

werfen

Benefits Education

For a Healthier, More Informed Workforce



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EMPLOYEE BENEFITS

are most valuable when employees understand how to use them confidently and effectively. This guide showcases a selection of the educational materials we have available to support employee benefits programs.

Designed to simplify complex topics and decision-making, these resources help employees better understand their coverage options and available programs.

You'll find materials around enrollment support and preventive care education to ongoing health and wellbeing guidance.

What's changing and how you can stay in control

Healthcare is an important part of your total rewards, and we know many people have noticed higher costs recently. Below is a simple overview of what's happening in the healthcare and insurance market and what you can do to make the most of your benefits.

Why healthcare costs are on the rise

Several factors are contributing to rising healthcare costs nationwide:

- **Higher prices for care and services**
Hospital care, physician services, prescription drugs, and medical supplies have all become more expensive over time.
- **Advances in medicine**
New treatments and technologies save lives and improve outcomes, but they can also raise costs.
- **Inflation and workforce pressures**
Like other industries, healthcare is affected by labor shortages, wage increases, and general inflation.

These trends also impact insurance companies, resulting in higher premiums, deductibles, or out-of-pocket costs.

A Supportive Approach, Now and Ahead

Healthcare can feel complicated but small, informed choices can add up. We're committed to supporting you with benefits, resources, and information to help you feel confident about your healthcare decisions. If you have questions about your coverage or available resources, help is always available.

SMART SHOPPING CAN HELP YOUR BUDGET

Just like with other purchases, being an informed health care consumer can make a real difference:

- Choose in-network providers**
Staying in network generally means lower out-of-pocket costs and helps you get the most value from your benefits.
- Compare care options**
For non-emergency needs, urgent care, primary care or virtual visits are more affordable than an emergency room visits for non-emergencies.
- Use preventive care**
Many recommended preventative services may be covered at no cost when received from an in-network provider. Check your plan for coverage details.
- Ask questions**
Don't hesitate to ask about costs, alternative locations for services, or alternative services altogether.
- Take advantage of benefit tools**
Price comparison tools, telehealth tools, wellness programs, and member resources can help you save time and money.

What this means for YOU

Even as costs rise, health insurance remains one of the most effective ways to protect yourself and your family from unexpected medical expenses. Your benefits are designed to provide access to quality care while helping manage financial risk.

Understanding Prior Authorization

✎ When Is Prior Authorization Required?

Common situations requiring prior authorization include:

- Specialty or brand-name drugs that are expensive, have generic alternatives or carry higher safety risks
- Advanced imaging tests like MRIs, CT scans, or PET scans
- Specialty treatments like rehabilitation, home health care, skilled nursing, or hospice

✎ How It Works

Your provider submits a Prior Authorization request to the insurance company. After review, the insurance company coordinates with your provider about approvals, denials, or re-evaluations. You are notified by your provider throughout the process.

✎ What Should You Do?

Talk to your provider before care is planned. You can ask: "Does this require prior authorization?" This allows for better scheduling and planning as not all Prior Authorizations are immediate.

✎ Need Help?

Contact your health plan's member support line, Werfen's Benefits Team, or HealthAdvocate support team.



What is Prior Authorization?

Prior Authorization refers to the requirement for a medical professional to obtain approval from a patient's insurance company before administering care. Both medical and prescription drug plans use Prior Authorization to help lower costs and align the medical provider and insurance company.

5 STEPS to Navigate Referrals & Prior Authorization

A healthcare referral is a formal request from one healthcare provider to another asking for additional medical services or specialized care for a patient.

A prior authorization is a requirement from a health insurance plan that a healthcare provider must obtain approval before a patient can receive certain medications, treatments, or services.

Start with your Primary Care Provider (PCP)

- Use PCP as your quarterback - your first line of defense
- Take advantage of low or no cost preventive care to catch issues early
- Ask "Do I need a referral? Does this require prior authorization?"

Receive referrals when necessary

A referral is when your primary care provider (PCP) sends you to a specialist for additional care

HMO Plans

Usually requires referrals

PPO Plans

Typically does not require referrals

HDHP Plans

Typically does not require referrals

Know before you go!

