

Frequently Asked Questions

Q. What is an annual Open Enrollment period?

It's the time of year that you may add or remove an eligible dependent, enroll or waive coverage, or change your level of coverage for certain pre-tax benefits. This year's Open Enrollment period is from November 6 – November 25, 2023.

Q. What's new for 2024?

We are adding a new network offering that may improve the quality of healthcare for you and your family. We will continue to offer the Aetna Broad Network for all providers that participate with Aetna. However, to maximize your medical benefits, we are adding a new network offering that may lower your costs. Aetna Premier Care Network (APCN) Plus is designed to simplify your life and put your mind at ease. That means better quality of care and a better experience for you and your family – plus the savings that come with staying in the network.

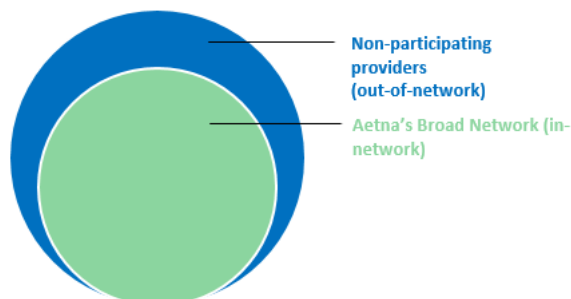
Q. What's the difference between the two provider networks?

The Aetna Broad Network is all of the providers that participate with Aetna. If you see a non-participating provider, benefits will be paid at the out-of-network level. Your weekly contributions if you choose the Aetna Broad Network will be higher than if you choose Aetna Premier Care Network (APCN) Plus network.

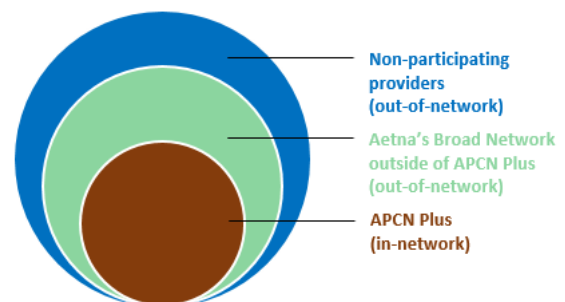
The Aetna Premier Care Network (APCN) Plus is a smaller group of providers chosen from the Choice POS II network. These providers have a proven track record with excellent health outcomes at a lower cost. If you select this network when you enroll, your weekly contributions will be lower.

Important: If you choose APCN Plus when you enroll, you must use providers in the APCN Plus network, or benefits will be paid at the out-of-network level (even if you use a provider in the Aetna Broad Network).

If you choose **Aetna's Broad Network**



If you choose **Aetna's Premier Care Network (APCN) Plus**



Q. Which providers participate under the Aetna Premier Care Network (APCN) Plus?

You have access to a network of primary care doctors, specialists, walk-in clinics, and urgent care centers in your area. You may also have access to a special network of doctors working as a team to manage your care needs. This can make everything more convenient and cost effective. And, it's possible that you may be using a provider that is already in the APCN Plus network.

Q. How do I know if my provider is in the network?

If you are currently in an Aetna plan, do not log in as a member to check on providers in the APCN Network. Instead, use these steps:

1. Go to www.aetna.com (or use the Aetna app)
2. Click on "Individuals"
3. Click on "Find a Doctor"
4. Not a member yet? Under "Guests," click on "Plan from an employer"
5. Under "Continue as a guest," enter your home location (e.g., your zip code)
6. Under "Select a plan," select "Aetna Premier Care Network Plus (APCN Plus) Choice POS II"
7. Search for your provider

You can also call the insurance provider directly.

Q. What if my provider is not part of the APCN Plus network?

If your provider is not part of the APCN Plus Network:

- You can look for a provider who participates in the APCN Network and switch providers.
- You can continue with that provider and receive the out-of-network benefits which is subject to a deductible, co-insurance, and any amounts that exceeds Aetna's Usual and Customary rate.

Q. What isn't changing for 2024?

- We will continue to offer four Aetna medical plans.
- There are no plan design changes to the dental plan.
- There are no plan design changes to the vision plan.
- We will continue our current health care pricing for all medical plans when selecting the **Aetna Premier Care Network (APCN) Plus**.
- We will continue our current Dental and Vision pricing.

Q. What are the benefit plan changes for 2024?

- There are plan design changes across all medical plan offerings.
- Weekly contributions for all medical plans have increased when selecting the **Aetna Broad Network**.

