

Your guide to 2024 retiree benefits



You lead a big life. We're here for all of it.

We've designed our benefits package to support your whole life.

Explore this Benefits Enrollment Guide and the information at Benefits.Truist.com to learn about your options for 2024. Then decide what's best for you and your family—no matter who you are, how you live, or what you need.

What are my 2024 benefit options?

Benefits-eligible pre-65 retirees and their pre-65 eligible dependents may enroll in the following benefit plans:

- Medical
- Vision
- Dental
- HSA

In addition, GuidanceResources, our Employee Assistance Program (EAP), is available at no cost to you and your household members.

What tools and resources are available to help me make decisions, enroll, and get answers to my benefits questions?

You'll find overviews of your benefit options and links to carrier sites and tools at Benefits.Truist.com. If you have questions about the benefit options, call 800-716-2455, option 1, Monday-Friday, 9 am - 5 pm ET.

Who is eligible for benefits?

You're eligible for benefits if you're a retiree under age 65 and were eligible for retiree benefits when you retired from Truist. You can also enroll your pre-65 eligible dependents.

If you drop Truist retiree coverage, you won't be able to re-enroll for retiree benefits.

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Support my health



Medical benefits

What are my medical plan options?

The company offers six medical plan options:

- \$500 deductible preferred provider organization (PPO)
- \$1,500 deductible preferred provider organization (PPO, called Upfront Advantage)
- \$250 deductible accountable care organization (ACO)
- \$2,500 high-deductible health plan (HDHP)
- \$4,000 high-deductible health plan (HDHP)
- No-deductible exclusive provider organization (EPO)

Choose from two carriers:

- **Aetna** –
 - For the PPO and HDHP plans, Aetna offers a broad network of providers nationwide. You can use any provider you choose, but your plan pays a higher benefit when you use a network provider so you save more. Aetna also has a narrow, select network that helps increase value and reduce costs. It's available in select geographic areas.
 - For the ACO plan, Aetna offers a more personal experience. You'll have a primary care provider who'll coordinate your care. Providers have next-day appointments for primary care, specialty care, and diagnostic services; and many have extended hours and Saturday appointments. This plan is available in select geographic areas. Only in-network providers can be used; out-of-network services aren't available except in emergencies.

For either plan, check [Aetna's website](#) to see if your provider is in network.

- **Kaiser Permanente** – Kaiser Permanente has a network of providers and health care facilities in parts of California, Colorado, the Mid-Atlantic (Maryland, Virginia, and Washington, D.C.), and Pacific Northwest (Oregon and Washington). Their health care facilities offer many services under one roof, often including a pharmacy. You must choose your doctor on [Healthy.KaiserPermanente.org](https://www.healthy.kaiserpermanente.org), but you can switch to another network provider at any time. Your doctor and specialist will coordinate your care. You must use a Kaiser Permanente provider for your care to be covered (except in an emergency). You'll have the option of the Kaiser EPO or Kaiser \$2,000 HDHP Plan.

Aetna narrow network and ACO plans and Kaiser plans are only available in certain areas, so refer to your enrollment options in Workday to see if you live within the service areas for these medical plans.

Support my health

All medical plans include:

- Comprehensive medical, behavioral health, and prescription coverage through Blue Rx (except for Kaiser Permanente, which has its own pharmacy benefit)
- Free in-network preventive exams and prescriptions
- In-network and out-of-network care (except for the Aetna ACO plan and Kaiser Permanente – unless it's an emergency)
- Tools and resources to help you get the most out of your medical plan
- Telehealth services through Teladoc (Kaiser Permanente has its own telehealth service)

How do the medical plan options compare?

All Truist medical plans have an embedded deductible, except for the \$2,500 high deductible plan, which has an aggregate deductible.