- Confirm coverage details before appointments
- Keep insurance information updated

You may need approval for:

- Imaging (MRI, CT scans, PET scans)
- Specialized tests or procedures
- Surgeries (elective or non-emergency)
- Some outpatient services or therapies
- Specialty medications

Receive prior authorization when necessary

Prior Authorization is the requirement for a medical professional to obtain approval from a patient's insurance company before administering care. Both medical and prescription drug plans use Prior Authorization to help lower costs and coordinate care with the medical provider and insurance company.

Be Proactive and Advocate for Your Care

- Respond quickly to avoid issues and stay informed on costs
- Be proactive and advocate for your care
- Get the best care at the lowest cost
- Contact your health plan, HR benefits, or HealthAdvocate

Finding the Right Type of Care

Virtual Visits

Lowest Cost Option

Quick, convenient care without leaving home.

- Fever
- Sore throat
- Pink eye
- Coughs/congestion
- Allergy season
- Bronchitis
- Rashes (poison ivy, etc.)
- Mental health visits

Providers may prescribe medications during virtual visits when clinically appropriate.

Primary Care Provider (PCP)

Your go-to health partner helping you get healthy and stay healthy.

- Preventive care and screenings
- Acute care diagnosis and treatment
- Chronic condition care
- Referrals to specialists
- Health condition management
- Early detection
- Safe and confidential health conversations
- Helps manage costs

Urgent Care

Timely treatment when you need it most.

- Sprains
- Strains
- Minor broken bones (e.g., fingers)
- Minor infections
- Small cuts that may need a few stitches
- Minor burns
- X-rays

Emergency Room

Expert care for the most serious situations.

- Heavy bleeding and large open wounds
- Sudden change in vision
- Chest pain
- Sudden weakness or trouble talking
- Major burns
- Severe head or spinal injuries
- Difficulty breathing
- Major broken bones



For non-emergency needs, consider virtual care or your PCP when appropriate, as these options may cost less.

Always seek emergency care immediately for serious or life-threatening symptoms.

Embedded vs. Non-Embedded Deductibles

Key Difference

- Embedded = Each person has their own threshold
- Non-Embedded = Everyone shares one threshold

Why It Matters

- Embedded plans protect individuals with high medical costs sooner
- Non-Embedded plans can delay coverage if one person has high expenses

Features	Embedded	Non-Embedded (Aggregate)
How it works	Each family member has an individual deductible within the family deductible	A non-embedded (aggregate) deductible means the entire family deductible must be met before insurance pays for anyone
Individual deductible	Yes	No
Family deductible	Yes	Yes
Coverage starts when	Individual OR family deductible is met	Only when family deductible is met
Financial protection	An individual may receive plan benefits sooner after meeting their individual deductible	Plan benefits generally begin after the full family deductible is met
Risk is one person has big medical bills	Lower	Higher

Embedded Deductible Example:

- Family deductible: **\$5,000**
- Individual embedded deductible: **\$3,000**

Scenario:

- Your child has surgery costing **\$20,000**
- Once your child hits **\$3,000**, insurance starts covering their costs (coinsurance kicks in)
- Other family members must still meet their **own \$3,000** or collectively reach \$5,000

Key takeaway:

One person can trigger coverage for themselves early

Non-Embedded Deductible (Aggregate) Example:

- Family deductible: **\$5,000**
- No individual deductible

Scenario:

- Same child has **\$20,000** surgery
- You must pay the **full \$5,000 first**
- Only after that does insurance begin covering expenses

Key takeaway:

No one gets coverage until the entire family deductible is met

The Value of Staying In-Network

Save money by choosing providers in your plan's network

What Does "In-Network" Mean?

Your health plan has a network of doctors, hospitals, labs, and pharmacies that have agreed to provide services at negotiated rates. Using in-network providers generally results in lower out-of-pocket costs and may provide a higher level of coverage, depending on your plan.

Why It Matters to Your Wallet

Lower out-of-pocket costs

In-network providers offer pre-negotiated rates, which helps keep your costs down. Out-of-network providers have not agreed to your plan's negotiated in-network rates, which may result in higher costs.

Reduced risk of unexpected costs

Using in-network providers can help reduce the risk of higher out-of-network costs and balance billing.

