



# 2025 OPEN ENROLLMENT

November 4<sup>th</sup> – November 17<sup>th</sup>



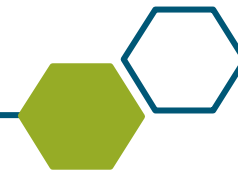
# 2025 Open Enrollment

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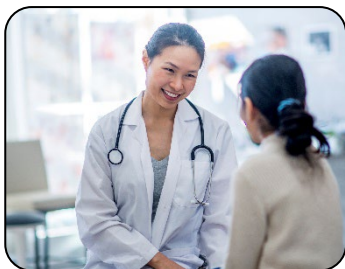
- Open Enrollment will take place from **November 4<sup>th</sup> to November 17<sup>th</sup>**.
- Elections made during Open Enrollment will be effective January 1, 2025. You cannot make changes after open enrollment unless you experience a qualifying life event.
  - A qualifying life event can include a marriage/divorce, birth of a child, loss of coverage under a spouse's plan, etc.
  - You will have 30 days to notify Human Resources of your qualifying life event and submit the corresponding benefits election change through ADP
- **Enrollment will be ACTIVE:** In order to have coverage for the 2025 plan year, you must go into ADP and enroll yourself and your dependents.
- To enroll, please submit your elections via ADP Self-Service; Advocates from Fidelity are available for guidance or to help answer your benefits questions.

# What's New! 2025 Benefits Headlines



## Medical Plan Changes:

- MEC Plan is replaced with the UHC Basic FlexWork Plan
- There will be 3 UHC plan designs offered: Bronze HSA, Silver HSA, and the Gold PPO Plan
  - Bronze HSA Plan (replaced ATJK) will have a \$6,000/\$12,000 deductible
  - Silver HSA Plan (replaced BUPM/BKLG) will have a \$3,000/\$6,000 deductible
  - Gold PPO Plan (replaced BURA) will have a deductible of \$1,500/\$3,000



## Ancillary Benefits:

- No changes regarding your Dental or Vision plans
- No changes on Life and Disability plans
- No changes coming to your Voluntary plans

# Benefits Eligibility

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- Full Time Associates
  - Defined as working 30 hours or more per week
- Eligible dependents include
  - Legal Spouse
  - Dependent children
    - Medical – age 26
    - Dental/Vision – age 26
    - Supplemental Life and Voluntary benefits (Critical Illness/Accident) – age 26
  - Domestic Partners – affidavit required

# Medical and Pharmacy Coverage



# Medical Plan Terminology

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## **Copay**

A flat fee you pay for covered services, such as doctor visits.



## **Deductible**

The set amount you pay before your plan begins to share the cost for covered health services.



## **Coinsurance - your percentage of the costs**

After you pay your deductible, this is a percentage of the cost you pay for care.



## **Out-of-pocket maximum**

The maximum annual amount you pay out-of-pocket for covered services. Once you reach that limit, your plan covers the rest. Your copays, deductible, and coinsurance count toward your limit.

# UHC Medical Plan Comparison



Medical Plan Provisions	Gold Plan <i>In-Network</i>	Basic FlexWork Plan <i>In-Network</i>
Annual Deductible (Individual/Family)	\$1,500 / \$3,000	\$0/\$0
Out-of-Pocket Maximum (Includes Deductible)	\$4,000 / \$8,000	\$9,200 / \$18,400
Preventive Care	No Charge	No Charge
Primary Care Physician (PCP) Office Visit	\$30 copay	\$25 copay (4 visits per year, combined with specialist)
Specialist Office Visit	\$30 copay	\$50 copay (4 visits per year, combined with PCP)
Virtual Care	\$0 copay	\$0 copay (no visit limit)
X-Ray and Lab	40%	\$50 copay in doctor's office, \$150 copay in hospital (1 date of service per calendar year)
Inpatient Hospital/ Outpatient Surgical	20%	Not Covered
Urgent Care	\$50 copay	\$150 copay (2 visits per year) at 100%
Emergency Room	\$150 copay	Not covered
<b>Out-of-Network</b> Deductible (Individual/Family)	\$2,000/\$4,000	N/A
<b>Out-of-Network</b> Out-of-Pocket Maximum (incl.deductible)	\$10,000/\$20,000	N/A

All coinsurance percentages shown reflect member payment responsibility.

