



Colonial Pipeline Company



COLONIAL PIPELINE CO.

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# Employee Full Benefits Guide

2024 Employee Benefits Guide

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# Overview

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# • Introduction Letter 2024

## OneColonial Team:

Colonial Pipeline remains committed to providing our employees and their families with affordable and reliable healthcare services. In preparation for this year's annual enrollment, we conducted an extensive market analysis of our benefits and found that our programs continue to provide comprehensive coverage and remain competitive among our peers.

**This year's Open Enrollment for your 2024 benefits will run from October 30 through November 10.** As you prepare to make important decisions about your benefits options, here are a few highlights.

- After three years of no premium increases, **medical and dental contributions will increase** to help cover the expense of rising healthcare costs. The overall increase for medical (depending on your plan and tier option) is between \$3 and \$11 per pay period. Dental premiums will increase less than \$2 per pay period.
- The rates for **Vision and Supplemental Life Insurance will remain unchanged** for the new plan year.
- Starting January 1, the company-paid **basic life insurance will increase from 1x to 2x** your base salary. This benefit is 100% paid for by Colonial, and there is no action required on your part to take advantage of this enhancement, but you may wish to review your beneficiary information to ensure it is up to date.
- In conjunction with this annual enrollment window, we are offering a "true Open Enrollment" opportunity for **Supplemental Life Insurance**. More information about how you and your family can take advantage of this benefit can be found on [page 32](#) of this Open Enrollment Guide.
- To continue to support the efforts of our OneColonial Team to be proactive in your healthcare, the **2024 Wellness Incentive Program's employee wellness incentive** will increase, from \$600 to \$750 annually. The spousal incentive also will increase, from \$200 to \$250, for a combined benefit of **up to \$1,000!**

## Open Enrollment: Review Your Options

Colonial recognizes and appreciates the importance of your health and the health of your family. Open Enrollment is the perfect time to review your benefit options and make important decisions for yourself and your covered dependents.

Please take time to carefully read the updates in this Open Enrollment Guide and visit the People-Benefits page to access our new user-friendly enrollment website to enroll. If you have any questions, please contact the Benefits team for assistance.

Best regards,

**Chris Smith**

Vice President, People & Communications

# • What to Expect in 2024

Open Enrollment this year is PASSIVE with the exception of re-electing your FSA and HSA elections. All dependent children ages 19 to 25 (Vision) and ages 19 to 26 (Life and Supplemental AD&D) must be a full-time student, and the 'Full-Time Student' Flag must be checked in [Workday](#) for them to remain eligible to participate in the Vision, Supplemental AD&D, and Life benefit plans.

## Tobacco Certification

If you certified that you and your dependents did not use tobacco for the 2023 plan year, or you completed the Tobacco Cessation Program in 2023, you do not need to recertify for 2024 as your tobacco status will be indicated as 'non-tobacco user.' If you or any of your dependents certified tobacco use in 2023, please review your tobacco status and update your tobacco status if you are now a 'non-tobacco user.' If you are currently using tobacco, you will be charged the tobacco surcharge; however, you can receive a refund of the surcharge if you complete the Tobacco Cessation Program with Cigna by June 30, 2024. If you are newly enrolling for the 2024 program, you need to certify your status if you enroll in the medical plan.

For more information, click [here](#).

## Medicare Eligible – Prescription Drug Coverage

If you are eligible or will become eligible for Medicare in the near future, you may be eligible for Medicare Part D prescription drug coverage. Refer to the annual notice information packet you receive for information regarding your rights and obligations with respect to Medicare Part D prescription coverage.

### Click to Enroll

Open Enrollment will be held  
October 30 – November 10, 2023



## Looking Forward to 2024

Colonial Pipeline is committed to offering you and your dependents a comprehensive benefit program that provides coverage for preventive and diagnostic services. We encourage you to take time to review this enrollment guide and ensure that you understand all benefits and tools available to you.





# • Who to Contact for Help

## Contact NFP About

Decision Support  
Explanation of Benefits Review  
Locating In-Network Providers  
Triaging Urgent Procedures  
Investigating Medical Bills  
Resolving Claims and Billing Issues  
Explaining Coverage and Benefits  
Coordinating Second Opinions  
Various Vendor Contacts

### Deanna Waid

404-814-6069  
[deanna.waid@nfp.com](mailto:deanna.waid@nfp.com)



### Madalyn Maierhafer

404-814-6054  
[madalyn.maierhafer@nfp.com](mailto:madalyn.maierhafer@nfp.com)



## Contact Colonial Pipeline About

Advice on Denials and Appeals Processes  
Provider Network Issues  
Pre-Certifications  
Urgent Procedures  
Medical Leaves  
Family Coverage Changes  
HSA Changes  
All Other Requests

### Laketa Thomas

678-231-5880  
[lthomas@colpipe.com](mailto:lthomas@colpipe.com)



### Beth Blundell

678-239-5335  
[bblundell@colpipe.com](mailto:bblundell@colpipe.com)



# Enrollment Information

- — **Get Ready to Enroll**

- — **Tobacco Cessation**

Overview

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# Get Ready to Enroll!

Open Enrollment is October 30 – November 10  
Benefits elected starting January 1, 2024

## Enrollment Period

You may only elect or make changes to your existing benefit elections during Open Enrollment, within the first **31** days from your date of hire, or when you have a [qualifying life event](#), such as a marriage, birth, or a change in your dependent's employment status. Benefits for eligible new and rehired employees become effective on the date of hire or rehire.

Be sure to review your enrollment materials so that you have the information you need to make the best decisions for you and your family.

## Who is Eligible

### Employees

You are eligible for benefits if you are a full-time employee, regularly scheduled to work an average of at least 30 hours per week.

### Dependents

Depending on the benefit, your legal spouse and dependent children may be eligible for coverage.

- Any legally married spouse as defined by the [IRS](#).
- Dependent children, under age 26 (natural, step, adopted, placed for adoption, and eligible foster children). Children can be married and do not have to reside with you, be financially dependent on you, or be students to qualify as dependents (age and education requirements vary by benefit – see chart below).
- Dependent children, age 26 or older, who are physically or mentally disabled and covered under the Plan when they would otherwise lose coverage under the Plan due to age and who are dependent upon you for more than half of their financial support; proof of disability will be required.
- Dependent children who must be provided medical, dental, and/or vision coverage by Colonial's Plan as required by a Qualified Medical Child Support Order, up to the maximum age allowed by the Plan.



## Dependent Verification: Full-Time Student Ages 19 – 26

In order for your dependent who is a full-time student to remain covered in the EyeMed Vision plan and/or the Cigna Dependent Life and Chubb Dependent AD&D plans, you must complete the 'Full-Time Student' status in [Workday](#) for the dependent. Failure to complete the 'Full-Time Student' status in [Workday](#) will result in a loss of coverage for your dependent.

Benefit	Medical/Rx	Dental	Vision	Life	AD&D
Not Enrolled in Higher Education	Up to age 26	Up to age 26	Up to age 19	Up to age 19	Up to age 19
Enrolled in Higher Education	Up to age 26	Up to age 26	Up to age 25	Up to age 26	Up to age 26



# Tobacco Cessation Program

Cigna

If you're ready to let go of your tobacco habit, Cigna has a wide variety of online tools and personal coaching that will not only help you reach your goal, but also help you develop and maintain a healthy lifestyle. Cigna's Tobacco Cessation Program provides you and your family members, 18 years of age and older, the opportunity to work with a coach over the telephone and online.

## Tobacco Cessation Coaching

Get the help you need to finally quit tobacco. Create a personal quit plan with a realistic quit date. Get the support you need to kick the habit for good. You'll even get free over-the-counter nicotine replacement therapy (patch or gum). There are two options to participate:

### 1. Over the phone

- One-on-one wellness coaching to develop a quit plan and relapse prevention strategies
- Convenient evening and weekend hours
- Program workbook and toolkit

### 2. Online

- Convenient support
- Self-paced program
- Educational materials
- Interactive tools
- And other resources

## Register Today

You can register on the [myCigna.com](https://myCigna.com) or through the app.

## Health Assessment

Taking the health assessment and identifying yourself as a tobacco user puts you in touch with:

- News and articles on smoking health and winning strategies for quitting.
- Ways to set goals – like trying smoke-free nicotine patches or gum every day for a week to curb nicotine cravings.

To get started, go to [myCigna.com](https://myCigna.com) or the app to take your health assessment.

## Education and support

If you're ready to quit, [myCigna.com](https://myCigna.com) or the app can help you get started:

- Information on quitting tobacco use, including the benefits of living tobacco-free, and tips for coping with cravings and dealing with side effects like weight gain.
- Interactive tools that can help you decide if you're ready to quit and demonstrate the financial benefits of a smoke-free life.
- Videos to help you take the necessary steps and kick your habit once and for all.

## Tobacco Certification Requirement

The tobacco certification is located in Workday. You must log into [Workday](#) and click on **Open Enrollment Event**, which is located in your inbox, and complete the tobacco certification for you and any of your dependents age 18 or older that are enrolled in medical coverage or that you plan to enroll in medical coverage. If you are waiving medical coverage, you can select **waive** for the tobacco certification and continue your Open Enrollment review and submission of your 2024 benefits.

Tobacco users and their dependents will be subject to a \$50 monthly surcharge (up to \$100 per family unit), unless they are able to complete the Tobacco Cessation Program in the identified timeframe. Employees and eligible dependents age 18 or older will be able to certify as a non-tobacco user if they completed the Tobacco Cessation Coaching Program in 2023.

For assistance with Tobacco Cessation or additional information, click [here](#) or call 855-246-1873.

## Tobacco Cessation Program & Refund of Surcharge

If you certified that you and your dependents did not use tobacco for the 2023 plan year, or you completed the Tobacco Cessation Program in 2023, you do not need to recertify for 2024 as your tobacco status will be indicated as 'non-tobacco user.' If you or any of your dependents certified tobacco use in 2023, please review your tobacco status and update your tobacco status if you are now a 'non-tobacco user.' If you are currently using tobacco, you will be charged the tobacco surcharge; however, you can receive a refund of the surcharge if you complete the Tobacco Cessation Program with Cigna by June 30, 2024. If you are newly enrolling for 2024, you need to certify your status if you enroll in the medical plan.

For more information, click [here](#).

# Medical

## Medical Coverage

## Pharmacy Coverage

90-Day Prescription Fill

Specialty Drugs

SaveonSP

Pharmacy Out-of-Pocket Adjuster

Diabetes Patient Assurance Program

## Telemedicine



# Medical Coverage

Cigna

Colonial offers access to two comprehensive medical plan options administered by Cigna that pay a significant portion of your health care costs. Be sure to review the below key features and the plan designs on [page 12](#) to see which plan is right for you and your family.

## Cigna Open Access Plus (Traditional PPO Health Plan)

### Key Features

- Highest out-of-paycheck cost but offers a lower deductible when you receive health care.
- Copays and coinsurance.
- Free in-network preventive care per the Affordable Care Act guidelines.
- Seek care in- or out-of-network at doctors of your choosing — you will pay more if you go out of the Cigna network.
- Protection from high claims: Coinsurance (based on allowable charge) counts toward your out-of-pocket maximum. The out-of-pocket maximum includes office visit and prescription copays, deductible, and coinsurance (based on allowed amount).
- Access to a Traditional Health Care Flexible Spending Account (FSA) for tax savings on out-of-pocket health care expenses.

### Reminder

All mid-year election changes (except those due to birth, adoption, or placement for adoption) will be effective the first day of the month following the date you provide timely notification of the event. Election changes due to birth, adoption, or placement for adoption continue to be effective on the date of the event so long as you provide timely notification of the event.

## Cigna Choice Fund Open Access Plus HSA (High-Deductible Health Plan)

### Key Features

- **Two options are available:** Enroll in the Choice Fund HDHP **with** the Health Savings Account or enroll in the Choice Fund HDHP **without** the Health Savings Account. Review the HSA eligibility to determine if you qualify for the HSA; see [page 25](#) for HSA eligibility guidelines.
- Lowest out-of-paycheck cost but higher deductible.
  - Consider contributing some of your savings from the lower cost per paycheck to your HSA\*\* to offset the higher deductible
- Access to a Health Savings Account (HSA\*\*) and tax-free annual HSA contribution from Colonial Pipeline (if otherwise eligible under federal tax law for an HSA).
  - \$500 contribution for Employee Only coverage
  - \$1,000 contribution for Employee + Spouse or Employee + Child(ren) coverage
  - \$1,500 contribution for Employee + Family coverage
- You may contribute additional amounts to your HSA (up to the statutory maximum) with pre-tax salary reductions.
- Coinsurance applies **after** the deductible is met.
- Free in-network preventive care per the Affordable Care Act guidelines.
- Seek care in- or out-of-network at doctors of your choosing — you will pay more if you go out of the Cigna network.
- **Protection from high claims:** All eligible health care expenses (including prescription costs) count toward your deductible and out-of-pocket maximum (up to allowed amount). Plus, you can pay your deductible and coinsurance using money from your HSA.
- Access to a Limited Health Care Flexible Spending Account (FSA) for tax savings on dental, vision, and some preventive medical care.