	\$500 PPO	\$1,500 PPO	\$250 ACO	\$2,500 HDHP	\$4,000 HDHP	Kaiser \$2,500 Plan*	Kaiser EPO
Preventive care	0%	0%	0%	0%	0%	0%	0%
Copays (Primary/ specialist visits)	\$30/ \$40	N/A	\$30/ \$60	N/A	N/A	N/A	\$25
Deductible (Individual/Family)	\$500/ \$1,000	\$1,500/ \$3,000	\$250/ \$500	\$2,500/ \$5,000	\$4,000/ \$8,000	\$2,500/ \$5,000	N/A
Coinsurance	10%	20%	0%	20%	20%	20%	N/A
Out-of-pocket maximum (Individual/family)	\$1,500/ \$3,000	\$2,500/ \$5,000	\$1,250/ \$1,500	\$4,000/ \$8,000	\$5,500/ \$11,000	\$4,000/ \$8,000	\$1,500/ \$3,000

*Available in parts of California; Colorado; Georgia; Maryland; Virginia; Washington, D.C.; Oregon; and Washington

What's the difference between an aggregate and embedded deductible?

Aggregate

- There's one family deductible that applies to all covered family members.
- Once expenses for one person or any combination of family members meet the family deductible, the plan begins paying coinsurance for all covered family members, up to the family out-of-pocket maximum.

Embedded

- The expenses for each covered family member are capped at the individual amount.
- When one person meets the individual deductible, the plan begins paying coinsurance for just that family member, up to the out-of-pocket maximum.
- If deductible expenses for a combination of two or more family members reach the family amount, all covered family members are considered to have met the deductible and the plan begins paying coinsurance for all covered family members, up to the out-of-pocket maximum.

How can I get more from my medical plan?

Take advantage of the programs, services, and tools offered by your medical plan carrier. Log in to your carrier's website or call the number on the back of your medical plan ID card, to access the following, if available:

- **Cost estimator tools** – Get an estimate of the cost for a variety of procedures in your area. This can help you plan for out-of-pocket costs and shop around for a provider whose fees are in line with the estimated costs for your area.
- **Behavioral health** – In addition to behavioral health condition coverage, the medical plan carriers provide additional education, support, tools, and programs to help you and your family manage and improve your emotional health.
- **Discount programs** – As a member, you can receive discounts on a variety of health and lifestyle-related products, programs and services, such as fitness centers, over-the-counter vitamins and supplements, and hearing aids.

To receive quality care at the best cost, use a network provider.

Aetna and Kaiser Permanente offer a network of doctors and facilities chosen for cost and quality standards. When you use out-of-network providers you don't get the same negotiated rates as you do with network providers, and you pay a separate out-of-network annual deductible and a higher portion of the cost after the deductible is met. Out-of-network providers aren't covered by the Aetna ACO or Kaiser Permanente plans, except in emergencies.

Plan details, including what is and is not covered, are available in the plan's Summary of Benefit Coverage (SBC) and Summary Plan Description (SPD). Both of these documents can be found at [Benefits.Truist.com](https://www.benefits.truist.com). You can also call the number on the back of your ID card.

Get free preventive care and stay healthy.

If you're enrolled in a medical plan, you can get preventive care at no cost to you when you use in-network providers. That means free annual physicals, immunizations, routine screenings, and more. Schedule an annual physical and talk to your doctor about what preventive care might be right for you.

Prescription drug coverage

How are prescription drugs covered?

Access to prescription medications is important to maintaining and improving your health. Aetna plans include prescription drug coverage. Kaiser Permanente has its own exclusive pharmacy benefits.

Certain preventive medications are covered at 100% with no deductible required. In addition to preventive medications, there are four benefit tiers for prescription drugs that range from lowest to highest in cost:

- Tier 1 – Generally contain generic drugs that are cost-effective alternatives to brand name drugs
- Tier 2 – Generally contains preferred brand name drugs chosen for their clinical value and cost effectiveness
- Tier 3 – Generally contains nonpreferred brand drugs
- Tier 4 – Specialty drugs, such as gene therapies and biotechnological medications

	\$500 PPO \$1500 Upfront Advantage \$250 ACO	\$2,500 HDHP* \$4,000 HDHP
Preventive	\$0	\$0
Retail		
Tier 1 - Generic	\$10	20% after deductible
Tier 2 - Preferred brand name	\$30	
Tier 3 - Non-preferred brand name	\$70	
Mail order		
Tier 1 - Generic	\$20	20%**
Tier 2 - Preferred brand name	\$60	
Tier 3 - Non-preferred brand name	\$140	
Tier 4 - Specialty	20% \$50 min - \$150 max **	

*Kaiser \$2,500 HDHP plan coverage is the same as the Aetna \$2,500 HDHP coverage (PrudentRx doesn't apply).