- With all four medical plan offerings, you **must** select a network when you enroll or change your medical plan.
 - Your network options include:
 - **Aetna Broad Network**, our current network
 - **Aetna Premier Care Network (APCN) Plus**; and
- Whichever network you choose during Open Enrollment will be your in-network providers for the year.

Q. How do I obtain detailed information about the plans offered by Price Rite?
Refer to your “Summary of Benefits and Coverage” (SBC) available on www.priceritebenefits.com.

Q. How do I enroll or make changes to my coverage?

Go to www.priceritebenefits.com, select Open Enrollment 2024 at the top of the page and download the enrollment forms which are located under “Sign Up for Coverage”. These password protected forms also contain your weekly contributions. See your Benefits Administrator for details.

Important: When you enroll or change your medical plan, you **must** also select a provider network for in-network benefits. There are two network options: The **Aetna Premier Care Network (APCN) Plus** and our current **Aetna Broad Network**.

Q. How do I add my eligible dependent(s)?

If you want to add an eligible dependent to your coverage for 2024, enroll your dependent(s) during the annual Open Enrollment period. You will also need to submit dependent documentation such as a marriage certificate or birth certificate along with your completed enrollment forms. See your Benefits Administrator for details.

Q. What if I don’t enroll?

If you don’t enroll by November 25, 2023, your next opportunity to enroll will be during the next annual Open Enrollment period for plan year 2025 unless you experience a Qualified Life Event (i.e. marriage, divorce, birth/adoption of a child, gain or loss of coverage). **Note:** You have 30 days to report a Qualified Life Event (QLE) to your Benefits Administrator.

Q. If I stay with my current medical plan and network, do I have to complete an enrollment form?

No. Your current medical coverage will roll over into the 2024 plan year.

Q. What if I don’t make changes to my benefits?

Your current medical, dental, and/or vision coverage will continue with the 2024 plans and contributions.

Q. Will weekly contributions change for 2024?

Your weekly contributions for medical coverage may increase depending on your plan and network selection, but there will be no increase to your weekly contributions for dental and vision.

Q. Where can we see our costs for 2024?

You can access your contributions directly from the password protected website www.priceritebenefits.com. See your Benefits Administrator for details.

Q. Why do I pay for some benefits with pre-tax dollars?

Paying for certain optional benefits with pre-tax dollars lowers the amount of your pay that is taxable; therefore, you pay less in taxes.

Q. Why should I see a network provider?

Network doctors have agreed to a discount of their fees. You may pay lower out-pocket expenses when you use an in-network provider. Plus, there's no guesswork about which doctors are covered, and no worries about unneeded tests or procedures. You'll enjoy quality health care from a network of doctors and other providers you can trust.

Q. Will I receive new ID cards?

If you are changing your existing medical plan and/or network, adding an eligible dependent or are new to enrolling under health benefits, you will receive ID cards for you and your family prior to January 1st.

Q. Do I need to notify my health care providers if I am changing my medical plan or network?

Yes. You will also need to provide your new medical ID card to your healthcare providers for you and your family beginning January 1st.

Q. How can I receive additional or replacement ID cards?

Call the insurance carriers directly.

Q. What is an Explanation of Benefits (EOB)?

A statement provided to the member explaining how and why a claim was or wasn't paid. Always review your EOB statements for accuracy. If you have a question about an EOB, or see an error, contact the provider directly.

Q. What if I get married, divorced, or have a new child in my family during the plan year?

You must contact your Benefits Administrator within 30 days of any Qualified Life Event (QLE). Otherwise, you will have to wait until the next Open Enrollment period to change your benefits options or coverage levels. You are also required to provide official documentation as proof of the change such as a marriage certificate, birth certificate, or court documents.

Q. When can I continue coverage under COBRA?

You and/or dependents are eligible to continue group health care under COBRA if coverage is lost because:

- You leave Price Rite for any reason other than “gross misconduct”
- Your work hours are reduced.
- You die.
- You become entitled to and enroll in Medicare prior to electing COBRA.
- You divorce.
- Your dependent loses dependent status.

Q. Where can I find out more information?

Get additional information about this year’s Open Enrollment online at www.priceritebenefits.com. It is a self-service benefits website that provides resources to help you make informed decisions about your benefits. On this website, you will also find details on your benefits, Summary of Benefits and Coverage (SBCs), important eligibility, enrollment information, and Legal Notices.