### New Federal Maximums

In 2024, the new federal maximum annual HSA contributions, including the employer contribution, are:

- \$4,150 for Employee Only coverage
- \$8,300 for Employee + Spouse, Employee + Child(ren), Employee + Family coverage tiers
- \$1,000 additional catch-up contribution for those age 55 and older by December 31, 2024

*\*The HSA is not an employee benefit plan sponsored by Colonial Pipeline Company and is not subject to ERISA. California and New Jersey impose state income taxes on HSAs.*

*\*\*If you meet the IRS' eligibility requirements, you can establish a Health Savings Account (HSA). The HSA offered in conjunction with the Cigna Choice Fund Open Access Plus HSA helps you save pre-tax dollars to pay for eligible health expenses now or in the future. The account is yours, regardless of employment changes, and the balance rolls over each year, accruing interest tax free. Colonial makes an annual contribution in January. See [Publication 969](#) for details regarding the IRS eligibility requirements for an HSA and [Publication 502](#) for details on eligible expenses.*

# Medical Coverage

Cigna

## Cigna Medical Benefits

	Cigna Open Access Plus Traditional PPO Health Plan		*Cigna Choice Fund Open Access Plus HSA High-Deductible Health Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network <sup>1</sup>
<b>Annual Deductible:</b> If you are enrolled in the Choice Fund Open Access Plus HSA and are covering dependents, you must meet the family deductible before the plan begins to pay most benefits to any member of the family — even if a single member has met the individual deductible.				
<b>Employee Only</b>	\$750	\$2,250	\$2,000	\$4,000
<b>Employee + Spouse, Employee + Child(ren), Family</b>	\$1,500	\$4,500	\$4,000	\$8,000
<b>Annual Out-of-Pocket Max:</b> For both plans, the maximum includes the deductible and all medical and pharmacy copays or coinsurance. If you are enrolled in the Choice Fund Open Access Plus HSA and are covering dependents, the family out-of-pocket maximum applies.				
<b>Employee Only</b>	\$3,815	\$8,040	\$3,815	\$8,040
<b>Employee + Spouse, Employee + Child(ren), Family</b>	\$7,630	\$16,080	\$7,630	\$16,080
<b>Services – What You Pay</b>				
<b>Preventive Care</b> Routine wellness visits, screenings, immunizations, and tests	\$0; deductible waived	Cost based on procedure and place of service	\$0; deductible waived	Cost based on procedure and place of service
<b>Physician Services</b>				
<b>Primary Care Office Visit</b>	\$25 copay; no deductible	40% after deductible	20% after deductible	40% after deductible
<b>Specialist Office Visit</b>	\$50 copay; no deductible	40% after deductible	20% after deductible	40% after deductible
<b>Diagnostic Labs and X-Rays</b>	Included with physician office services	20% after deductible	20% after deductible	20% after deductible
<b>Hospital and Emergency Care</b>				
<b>Inpatient</b>	\$300 copay per confinement, then 20% after deductible	\$600 copay per confinement, then 40% after deductible	20% after deductible	40% after deductible
<b>Outpatient</b>	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Emergency Room (ER)</b>	\$150 copay per visit; then 20% after deductible		20% after deductible	
<b>Urgent Care</b>	\$40 copay per visit; then 20%; no deductible		20% after deductible	
<b>Diagnostic Labs and X-Rays</b>	20% after deductible		20% after deductible	

If services such as lab tests are performed as part of a physician office visit and billed by the physician, expenses are covered under the office visit cost.

<sup>1</sup> Based on allowed amounts.

\*You may enroll in the Choice Fund HDHP with the Health Savings Account or enroll in the Choice Fund HDHP without the Health Savings Account. Review the HSA eligibility to determine if you qualify to contribute to an HSA.

Note: Services and treatments related to gender dysphoria may be covered subject to the Plan's terms and conditions, including but not limited to medical necessity.



# Telemedicine

## Cigna MDLive

### Telemedicine with MDLive

Cigna provides access to MDLive Virtual Care services as part of your medical plan.

This service allows you to get the care you need — including most prescriptions (when appropriate) — for a wide range of minor conditions. Now you can connect with a board-certified doctor via video chat or phone, without leaving your home or office. The cost of a phone or online visit is the same or less than with your primary care provider. Have non-emergency symptoms? Call MDLIVE!

*MDLIVE is not intended to replace your primary care physician. For common or chronic conditions, a virtual consultation can sometimes replace a doctor's office or emergency room visit. MDLIVE is designed to handle non-emergency medical issues. You should NOT use telemedicine if you are experiencing a medical emergency. If you have a medical emergency, you should dial 911 immediately.*

*Please note:*

- If you are enrolled in the Cigna Open Access Plus plan, you will pay the primary care copay for telehealth visits.
- If you are enrolled in the Cigna Choice Fund Open Access Plus HSA plan, you are responsible for the billed charges until you satisfy the plan's deductible. After you meet the deductible, you will pay a coinsurance percentage of the billed charges.

### 24/7/365 Access to Medical Care by Online Video or Phone

To register for MDLIVE, visit [mdliveforcigna.com](https://mdliveforcigna.com) or call 1-888-726-3171



# Pharmacy Coverage

## Cigna

### Cigna Pharmacy Benefits

If you enroll in medical coverage, you are automatically enrolled in the prescription drug benefit. Taking advantage of lower cost prescriptions will assist you in managing your overall health care expenses.

	Cigna Open Access Plus (Traditional PPO Health Plan)	Cigna Choice Fund Open Access Plus HSA (High-Deductible Health Plan)
In-Network Only	Retail 30-Day Supply	
Generic	\$10 (or cost of drug if less)	\$10 (or cost of drug if less) after deductible*
Preferred Brand	40% - \$30 min, \$75 max	40% after deductible* - \$30 min, \$75 max
Non-Preferred Brand	40% - \$60 min, \$150 max	40% after deductible* - \$60 min, \$150 max
In-Network Only	Mail Order and 90-Day Retail 90 Day Supply	
Generic	\$20	\$20 after deductible*
Preferred Brand	40% - \$60 min, \$150 max	40% after deductible* - \$60 min, \$150 max
Non-Preferred Brand	40% - \$120 min, \$300 max	40% after deductible* - \$120 min, \$300 max

*\*Deductible applies to all pharmacy benefits*

### A Word On Generics

#### Mandatory Generic Drug Program

Generic drugs are approved by the U.S. Food & Drug Administration (FDA) to be identical in safety, quality, and clinical performance as their brand name counterparts. If an exact generic equivalent is available for a specific brand name prescription medication, Colonial will only cover the cost of the generic. You may purchase the brand name drug, but you will be required to pay both the generic copay and any difference in cost between the brand and the generic.

#### Step Therapy

Step Therapy is a form of precertification, in which certain prerequisite medications (typically generics or low-cost brands) are used before more costly medications are covered. When you fill a prescription for a Step Therapy medication, you and your physician will receive a letter explaining what needs to be done before you fill the medication again. This might include trying the lower cost alternative or seeking authorization from Cigna for continued coverage of the original medication. At any time, your physician can request authorization to continue coverage of a Step Therapy medication for medical reasons. For questions about drugs that may require Step Therapy, please contact Cigna at 800-244-6224, 24/7.

<b>Example of the Mandatory Generic Program</b> Catherine takes medication to lower her cholesterol. She has a choice: the <b>\$230</b> brand name, Lipitor®, or its <b>\$16</b> generic equivalent, Atorvastatin®. Her doctor is okay with her taking Atorvastatin.	Services and Costs	Cigna Open Access Plus Plan
	<b>Generic Statin</b> Atorvastatin® – (Equivalent to Lipitor®)	Generic copay = \$10 Catherine pays \$10
	<b>Brand Name Statin</b> Lipitor (Non-Preferred Brand)	Generic copay = \$10 PLUS Difference in cost between the brand name medication and the generic medication = \$214 (\$230 brand cost minus \$16 generic cost) Catherine pays \$224.



# Pharmacy Coverage

Cigna

## 90-Day Pharmacy Fill

Cigna's 90-day retail pharmacy program offers you two ways to save on your long-term medications. Use either a participating 90-day retail pharmacy or Express Scripts (Cigna) Home Delivery to fill most long-term maintenance prescriptions.

- A 90-day retail prescription must be filled at a participating 90-day retail network pharmacy. See the 90-day retail flyer in your enrollment packet or visit [cigna.com/rx90network](https://cigna.com/rx90network).
- **Save money:** Receive a three-month supply of medication (with free standard shipping if you use Express Scripts (Cigna) Home Delivery) for less than the cost of three 30-day refills!
- **Get professional support:** Call the 24-hour, toll-free number for retail pharmacy (**1-800-244-6224**) or home delivery (**1-800-835-3784**) to speak with a registered pharmacist about questions or concerns.
- **Get easy refills:** Order refills 24-hours a day, seven days a week, over the internet at [myCigna.com](https://myCigna.com) or by phone (Retail Pharmacy questions: **1-800-244-6224**; Home Delivery: **1-800-835-3784**).

### Rx

To get started with Home Delivery or the 90-day retail pharmacy program, ask your doctor to write a prescription for up to a 90-day supply of your medication and refills, for up to one year.

## Preventive Medication Savings

You should never put yourself at risk of a preventable disease or condition because of the cost of a medication or a deductible. That's why the IRS allows certain preventive medications to be covered at 100% under high-deductible health plans like the Cigna Choice Fund Open Access Plus HSA plan. You don't have to meet the deductible before these medications are covered in full.

Covered high-deductible health plan preventive medications include:

- Commonly prescribed high blood pressure medications: Inderal XL and Vecamyl
- Osteoporosis medication: Fosamax Plus D
- Blood clot medication: Eliquis

## Specialty Drugs

Specialty drugs treat certain chronic conditions. These drugs are usually very costly and must be handled in specific manners to assure proper administration. Accredo (Cigna Specialty Pharmacy Services) is dedicated to addressing all of your specialty medication needs. They also offer coaching and refill reminders along with financial assistance if you need help paying for your prescription, as well as convenient home-delivery of supplies and materials for conditions such as:

- Multiple Sclerosis
- Cancer
- Rheumatoid Arthritis
- Blood Modification
- Hepatitis C
- Growth Hormone Deficiency
- Endocrine/Metabolic Conditions
- Enzyme Replacement Therapies
- Gastrointestinal Conditions

*If you are currently enrolled in the Colonial health plans with Cigna, you may access all plan information at [myCigna.com](https://myCigna.com) or through the myCigna app.*

### To Begin Using Accredo (Cigna Specialty Pharmacy) Services:

- Ask your doctor to download the appropriate drug specific order form at [cigna.com](https://cigna.com), complete it, then fax it to **1-888-660-4283**.
- Your doctor may call **1-877-826-7657** to speak with a specialist who will place the order.

Remember, under the Cigna Choice Fund Open Access Plus HSA plan, you will pay the full cost of your prescriptions until you meet the deductible. Your prescription costs will count towards meeting the annual deductible.

## Ways to Save on Rx

- **Choose generic drugs** for you and your family to pay the lowest out-of-pocket cost.
- **Select drugs from Cigna's formulary** (preferred drugs) to pay less and maximize your plan's benefits.
- **Save by using 90-day prescription fill** at participating 90-day retail pharmacies or Home Delivery pharmacy.
- **Log in to Cigna's Pharmacy Cost Comparison Tools** at [myCigna.com](https://myCigna.com) or the myCigna app and compare costs for 30-day retail vs. 90-day retail vs. home delivery for the lowest cost to fill your medication.

# Pharmacy Coverage

## SaveonSP

### Cigna Pharmacy SaveonSP Medications (PPO Plan Only)

#### Participate in the SaveonSP Program

Specialty medications can cost a lot of money. That's why your plan offers a program called SaveonSP, which can help lower your out-of-pocket costs to \$0. And there's no extra cost to participate.

#### Enroll in SaveonSP and Save

Certain specialty medications are eligible for the SaveonSP program. If you're filling an eligible medication, a representative from SaveonSP will call you to talk about enrolling in the program.