Better coverage

Review your benefit summaries for the differences between in and out-of-network coverage. Shopping in-network keeps your coverage high and your costs low.

How to Find an In-Network Provider

- Use your plan's online directory to search for doctors, specialists, urgent care centers, hospitals, and labs.
- Call the number on your ID card if you need help finding a provider or verifying coverage.
- Ask your doctor whether referrals or lab work will be sent to in-network partners.
- Check before you schedule. Networks can change, so it's always smart to confirm a provider is still in-network.

Choosing in-network providers is one of the easiest ways to control healthcare costs and get the most out of your benefits.

➤ **Staying in network not only means less money out of your pocket—it's easier!**



Visit our website, mywerfenrewards.com, to learn more about your in and out-of-network benefits.

Budgeting for Your Out-of-Pocket Costs

Your health insurance includes a maximum out-of-pocket (OOP) limit. You can look at it as your financial safeguard. This limit caps the total amount you pay each year for covered medical expenses. Once you reach your in-network out-of-pocket maximum, your plan generally pays 100% of the allowed amount for covered in-network services for the remainder of the plan year. Let's break that down a little more.

Why it matters

Unexpected medical needs can add up quickly. Your OOP maximum helps protect your budget from high, unplanned costs, but only if you plan for it.

What Counts Toward Your Out-of-Pocket Maximum?

Understanding where your spending comes from helps you stay in control:

- **Deductible:** The amount you pay for certain covered services before your plan begins to pay
- **Copayments (Copays):** Fixed amounts for doctor visits, prescriptions, etc.
- **Coinsurance:** Your share of costs after meeting your deductible

These expenses accumulate throughout the year until you reach your max.

Budgeting for Your Out-of-Pocket Max

Instead of reacting to bills, plan ahead:

- Estimate healthcare needs for the year (routine + unexpected)
- Divide your max OOP across 12 months to create a savings target
- Consider setting aside funds in an FSA or enroll in an HDHP to pair with an HSA
- Track spending as the year progresses
- Adjust spending based on your health

Budgeting is great but shopping smart and keeping costs low will help too. Consider the following to help keep your costs low and manageable this plan year.

- Schedule preventive care early (often covered at 100%)
- Use in-network providers to reduce costs
- Compare costs for procedures and prescriptions
- Time major care if you're close to reaching your max

Generic Medication Options

What are Generic Drugs?

A generic drug is a medication created to be the same as an already marketed brand-name drug in dosage form, safety, strength, route of administration, quality, performance characteristics, and intended use. That means that a generic medicine works in the same way and provides the same clinical benefit as the brand-name medicine. It's called bioequivalence, and it means that you can take a generic medicine as an equal substitute for its brand-name counterpart.

Generic and brand-name medicines have the same:

- | | | |
|----------------------|------------|---------|
| ✓ Active Ingredients | ✓ Strength | ✗ Shape |
| ✓ Safety | ✓ Quality | ✗ Color |
| ✓ Effectiveness | ✓ Benefits | ✗ Size |

Although Generic medications may look different than the brand-name medication, they are still safe and effective.

Is a generic of my brand-name medication available?

There are three ways to find out if there is a generic of your brand-name medication:

1. Ask your local pharmacist or prescribing physician
2. Use [Drugs@FDA](#), a catalog of FDA-approved drug products.
 - Search and select the brand name.
 - Products that include an ANDA number are generic products.
3. Use the online version of the [Orange Book](#)
 - Search by proprietary or brand name.
 - Search again by active ingredient name.
 - Scroll right to find the dosage form and strength.



How do generic medicines cost less than their name-brand counterparts?

Generic medicines typically cost less because manufacturers can rely on existing research for the brand-name drug rather than repeating the original development and clinical trials. FDA-approved generics must meet the same standard for quality and provide the same clinical benefits as their brand-name counterparts.

Covered Prescriptions

Visit <https://medicarerx.bluecrossma.com/2026/> to see a list of your covered prescriptions.

For more information about generic drugs, visit www.FDA.gov/GenericDrugs.

