

Annual Enrollment: Preview of What's Changing Beginning August 1, 2024

Annual Enrollment is coming up fast: June 10 through June 28, 2024. But before you enroll, you need to understand what's changing with your current Aon Active Health Exchange™ benefits. Many changes have occurred in health care in recent years, they're occurring right now, and they'll continue to occur in the future. Changes are continuously made to carrier networks, prescription drug formularies, and of course, how much you pay.

Below is an overview of important considerations beginning August 1, 2024.

What's New	Why It Matters
Your options could have changed.	You should enroll to make sure you get the coverage you want next year! Not only could your needs have changed, but other things could have changed too—including your options and prices, the network of doctors, and how your prescription drugs are covered. It's worth a close look, even if you choose exactly what you have today. Remember to contribute to a health care and/or dependent care flexible spending account (FSA), as you must make an active election each year to participate.
Your cost of coverage has changed.	Because prices can go up or down each year, your current coverage may not be your best deal next year. Carefully review your options and prices to find the right fit for you and your family.
Insurance carrier provider networks could have changed.	<p>Insurance carrier provider networks can change. Seeing out-of-network providers may cost you substantially more than seeing in-network providers. Always double-check the networks of each insurance carrier you're considering before making a decision.</p> <p>When it's time to enroll, see if providers critical to your care are in the network through NMGbenefits.com. For the best results:</p> <ul style="list-style-type: none">• Search for your provider by name—not medical practice.• Check only the office location(s) you are willing to visit.• When searching for a facility, use the complete facility name and confirm whether the specialty of the facility is covered in-network. <p>Important! If you have any uncertainty (for instance, covering out-of-area dependents) or you need the network name, you need to call the insurance carrier.</p>
Medical and Prescription Drug	
If you choose a Gold or Gold II option, you will be responsible for a copay when you visit urgent care.	The Gold and Gold II copay will be \$40. You will no longer need to meet a deductible and then pay your portion of coinsurance.
Associates covered under Silver will no longer have a copay when visiting the emergency room.	If you're covered under the Silver coverage level, you will no longer have a \$150 emergency room copay before the deductible and coinsurance apply.
Associates covered under Gold or Gold II will have a copay when visiting the emergency room.	If you're covered under the Gold or Gold II coverage level, you will have a \$150 emergency room copay before the deductible and coinsurance apply.

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How your medication is classified (and covered) could have changed.	Because your medical insurance carrier's pharmacy benefit manager can change how it covers prescription drugs at any time (such as changing coverage tiers), it's strongly recommended that you call Optum Rx or the insurance carrier before you enroll to see how your medication will be covered in the new plan year.
Other medical benefits may have changed.	Medical insurance carriers may offer new or enhanced benefits for 2024. Additional coverage details will be available when you enroll, so be sure to review your options carefully.
Health Savings Account (HSA)	
The IRS has updated the HSA contribution limits.	If eligible, for 2024, you can contribute up to \$4,150 if you cover just yourself or \$8,300 if you cover yourself and your family. If you're age 55 or older (or will turn age 55 during the plan year), you can also make additional "catch-up" contributions to your HSA up to \$1,000.
Other	
Your Flexible Spending Account (FSA) administrator has a new name.	PayFlex has rebranded as Inspira Financial . There's no change to how you submit claims or how you're reimbursed for eligible expenses. If you have a debit card, you can continue to use it for eligible health care and limited-purpose expenses until it expires.
New! Get the best care based on your symptoms.	Check out your newest feature, Symptom Checker , available through Health Pro Connect on NMGbenefits.com . Symptom Checker uses logic to provide a targeted set of possible conditions (based on your symptoms) and suggests next steps for care.

Want more information? Once logged on to [NMGbenefits.com](#) beginning June 10, look for the "Need Help?" icon to ask Lisa, your virtual assistant, any questions you may have. For additional support, you can schedule an appointment with a customer service representative through [NMGbenefits.com](#).

This overview of 2024 changes serves as a Summary of Material Modifications (SMM), providing information on various NMG benefit plan changes that take effect August 1, 2024. It is intended to provide an overview of changes and information about some of the benefits you may be eligible for through NMG. If there is a discrepancy between the information displayed and the official plan documents, the official plan documents will govern.

Information contained herein is not intended as legal, tax or other professional advice. You should not act upon any such information without first seeking a qualified professional on your specific matter.

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