If you choose to participate, you'll pay \$0 for your medication. If you choose not to participate in SaveonSP, you'll pay a higher copay when you fill your medication. Conditions supported by SaveonSP include, but are not limited to:

- Hepatitis C
- Multiple Sclerosis
- Psoriasis
- Inflammatory Bowel Disease
- Rheumatoid Arthritis
- Oncology

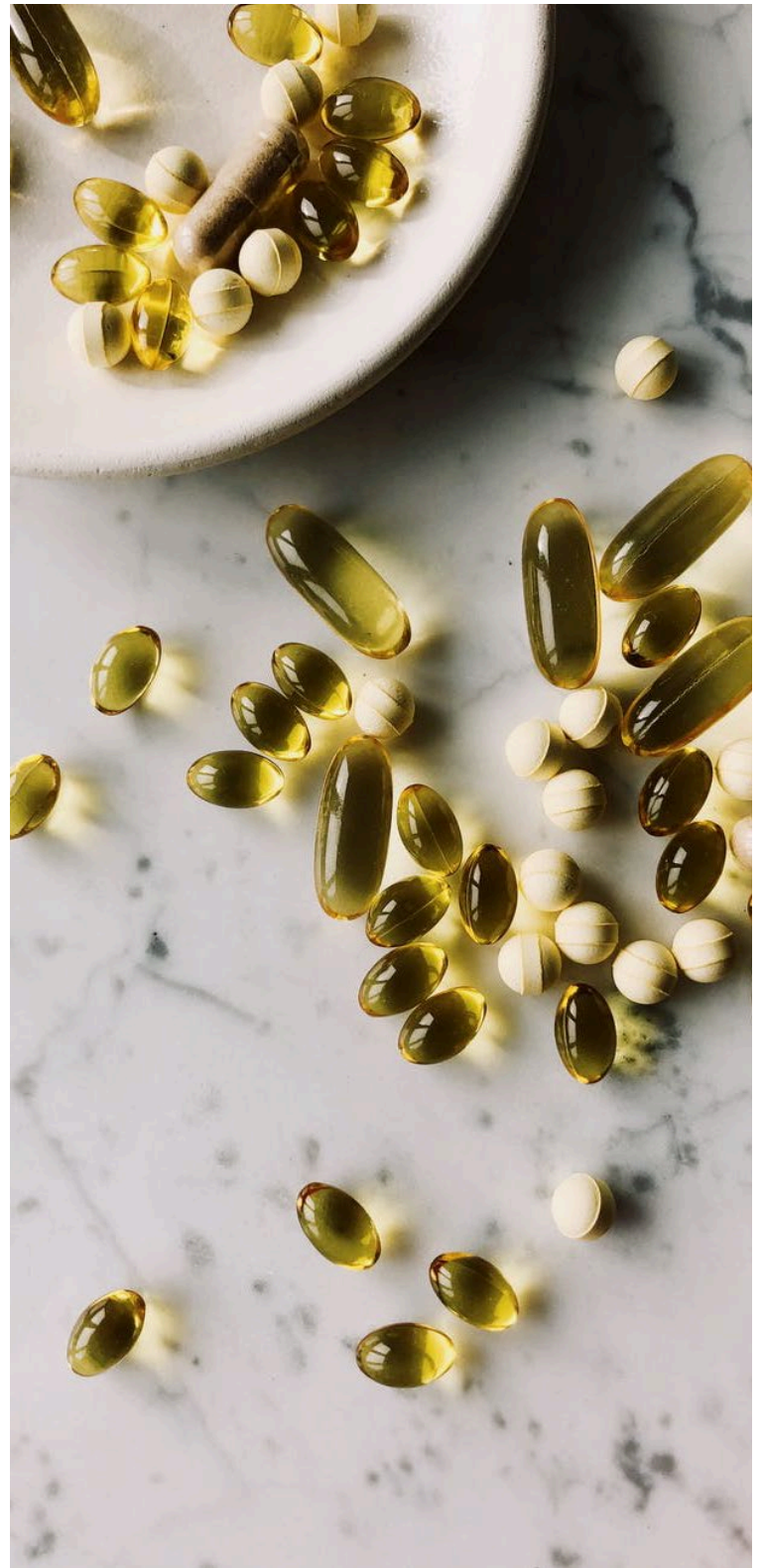
Due to IRS guidelines for first dollar coverage, **HDHP plans are excluded from this program.**

### Example of How It Works<sup>1</sup>

**John's taking a specialty medication that's eligible for the SaveonSP program. His copay is currently \$70. His new copay will be \$300.**

- If he participates in SaveonSP, he won't pay anything (\$0) out-of-pocket. His full copay will be paid through a manufacturer copay assistance program, and the copay won't count toward his deductible or out-of-pocket maximum.
- If he decides not to participate in SaveonSP, he'll pay his full copay of \$300 out-of-pocket. The copay John pays won't count toward his deductible or out-of-pocket maximum.

<sup>1</sup>For illustrative purposes only. Plans may vary.



# Pharmacy Coverage

## Pharmacy Out-of-Pocket Adjuster

### Cigna Pharmacy Out-of-Pocket Adjuster

Prescriptions, especially specialty medications, can be expensive. That's one reason why many people use manufacturer coupons (also called "copay assistance") to help lower the amount of money they pay out-of-pocket for their medications. It's important to know how your plan applies these coupons so that you don't have any surprises if you use them when you fill your prescription through Accredo, a Cigna specialty pharmacy. For more information, see [page 15](#).

### How Your Plan Applies Manufacturer Coupons

The value of the manufacturer coupon doesn't count toward your deductible and out-of-pocket maximum. Only the amount you pay out of your own pocket, or from a health savings or health reimbursement account, applies.

### Use the myCigna App or Website to Keep Track of Your Spending

The online tools will help you keep track of how much money you've spent so far and how much money you still need to pay out-of-pocket before you meet your deductible and/or out-of-pocket maximum.

### Is a Manufacturer Coupon Right For You?

It can help you spend less on your prescription. However, it may take you longer to meet your plan's deductible and/or out-of-pocket maximum.

### Example of How it Works

Sue uses a manufacturer coupon to help pay for her specialty medication.

#### She pays:

\$500	Copay
-\$450	Manufacturer coupon
\$50	Amount that counts toward Sue's deductible and/or out-of-pocket maximum

Joe doesn't use a manufacturer coupon to help pay for his specialty medication.

#### He pays:

\$500	Copay
-\$0	Manufacturer coupon
\$500	Amount that counts toward Joe's deductible and/or out-of-pocket maximum

### How It Works

1. Colonial Pipeline enrolls in the Out-of-Pocket Adjuster Program.	2. Prescription is filled at Accredo, our Cigna Specialty Pharmacy.	3. Employees are responsible for deductible and out-of-pocket expenses.	4. Copay assistance is applied through a secondary transaction.
5. Accredo tracks the member's copay assistance.	6. Cigna applies payment to the member's deductible (if applicable) and out-of-pocket amounts.	7. Cigna communicates with the member about the adjustment.	8. Employee receives their prescription at the discounted price, minimizing the adverse financial impact of their high-cost prescription(s).



# Pharmacy Coverage

## Diabetes Patient Assurance Program

### Cigna Diabetes Patient Assurance Program

The Patient Assurance Program protects members from high out-of-pocket costs. Participating drug manufacturers provide discounts to reduce member out-of-pocket costs, which are capped at \$25 per 30-day (or one month) prescription.

Managing diabetes isn't easy, but this program that controls the cost of eligible insulin products makes it more affordable. A 30-day (or one month) supply costs no more than \$25, and a 90-day (or three month) supply costs no more than \$75.<sup>1</sup>

In 2024, you may be able to take advantage of the Patient Assurance Program. Eligible customers can use the program by showing their Cigna ID card at the pharmacy when they fill one of the covered insulin products listed below. If you're already using one of the covered insulins, there are no additional steps needed. You can take advantage of this program.<sup>2</sup>

- Basaglar
- Humalog
- Humulin
- Levemir

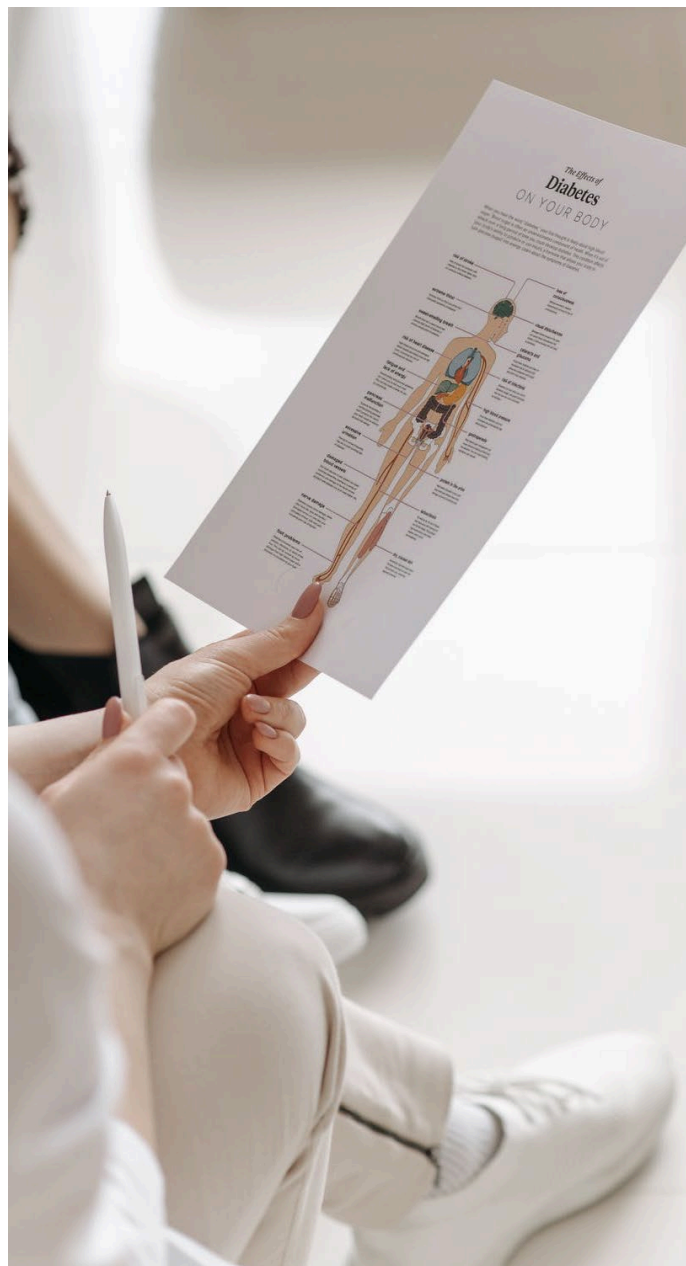
Additional insulin products may be included in the program. If you're currently taking an insulin that is not included in the program, talk with your doctor about whether taking an insulin covered under the program is right for you. Only you and your doctor can decide what's best for you.

**Pay \$25 or Less for a 30-day Supply of Insulin. Every Time!**

#### Questions?

Call the number on your Cigna ID card or click to chat at [myCigna.com](https://myCigna.com).

Contact Cigna at 1-800-244-6224 with any questions.



<sup>1</sup>Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. You may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance, or deductible requirements. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

<sup>2</sup>You may use home delivery services if your plan allows. Refer to your plan materials or call Customer Service to see if you are eligible to use home delivery. Your plan may require you to use home delivery if you fill a 90-day supply of insulin because it's a maintenance medication. Not all insulin medications are covered under this program. If your current insulin is covered and then you change medications, the new insulin may not be covered. It's a good idea to call Cigna if you change medications. Cigna looks to see if your new insulin is included in the program. Subject to applicable law, Cigna reserves the right to make changes to our formulary (drug list) or this program at any time.

# Dental

## Dental Coverage

Overview

Enrollment  
Information

Medical

Dental

Vision

HSA & FSA

Life and  
AD&D

Other  
Benefits

Resources

# Dental Coverage

Cigna

Colonial offers a comprehensive dental plan through Cigna, which provides access to a selection of dentists. You do not have to use an in-network dentist to receive benefits, but your out-of-pocket costs will be lower if you use an in-network provider. The dental network for the Colonial plan is the Cigna Total DPPO. See below for more information on locating an in-network provider.

	Plan One	Plan Two – Ortho
Annual Deductible (does not apply for Preventive Services)	In-Network/Out-of-Network Care	In-Network/Out-of-Network Care
Individual	\$50	\$50
Family	\$150	\$150
Orthodontic	N/A	\$50 deductible (separate deductible)
Services		
Preventive Services – oral exams, cleanings, x-rays	0% and deductible is waived	0% and deductible is waived
Basic Services – fillings, root canals	20% after deductible	20% after deductible
Major Services – crowns, dentures	50% after deductible	50% after deductible
Orthodontic Services – adult, child(ren)	N/A	50% after deductible
Maximum Benefit Paid by Cigna		
Annual Maximum Dental Benefit (per covered person)	\$1,500	\$2,000
Lifetime Maximum Orthodontic Benefit (per covered person)	N/A	\$2,000 (separate \$50 deductible applies)

## Find an In-Network Provider on myCigna.com or the myCigna App

When you search for a dentist, those with the highest Brighter Score appear at the top of the list. These providers offer a good mix of professional history, experience, and affordability.

To search the online provider directory:

- Click **Find a Dentist**
- Enter your search criteria — location, name, etc. and click **Next**
- Select the dentist type you are looking for

## Reasonable and Customary

For providers out of Cigna's network: The lower of (a) the actual charge for the services or supplies, or (b) the usual charge of most other doctors, dentists, or other providers of similar training or experience in the same geographic area for the same or similar services or supplies.

## Waiting Period

If you previously waived dental coverage at the time of hire or during a prior enrollment period, there will be a 12-month waiting period for certain dental procedures if you elect coverage for 2024. Major Services incurred before completion of the 12-month waiting period are subject to a 50% reduction in benefits. There is no waiting period for Preventive and Basic Services. The waiting period does not apply to new employees hired in 2024 or to current employees who experience a qualifying change in status.