HSA vs. FSA Comparison

Health Savings Account (HSA)	VS	Flexible Spending Account (FSA)
What is an HSA? HSAs are individually owned expense accounts that allow for tax-free payment or reimbursement of eligible medical expenses.		What is an FSA? Medical FSAs are employer established health care spending accounts that allow for tax-free contribution and reimbursement of eligible medical expenses.
Eligibility Must be covered under an HSA-qualified health plan and: • Must not be covered by another health plan except another HDHP or other permitted coverages as defined by the IRS • Is not listed as a dependent on someone else's taxes • Is not enrolled in Medicare		Eligibility You cannot contribute to both an HSA and an FSA at the same time. When both are offered, you may choose to contribute to only one in a given plan year.
IRS Limits • \$4,500 Individual \$9,000 Family (2027) • \$1,000/year: Catch-up contributions for those age 55 by the end of the tax year		IRS Limits • \$3,400 Rollover: \$680 (2026) • Companies establish their own maximum and rollover provisions, not to exceed the limits set by the IRS.

For more information, visit: www.healthequity.com

Comparing HSAs & FSAs

Smart benefits choices are all about saving money and staying healthy, but selecting the right employee benefits can be a challenge. To help, this infographic compares two of the most popular health care savings options: Health Savings Accounts (HSAs) and Flexible Spending Accounts (FSAs).

	HSA	FSA
Who owns the account?	Employee	Employer
Who may fund the account?	Anyone can make contributions to an individual's HSA, including employer and employee.	Employer and/or employee
What plans must be offered with the account?	A high deductible health plan (HDHP) that satisfies minimum annual deductible and maximum annual out-of-pocket expense requirements.	Most health FSAs must qualify as excepted benefits to satisfy ACA reforms. To qualify as an excepted benefit, the FSA must meet a maximum benefit requirement and other group health plan coverage must be offered by the employer.
Is there an annual contribution limit?	\$4,500: Individual, \$9,000: Family (2027) Catch-up contributions for those age 55 by the end of the tax year: \$1,000/year.	\$3,400: Maximum Employee Contribution (2026)
Can unused funds be rolled over from year to year?	Yes	No, with two exceptions: A health FSA may include a grace period of 2.5 months after the end of the plan year, or it may allow employees to carry over up to \$680 (as adjusted for inflation) in unused funds into the next plan year.
What expenses are eligible for reimbursement?	Medical expenses, including: • COBRA premiums • QLTC premiums • Health premiums while receiving unemployment benefits • If Medicare-eligible due to age, health insurance premiums, except for medical supplement policies	Medical expenses. Expenses for insurance premiums are not reimbursable. Employer can define "eligible medical expenses."
Must claims be substantiated?	No	Yes
May the account reimburse non-medical expenses?	Yes, but taxed as income and 20% penalty (no penalty if distributed after death, disability or age 65).	No
Does the uniform coverage rule apply?	No	Yes

Understanding FSAs: Benefits & Considerations

What is an FSA?

Flexible Spending Accounts, or FSAs, provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next plan year, you can lower your taxable income.

FSA Pros	FSA Cons
+ It can help you save on taxes. An FSA is an employer-sponsored savings account that allows you to put aside money tax-free that can be used to pay for qualified medical expenses. + It is a tax-saver. Contributions to your FSA are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you pay less in taxes. + It is flexible. Your full annual election is available on day one. Funds are typically available for eligible expenses at the beginning of the coverage period, even though your contributions are deducted from your paycheck throughout the year.	- It requires careful planning. FSAs operate under a use-it-or-lose-it rule, meaning that if you don't spend down your account to \$680 (2026) by the end of the year, you lose all funds above \$680. - It is not portable. FSAs are employer-sponsored and generally do not follow you when you leave your employer. Your ability to submit expenses or continue coverage after employment ends depends on the terms of the plan. - It requires proof. You must fill out all the necessary forms and show receipts for FSA-eligible purchases in order to be reimbursed.

To learn more about your FSA and what it covers, visit: www.healthequity.com

Benefits of an HSA

What is an HSA?

A Health Savings Account, or HSA, is a tax-advantaged account that allows you to save money for qualified medical expenses now or in the future. To be eligible to contribute to an HSA, you generally must be enrolled in a qualified high-deductible health plan (HDHP) and meet other IRS eligibility requirements.