**If the drug is on the PrudentRx drug list: \$0 copay if enrolled in PrudentRx; 30% coinsurance if not enrolled.

How can I save money on my prescription drugs?

Here are three easy ways to save on your prescription benefits:

- Use generics whenever possible. They're the most cost-effective option and chemically identical to a brand name.
- Fill your prescriptions using the most appropriate method
 - Network retail pharmacies for 30-day prescriptions
 - Mail order for maintenance or 90-day prescriptions
 - [CVS Specialty](#) for specialty medications
- Use [Scripta](#), a benefit that helps you save money by:
 - Searching for the best prices for your prescriptions
 - Creating monthly, personalized savings reports that list lower-priced drug options and savings strategies for the medications you take
 - Providing you and your doctor with information to help decide which drugs are best for your health and your wallet
- PrudentRx \$0 copay cards for eligible specialty medications. (To enroll, PrudentRx will contact teammates who take eligible medications.)

CVS prescription delivery is the most convenient and cost-effective way to fill your maintenance and 90+ day prescriptions. You pay an amount equal to two copays or coinsurance after your deductible for two 30-day supplies, but you receive a 90-day supply. And the medication is delivered to your home. No waiting in line at the pharmacy.

Dental benefits

What are my dental benefit options?

When you feel better you smile more. Keep your smile healthy with a dental plan. You can choose between two dental plans administered by Aetna:

Aetna Dental PPO

- Allows you to see any dentist. As always, benefits are greater when you get care from dentists who are part of the [Aetna dental network](#).
- Diagnostic and preventive care are 100% covered with no deductible required.
- The first time you or any enrolled dependent receives basic or major dental services, you'll first pay an annual deductible of \$50 per individual, up to \$150 for a family.
- After the deductible is met, the plan plays a portion of the cost for covered services, and you pay the remaining balance.

Aetna Dental DMO

- Provides benefits only when you get care from dentists who are part of the [Aetna network](#). No out-of-network benefits are available.
- There is no annual deductible or benefit maximum.

	Aetna Dental PPO	Aetna Dental DMO
Premium costs	\$\$\$	\$\$
Includes out-of-network services	Yes	No
<i>In-network (you pay)</i>		
Deductible	\$50/\$150	\$0
Annual benefit maximum	\$1,500	None
Preventive	\$0	\$0
Basic	20% after deductible	Copays based on a fee schedule
Major	50% after deductible	Copays based on a fee schedule
Orthodontia	Children only	Children and adults

Vision benefits

What are my vision benefits options?

Regular eye exams help you maintain healthy vision. You can choose between two vision plans – the Premier and Base Plans – that cover expenses for regular eye exams, frames, lenses, and contact lenses. Both plans are administered by VSP.

	Premier Plan	Base Plan
Premiums	\$\$\$	\$\$
Prescription Glasses		
WellVision exam	100% covered; every calendar year	• \$10 copay; every calendar year
Frames	<ul style="list-style-type: none"> • \$0 copay • Every calendar year • \$180 allowance for a wide selection of frames • \$200 allowance for featured frame brands • 30% savings on the amount over your allowance • \$100 Costco® frame allowance 	<ul style="list-style-type: none"> • \$20 copay for frames and prescription lenses • Every other calendar year • \$150 allowance for a wide selection of frames • \$170 allowance for featured frame brands • 20% savings on the amount over your allowance • \$80 Costco® frame allowance
Lenses	<ul style="list-style-type: none"> • 100% covered • Every calendar year • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children 	<ul style="list-style-type: none"> • \$20 copay for frames and prescription lenses • Every calendar year • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children
Contact Lenses		
Instead of glasses	<ul style="list-style-type: none"> • Up to \$60 copay; every calendar year • \$180 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) 	<ul style="list-style-type: none"> • Up to \$60 copay; every calendar year • \$150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)
Other Programs and Discounts		
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> • \$20 copay as needed • Services related to diabetic eye disease, glaucoma, and age-related macular degeneration. Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	

Go to [VSP.com](https://www.vsp.com) to search for network providers in your area.