# Vision

## Vision Coverage

Discounts & Perks

# Vision Coverage

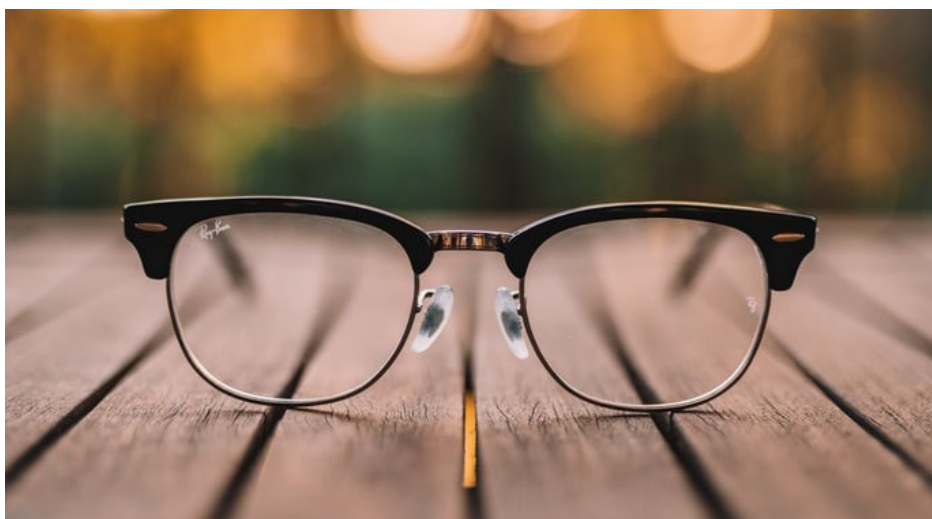
## EyeMed

Coverage is available to dependent children that are age 19 or younger, as well as dependent children up to age 25 if enrolled as a full-time student.

	In-Network	Out-of-Network Reimbursement
<b>Vision Exam – once every 12 months</b>	\$10 copay	Up to \$35
<b>Eyeglass Frames – once every 12 months</b>	EyeMed gives you a \$120 allowance plus a 20% discount off any balance over \$120; then you pay the rest.	Up to \$48
<b>Eyeglass Lenses – once every 12 months</b> , standard plastic lenses	<b>Single Lens:</b> \$10 copay <b>Bifocal Lens:</b> \$10 copay <b>Trifocal Lens:</b> \$10 copay <b>Standard Progressive Lens:</b> \$75 copay <b>Premium Progressive Lens:</b> EyeMed gives you a 20% discount off the retail price of the lens and a \$120 allowance. You pay the \$75 copay and the difference between the discounted cost of lens and allowance.	Up to \$25 Up to \$40 Up to \$60 Up to \$40 Up to \$40
<b>Lens Options</b> – paid by you; added to base price of the lens	<b>Tint (solid and gradient):</b> \$15 copay <b>UV Treatment:</b> \$15 copay <b>Standard Plastic Scratch Coating:</b> \$15 copay <b>Standard Polycarbonate:</b> \$40 copay <b>Standard Anti-Reflective Coating:</b> \$45 copay <b>Other Add-ons and Services:</b> You receive a discount of 20% off the retail price.	N/A N/A N/A N/A N/A N/A
<b>Contact Lenses – once every 12 months</b> (in lieu of eyeglass lenses)	<b>Conventional:</b> \$0 copay; EyeMed gives you a \$135 allowance and a 15% discount off any balance over \$135; then you pay the rest.	Up to \$95
	<b>Disposables:</b> \$0 copay; EyeMed gives you a \$135 allowance; then you pay the rest.	Up to \$95
	<b>Medically Necessary:</b> \$0 copay	Up to \$210

### Contact EyeMed

Visit [eyemed.com](https://eyemed.com) or call customer service at 1-866-268-4063



# Vision Coverage

## EyeMed

### EyeMed Discounts

When you enroll in the EyeMed vision plan, you will also receive:

- 20% off additional purchases or services that are not covered by the plan
- 20% off the retail price for eye care supplies, like cleaning cloths and solutions, purchased at participating providers
- 20% off non-prescription sunglasses
- 40% off a complete pair of eyeglasses and 15% off conventional contact lenses, once your full benefit has been used
- 15% off the retail price or 5% off the promotional price for LASIK and PRK vision correction procedures performed at U.S. Laser Network Providers



### Are You a Contact Lens Wearer?

- EyeMed members who purchase contact lenses online can now use their contact lens benefits at ContactsDirect, completing the transaction online from start to finish.
- Go to [contactsdirect.com](https://contactsdirect.com).
  - Your contact lens allowance will apply right in the shopping cart.
- Make your purchase.
  - Contact lenses include free shipping once the prescription is verified.

### Locating a Provider

- For a complete list of providers near you, use the Provider Locator on [eyemed.com](https://eyemed.com) and choose the ACCESS network, or call 1-866-268-4063.
- For a list of LASIK providers, call 1-877-5LASER6 or visit [eyemedlasik.com](https://eyemedlasik.com).

### We Have an App for That

- EyeMed offers a vision care app for plan members! It's easier and faster than ever to search for an in-network provider or view your ID card. Download the EyeMed app from Apple App Store or Google Play.
- Visit [eyemed.com](https://eyemed.com) or call customer service at 1-866-268-4063.



# HSA and FSA

- **Health Savings Account (HSA)**

- **Flexible Spending Account (FSA)**

- Traditional FSA

- Limited Purpose FSA

- Dependent FSA

# • Understanding Your HSA

If you enroll in the Cigna Choice Fund Open Access Plus HSA plan, you will be automatically enrolled in a Health Savings Account (HSA) – if you certify that you are eligible by passing the Customer Identification Process (CIP). You can use this account to cover eligible health care expenses, including your medical and prescription drug deductible and coinsurance, vision care, and dental care, along with expenses identified in section 213(d) of the tax code.

The Health Savings Account (HSA) is yours, regardless of changes to your employment, medical plan enrollment, or any money remaining in your HSA at the end of the year. Any remaining balance will rollover for use in future years, accruing interest and allowing you to accumulate savings.

## First Time HSA Enrollment

An HSA will be automatically opened for you the first time you enroll in the Cigna Choice Fund Open Access Plus HSA; **however**, you must pass the Customer Identification Process in order for the account to be active. The Customer Identification Process is to confirm an account holder's identity and is conducted by HSA Bank Account holders. **To complete this process**, you must submit two forms of identification within 60 days of receipt of the CIP request from HSA Bank. Once you pass the CIP, HSA Bank will mail you a welcome packet and a debit card that you can use to pay for eligible expenses. It is your responsibility to notify HSA Bank and Colonial if you do not satisfy the requirements under federal law to establish and contribute to an HSA. See below for factors that make individuals ineligible for the HSA.

## Am I Eligible to Open an HSA?

Under federal regulations, certain individuals are eligible to open or contribute to an HSA, which is a tax-advantaged account. Individuals who are enrolled in the Cigna Choice Fund Open Access Plus HSA are:

- Individuals who **are not** enrolled in Medicare, Medicaid, or TRICARE for Life
- Individuals who **are not** eligible to be claimed as a dependent on someone else's tax return
- Individuals who **are not** covered by a non-HSA plan, Traditional Health Care FSA or HRA (limited purpose FSAs are an exception)

If you are ineligible to participate in an HSA, you can still elect the Cigna Choice Fund Open Access **without** HSA (HDHP).

## STI Deferral Feature

You may defer all or a portion of your 2024 short-term incentive (STI), up to maximum amounts defined by the IRS, to your HSA. The maximum includes both your and Colonial's contributions. You will receive more information from the Colonial Benefits Department to make your STI deferral election.

## HSA Contributions

Colonial makes an annual contribution to your HSA:

- \$500 for Employee Only
- \$1,000 for Employee + Spouse and Employee + Child(ren)
- \$1,500 for Employee + Family

To receive this funding, you must be enrolled in the Cigna Choice Fund Open Access Plus HSA plan. When you enroll, you must certify that you do not have coverage under another health plan (e.g., your spouse's plan) that would make you ineligible to contribute to an HSA, such as a non-high-deductible health plan, a Traditional Health Care FSA, or Medicare.

To make your own contribution to your account in 2024, elect your pre-tax contribution amount during Open Enrollment. Your contributions will be deducted from your paycheck on a bi-weekly basis.

If you want to start or change your HSA contribution during the year, log into [Workday](#) and click on **Change Benefits**, then select **Elect/Suspend/Change HSA Voluntary Benefit Contributions**. The **Benefit Event Date** will be the current date you are entering the change. Changes are effective the first of the following month.

Additional information on understanding your HSA, including eligibility requirements and eligible expenses, can be found on the IRS website at [irs.gov](https://www.irs.gov). You may also refer to [IRS Publications 969](#) and [502](#).

## Cigna HSA Future Value Calculator

The [Cigna HSA Future Value Calculator](#) tool is also helpful in estimating the **potential** future value of your HSA. You can even calculate your anticipated tax savings!

## Reminder

You can now use your funds for over-the-counter drugs without a prescription – this applies to HSA and FSA. Click [here](#) for eligible items.

# • How Does Your HSA Work?

## No Cost In-Network Preventive Care

The plan pays 100% of covered charges (no deductible), so you don't pay anything for preventive services (non-diagnostic).



## Your Health Savings Account

### Colonial's Annual Pre-Tax Contribution:

- \$500 for Employee Only
- \$1,000 for Employee + Spouse/Child(ren)
- \$1,500 for Family

### + Your Pre-Tax Contributions Up to:

- \$4,150 Employee Only
- \$8,300 for All Other Coverage Tiers
- Over 55 eligible to contribute an additional \$1,000

### + Unused Money Rolls Over Each Year



## You Can Use Your HSA to Help Pay for

### Your Deductible

You pay 100% of eligible expenses up to the allowable amount until you satisfy the deductible.

### Your Coinsurance

After you satisfy the deductible, benefits are paid by the plan at the applicable coinsurance and pharmacy copay, up to the out-of-pocket maximum.

### Other Qualifying Expenses

Use your HSA dollars to pay for qualified expenses (see [IRS Publications 502 and 969](#) for additional details).



## You Can Save Your HSA Dollars for the Future

### Balance Rolls Over Each Year

The HSA balance rolls over each year, accruing interest tax-free, like an IRA for your health care expenses.

### After Age 65

Use the account tax and penalty free on eligible health care expenses at any time. Once you reach age 65, you can also use the account penalty free for other expenses, although you will pay taxes on non-health care uses.

## Contributions

HSA contributions can be changed up to the IRS annual maximum throughout the year. The new election will be effective the first day of the following month.



## \$4,200/year Contribution with Taxes Applied

Source: WEX Health 2017, utilizing data from U.S. Department of Labor, Pension Benefits Guaranty Corp, EBRI, and Alte Group. Graph assumes 7.7% payroll tax rate (7.796) and 25% federal and state income tax bracket, 5% annual growth rate, 15% retirement tax bracket upon withdrawal. The chart to the right is for illustrative purposes only. It is not tax or investment advice. Cigna makes no representations as to the accuracy or suitability of this information; investments are subject to loss of principal and individual results will vary.

## Savings Over Time

	Contribution (with taxes applied)	Account Balance in 15 Years
HSA	\$4,200	\$90,630
401k	\$4,200	\$77,035
Roth IRA	\$2,694	\$61,039
Regular Savings	\$2,694	\$57,292

## Reminder

Once you reach your out-of-pocket maximum, your plan pays 100% of the allowed amount for covered services for the remainder of the year!



# Flexible Spending Account (FSA)

## Tax-Advantaged Reimbursement Account

Colonial offers other tax-advantaged accounts that you can set aside pre-tax dollars for certain health and dependent care expenses. You do not need to be enrolled in a Colonial medical, dental, or vision plan to enroll in a Flexible Spending Account.

### Flexible Spending Account Details

Flexible Spending Accounts (FSA) allow you to put pre-tax dollars aside to help pay for qualified expenses you have anytime between January 1 and December 31, 2024.

#### Keep in mind that:

- The IRS regulates how much you can contribute to FSAs each calendar year:
  - \$3,050 for Traditional Health Care FSAs and Limited Health Care FSAs in 2024
  - \$5,000 for Dependent Care FSAs in 2024 (\$2,500 if married and filing separately)
- Dependent Care FSAs reimburse you for child or elder care expenses incurred to enable you and your spouse (if applicable) to work or look for work. If you and your spouse are enrolled in a Dependent Care FSA at his or her place of employment, the annual **total** you may contribute during a calendar year is \$5,000 if your tax status is married filing jointly (\$2,500 each if you are married filing separately).
- You can participate in both the Health Care FSA and the Dependent Care FSA at the same time, but you cannot use funds in one to pay for expenses in the other.
- **You must actively enroll in an FSA each year to participate, and you may only make changes to your FSA contributions during the year if you have a specific IRS qualifying life event.** When you enroll in your 2024 benefits, you will have the option to enroll in a Health Care FSA and/or a Dependent Care FSA for 2024. When you select one or more of the FSAs, you will be prompted to enter the amount of your annual pre-tax contribution for each account.
- If you enroll in the Cigna Choice Fund Open Access Plus HSA plan, you are only eligible to enroll in the Limited Health Care FSA and/or Dependent Care FSA. See [pages 29](#) and [30](#) for more information.

### Download

The free WEX Health Inc. mobile app for FSA benefits allows you to check account balances, upload receipts, or contact customer service.