# UHC Medical Plan Comparison (continued)



Medical Plan Provisions	Bronze HSA Plan <sup>1</sup>	Silver HSA Plan <sup>2</sup>
	<i>In-Network</i>	<i>In-Network</i>
Annual Deductible (Individual/Family)	\$6,000 / \$12,000	\$3,000 / \$6,000
Out-of-Pocket Maximum (Includes Deductible)	\$7,500 / \$15,000	\$7,000 / \$9,200
Preventive Care	No Charge	No Charge
Primary Care Physician (PCP) Office Visit	30%*	20%*
Specialist Office Visit	30%*	20%*
Virtual Care	30%*	20%*
X-Ray and Lab	30%*	20%*
Inpatient Hospital/ Outpatient Surgical	30%*	20%*
Urgent Care	30%*	20%*
Emergency Room	30%*	20%*
<b>Out-of-Network</b> Deductible (Individual/Family)	\$8,500/\$17,000	\$10,000 / \$20,000
<b>Out-of-Network</b> Out-of-Pocket Maximum (incl.deductible)	\$12,700/\$25,400	\$20,000 / \$40,000

\*After deductible

1 The Bronze HSA Plan has an embedded deductible/OOPM. Once an individual meets their personal deductible or OOPM, their expenses are covered, even if the family deductible/OOPM has not been met.

2 The Silver HSA Plan has a non-embedded deductible/OOPM. This means that no individual will have their costs covered until the entire family deductible is met.

# UHC Medical Plan Comparison - Pharmacy



Plan Name	Bronze HSA Plan	Silver HSA Plan	Gold Plan
<b>Retail Pharmacy (up to a 30-day supply)</b>	Subject to Medical Deductible	Subject to Medical Deductible	\$0
Tier 1	\$15 copay*	\$15 copay*	\$15 copay
Tier 2	\$3x0 copay*	\$30 copay*	\$30 copay
Tier 3	\$50 copay*	\$50 copay*	\$50 copay
<b>Mail Order / Home Delivery (up to a 90-day supply)</b>			
Tier 1	\$37.50 copay*	\$37.50 copay*	\$37.50 copay
Tier 2	\$75 copay*	\$75 copay*	\$75 copay
Tier 3	\$125 copay*	\$125 copay*	\$125 copay

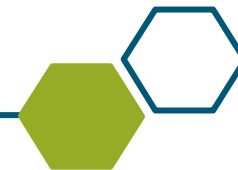
\*After deductible

# Spending Accounts



# Health Savings Account (HSA)

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## What is a Health Savings Account (HSA)?

- A Health Savings Account (HSA) is an individually-owned savings account which allows you and your employer to set aside **pre-tax contributions** to pay for current and future medical expenses for you and your dependents
- Withdrawals are tax free if used for eligible healthcare expenses
- IRS guidelines require an HSA to be paired with a qualified high deductible health plan

## HSA Eligibility

- ***Must be enrolled in either the Bronze HSA or the Silver HSA Plan***
- Cannot be enrolled in Medicare
- Cannot be claimed as a dependent on someone else's tax return
- Cannot have any other first dollar coverage (*i.e. If you and your spouse file taxes on a joint return, they cannot have a medical FSA with their employer while you have an HSA with yours; and vice versa.*)

# Using a Health Savings Account



## BUILD IT

Set aside pre-tax dollars via your paycheck into your HSA. The projected 2025 IRS annual limits are:

- \$4,300 for individual coverage
- \$8,550 for coverage with dependents
- If you are age 55 or older, you can contribute an additional \$1,000 per year

Your pre-tax contribution can be modified during the year.