Medical premiums

Retiree medical

	\$500 broad PPO	\$500 narrow PPO	\$1500 broad PPO	\$1500 narrow PPO	\$250 ACO	\$2500 broad HDHP	\$2500 narrow HDHP	\$4000 broad HDHP	\$4000 narrow HDHP	Kaiser \$2500 HDHP	Kaiser EPO
Individual only	\$1,628.06	\$1,569.45	\$1,453.92	\$1,401.58	\$1,416.89	\$1,287.31	\$1,240.97	\$1,089.16	\$1,049.95	\$576.08	\$868.56
Individual & spouse or domestic partner	\$3,288.68	\$3,170.29	\$2,936.93	\$2,831.20	\$2,862.12	\$2,600.37	\$2,506.75	\$2,200.09	\$2,120.89	\$1,209.78	\$1,823.99
Individual & children	\$2,897.95	\$2,793.62	\$2,587.99	\$2,494.82	\$2,522.07	\$2,291.41	\$2,208.92	\$1,938.70	\$1,868.90	\$1,036.93	\$1,563.42
Family	\$4,672.53	\$4,504.32	\$4,172.76	\$4,022.54	\$4,066.48	\$3,694.58	\$3,561.58	\$3,125.88	\$3,013.35	\$1,670.62	\$2,518.83

Retiree dental

	DMO	PPO
Individual only	\$16.83	\$35.22
Individual & spouse or domestic partner	\$29.63	\$69.01
Individual & children	\$33.53	\$91.72
Family	\$53.80	\$136.68

Retiree vision

	Base	Premier
Individual only	\$6.99	\$18.40
Individual & spouse or domestic partner	\$13.98	\$36.78
Individual & children	\$14.97	\$39.34
Family	\$23.92	\$62.88

Other benefits



Health Care Savings Account

How can I save for health care expenses?

The HSA offers a number of advantages and gives you more flexibility and control over how you manage and spend your health care dollars.

To be eligible for the HSA, you must enroll in a high-deductible health plan:

- \$2,500 HDHP
- \$4,000 HDHP

The \$500 PPO plan, the \$1,500 PPO plan, \$250 ACO plan, and Kaiser EPO aren't eligible for the HSA.

You can use your HSA as an investment. After age 65, you can withdraw money to pay for non-medical expenses, but the funds will be taxed as income (similar to an IRA). Before age 65, you'll pay a 20% penalty on withdrawals for non-medical expenses, and you'll owe taxes.

Note: Retirees who are age 65 or older, or are enrolled in Medicare Part A, aren't eligible to contribute to an HSA.

Who is eligible to make tax-free contributions to the HSA?

To be eligible to make before-tax contributions to your HSA, you must not be covered by another health plan, such as a health plan sponsored by your spouse/domestic partner's employer, a general purpose Health Care FSA or Medicare parts A, B or D. In addition, if you have received VA benefits within the last three months, are enrolled in Tricare or can be claimed as a dependent on another individual's federal tax return, you are not eligible to make pre-tax contributions.

Here's how the HSA works

Tax-free money goes in

- You can make personal pretax contributions up to the IRS limits:
 - \$4,150 for teammate-only coverage
 - \$8,300 for all other coverage levels
 - If you're age 55, you can make an additional \$1,000 catch-up contribution.
 - The contribution limit includes any personal contributions you make and contributions the company makes to the HSA.