### Make the Most of Your FSA

Find a list of potentially eligible Flexible Spending Account expenses [here](#).

**Enroll in both the Cigna Choice Fund Open Access Plus HSA plan and the Limited Health Care FSA** if you think you'll be using your health benefits a lot this year. Use your HSA to pay for qualified out-of-pocket expenses incurred by you and your eligible dependents until you reach the annual deductible. You can use your Limited Health Care FSA to pay for out-of-pocket dental, vision, and preventive care expenses prior to meeting your medical deductible. Once the deductible under the high-deductible health plan is satisfied, you can then use your Limited Healthcare FSA to pay for qualified medical out-of-pocket expenses, and you can save any remaining money in your HSA.

**When deciding the amount that you should contribute to an FSA**, consider whether you will have any known health care expenses in 2024, such as maintenance medications, surgeries, pregnancy-related expenses, or regular office visits. Looking back at your use of health care services over the past several years will give you a better understanding of the type and cost of services that you might need.



# Flexible Spending Account (FSA)

## Continued

### Traditional Health Care FSA

A Traditional Health Care FSA allows you to set aside a portion of your earnings, up to \$2,850 for 2024, on a pre-tax basis through payroll deductions to pay for qualified health care expenses.

This option is available to employees who enroll in the Cigna Open Access Plus plan (traditional PPO health plan) and to those who do not enroll in Colonial's medical coverage **(if you or your spouse are not contributing to an HSA).**

### Limited Health Care FSA

A Limited Health Care FSA is designed to be used in conjunction with the Cigna Choice Fund Open Access Plus HSA plan (high-deductible health plan). It allows you to set aside a portion of your earnings, up to \$3,050 for 2024, on a pre-tax basis through payroll deductions to pay for qualified dental, vision, and preventive medical care expenses.

Once you meet your annual health plan deductible, you are also permitted to use the funds in your Limited Health Care FSA to pay for non-preventive medical care, including prescription drugs.

#### Use-it-or-Lose-it

**You have until March 31, 2025 to submit claims incurred in 2024 for reimbursement under the 2024 WEX FSA plans.** Any unused money as of March 31, 2025 is forfeited under the IRS "use-it-or-lose-it" provision.

**After March 31, 2025, the 2024 FSA plan will be closed, and all unsubstantiated 2024 FSA claims will be reported as taxable income.**

### Helpful Hints

**FSA Substantiation** – download an Explanation of Benefits (EOB) from your [myCigna.com](https://myCigna.com) account to submit to Discovery Benefits, now [WEX Health Inc.](https://wexhealth.com), for claim substantiation. Not enrolled in a Colonial plan, but participating in the FSA? Complete a claim form and submit itemized bills and other insurance payments to WEX.

**Limited Health Care FSA** – once the medical deductible is met, complete a [Deductible Verification Form](#) and submit to Discovery Benefits, now [WEX Health Inc.](https://wexhealth.com) along with any medical and pharmacy out-of-pocket expenses.



### Your Health Care FSA Debit Card

If you enroll in a Traditional Health Care FSA or a Limited Health Care FSA for the first time in 2024, you'll receive one debit card to use for eligible health care expenses starting January 1. You are not required to have a personal identification number (PIN), so when you use the card, you can choose the "credit" option, or you can call the number provided on the card to set up a PIN, if you prefer. **If you participated in the 2023 FSA plan, keep your debit card as your 2024 Health Care FSA contributions will be added to your current debit card in January.** Click [here](#) for a list of eligible expenses.

If you do not use your debit card to pay for an eligible expense, you can submit a claim form (available on the [WEX Health Inc.](https://wexhealth.com)) for reimbursement. The same claim form can be used for a Traditional Health Care FSA claim or a Limited Health Care FSA claim. You may also submit manual claims through the WEX mobile application. You are able to take a picture with your smartphone or tablet and upload the image directly to the site for processing. You will receive a reimbursement by check (or direct deposit if you elect this option) within approximately 7 to 10 business days of submitting your form.

### Important Notice

The IRS has rules for how the FSA must be administered. **Receipts are required**, so retain a copy for all FSA expenses, as you may have to provide WEX or the IRS copies for validation purposes (including debit card purchases). WEX will suspend use of your debit card if requested substantiation is not received within the required time frame of 72 days, which may result in a tax liability to you.



# Flexible Spending Account (FSA)

## Dependent Care FSA

### Dependent Care Flexible Spending Account (FSA)

If you work and have children or elderly/disabled adults that you care for, you may find value in a Dependent Care FSA. The Dependent Care FSA allows you to set aside up to \$5,000 annually with pre-tax payroll deductions to reimburse yourself for eligible expenses for childcare or the care of a disabled spouse or elderly parent. Examples of eligible expenses include child day care centers, before-school or after-school costs, adult day care centers or summer day camps that allow you (and your spouse, if married) to work or look for work.

Eligible dependents are:

- Your children under age 13. (If your dependent child will turn age 13 in 2024, this will disqualify you from receiving FSA funds from age 13 and forward, which means you may lose your FSA contribution funds. Please calculate your funds appropriately.)
- Your physically or mentally incapacitated spouse or children over age 13.
- Any other person residing in your household and considered a dependent for tax purposes and who is physically or mentally incapable of self-care, regardless of age.

This option is available to all employees, even if you do not enroll in other coverage with Colonial.

### Getting Reimbursed Through the Dependent Care FSA

You may use your FSA debit card for dependent care expenses at providers who only provide childcare, as the debit card will recognize the Merchant Category Code.

You may also get reimbursed for eligible dependent care expenses by completing a claim form at [wexinc.com](https://www.wexinc.com). Send your completed claim form and receipt(s) to WEX at the address or fax number listed on the form. You will receive reimbursement by check (or direct deposit if you elect this option) within approximately 7 to 10 business days.





# Comparison of HSA/FSA Options

## Full Comparison

	Health Savings Account (HSA)	Health Care FSA	Limited Health Care FSA	Dependent Care FSA
<b>Anyone Can Enroll</b>	<b>No</b> Only employees who elect the Cigna Choice Fund Open Access Plus HSA plan will be automatically enrolled (subject to notice from you if you are not eligible).	<b>No</b> Only employees who elect the Cigna Choice Fund Open Access Plus HSA plan may <b>not</b> enroll.	<b>No</b> Only employees who elect the Cigna Choice Fund Open Access Plus HSA plan may enroll.	<b>Yes</b> But expenses will not be eligible for reimbursement if your spouse is not working, actively looking for work, or going to school.
<b>Tax-Advantaged Account</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
<b>Balance Rolls Over Each Year</b>	<b>Yes</b>	<b>No</b> Use-it-or-lose-it	<b>No</b> Use-it-or-lose-it	<b>No</b> Use-it-or-lose-it
<b>Accrues Interest</b>	<b>Yes</b>	<b>No</b>	<b>No</b>	<b>No</b>
<b>Eligible Expenses Include</b>	<b>Medical/Rx, Dental, and Vision</b> Includes items not covered under plan, like LASIK (See <a href="#">IRS 213d</a> for list of covered items).		<b>Only Dental, Vision, and Preventive Medical Care Expenses</b> Until the medical deductible is met.	<b>Expenses incurred while providing care for dependent children or elders</b> Includes expenses for babysitting or summer day camp.
<b>Annual Contribution Limit</b>	<b>\$4,150</b> for Employee Only; <b>\$8,300</b> for all other coverage tiers (both IRS limits include Colonial's funding); <b>\$1,000</b> additional if age 55 or older.	<b>\$3,050</b>		<b>\$5,000</b> (\$2,500 if married filing separately).
<b>Who Can Contribute?</b>	<b>You (or anyone on your behalf) and Colonial</b> Colonial funds HSAs with \$500 for Employee coverage, \$1,000 for Employee + Spouse/Child(ren), and \$1,500 for Family.	<b>You</b>	<b>You</b>	<b>You</b>
<b>Investment Options</b>	<b>Yes</b> Once the balance reaches \$1,000.	<b>No</b>	<b>No</b>	<b>No</b>
<b>STI Deferral</b>	<b>Yes</b>	<b>No</b>	<b>No</b>	<b>No</b>

*Note: If you are out of the office on an approved medical leave and are enrolled in a Dependent Care FSA, your contributions will be suspended after you are absent for two weeks until you return to work. You will have 31 days from the date you return to work to notify the Benefits Department to reinstate your Dependent Care FSA.*

# Life and AD&D

## Life and AD&D

Basic Life

AD&D

Supplemental Life

Supplemental AD&D

# Life and AD&D Insurance

## Basic & Supplemental

### NY Life Basic Life and Accidental Death & Dismemberment (AD&D) Insurance

Life insurance provides financial protection for your family in the event of your death. Colonial provides you with Basic Life and AD&D coverage at **no cost to you**. These benefits are provided through insurance contracts issued by New York Life and Chubb. If there is any conflict (with respect to benefits) between the insurance contract(s) and this summary, the insurance contract controls.

	Benefit	Important Notes
<b>Basic Life</b> (New York Life)	2x your base salary to a maximum of \$800,000*	Beginning in January of the year following your 65th birthday, this coverage decreases by 35%
<b>Basic AD&amp;D</b> (Underwritten by Federal Insurance Company - Chubb)	6x your base salary up to a maximum of \$1,900,000	N/A

\* Federal law requires that Colonial report the cost of company-paid life insurance in excess of \$50,000 as imputed income.

### NY Life Supplemental Life and AD&D Insurance Options

In addition, Colonial provides you with the option to choose supplemental life and/or supplemental AD&D for you and your family. In order to choose supplemental life coverage for your spouse or child(ren), **you must first elect supplemental life coverage for yourself** as the employee. To enroll yourself or your spouse, you will be required to complete a tobacco-use certification in [Workday](#). **All rates for you and your spouse are based on your age as the employee and whether (or not) you use tobacco products.** If you make a supplemental life insurance election that requires evidence of insurability (EOI), you must complete an EOI form and submit it to [New York Life](#) for pre-approval. These benefits will be effective as soon as administratively feasible once approval has been received from the insurance carrier.

	Benefit	Increasing Coverage & Important Notes
<b>Employee</b>	<ul style="list-style-type: none"><li>Up to a maximum of \$1.9M for basic and supplemental life combined.</li><li>New and rehired employees can select coverage of up to 4x their base salary to a maximum of \$500,000.<ul style="list-style-type: none"><li>EOI will be required for any amounts above \$500,000 or if you do not enroll in supplemental life insurance within 31 days of your initial eligibility date.</li></ul></li><li>Beginning in January of the year following your 65th birthday, this coverage decreases by 35%.</li></ul>	Current employees who have supplemental coverage can increase coverage each year in the increments described below without providing EOI: <ul style="list-style-type: none"><li>From 1x to 2x your base salary</li><li>From 2x to 3x your base salary</li><li>From 3x to 4x your base salary</li></ul> Coverage for 5x (or more) your base salary and coverage exceeding \$500,000 requires EOI. <b>The 2024 Open Enrollment affords employees the opportunity to increase or elect supplemental life insurance up to four times your base annual salary to a maximum of \$500,000 without having to answer any medical questions. Amounts elected in excess of these limits will be subject to underwriting review of a completed EOI form.</b>
<b>Spouse</b>	<ul style="list-style-type: none"><li>Up to a maximum of \$250,000 in increments of \$10,000.</li><li>EOI is required for coverage above \$30,000 or if you do not enroll in supplemental life insurance within 31 days of your initial eligibility date.</li><li><b>Employee must elect supplemental life in order to elect spouse supplemental life.</b></li></ul>	<b>The 2024 Open Enrollment affords employees the opportunity to increase or elect supplemental spouse life insurance up to \$30,000 without having to answer any medical questions. Amounts elected in excess of this limit will be subject to underwriting review of a completed EOI form.</b> <b>A spouse's coverage may not exceed 50% of the amount of the employee's combined basic and supplemental life coverage (employee must elect supplemental life in order to elect spouse supplemental life).</b>
<b>Dependent Children</b>	Up to a maximum of \$10,000 in \$2,500 increments.	EOI is not required. Dependent child must be a full-time student or disabled if age 19 to 26.

\*When you are no longer an employee of Colonial, you have options to convert or port your life insurance policies. To learn more about these options, contact New York Life at 1-800-423-1282 within 31 days of leaving Colonial to discuss and request the change.



# Life and AD&D Insurance

## Supplemental AD&D

Supplemental AD&D Coverage Options (underwritten by Federal Insurance Company - Chubb)

	Benefit
Employee	Up to a maximum of \$1.5M or 6x your base salary.
Spouse	Up to \$150,000 in the following increments: \$50,000; \$100,000; \$150,000.
Dependent Children	Choose coverage of either \$10,000 or \$20,000. Dependent child must be a full-time student from age 19 to 26 to be enrolled in dependent AD&D coverage.





