

Benefit FAQs

Learn more about your options for Open Enrollment and beyond.



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Plan details can be found at [MAPFRE.gobenefits.net](https://www.mapfre.usa.com/gobenefits.net).



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2024 BENEFITS

What to Expect in 2024

We are continually evaluating our benefits to ensure we are providing you with valuable coverage at a reasonable cost. Our goal is to bring you plans that are competitive in our industry, both in benefits and rates, equitable and sustainable for years to come. Changes for 2024 include:

- **Medical Plans:** There will be no increase to the plan premiums. There will be changes to deductibles and out-of-pocket maximums for all three plans. Coinsurance for the Value Plans will be increased to 20%.
- **Decision Support:** A new tool, Precision Benefits, is available to help you find the medical plan that's right for you. This replaces our previous Pilot+ service.
- **Dental Benefits:** MAPFRE dental members who are under age 13 will have 100% coverage up to the annual maximum for covered dental services (excluding orthodontics).
- **Wellness Incentive:** In addition to your biometric screening, you will also need to complete a confidential Health Check Survey in the Better Health Wellness Portal to earn your 2024 premium incentive. These requirements must be met by December 6, 2023.
- **New Administrator:** Beginning January 1, **MetLife** will administer our life insurance, disability, pet insurance, critical illness, accident and hospital plans.
- **New! ID Theft and Fraud Protection Program:** Enroll in this program during Open Enrollment and opt to protect yourself and/or your entire family.

What is MAPFRE's approach to medical coverage?

- We are proud to offer you a medical plan with comprehensive coverage, which allows you to choose from three options based on how you prefer to pay for your health care needs (i.e., more money from your paycheck vs. more money when you need care).
- We provide resources to help you evaluate your health care needs and your payment preferences, which lets you make informed decisions about your plans. See **page 3** for details.
- We offer tools and programs to help you save money and take charge of your health care expenses, such as tax-advantaged health savings accounts with contributions from MAPFRE, and flexible spending accounts. You'll also save money on your medical plan contributions when you complete a wellness screening and confidential Health Check survey.

What are my options with the medical plan?

This year, your choices include:

- **EPO:** Lowest deductible, highest premium
- **Value HSA:** Higher deductible, lower premium
- **Super Value HSA:** Highest deductible, lowest premium

What happens if I waive medical coverage?

If you had coverage in 2023 and waive coverage in 2024, you will receive a waiver credit each pay period in 2024. This credit is \$500 annually if you had individual coverage in 2023 or \$1,000 if you had dual or family coverage in 2023. The credit does not apply if you waived coverage in 2023.



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MEDICAL PLANS

What is an exclusive provider organization (EPO)?

With an EPO Plan, you are provided with a comprehensive network of doctors and hospitals to receive services. You are covered when you use the doctors and hospitals within the network. Services are not covered when you go outside of this network for your care, except in the case of emergencies.

How do I find a network provider?

To check if your doctor is in the network, or to find a new provider, visit member.bluecrossma.com/fad and:

- Enter a doctor, facility or specialty into the search bar, or browse by selecting “All Specialties”
- Enter your location
- Select the “Advantage Blue EPO” Network
- Click Search

Or, you can call BlueCross BlueShield member services at **800-262-2583**.

Do I need a referral to see a specialist?

No, referrals are not required for any of the three medical plan options.

Can I receive services outside of the network?

If you decide to seek non-emergency care from an out-of-network provider, the plans will not share in the cost of these services and you will be required to pay out of pocket. Your care will be covered in the case of an emergency.

How do the deductibles and out-of-pocket maximums apply?

If you enroll any family members in your coverage, they apply as follows:

Annual Deductible: The amount you meet before the plan starts to pay

- **Value HSA:** You must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.
- **Super Value HSA and EPO:** Each family member needs to only meet the individual deductible and the plan will pay for that member.

Out-of-Pocket Maximum: Once you meet this amount, the plan pays 100%

- **All Plans:** Each family member needs to only meet the individual maximum and the plan will pay 100% for that member.

Finding the Best Option

How do I know which option is best for me?