## USE IT

You can withdraw your money tax-free at any time for qualified health expenses (*a complete list can be found on [www.irs.gov](http://www.irs.gov)*). This includes eligible dental and vision services.

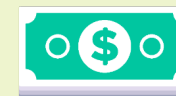
You can also save your HSA funds and apply to future eligible health care expenses, such as retiree medical.



## GROW IT

Unused money in your HSA rolls over without limitations.

Account is fully portable and remains yours - even if you leave the company, change employers, retire, etc.



# Flexible Spending Account (FSA)

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## Healthcare FSA:

- IRS regulates total contributions up to \$3,300
- All FSA contributions are made pre-tax
- Funds can be used for qualified Medical, Prescription, Dental or Vision expenses
- \$640 annual carryover available – any unused additional funds will expire
- 90 day run-out period – time allowable to file previous year's claims
- You will receive a debit card
- Total annual election amount is loaded January 1<sup>st</sup>

## Dependent Care FSA

- IRS regulates total contributions up to \$5,000 (up to \$2,500 if married and filing separately)
  - All FSA contributions are made pre-tax
  - 90 day run-out period – time allowable to file previous year's claims, there is NO carryover
  - Can be used for qualified childcare and eldercare expenses for children under the age of 13
  - Expenses could include:
    - Nannies, babysitting, after-school programs, day camp, nursery school
  - Funds can also cover children over the age of 13 with special needs, elderly parents, or relatives whom you claim as dependents on your taxes
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# FSA versus HSA



	Medical Flexible Spending Account (FSA)	Health Savings Account (HSA)
Who owns the account?	You	You
Can I contribute funds?	Yes	Yes
Are there limits on how much I can contribute?	Yes; the 2025 IRS limits are: \$3,300 for Individual	Yes; the 2025 IRS limits are: \$4,300 for Individual, \$8,550 for Family
When are funds available?	First day of the plan year	Immediately after funds are deposited and available to use in your account
Do funds carryover into the following year?	No	Yes
What type of expenses can I use the funds for?	Qualified health expenses (which include medical, dental and vision) as outlined in IRS Publication 502	Qualified health expenses (which include medical, dental and vision) as outlined in IRS Publication 502
Can I take the funds with me if I leave the company?	No	Yes

# and Vision Coverage

A collage of images related to health and wellness, including a blood pressure monitor, a runner's legs, and various fruits and vegetables, set against a background of hexagonal shapes. The collage is composed of several hexagonal tiles. One tile shows a digital blood pressure monitor with a black cuff and a white face displaying '114' for systolic pressure, '74' for diastolic pressure, and '95' for pulse. Another tile shows a close-up of a person's legs running on a paved path, wearing orange and blue sneakers. A third tile displays a variety of fresh fruits and vegetables, including broccoli, blueberries, almonds, a halved avocado, and a grapefruit. The background features a pattern of hexagonal shapes in white, dark blue, and light green, some of which are outlined in dark blue or green. The overall design is clean and modern, emphasizing health and active living.

# Guardian Dental Plan



Plan Provisions	Base	Buy-Up w/o Orthodontia	Buy-Up w/ Orthodontia
	INN/OON	INN/OON	INN/ONN
<b>Annual deductible</b> <i>(Individual / Family)</i>	\$50 / \$150	\$50 / \$150	\$50 / \$150
<b>Calendar year maximum</b>	\$1,000 plus max rollover	\$1,500 pls max rollover	\$2,000 plus max rollover
<b>Class 1: Preventive / Diagnostic</b> <i>(Oral exams, cleanings, x-rays, fluoride application)</i>	Covered at 100%, 2 visits per year, 6 months apart	Covered at 100%, 2 visits per year, 6 months apart	Covered at 100%, 2 visits per year, 6 months apart
<b>Class 2: Basic / Restorative</b> <i>(Fillings, oral surgery, periodontics, root canal therapy, endodontics)</i>	20%*	20%*	20%*
<b>Class 3: Major Restorative</b> <i>(Bridges, crowns, inlays, dentures)</i>	50%*	50%*	50%*
<b>Class 4: Orthodontia</b> <i>(Adults and dependent children up to age 26)</i>	N/A	N/A	50%, up to a lifetime maximum of \$3,000 per individual

\*After deductible. All coinsurance percentages reflect member payment responsibility.