# Other Benefits

## Employee Assistance Program (EAP)

## Additional Cigna Programs

Chronic Condition

Health Advocacy

## Wellness

Wellness 360

Wellness Incentives

Omada

Weight Watchers

My Health Assistant

# Employee Assistance Program (EAP)

Cigna

With the Cigna Employee Assistance Program (EAP), you can get support for everyday issues. Even the stressful ones. You'll get real solutions for a range of different topics, including:

- Caregiver concerns
- Family and relationships
- Grief and loss
- Emotional health
- Stress management
- Financial or legal issues
- Job and career support needs
- Community resource needs

Services for all of these concerns – and more – are confidential and available to anyone in your household, regardless of your enrollment in any other offered benefit programs. Plus, they're all available at **no cost to you**.

## Emotional Health

Get five sessions per issue per year with a dedicated, licensed counselor at no cost to you.

Start by calling or using live chat to get a referral. Through face-to-face or virtual sessions, get support on a range of topics, such as:

- Relationships and parenting
- Behavioral health and substance use
- Stress management

Confidential phone consultations are available to you and anyone living in your household at no cost. Work with a licensed EAP clinician for 20–30 minutes per phone session.

## Home Life Referrals

Get assistance with referrals to community resources and services.

- **Child Care:** We'll help you find a place, program, or person that's right for your family.
- **Pet Care:** From veterinarians to dog walkers, we'll help you ensure your pets are well taken care of.
- **Senior Care:** Learn about solutions related to caring for an aging loved one.

## Financial and Legal Assistance

- **Financial Services Referral:** Free 30-minute financial consultations by phone per topic and 25% off tax preparation.
- **Identity Theft:** Get a free 60-minute expert consultation by phone for prevention or if you are victimized.
- **Legal Consulting:** Get a free 30-minute consultation with a network attorney and 25% off select fees.

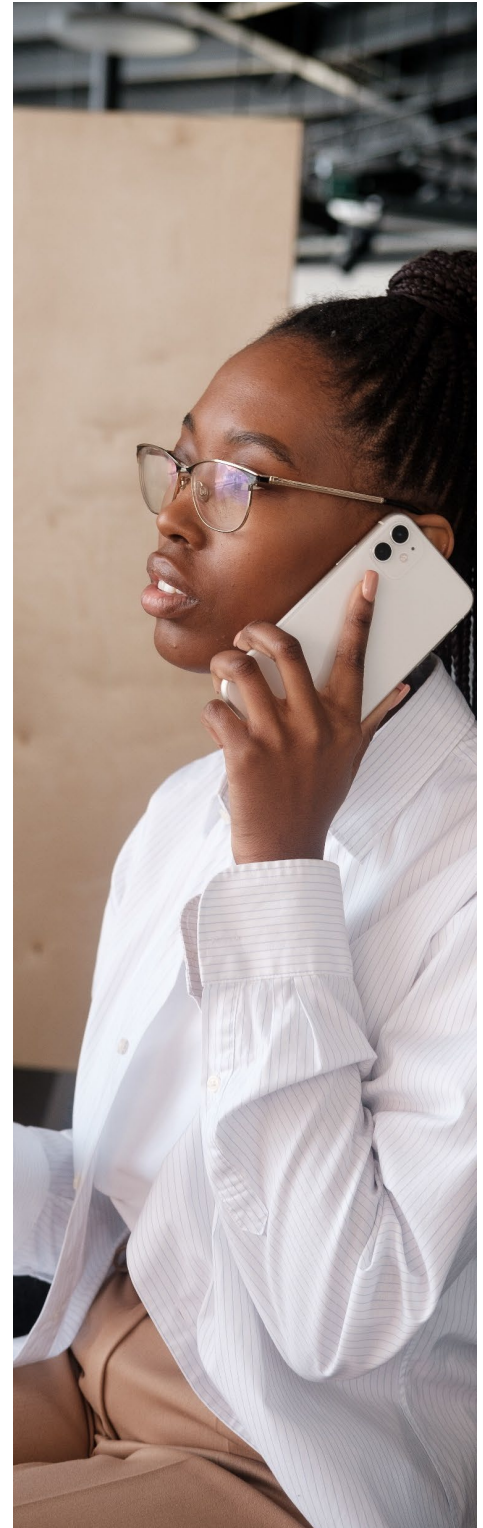
### Connect with the Cigna EAP 24/7/365

**Connect:** [myCigna.com](https://mycigna.com)

**Employer ID:** colonialpipeline (for initial registration)

**Phone:** 877-622-4327

If you are already registered, simply log in to [myCigna.com](https://mycigna.com) to access the Employee Assistance Program under **Coverage**.





# Additional Programs

## Chronic Condition Resources

### Chronic Condition Resources

When you need extra help, Cigna is available to assist! If you or a covered family member have a chronic health condition, you'll develop a one-on-one relationship with a dedicated health coach to help you:

- Manage a chronic health condition ranging from asthma and low back pain to depression and coronary artery disease, among many others
- Make more educated decisions about your health and treatment options
- Obtain information and resources about your condition
- Save money on your medical expenses
- Create a plan to help improve your health based on your personal goals
- Understand medications and doctor's orders
- Identify the triggers that affect your condition

### Take Charge of Your Health Using Online Tools

Cigna offers 24/7 online support to help you better understand your condition and overcome barriers to better health. Online tools include:

- Online programs that can offer help with lifestyle issues from weight, stress, and smoking to chronic condition support for diabetes, asthma, heart failure, and more
- Tools to help you understand your condition and make more informed treatment decisions
- Articles and podcasts on hundreds of health topics

### Contact

To have a confidential one-on-one conversation, call 855-246-1873.

Or, visit [myCigna.com](https://myCigna.com) for information and self-help resources.



# Additional Programs

## Cigna Health Advocacy Services

### Health Advocacy Services

Cigna Health Advocacy Services offers you expert assistance with a wide range of health care and health insurance issues. Let us help you, your spouse, and dependents get the answers you need, when you need them, 24/7, **at no additional cost to you.**

#### Contact

- You have access to 24/7 support when you need it for all your health care, insurance, or medical bill needs – for you and your family.
- Call 866-799-2725 for more information and support.

### What We Help With

#### Don't Know Where to Turn? We'll Point the Way.

- Find the right health care professionals based on your needs
- Locate specialists, schedule appointments, arrange medical tests, or special treatments
- Answer questions about diagnoses, test results, treatments, medications, and more

#### Want to Maximize Your Benefit Dollars? We Can Help You Save.

- Get the estimated fees for services in your area
- Find options for non-covered and alternative health services
- Receive information about generic drug options
- Address questions and concerns related to your medical bills
- Get help negotiating discounts on medical or dental bills over \$400 not covered by insurance

#### Need Elder Care or Special Needs Services? We're There for You.

- Find in-home care, adult day care, group homes, assisted living, and long-term care
- Get access to a range of services for parents of children with special needs or autism spectrum disorders
- Clarify or get help applying for Medicare, Medicare Supplement plans, and Medicaid
- Coordinate care among multiple providers
- Arrange transportation to appointments



# ● Wellness

## First: Meet Eligibility Requirements

You (or your spouse) are eligible for the Fuel Well Club wellness program when you complete both activities listed below by May 31, 2024.

1. Fasting Biometric Screening\*; and
2. Health Risk Assessment (HRA)

Completion of both activities will earn you a combined 250 points (50 points for spouses) and program eligibility. As a reminder, be sure to fast prior to completing a biometric screening.

## Second: Keep Earning Points/Dollars

After completing initial eligibility requirements, employees can earn up to 350 additional points and spouses can earn up to 150 additional points. Achievement of healthy measures, progress toward healthy measures, health coaching by phone, chronic condition management, and participation in challenges are several of the opportunities available to you and your spouse for accumulating additional points by December 31, 2024.

1. **Progress toward healthy measures:** If you are able to demonstrate that you've made progress with your health by lowering your weight more than 5%, or by improving your systolic and diastolic blood pressure by moving from a high/moderate blood pressure to normal, points will be awarded.
2. **Reasonable alternatives/wellness activities\*:** You may also obtain additional points through other activities (for example, if you are unable to achieve health progress). These activities will always be available to you. They are in place to support your efforts to improve your health and to ensure that every effort is rewarded. Additional information regarding reasonable alternatives can be found on the following pages.

*\*If you have a medical condition that makes it unreasonable for you to fast or your physician believes that fasting is medically inappropriate, contact Benefits at 678-762-2502, and we will work with you and your doctor.*

## Third: Know Your Numbers (Progress Toward Healthy Numbers)



Body Mass  
Index (BMI)



Blood  
Pressure



Glucose  
Testing



Cholesterol



# Wellness Incentives

All employees can earn up to \$750 and all spouses can earn up to \$250 for completing the activities listed below. Medical enrollment is not required to participate.

Goal Name	Description	Employee	Spouse
<b>Biometric Screening</b>	Complete a biometric screening through Quest or at a physician's office.	\$100	\$25
<b>Health Risk Assessment</b>	Complete a health risk assessment at <a href="https://myCigna.com">myCigna.com</a> .	\$100	\$25
<b>Achieve Health Goals</b> Alternatives built in: <ul style="list-style-type: none"> <li>• Work with a coach to achieve a health goal</li> <li>• Complete an online coaching program</li> <li>• Work with physician on alternative waiver</li> </ul>	Achieve a healthy Body Mass Index (BMI) of less than 30 <b>OR</b> improve weight by 5%.	\$50	\$25
	Achieve a healthy blood pressure of less than or equal to 139/89 <b>OR</b> improve blood pressure to a healthy level. <ul style="list-style-type: none"> <li>• <b>If Systolic <math>\geq</math> 160 and Diastolic <math>\geq</math> 100</b> Improve Systolic to <math>\leq</math> 159 and Diastolic to <math>\leq</math> 99</li> <li>• <b>If Systolic 140-159 and Diastolic 90-99</b> Improve Systolic to <math>\leq</math> 139 and Diastolic to <math>\leq</math> 89</li> </ul>	\$50	\$25
	Achieve a healthy total cholesterol level of less than or equal to 200 mg/dl.	\$50	\$25
	Achieve a Fasting Blood Sugar level less than 100 mg/dl <b>OR</b> Non-Fasting Blood Sugar level less than 140 mg/dl.	\$50	\$25
<b>Preventive Care</b> (Claim verified if enrolled in Cigna or self-reported if not enrolled in Cigna)	Complete an annual physical (preventive exam).	\$200	\$100
	Get a colon cancer screening (preventive exam).	\$200	\$100
	Get an annual OB/GYN exam (preventive exam).	\$150	\$75
	Get a cervical cancer screening (preventive exam).	\$150	\$75
	Get a mammogram (preventive exam).	\$150	\$75
<b>Self-Reported Goals</b>	Get a prostate cancer screening.	\$150	\$75
	Complete a dental exam.	\$200	\$100
	Complete a vision exam.	\$150	\$75
	Enroll in Omada Health Program (Cigna enrolled members).	\$50	\$25
	Receive a COVID-19 vaccine.	\$50	\$50
	I am up-to-date on my COVID vaccinations.* (See below for details.)	\$50	\$50
	Received my annual flu vaccine.	\$50	\$50
	Emotional Wellness: Complete any free emotional wellness webinar through Cigna or Torchlight or engage with EAP.	\$100	\$50
	Financial Wellness: Complete any free financial webinar through Schwab.	\$100	\$50
	Complete a Colonial Pipeline wellness challenge.	\$50	\$25
	Complete a community service event.	\$50	\$25
<b>Cigna Health Coaching by Phone</b> (Cigna enrolled members) Note: May also qualify as an alternative to outcome goal.	Achieve a health goal to overcome a chronic condition (e.g., diabetes, COPD, asthma, depression). You can also earn an additional \$500 paid through Colonial Pipeline, if you qualify.	\$75	\$50
	Get help improving my lifestyle habits with Weight (LMP) – call 1-866-417-7848.	\$75	\$50
	Get help improving my lifestyle habits with Stress (LMP) – call 1-866-417-7848.	\$75	\$50

\*You are **up to date** with your COVID-19 vaccines if you have completed a COVID-19 vaccine primary series and received the most recent booster dose recommended for you by CDC. Updated boosters, also known as "bivalent" boosters, protect against the most recent Omicron subvariants and the original strain.

# Wellness Programs

## Omada for Cigna

### Omada Diabetes & Heart Disease Prevention Program

Omada is a digital lifestyle change program designed to help you lose weight, gain energy, and reduce the risks of type 2 diabetes and heart disease. Participants receive all the support and tools they need to make lasting and meaningful changes. You can expect an interactive program, wireless scale, health coach, and more to help you build healthy habits that last. Based on behavioral medicine and scientifically tested, Omada is designed to build healthy habits that last. Omada connects the dots between knowing how to get healthy and doing it. Participants get the support and tools they need, including an interactive program, wireless scale, health coach, and more.

#### Eligibility

This program is available at **no additional cost** for employees or dependents 18 and older who are enrolled in a Colonial Pipeline medical plan and are at risk for diabetes or heart disease. To find out if you are eligible, take the one-minute risk screening quiz at [omadahealth.com](https://omadahealth.com). Eligible individuals can then immediately complete the program application.

#### Program Benefits

The interactive program partners you with a health coach to help make lasting healthy changes. The program will help you:

- **Eat healthier.** Learn the fundamentals of making smart food choices.
- **Increase activity.** Discover easy ways to move more and boost your energy.
- **Overcome challenges.** Gain skills that allow you to break barriers to change.
- **Strengthen habits.** Zero in on what works for you and find lasting motivation.
- **Stay healthy for life.** Get an additional eight months of tips, strategies, and support.