HSA funds can be used tax-free for qualified medical expenses for you, your spouse, and eligible dependents. Qualified expenses can be used for medical, prescription drug, dental, and vision expenses.

Triple Tax Savings

- Eligible contributions can be made on a pre-tax basis through payroll or may be tax-deductible.
- Interest and investment earnings in your HSA grow tax-free
- Withdrawals used to pay for qualified expenses are tax-free

Use Your Funds for Qualified Expenses

You decide when to use the funds in your HSA. HSA funds can be withdrawn tax-free to pay for qualified medical expenses incurred after your HSA is established. You can also leave the money in the account to save for future health expenses.

Funds Will Roll Over Each Year

Unused HSA funds roll over from year to year - there is no "use it or lose it" rule. Your HSA is also yours to keep, so the account stays with you if you change employers, leave your job, or retire.

Build Funds for Retirement

Your HSA can also help you save for health care expenses in retirement. After age 65, you may withdraw HSA funds for non-qualified expenses without the additional 20% tax; however, those withdrawals are generally subject to ordinary income tax. Withdrawals for qualified medical expenses remain tax-free. For example, you can pay your Medicare Part B premiums with your HSA account!

Invest Your Funds

Once your HSA balance reaches a certain amount, you may invest your funds for increased earning potential that is also tax-free.

Examples of Qualified Expenses

- Doctor Visits
- Glasses
- Prescriptions
- Mental Health Therapy
- Dental Care
- Certain Over-the-counter Medications

Refer to IRS publication 969 and 502 for additional information.

**Qualified dependent coverage is for those you claim on your tax return or could have claimed except that the individual had gross income in excess of the exemption amount, even if they are not covered under your medical plan.*

Making the Most of Your HSA

Why consider an HSA?

HSAs are ideal for:

- Individuals and families who want to save tax-advantaged dollars for current or future qualified medical expenses.
- People who want to save for future health care expenses, including expenses in retirement.
- Employees who value ownership and portability of their HSA.
- Those who want unused HSA funds to roll over and continue to grow from year to year and those comfortable managing the cost-sharing requirements on an HSA-eligible health plan.

How an HSA may work in different situations

- **The Long Term Saver:** Maria, 32, single, contributes \$150/month to her HSA. Unused funds roll over each year, allowing her to build savings for future qualified medical expenses.
- **The Family Managing Medical Costs:** The Johnson family contributes \$500/month and uses HSA funds for their child's broken arm while keeping rollover funds.
- **The Saver Near Retirement:** David, 58, contributes to his HSA and invests a portion of his balance to help prepare for future qualified medical expenses, including those in retirement.
- **The Unexpected Medical Event:** Sarah, 40, uses \$2,500 from her HSA toward surgery costs.

Considerations when choosing an HSA-eligible plan

- **Higher Upfront Costs:** Depending on the plan design, you may pay more out of pocket before meeting your deductible. Consider whether you have funds available to cover unexpected medical expenses.
- **Ongoing Medical or Prescription Expenses:** If you anticipate regular health care expenses, compare the plan's premiums, deductible, coinsurance, prescription coverage, out-of-pocket maximum and any employer HSA contributions with your other available plan options.
- **Planning for Future Expenses:** Regular contributions can help build your HSA balance over time, but you are not required to spend HSA funds each year. Unused funds remain in your account for future qualified medical expenses.

Lesson: Consider both your expected health care expenses and the total cost and features of each available plan when evaluating an HSA-eligible health plan.

HSA Eligibility Considerations

To contribute to an HSA, you must meet applicable HSA eligibility requirements. Consider whether:

- You are enrolled in an HSA-eligible health plan.
- You have other health coverage that could affect HSA eligibility.
- You are covered by a general-purpose health FSA, including certain coverage through a spouse.
- You can be claimed as another person's tax dependent.
- You are enrolled in Medicare, which generally prevents you from making or receiving additional HSA contributions.

Key takeaway: HSAs are best for those who plan, save, and think long-term — but may not suit individuals needing predictable, frequent medical care.

Employee Assistance Program (EAP)

Support for You and Your Family

Everyone experiences stress and challenges in life from time to time. Whether your concerns are big or small, the Employee Assistance Program (EAP) can help. This service is completely confidential and is available to all employees and immediate family members **at no cost to you**.