Balance grows tax-free

- The balance in your account rolls over from year to year (regardless of which medical plan you enroll in for the future) and goes with you if you leave the company.
- Your balance earns interest and can be invested.

Tax-free money comes out

- Use your money for eligible health care expenses and for your eligible tax dependents' expenses.

Tax-free savings for the future

- Your money can be used to pay for eligible expenses in the future, including retirement.



GuidanceResources

Guidance Resources, our employee assistance program (EAP), offers confidential resources and support in-person, online and by phone to you and your household members. Take advantage of your five complimentary behavioral health visits for support and guidance on many topics related to emotional well-being, legal and financial support, child and elder care referrals and relationships. Access the EAP anytime, 24/7. Call 877-369-1785 or visit [GuidanceResources.com](https://www.GuidanceResources.com) using the organization web ID: TruistCares.

Truist Momentum

[Truist Momentum](#) is designed to inspire, educate, and equip teammates to achieve financial confidence. To continue your financial well-being journey as a Truist retiree, you have access to Truist Momentum for 90 days from your termination date.

Tools and resources



Enrollment

How do I enroll for benefits?

To make your annual enrollment plan selections you will have two options:

Online

- You'll need to register for online access to the McGriff COBRA Member Portal. Your registration information will be provided by McGriff in a letter before your enrollment period begins. If you need assistance with online portal registration, you may reach the McGriff COBRA Services team via any of the following methods:

Phone: 888-888-3442
Email: DirectBilling@McGriff.com
Fax: 252-293-9048
Please mark Attn: COBRA/Direct Bill

- On the online portal you'll be able to view plans and rates and make your benefits elections.
- Once your online choices are made, you'll "submit" the choices to McGriff. Print/save a copy of the online Confirmation of Open Enrollment notice to confirm your enrollment was accepted and processed.

By mail or fax

- You'll receive an optional annual enrollment change form in the mail from McGriff or you can download and print a copy on the McGriff Member Portal. Use this enrollment form only if you're not able to complete the online election process.

At the end of the annual enrollment period, McGriff will mail a welcome letter that will include a listing of your elected benefits and premium payment coupons for the premium due January 1, 2024. You will also be able to access this letter and coupons via the communications area on the [Member Portal](#).

Paying for coverage

You'll pay for retiree health coverage with after-tax dollars to McGriff Employee Benefit Solutions. You can find premiums for any plans you're eligible for and premium payment instructions on the [McGriff Member Portal](#).

Where can I go for answers to my benefit plan questions?

Medical coverage, claims, and to find network providers	<ul style="list-style-type: none"> Aetna 888-402-1229 Kaiser Permanente 877-224-0101
Pharmacy benefits, claims, mail order service, and to find network pharmacies (except Kaiser)	Aetna 888-402-1229
Dental coverage, claims, and to find a network dentist	Aetna 888-402-1229
Vision coverage, claims, and to find a network eye-care provider	VSP 800-877-7195
Enrollment, eligibility, premium rates, and payment options	McGriff Employee Benefit Solutions 888-888-3442
Qualifying life events	HR Central Benefits.Truist.com 800-716-2455, option 1, Monday-Friday, 9 am- 5 pm ET

Required notices

View, download, and print legal notices and information about your benefits under the Employee Benefits Plan (the Plan) on Benefits.Truist.com. Federal laws require the company provide you with certain notices that inform you about your rights regarding eligibility, enrollment, and coverage of health care plans. The following section explains these rules. You're not required to take any action. These notices are for your information only. We ask that you read these notices carefully and keep them where you can find them. If you have any questions regarding the benefits contained within this packet, please contact HR Central at 800-716-2455.

- Newborns' and Mothers' Health Protection Act
- Consolidated Omnibus Budget Reconciliation Act (COBRA) Continuation Coverage Rights
- Women's Health and Cancer Rights Act Notice
- Notice Regarding Wellness Program
- HIPAA Special Enrollment Rights for Medical Plan Coverage
- Important Notice from Your Employer about Your Prescription Drug Coverage and Medicare
- Notice of Privacy Practices
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)