## Finding Dental Providers:

Finding a dental provider or participating retail chain:

1. Go to [www.guardianlife.com/dental-insurance.com](http://www.guardianlife.com/dental-insurance.com)
2. Click "Find a dentist" at the top of the page
3. Search via "Dental benefits bought through your workplace" or "Dental benefits purchased direct"



# Guardian Vision Plans



Plan Provisions	VSP		Davis Vision	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Exam copay</b>	\$10 copay	Up to \$39	\$10 copay	Up to \$60
<b>Frames (retail allowance)</b>	\$150 allowance, 20% discount over \$150	Up to \$46	\$130 allowance, 20% discount above \$130	Up to \$48
<b>Lenses</b> • Single vision • Bifocal • Trifocal	\$25 copay	Up to \$23 Up to \$37 Up to \$49	\$25 copay	Up to \$48 Up to \$67 Up to \$86
<b>Elective Contact Lenses</b> (in lieu of glasses)	\$130 allowance	Up to \$120	\$130 allowance, 15% discount over \$130	Up to \$105
<b>Frequency Permitted</b> • Eye exams • Lenses • Frames • Contact lenses	Once every 12 months Once every 12 months Once every 24 months Once every 12 months		Once every 12 months Once every 12 months Once every 24 months Once every 12 months	

Finding a vision provider or participating retail chain:

1. Go to [www.guardianlife.com](http://www.guardianlife.com)
2. Click "Find a vision provider" at the top of the page
3. Select your vision network



# Life and Disability



# Life & AD&D Insurance



A Basic Life benefit of up to **\$125,000** will continue to be offered to benefit eligible employees at no cost.

If you determine you need more than the basic coverage, you may purchase additional coverage through MetLife for yourself and your eligible family members.

## Voluntary life and AD&D insurance for you

### Voluntary Life

- One to seven times your base annual earnings
- Up to a \$1,000,000 maximum
- Guaranteed issue: The lesser of the 3x Base Annual Earnings or \$300,000

### AD&D (Accidental Death & Disability)

- Minimum benefit of \$25,000
- \$50,000 increments to a max of the lesser of 10 times your pay or \$500,000

***\*If you did not elect coverage when you were first eligible as a new hire, you will be subject to completing Evidence of Insurability (EOI) with MetLife for any coverage amount requested. No amount is guaranteed and is subject to the insurance carrier's review and final determination.***

## Voluntary life and AD&D insurance for your dependents

### Spouse/Domestic Partner

#### Life

- Increments of \$10,000 (not to exceed 50% of your voluntary life and AD&D coverage)
- Up to a \$250,000 maximum
- Guaranteed issue: up to \$25,000

#### AD&D

- Eligible for 40% of team member life insurance coverage

### Child(ren)

#### Life

- \$10,000 per child
- Covered from birth
- Must be added within 31 days of birth

#### AD&D

- 15% of team member life insurance coverage
- If you enroll your spouse and your child(ren), each child is eligible for 10% of team member coverage



**MetLife**

# Short and Long Term Disability



The Short Term Disability coverage provides a cash benefit for a disabling injury or illness. Your cost for coverage will vary based on your earnings.

You also have the option to purchase Long Term Disability coverage. As an employee-paid program, a future benefit would be non-taxable if purchased.

Your cost per paycheck will vary based on earnings and age.