#### How to Sign Up

##### Take the 1-minute Risk Screener

You're eligible to apply if the screener results indicate a risk for diabetes.

##### Apply for Omada

Eligible individuals can then immediately complete the 5-10 minute application.

##### Receive Confirmation

In 1-2 days, you'll receive an email letting you know if you qualify to join.

##### Set Up an Account

You answer a few questions to help Omada personalize your experience. This takes about 10 minutes.

##### Receive a Welcome Kit

Within 2 weeks of completing account setup, you'll receive their scale, which helps to track your progress in the program.

##### Meet the Team

You are matched with a small group of participants who all will go through the program together.

##### Program Kick Off

Groups kick off each Sunday with an intro message from the coach and access to the first lesson.

#### Contact

Call: 888-409-8687

Website: [omadahealth.com](https://omadahealth.com)

### How it Works

#### Stage 1: Foundations

##### Weeks 1 - 4

Focusing on nutrition first; participants track meals, complete lessons, and engage with their group.  
*"I'm learning how to eat better."*

##### Weeks 5 - 8

Participants learn how to incorporate healthy activities into their daily lives.  
*"I'm finding ways to move more."*

##### Weeks 9 - 12

The focus shifts to managing stress, improving sleep habits, and overcoming challenges.  
*"I'm sleeping better and stressing less."*

##### Weeks 13 - 16

Participants practice techniques for making their healthy habits stick, for good.  
*"I'm confident I can keep going."*

#### Stage 2: Focus

##### Week 17+

Participants focus on unique challenge areas and receive ongoing support from a health coach and extended peer group.  
*"I'm continuing to learn and grow."*

# Wellness Programs

## Weight Watchers

### Weight Watchers

Colonial Pipeline partners with Weight Watchers to help our employees succeed with weight loss. Employees and their spouses can join Weight Watchers in-person or online at a 50% cost reimbursement\*, allowing for access to local community meetings, online, and mobile tools.

**The Weight Watchers program focuses on lifestyle change, not dieting. This method has led to their 50+ years of experience in helping people successfully lose weight. Part of what makes this program so successful is their:**

- Convenience and flexibility
- Guidance and motivation from a leader who has been in your shoes and lost weight on the Weight Watchers program
- Power of Shared Learning – tools and strategies from people sharing the same challenges and encouragement to keep going
- Confidential weigh-in (meetings)
- Access to Weight Watchers' complete suite of digital and mobile tools

### The Science Behind the Success

What makes the Weight Watchers program so successful is the science behind the program. With dozens of clinical studies to their name, their focus is on food consciousness, real results, and changing people's relationship with food for good! There are four pillars that are the basis of the program's success:

#### Food

Making smart decisions about what we eat

#### Support

Leaning on others for encouragement, knowledge, and support

#### Activity

Moving in ways that support healthy physical, mental, and overall well-being

#### Behavior Change

Consistently making small changes that lead to a big difference

### Register

#### Website:

[weightwatchers.com](https://www.weightwatchers.com)

*\*Subject to validation*

### Keeping Colonial Employees on Track

Weight Watchers' Essentials tool provides you with a proven weight loss plan that is entirely online, including 24/7 Expert Chat. You can seamlessly sync with many fitness devices. With these amazing digital tools, you can follow the plan anytime, anywhere – at your own pace.

Not only does Weight Watchers sync with your fitness devices, but the app for your smartphone has so many helpful tools! The **Recipe Builder** lets you enter ingredients and create and tweak recipes for healthy meals. The **Bar Code Scanner** takes away the stress of grocery shopping – scan bar codes of your favorite foods and get PointsPlus values immediately! Wish you knew exactly what to pick off the menu eating at your favorite restaurant? The **Cheat Sheet** helps you make the best choices so you can still enjoy eating out.





# Wellness Programs

## My Health Assistant

Check out our online coaching program at [myCigna.com](https://myCigna.com). It's fun and motivating. It can help you reach big health and wellness goals in small, easy-to-do steps through WebMD®. The program is designed to be flexible, allowing you the freedom to work with the My Health Assistant online program anytime that fits your schedule.

### What We Help With

- Choose your long-term personal health and wellness goals
- Find suggested activities to help you reach the goals you've chosen
- Have a weekly plan created just for you – you check in to track and update your progress
- Receive friendly reminders and encouragement

### Keys to Success

- My Health Assistant breaks down goals into smaller manageable steps
- It's designed using methods for positive behavior change
- Goals can be repeated or new ones can be selected to support healthy habits

My Health Assistant offers the following goals to help you in your journey to better health and wellness:

Lose Weight  
Eat Better  
Enjoy Exercise

Feel Happier  
Conquer Stress  
Quit Tobacco

Manage Diabetes  
Manage Heart Failure  
Manage Asthma

Manage COPD  
Manage Heart Disease

### Lifestyle Management Program

Whether your goal is to lose weight, quit tobacco, or lower your stress levels, you have the power to make it happen. Cigna Lifestyle Management Programs can help – and all at no additional cost to you. Each program is easy to use and available where and when you need it. Plus, you can use each program online or over the phone – or both.

- Weight Management
- Tobacco Cessation
- Stress Management

### Contact

Call: 866-417-7848  
Website: [myCigna.com](https://myCigna.com)



# Resources

- Cigna One Guide
- FAQ
- Enrollment Worksheet
- Contact Information
- Glossary

# • One Guide Concierge Service

## Cigna

Cigna One Guide is ready to answer all your health plan questions. Let's face it, understanding and using your health plan isn't always easy. Well, not to worry. Your Cigna One Guide team is ready and waiting to help.

Simply call Cigna One Guide, click on [mycigna.com](https://mycigna.com), or use the myCigna App. You'll automatically be connected with a representative who will help guide you where you need to go.

Your Cigna One Guide team can help you save money and stay healthy.

### Understand Your Plan

- Learn how your coverage works
- Get answers to your health care or plan questions

### Get Care

- Find an in-network health care provider, lab, or urgent care center
- Connect with health coaches, pharmacists, and more
- Connect with dedicated, one-on-one support for complex health situations

### Save and Earn

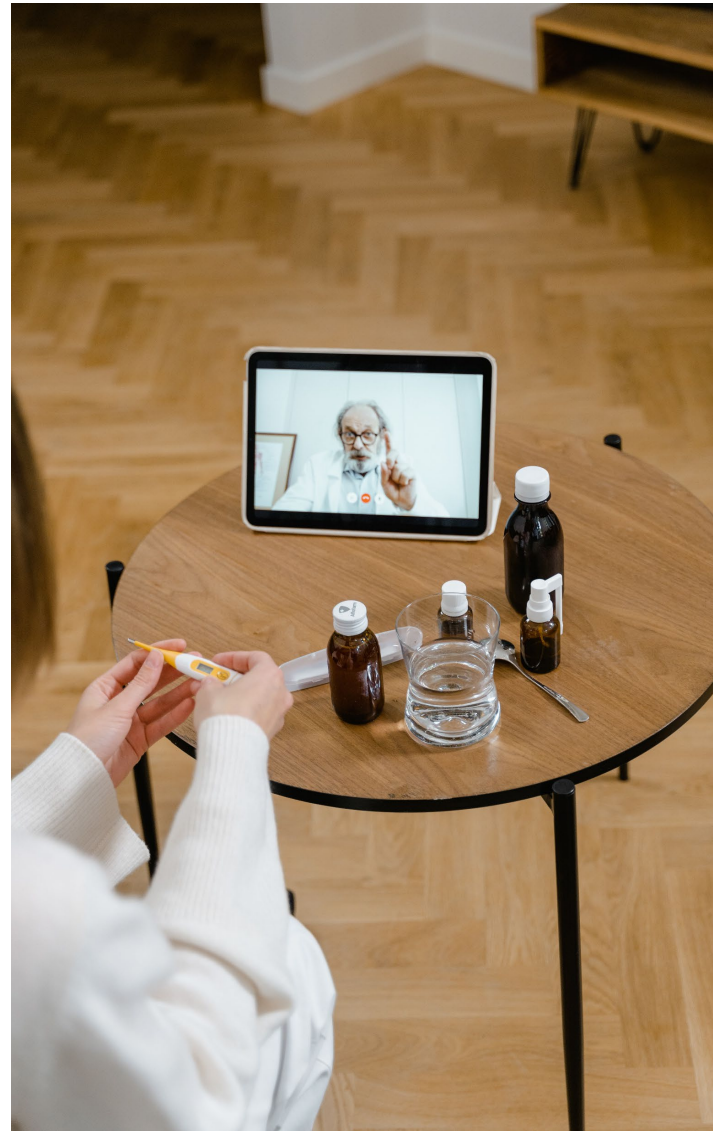
- Get cost estimates to avoid surprises

### For More Information

Click, call, or chat. Your personal guide is ready and waiting to help.

[myCigna.com](https://mycigna.com) or myCigna App

800-Cigna24 (800-244-6224)



A concierge service is provided to help answer any questions you or your family members may have during pre-enrollment or throughout the year to assist while you are covered under one of Cigna's plans. Your Cigna One Guide team is ready and waiting to help with:

- Coverage and Benefit Questions
- Locating In-Network Providers
- Obtaining Cost Estimates
- Assisting with Scheduling Doctor's Appointments
- Questions on Medical/Dental Claims
- HSA Bank Account Questions
- ID Card Access



# • Additional Resources

## FAQ

The chart below outlines an example of the annual cost for a full-time employee with Employee Only coverage who does not use tobacco and only visits in-network providers. This example represents someone who sees a specialist on a regular basis, gets preventive visits, takes one generic medication, and has knee surgery during the plan year.

### Annual Costs Example

	Cigna Open Access Plus Traditional PPO Health Plan	Cigna Choice Fund Open Access Plus HSA High-Deductible Health Plan
<b>Annual Paycheck Contributions</b> (Employee Only Coverage for a Non-Tobacco User)	\$2,265 (\$87.11 per paycheck)	\$1,323 (\$50.89 per paycheck)
<b>1 Preventive Office Visit</b> (average cost \$150)	\$0	\$0
<b>6 Office Visits</b> (2 Primary Care visits and 4 Specialist visits)	\$250 (Primary Care Physician: \$25, Specialist: \$50)	\$894 (Average costs – Primary Care Physician: \$119, Specialist: \$164)
<b>1x 30-day Generic Maintenance Drug per Month</b>	\$120 (\$10 generic copay x 12 months)	\$240 until deductible is met (\$20 average cost x 12 months)
<b>1 Knee Arthroscopy Procedure</b> (approximation of \$4,000 bundled rate, facility, physician, anesthesia)	\$4,000 (\$750 deductible and \$614.80 coinsurance)	\$4,000 (\$866 deductible and \$626.80 coinsurance)
<b>Annual Colonial HSA Contribution</b>	N/A	+\$500
<b>Total Employee Out-of-Pocket Expenses</b> (including Contributions) – Non-Tobacco User	\$4,035	\$3,449.80

### What Should I Consider Before Making Elections?

- Before making elections, learn more about your benefits by reviewing this Benefits Guide. You can also contact the [Benefits Department](#) with any questions.
- In the myCigna dashboard, review your 2022 and 2023 out-of-pocket health care and contribution costs and consider upcoming events, such as the birth of a child, which may impact your decision and help you estimate your costs for 2024.
- Consider your spouse's benefit options.

### Why Do Preventive Care/Wellness Visits Sometimes Cost Money? Aren't They Covered 100% Under Both Medical Benefit Options?

Many in-network preventive care or wellness services are covered at 100% and are not subject to the deductible. The services that vary based on your age and gender may include, but are not limited to, routine physical exams for covered employees and dependents, routine mammograms, routine prostate screenings, and routine colorectal screenings. There are times, however, when a preventive care visit turns into a diagnostic visit and is, therefore, not covered at 100%. If your physician includes a diagnostic (instead of preventive) code on the paperwork submitted to Cigna, the diagnostic care benefits – and not the preventive care benefits – will apply. Please refer to your doctor should you have any questions concerning the coding of your claim.

# • 2024 Enrollment Worksheet

This worksheet is designed to follow the screens you will use to enroll in your 2024 benefits. The contributions shown are deducted from your paycheck on a bi-weekly basis.

