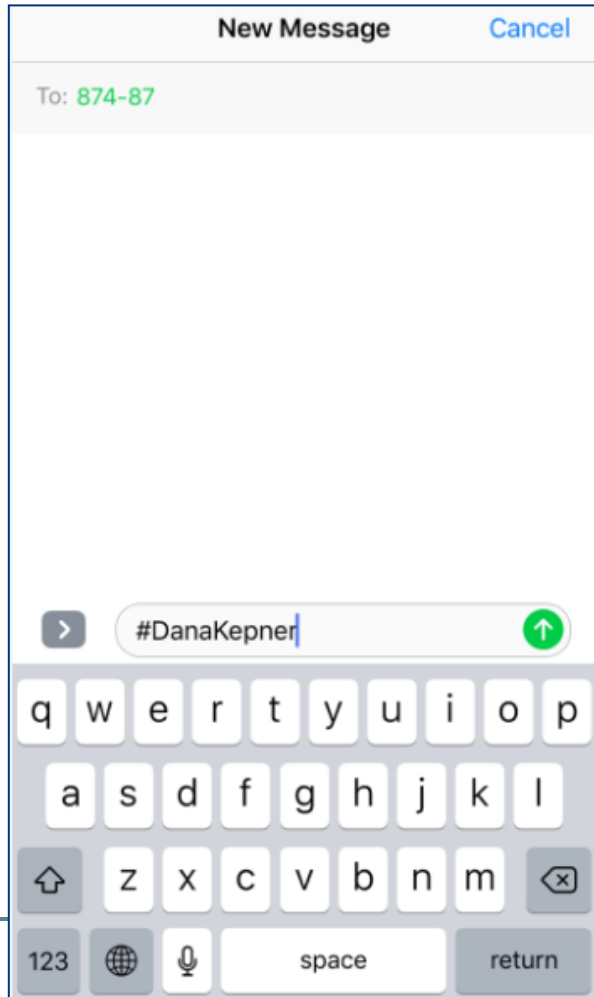
- ❖ Dana Kepner provides a Travel Assistance Program. This program is available 24 hours a day, 7 days a week, and is free to you and your dependents!
- ❖ For travel
 - 100 miles or more from home
 - In or out of the country
 - Anywhere in the world
- ❖ 24-hour phone access to
 - Pre-qualified medical providers
 - Access to western-style medicine
 - Ambulance and air ambulance
 - Lost/stolen medication replacement...and more
- ❖ Covers
 - Business and personal travel
 - Family members
 - ❖ Does not cover spouse when traveling for business



Learn More about your Unum Benefits – Text2Engage

Text #DanaKepner to 87487

Learn more about your Unum benefits through videos or written text



Next Steps & Action Items

- ❖ Open enrollment runs through **November 30**
- ❖ New medical elections must be made
- ❖ Register with MDLive
- ❖ Current FSA elections will not carry over to the new plan year, you must make a new election to have coverage in 2017
- ❖ Unum Voluntary Accident & Critical Illness enrollment packets must be returned, even if waiving coverage
- ❖ Update personal information (if applicable), including your beneficiary designation

All changes must be made in PayCom by November 30