Why does an EAP matter?

EAP provides early support to prevent small concerns from becoming bigger problems. Stress affects up to **80%** of employees and can impact mental, emotional, and physical health. Unchecked stress can lead to:

- Anxiety, depression, or burnout
- Health issues like headaches or back pain
- Trouble sleeping or concentrating
- Reduced productivity or job satisfaction

Is the EAP confidential?

Yes. The EAP is strictly confidential between you and the EAP provider, and ensures your privacy. Any personal information will not be shared internally, and the use of resources will not impact your career.



THE EAP CAN ASSIST WITH ISSUES SUCH AS:

Emotional Well-Being

- Stress and anxiety management
- Grief and loss support

Work & Life Balance

- Help managing workload and priorities
- Guidance for career challenges
- Conflict resolution

Family & Relationships

- Parenting support
- Relationship counseling
- Family communication tools

Financial and Legal Support

- Budgeting assistance
- Identity theft guidance
- Referrals for legal consultations



Provider Website:

www.magellanhealth.com/member

Phone Number:

1-800-523-5668

Understanding Qualifying Life Events (QLEs)

Life changes can impact your benefit choices. Certain events, called Qualifying Life Events (QLEs), allow you to make changes to your benefits outside of Open Enrollment.

What Is a QLE?

A Qualifying Life Event (QLE) is a certain change in your life or circumstances that may allow you to make eligible benefit changes outside of Open Enrollment. The changes you can make depend on the event, benefit, and your plan's rules.

Family Changes

- ✎ Marriage or divorce
- ✎ Birth, adoption, or placement of a child
- ✎ Death of a spouse or dependent

Employment changes

- ✎ Loss of eligibility for other health coverage
- ✎ Change in employment status (full-time to part-time)
- ✎ Leave of absence or return to work

Dependent eligibility changes

- ✎ A dependent turning 26 and losing coverage
- ✎ Change in dependent eligibility status

Residence Changes

- ✎ Moving to a location that affects coverage eligibility

What is NOT a QLE?

- Wanting a different plan
- Missing the Open Enrollment deadline
- Change in rate and/or affordability
- Voluntary cancellation of other coverage
- Domestic partnership
- Simply changing your mind about coverage
- COBRA coverage ending



Contact Werfen BEFORE your qualifying event to learn more regarding your enrollment eligibility and requirements.

Note all forms and required documents must be submitted to the Benefits Team within 30 days of the qualifying event for processing.

Benefit Resources

Plan	Group Number	Phone Number and Website / Email
Medical Blue Cross Blue Shield MA	4956749	800-262-2583 bcbsma.com
Anthem Blue Cross	166480	800-700-3351 anthem.com/ca
Dental Delta Dental MA	016380	800-872-0500 deltadentalma.com
Vision EyeMed	1061725	866-939-3633 eyemed.com
Health Savings Account HealthEquity	—	866-346-5800 healthequity.com
Flexible Spending Accounts HealthEquity	—	877-924-3967 healthequity.com
Life, Disability, Voluntary Accident, Critical Illness & Hospital Indemnity Insurance Prudential	72675	800-778-4357 prudential.com
Employee Assistance Program (EAP) Magellan	—	800-523-5668 https://member.magellanhealthcare.com/account-selection
Home & Auto Farmers	—	833-905-0408 farmers.com/groupselect
Legal MetLife	—	800-821-6400 https://legalplans.com/whyenroll
Fraud & Identity Protection Aura	—	844-931-2872 https://metlife.com/identity-and-fraud-protection/
HealthAdvocate	—	866-695-8622 HealthAdvocate.com
Pet Insurance MetLife	270667	1-800-GET-MET8 metlife.com/getpetquote
FIGO	—	https://ebquote.figopetinsurance.com/getQuote?Empld=5df04cba4bcf4a3b
401(k) Retirement Plan T. Rowe Price	—	800-922-9945 rps.troweprice.com

There's an app for that!



Many of our providers have mobile apps that provide personalized access to your benefits when and where you need it! There are also a variety of FREE health and fitness related apps available. Browse and download apps to your smartphone or tablet from the App Store or Google Play.



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Werfen
180 Hartwell Road
Bedford, MA, 01730
United States

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