The benefits that best match your situation depend on several factors, such as how you use health care services and how you prefer to pay for them. Using the resources below will help you understand your needs and preferences and make informed benefit decisions.

Precision Benefits

Picking the right benefit plans for you and your family can be challenging, but you don't have to do it alone. Precision Benefits provides personalized recommendations based on your own health history and anticipated care needs, so you can enroll with confidence. You have access to tools for decision support, plan review, care planning, expense management and more.



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Dental Coverage

How do I find a participating dentist?

Go to bluecrossma.org and click on “Learn and Save.” Choose Dental under “Plan and Benefits” and then page down to “Find a Dentist.” When searching, you should choose either the Dental Blue or Dental Blue PPO Network.

Can I use a dentist that is not in the Blue Cross Blue Shield network?

Yes, but when you use a non-network dentist, the dentist may bill you beyond the amount they receive from Blue Cross Blue Shield for the service, so you may pay more out of pocket.

Are dental plan benefits different for children under age 13 in 2024?

Yes. Beginning in 2024, children under age 13 are 100% covered for all services up to the annual maximum (excluding orthodontics).

What is the annual maximum for the adult orthodontic benefit?

It is the same as the child orthodontic benefit (\$1,500 per person, per lifetime) and this is separate and apart from your standard annual maximum. Orthodontic coverage is only available in the High Dental Plan.

Are virtual visits available?

Yes, oral care recommendations are available from a licensed dentist at no additional cost with the Toothpic Teledentistry mobile app. The Toothpic platform provides members with a way to connect with a dentist virtually 24/7. For more details, visit www.bluecrossma.org.





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Wellness Incentive

What is this incentive?

Employees who are enrolled in the medical plan and complete the wellness requirements by December 6, 2023, will reduce their 2024 contribution rate for the medical plan by \$520, or \$20 per paycheck.

To receive the discount, you must:

- Receive a biometric screening with your doctor, at a Labcorp location or at an onsite biometric screening event.
- Complete a confidential Health Check Survey through the Better Health Wellness Portal

What is a biometric screening?

It is a quick and confidential screening with a health professional to monitor your cholesterol, blood pressure and glucose.

Why do I need this screening?

It's always a good idea to monitor these levels and know what your numbers are. It's part of your preventive efforts, along with nutrition, exercise and stress management. Your health and wellbeing is important to MAPFRE, but only you can manage it. Preventive care is critical to disease prevention and management, and helps to reduce your long-term cost of care.

How do I get this screening?

There are three ways to get your biometric screening:

- 1 **Visit a LabCorp location** — ask the LabCorp technician to complete the form at your visit.
- 2 **At your physician's office** — your doctor will complete the form for you.
- 3 **At an onsite screening event** — to register for an appointment, go to ehealthscreenings.com/signup or call EHS Customer Service at 888-708-8807 (ext. 1) for assistance.

Where can I find the form I need?

Forms can be downloaded from ehealthscreenings.com/signup. Use the code **MAP07**.

How do I submit my biometric screening form?

Forms filled out by your physician can be emailed or uploaded to the **ehealthscreenings** site. If you go to a LabCorp location, LabCorp will submit your form to ehealthscreenings for you.

Is my information confidential?

Yes, no one at MAPFRE will have access to this information. You should share the results with your doctor so that they can identify if any further action is needed to maintain your health.

Where do I find the Health Check Survey?

- Sign up at join.virginpulse.com/BetterHealthProgram or download the Virgin Pulse mobile app
- Under the Health menu, select Surveys, and find the Health Check Survey
- If you already completed this survey in 2023, you will need to complete it again between October 1 and December 6, 2023 to qualify for the discount
- This survey is completely confidential; MAPFRE does not receive any of your data, other than confirmation that you have participated

If I'm not enrolled in the medical plan in 2024, will I still get an incentive for completing the requirements?

Yes. If you are not enrolled in the medical plan but participate and complete the steps, you will receive a voucher for \$25 to use in the Virgin Pulse store in January, 2024.



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SAVINGS ACCOUNTS

Health Savings Account

What is a health savings account (HSA)?