Medical Options: Pre-Tax Deduction	Cigna Open Access Plus Traditional PPO Health Plan	Cigna Choice Fund Open Access Plus HSA High- Deductible Health Plan
Employee Only	<input type="checkbox"/> \$90.59	<input type="checkbox"/> \$54.55
Employee + Spouse	<input type="checkbox"/> \$228.32	<input type="checkbox"/> \$137.50
Employee + Child(ren)	<input type="checkbox"/> \$149.50	<input type="checkbox"/> \$89.61
Employee + Family	<input type="checkbox"/> \$263.66	<input type="checkbox"/> \$158.04
Waive Coverage	<input type="checkbox"/> N/A	

Medical Options: Pre-Tax Deduction	Health Savings Account: Available Only with Cigna Choice Fund Open Access Plus HSA High-Deductible Health Plan		
	Your Max Contribution	Colonial's Contribution	Total Contribution
Employee Only	<input type="checkbox"/> \$3,650	<input type="checkbox"/> \$500	<input type="checkbox"/> \$4,150
Employee + Spouse	<input type="checkbox"/> \$7,300	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$8,300
Employee + Child(ren)	<input type="checkbox"/> \$7,300	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$8,300
Employee + Family	<input type="checkbox"/> \$6,800	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$8,300
Your 2024 HSA Contribution: \$ <input type="text"/>			

Dental Benefit: Pre-Tax Deduction	Plan One	Plan Two – Ortho
Employee Only	<input type="checkbox"/> \$3.63	<input type="checkbox"/> \$6.44
Employee + Spouse	<input type="checkbox"/> \$7.34	<input type="checkbox"/> \$13.01
Employee + Child(ren)	<input type="checkbox"/> \$7.45	<input type="checkbox"/> \$13.20
Employee + Family	<input type="checkbox"/> \$10.72	<input type="checkbox"/> \$19.00
Waive Coverage	<input type="checkbox"/> N/A	

## Additional HSA Contribution Info

- If you are age 55+ or are turning 55 before the end of the calendar year, you may contribute an additional \$1,000 to your HSA in 2024.
- New** HSA participants must complete the Customer Identification Process prior to the account being active.
- New** enrollees and newly hired employees with effective dates after January 1 will receive a pro-rated HSA contribution from Colonial.

Vision Benefit: Pre-Tax Deduction	EyeMed Vision Care
Employee Only	<input type="checkbox"/> \$3.14
Employee + Spouse	<input type="checkbox"/> \$5.94
Employee + Child(ren)	<input type="checkbox"/> \$5.94
Employee + Family	<input type="checkbox"/> \$8.71
Waive Coverage	<input type="checkbox"/> N/A

	Flexible Spending Account Elections: Pre-Tax Deduction	
Health Care FSA (Traditional or Limited)	<input type="checkbox"/> Yes, I want to enroll and contribute: \$ _____ (You may contribute up to \$3,050)	<input type="checkbox"/> Waive
Dependent Care FSA	<input type="checkbox"/> Yes, I want to enroll and contribute: \$ _____ (You may contribute up to \$5,000 or \$2,500 if your tax filing is "married filing separately")	<input type="checkbox"/> Waive

# • 2024 Enrollment Worksheet

This worksheet is designed to follow the screens you will use to enroll in your 2024 benefits. The contributions shown are deducted from your paycheck on a bi-weekly basis.

### Supplemental Life – After-Tax Deduction

Employee Life

☐ 1x Base Salary

☐ 2x Base Salary

☐ 3x Base Salary

☐ 4x Base Salary

☐ 5x Base Salary

☐ Waive Additional Life Coverage

Spouse Life

Up to \$250,000 in increments of \$10,000. Evidence of Insurability (EOI) required for coverage above \$30,000 if a new hire or rehire. EOI required for any amount elected if not a new hire or rehire. Employee must also be enrolled in Supplemental Life.\*

Amount Requested:  
\$ \_\_\_\_\_

☐ Waive Additional Life Coverage

Refer to [page 32](#) for 2024 Open Enrollment provisions.  
\* Spouse Life may not exceed 50% of the employee's combined maximum of Employee Basic Life and Supplemental Life. See [page 32](#).  
\*\*Employee's (new hires or rehires) electing 5x or over the \$500,000 amount will be required to complete EOI – see [page 32](#).

### Supplemental Life Rates – Employee or Spouse: Monthly Cost per \$1,000 of Coverage

Employee Age	Tobacco	Non-Tobacco
<24	\$0.08	\$0.06
25-29	\$0.09	\$0.07
30-34	\$0.12	\$0.09
35-39	\$0.14	\$0.10
40-44	\$0.16	\$0.12
45-49	\$0.23	\$0.17
50-54	\$0.36	\$0.28
55-59	\$0.67	\$0.54
60-64	\$1.02	\$0.83
65-69	\$1.97	\$1.60
70-74	\$1.97	\$1.60
75-79	\$4.43	\$3.60
80-84	\$6.65	\$5.40
85-89	\$9.97	\$8.10
90-94	\$14.94	\$12.15
95-99	\$22.42	\$18.225

### Supplemental Life – Dependent Children: After-Tax Deduction\*

Additional Coverage	Rates Per Paycheck
<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$0.06
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$0.12
<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$0.18
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$0.23
<input type="checkbox"/> Waive Additional Life Coverage	

\* Employee must also be enrolled in Supplemental Life.

### Calculating Supplemental Life

**Example:**  
An employee, age 42 (non-tobacco user), earning \$50,000 a year elects three times his base salary **(\$150,000)** in Supplemental Life Insurance. His non-tobacco based rate per \$1,000 is **\$0.12**.

**His cost per pay period is determined as follows:**  
**\$150,000** total coverage elected / \$1,000 = \$150  
\$150 x **\$0.12** = \$18 per month  
\$18 x 12 months = \$216 per year  
\$216/26 pay periods = **\$8.31 per pay period**

### Supplemental AD&D: After-Tax Deduction

Spouse	Rate	Dependent Child(ren)	Rate
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$1.11	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$0.22
<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$2.22	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$0.44
<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$3.32		
<input type="checkbox"/> Waive Spouse Coverage		<input type="checkbox"/> Waive Dependent Child(ren) Coverage	



# • Contact Information

If you have any questions regarding your benefits, feel free to contact any of our providers directly.

## Decision Support

### Open Enrollment & Total Rewards/Benefits

Colonial Pipeline

**Laketa Thomas**

678-231-5880

[lthomas@colpipe.com](mailto:lthomas@colpipe.com)

**Beth Blundell**

678-239-5335

[bblundell@colpipe.com](mailto:bblundell@colpipe.com)

**Lindsey Woody**

770-490-4651

[lwoody@colpipe.com](mailto:lwoody@colpipe.com)

### Client Advocate

NFP

**Madalyn Maierhafer**

404-814-6054

[madalyn.maierhafer@nfp.com](mailto:madalyn.maierhafer@nfp.com)

**Deanna Waid**

404-814-6069

[deanna.waid@nfp.com](mailto:deanna.waid@nfp.com)

### Health Advocacy

Cigna

1-866-799-2725

### Medical, Dental, Rx

Cigna

[mycigna.com](http://mycigna.com)

One Guide Members:

1-800-244-6224

Non-Members:

1-800-401-4041

### Vision

EyeMed

[eyemed.com](http://eyemed.com)

1-866-268-4063

### Tobacco Cessation

Cigna

[mycigna.com](http://mycigna.com)

1-855-246-1873

### Health Savings Account (HSA)

HSA Bank

[mycigna.com](http://mycigna.com) (after account is open)

1-800-244-6224

### Flexible Spending Account (FSA)

WEX Health Inc.

[wexinc.com](http://wexinc.com)

1-866-451-3399

### Employee Assistance Program (EAP)

Cigna

[mycigna.com](http://mycigna.com) (members)

Employer ID: **colonialpipeline**

1-877-622-4327

### Chronic Conditions

Cigna

[mycigna.com](http://mycigna.com)

1-855-246-1873

### Healthy Pregnancies, Healthy Babies

Cigna

[mycigna.com](http://mycigna.com)

1-800-615-2906

### Wellness

Cigna

[mycigna.com](http://mycigna.com)

1-800-244-6224

# • Additional Resources

## Glossary

### Balance Billing

Balance billing is when a provider bills you for the difference between the provider's charge and the contracted amount. For example, if the provider's charge is \$100 and the Cigna contracted amount is \$70, the provider may bill you for the remaining \$30. However, if the provider is in Cigna's network, they cannot balance bill you. Contact Cigna if you believe that you are balance billed unfairly.

### Coinsurance

Coinsurance is a health or dental care cost sharing between you and your insurance company.

Under both the Open Access Plan and the High-Deductible Health Plan, the coinsurance, after the deductible is met, is an 80/20 cost sharing. This means that Cigna will cover 80% of eligible medical expenses and you pay the remaining 20% up to an out-of-pocket maximum (see [next page](#) for out-of-pocket explanation). **Please note: the Open Access Plan has copays for medical office visits.**

Under the Cigna Dental PPO plan, the cost share split between Cigna and you for eligible expenses is 80/20 for basic services and 50/50 for major services. Please refer to your [benefits summary](#) to determine which services are considered basic or major.

### Contracted or Negotiated Rates

A contract between an insurance company and a network of doctors, hospitals, urgent care centers, x-ray and lab facilities, and other providers to reduce the provider's normal rates.

### Copayment or Copay (Open Access Plan)

A copayment or copay is a fixed amount for a covered service, paid by the patient to the provider of service before receiving the service. This is usually for an office visit, emergency room visit, urgent care visit, or inpatient admission.

### Cost of Care – Ways to Save Money

This is the actual cost of the services, supplies, or prescriptions related to the delivery of health care. This is different from health expenses, which is the amount paid for the services regardless of cost. Log into [myCigna.com](#) or your myCigna App to find the lowest cost under your plan in your area.

### Deductible

The amount you pay for covered health care services before your insurance plan starts to pay.

### Dispense as Written

Cigna pharmacies will dispense generic prescriptions, which are a lower cost to you as a consumer, unless the physician marks the prescription as "dispense as written (DAW)." Prescriptions written as DAW will be filled as written and will not be substituted with a generic formula.

### Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care provider for everyday or extended use. Examples of covered DME may include CPAP, oxygen equipment, wheelchairs, crutches, or blood testing strips for diabetics.

### Excluded Services

Health care services that your health insurance or plan does not pay for or cover.

### Medical Usual and Customary (U&C) Charge or Reasonable & Customary

The lower of the actual charge for the services or supplies, or the usual charge of most other doctors, dentists, or other providers of similar training or experience in the same geographic area for the same or similar services or supplies. The terms "reasonable, usual, and customary" refers to charges made by your health insurance provider for a given medical service. A charge is considered reasonable, usual, and customary if it matches the general prevailing cost of that service within your geographic area, which is calculated by your insurance company. Applies to non-network providers only.

### Medically Necessary

Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, disease, or its symptoms, that meet accepted standards of medicine. If you have questions regarding services or supplies from your physician, please contact Cigna to verify coverage.

### Network Providers

These are the facilities, providers, and suppliers that the insurance company has contracted with to provide health or dental care. Providers sign a contract with the insurance company to join the network and provide health or dental coverage at a reduced or contracted rate.

# • Additional Resources

## Glossary

### Non-Preferred Provider

A provider who does not have a contract with your health insurer (Cigna) to provide services to you. You will pay additional fees in the form of higher out-of-pocket expenses and deductibles to see a non-preferred provider.

### Out-of-Pocket Maximum

This is the maximum amount of your own money you will have to pay for eligible care during the year. The out-of-pocket maximum under both of Colonial's medical plans includes the sum of your deductible, coinsurance, and copayments up to the total dollar amount listed in your benefit summary. Bi-weekly premiums do not count toward your out-of-pocket limit.

### Preauthorization/Precertification/Prior Authorization

Cigna requires prior approval for inpatient admission (except emergency), along with certain outpatient surgical and non-surgical procedures such as MRIs, CT scans, durable medical equipment, speech therapy, and radiation. With precertification, you know in advance whether a procedure, treatment, or service will be covered under your health care plan. Preauthorization helps ensure that you get the right care in the right setting and may save you from costly and unnecessary services. Failure to have your physician pre-certify any admissions, surgical procedures, test, x-rays, and other services may result in a denial of the service.

Who is responsible for getting the precertification?

- **In-network services:** Your doctor is responsible.
- **Out-of-network services:** You're responsible. Before you choose an out-of-network provider, contact Cigna to verify if your service will be covered.

### Pharmacy Usual and Customary (U&C) Charge

The usual fee that a Pharmacy charges individuals for a Prescription Drug Product. This includes the charge for the dispensing fee and applicable sales tax.

### Premium

The amount you pay out of your paycheck on a bi-weekly basis to have insurance coverage. This amount does not go toward your deductible with the plan, nor is it deposited into your Health Savings Account or Flexible Spending Account. This is your premium contribution along with Colonial's portion to the insurance carrier for coverage. Currently, Colonial is funding approximately 80% of the Cigna premium for your health and dental coverage.

### Primary Care Physician (PCP)

A primary care physician (PCP) is a physician who qualifies as a participating provider in general practice, internal medicine, family practice, or pediatrics. Often your PCP is your first point of care for undiagnosed health concerns as well as yearly preventive care.

### Specialist

A physician who has completed advanced education in a specific field of medicine and provides specialized services such as Obstetrics/Gynecology, Orthopedic, Cardiology, Otolaryngology (Ear Nose & Throat), etc.

### Step Therapy

Step therapy encourages you to try the most cost-effective and appropriate medications available to treat your condition. The practice begins with medication for a medical condition with the most cost-effective drug therapy and progresses to other more costly or risky therapies, only if necessary.

### Urgent Care

A walk-in clinic to treat an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care. Check with Cigna to see which urgent care facilities are in Cigna's network.

This information offers a brief outline of benefits and covered services. A complete explanation of covered services, exclusions, and limitations is available in your Summary Plan Descriptions.