An HSA is a tax-advantaged savings account that belongs to you and allows you to set aside pre-tax dollars to cover certain qualified out-of-pocket health care expenses not covered by your plan. Detailed HSA information is available at [MAPFRE.gobenefits.net](https://www.mapfre.com/gobenefits.net).

What are the benefits of an HSA?

1. Your contributions are made through pre-tax payroll deductions.
2. You can invest the money and watch it grow.
3. When you withdraw the money to pay for qualified health care expenses, you don't pay tax on it.
4. The money is always yours—if you leave MAPFRE, your account goes with you and can be used to pay for qualified expenses.

Who is eligible to enroll in an HSA?

If you are actively employed and you enroll in MAPFRE's Value HSA or Super Value HSA plan option, you will be automatically enrolled in the HSA. An employee enrolled in the HSA **cannot**:

- Be enrolled in Medicare (though your spouse can be enrolled)
- Be covered under another health plan
- Be covered under a health care flexible spending account (FSA) (either yours or your spouse's)
- Have a carryover balance in a health care FSA
- Be claimed as a tax dependent on another individual's tax return
- Be a veteran who has received medical treatment from the Veteran's Administration within the last three months (except for preventive care, dental or vision care)

How does MAPFRE's funding of the HSA work for employees who are hired midyear?

MAPFRE's contribution will be made in the month following the hire date. The annual employer contribution will be divided by 12 and then multiplied by the number of months remaining in the calendar year. The amount deposited will be reduced for the number of months not employed with MAPFRE.

What if I have an expense in excess of MAPFRE's contribution early in the year?

The HSA works differently than the FSAs. Like a bank account, you can only use the funds that are actually in the account. However, you can elect an employee contribution and opt to "front load" your contributions by selecting a higher payroll contribution amount early in the year and then lower or stop your contribution later.

You can also make a contribution to your HSA directly by check. At the end of the year, you would exclude this contribution from your taxable income when filing your tax return. However, you will pay FICA tax on any amount contributed outside of payroll deductions.

Can HSA money be used to pay for COBRA premiums? What about Medicare premiums in retirement?

Yes. However, you can't use HSA funds to pay for Medicare supplement or Medigap premiums.

If I do not use all the money in my HSA in 2024, can I use it to pay for medical expenses in the future, even if I'm not enrolled in the Value HSA or Super Value HSA options?

Yes, the HSA is yours for life, even if you change health plans or leave the company. Many choose to fund and invest in an HSA to pay for medical expenses and insurance premiums in retirement.



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Can I elect MAPFRE's HSA if I have coverage under another high-deductible health plan (e.g., my spouse's)?

No, you must be enrolled in MAPFRE's Value HSA or Super Value HSA option in order to participate in MAPFRE's HSA.

Do I use my Fidelity Netbenefits Access debit card for both my FSA and HSA?

Yes. If you enrolled in both an HSA and a limited-purpose FSA, Fidelity will fund your card with your contributions from both accounts.

Am I required to substantiate my HSA expenses (as with FSA expenses)?

No, you own the HSA, and you are responsible for following the rules associated with withdrawing funds from the account as set by the IRS.

What if I don't use all the money in my account during the calendar year?

Funds roll over year after year, so your account balance can grow over time. Your account stays with you, even if you leave MAPFRE. You can pay qualified health care expenses through your HSA or you can choose to save those funds for qualified health care expenses in later years.

Do I have to pay state taxes on my HSA?

Some states do currently tax contributions and/or earnings to an HSA. The states that currently tax contributions are California and New Jersey. The states that currently tax earnings on an HSA are Tennessee and New Hampshire. Please consult with your tax advisor for additional details.

Can I have an individual HSA with Fidelity while my spouse also has an individual HSA through their employer?

Yes, if you and your spouse each meet the requirements for establishing and funding an HSA, you can each have your own separate HSA. However, the total amount per year that a couple can contribute to all HSAs combined cannot exceed the annual family contribution maximum set by the IRS. Please note that MAPFRE will only make its employer contribution based on the coverage elected under the Value HSA or Super Value HSA.

What if I have a qualifying life event that changes my coverage tier after I have received MAPFRE's annual contribution?

If you are going from Dual or Family coverage to Individual coverage, no adjustment is made to the employer contribution already made in that year. You keep the full employer contribution.

If you are going from Individual coverage to Dual or Family coverage, the difference will be deposited to your HSA the first business day of the month following the effective date of your change. If you have already met the IRS contribution limit for that year—for example, because your spouse also has an HSA—it is your responsibility to notify MAPFRE to avoid any excess contributions. If you are contributing outside of payroll deductions, you may also need to adjust the amount of your contribution and should contact the Human Resources Department for assistance.

What happens if I exceed the IRS contribution limit?

Since MAPFRE is not able to view your account at Fidelity, it is up to you to ensure you do not exceed the IRS contribution limit each calendar year. If you exceed the contribution limit, you should contact Fidelity before the state and federal tax filing deadline for that tax year to correct the excess contribution. A fee may apply to make this correction.



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Can I use the HSA to pay for expenses for my parent(s)?

Though they are not eligible for coverage under the MAPFRE medical plan, for the purposes of HSA reimbursement, a dependent may also include a grandchild, parent, grandparent, sister, brother, aunt, uncle, niece or nephew, if it can be demonstrated that they are a tax dependent and they depend on you for support. However, expenses that have been paid under another medical plan are not eligible for reimbursement.

What happens when I turn 65?

If you are age 65, or will reach age 65 during the calendar year, you can still use the funds in your account for qualified health care expenses, though you cannot contribute to the HSA or receive employer contributions upon your enrollment in Medicare.

When I enroll in Medicare, when do I need to stop my HSA contributions?

You are ineligible to make HSA contributions the first day of the first month that your Medicare coverage begins.

My spouse is enrolled in Medicare, but I am not. Can I contribute to an HSA?

Yes, as long as you are otherwise eligible. Spouses and dependents on Medicare do not affect an employee's HSA eligibility. On the first of the month in which you, the employee, enroll in Medicare, you are no longer eligible to contribute money into an HSA.

My spouse is enrolled in Medicare. Am I able to pay for my spouse's out-of-pocket expenses under Medicare?

Yes, as long as the expenses are considered qualified health care expenses in accordance with the IRS guidelines.

If I am not a U.S. citizen, may I enroll?

Yes, you may enroll in the Value HSA or Super Value HSA.

If you are employed in the U.S. and are paid in U.S. dollars, you will need a US-based Social Security or Tax Identification number to open an HSA.

What if I leave MAPFRE or retire?

If you leave MAPFRE or retire, contributions cease as of your last day of employment. You are able to continue using your account for qualified health care expenses even after your employment ends. If you continue to keep your account at Fidelity, you will be responsible for any future account maintenance fees. If you enroll in a qualified high-deductible health plan (HDHP) with an HSA in the future, you may roll over the balance of your HSA to your new employer's plan.

What happens to my HSA if I pass away?

When setting up your HSA, you will need to name a beneficiary for your account. If you name your spouse as beneficiary, your spouse may continue to use the HSA for qualified health care expenses. If your beneficiary is not your spouse, the HSA ceases to be an HSA as of the date of your death and will be taxed. However, no penalty tax will apply.

Whose expenses can be covered under my HSA?

Your dependent must be a tax dependent to reimburse their expenses through your HSA. These include your spouse, your domestic partner (only if they are a dependent under federal tax law) and children who derive over half of their support for the calendar year from you—including stepchild(ren), foster child(ren), legally adopted child(ren) or grandchild(ren) who are under age 19 or under age 24 if they are full-time students and are not the qualifying dependent of another tax payer for the tax year.



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ID Theft and Fraud Protection Program

Why should I enroll in ID Theft and Fraud Protection?

Everything nowadays is online, including bill payments, banking, even school and medical records, which makes your personal information more vulnerable than ever.

What are some of the benefits of this protection program?

MetLife/Aura offers protection by monitoring your personal information, credit reports, finances and devices, then alerting you of any suspicious activity. The program offers proactive protection to help stop threats before they strike. If you are a victim of identity theft, an experienced resolution specialist will help you navigate credit bureaus, help initiate credit freezes and work with you to resolve the incident.

Who can I protect with a family plan?

Participants can add up to 10 adults to their plan. There are no restrictions on adult family members—no matter where they live, their age, relationship or whether they are financially dependent on the employee. Each adult member gets their own private, full-feature Aura account.

Participants may also add unlimited minors (under age 18) to their plan if they have parental guardianship rights over the minor. The minor's alerts will be available for only the account holder to review.

What is the cost of the program?

If you enroll just yourself, the cost is \$4.13 which will be deducted from your paycheck per pay period. If you enroll in a family plan, the cost is \$6.90 per pay period.

MetLife Pet Insurance

What are the benefits of MetLife pet insurance?

MetLife offers flexible plans with no breed exclusions. Plan flexibility means you can visit any veterinarian in the U.S. and/or use the telehealth service available 24/7. Plus, you'll receive discounts and additional offers on pet care and can purchase additional preventive care coverage for basic care needs like teeth cleaning, behavioral training and flea and tick treatments.

Can I still use my pet's current veterinarian?

Yes, MetLife pet insurance has no specific network. You can visit any licensed veterinarian or emergency clinic in the U.S.

How and when can I enroll?

After January 1, 2024, look for the MetLife Pet Insurance link in Benefit Compass or in the Benefits Web Guide at mapfre.gobenefits.net.

How much does pet insurance cost?

Each pet's premium will be different based on the age, breed, location and coverage selected. For plan and rate options, visit www.metlife.com/getpetquote or call 800-GET-MET8.



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INCOME PROTECTION

Accident

What is the Accident Insurance Plan?

The Accident Insurance Plan provides an additional level of financial protection when you or a covered family member are in an accident. The plan will pay a specific lump-sum benefit (from \$25 to \$30,000) for one or more non-occupational injuries caused in an accident or for treatments related to an accident.

What does the Accident Insurance Plan cover?

Treatments and injuries that are covered include chiropractic care, physical therapy, follow-up visits, arthroscopic surgery, concussions, eye injuries, fractures and dislocations, joint replacements, emergency dental coverage and prostheses. A complete list can be found in the web guide at **MAPFRE.gobenefits.net**.

Critical Illness

What is the Critical Illness Insurance Plan?

The Critical Illness Insurance Plan pays a lump sum to a person diagnosed with a serious covered illness to assist in paying for things like rent, mortgage, utilities, childcare and other expenses. You can choose from two coverage levels: \$10,000 or \$20,000. The specific illness determines what percentage of the \$10,000 or \$20,000 is paid. Coverage is available for you, your spouse and/or your eligible child(ren).

What does the Critical Illness Insurance Plan cover?

Some illnesses/procedures that are covered include stroke, cancer, heart attack, aneurysms, loss of vision, paralysis and transplants. A complete list can be found in the web guide at **MAPFRE.gobenefits.net**.

Hospital Indemnity

What is the Hospital Indemnity Plan?

The Hospital Indemnity Plan pays a lump-sum benefit to assist in covering daily living expenses during an inpatient hospital stay. Coverage is available for you, your spouse and/or your eligible child(ren).

What does the Hospital Indemnity Plan pay?

- The first day in the hospital, you will receive \$1,000 and then \$150 per day after that, up to the plan limits.
- The first day in the ICU, you will receive \$1,000 and then \$150 per day after that, up to 15 days per year.

Enrollment

When do I sign up for these benefits?

Critical illness, accident and hospital indemnity coverage are offered during Open Enrollment. Outside of Open Enrollment, you must either be a new hire and elect this coverage within 30 days of your hire date or elect coverage when you experience a qualifying life event. You can sign up using the enrollment system on Benefit Compass, which is found on the Total Rewards page on the MAPFRE USA intranet.

If elected during Open Enrollment, coverage will be effective January 1, 2024. If elected as a new hire, coverage will be effective on your date of hire.