Coverage	Benefit
<b>Short-Term Disability</b>	<ul style="list-style-type: none"><li>• Full-time hourly team members: Premium split 50/50 (team member/Applegreen)</li><li>• Full-time salary team members: 100% premium paid by team member</li><li>• Coverage is 60% of your base pay, to a maximum of \$3,462 per week for the first 25 weeks of a disability after the seven-day waiting period</li></ul>
<b>Long-Term Disability</b>	<ul style="list-style-type: none"><li>• Full-time hourly and salary team members: Full premium paid by team members</li><li>• Coverage is 60% of the first \$25,000 of your pre-disability earnings, to a maximum of \$15,000 per month if you are disabled and unable to work for the greater of the Short-Term Disability Maximum Benefit Period or 180 days</li></ul>



**MetLife**

## Additional Benefits



# Voluntary Benefits



You will continue to have the option of purchasing benefits which supplement your health and financial needs.

## Critical Illness\* (*American Public Life*)

- **Critical Illness Insurance** provides cash for a covered diagnosis to help pay for medical expenses not covered by your medical plan. However, it can be also used at your discretion.

## Accident\* (*American Public Life*)

- **Accident Insurance** provides benefits to help cover the costs associated with a covered accident, regardless of any other insurance you have.
- If you purchase coverage and are hurt in a covered accident, you will **receive a cash benefit** that you may spend based on your needs.

## Hospital Indemnity\* (*American Public Life*)

- **Hospital Indemnity Insurance** provides a **cash benefit** to you, the employee, for an extended stay at an inpatient hospital.



*\*Please refer to your benefit summary and plan certificates for details on the covered benefits and payment schedules*

# Voluntary Benefits (continued)



You will continue to have the option of purchasing benefits which supplement your health and financial needs.

## Legal Plan\* (*LegalEASE*)

- **Legal Insurance** provides legal representation for you, spouses/domestic partners, and dependents. Services include: court appearances, family law, will preparation, etc...

## Cancer Insurance\* (*American Public Life*)

- **Cancer Insurance** helps cover the costs associated with the detection or treatment of cancer and helps you become more financially prepared.

## Identity Theft\* (*IDShield*)

- Protection for your identity and assets through monitoring and alerts
- Support to restore your identity as a result of theft

## Pet Insurance\* (*AskVet*)

- **Pet Insurance** can help with you pet's health care and offset costs for routine care and unexpected illness or injury



*\*Please refer to your benefit summary and plan certificates for details on the covered benefits and payment schedules*

# Employee Contributions



# Employee Contributions – Medical



Medical	Bronze HSA Plan	Silver HSA Plan	Gold Plan	Basic FlexWork Plan
Employee	\$45.00	\$106.92	\$260.75	\$9.59
Employee + Spouse	\$147.89	\$274.51	\$588.94	\$12.51
Employee + Child(ren)	\$118.99	\$222.16	\$477.35	\$13.49
Employee + Family	\$214.14	\$393.59	\$839.23	\$15.43

***Note: Employee payroll contributions are bi-weekly***

# Employee Contributions – Dental & Vision



Dental			
	<i>Base</i>	<i>Buy-Up without Ortho</i>	<i>Buy-Up with Ortho</i>
Employee	\$8.43	\$9.32	\$10.81
Employee + Spouse	\$16.09	\$17.76	\$20.60
Employee + Child(ren)	\$18.08	\$22.14	\$33.42
Employee + Family	\$27.22	\$32.67	\$46.68

Vision		
	<i>VSP</i>	<i>Davis Vision</i>
Employee	\$2.47	\$2.47
Employee + Spouse	\$5.07	\$5.07
Employee + Child(ren)	\$4.23	\$4.23
Employee + Family	\$6.97	\$6.97

***Note: Employee payroll contributions are bi-weekly***


# Employee Advocacy



# Open Enrollment Guidance and Support - Fidelity



If you have any questions regarding your benefits, Fidelity is there to help you and/or your dependents. Please contact:

By Appointment	Call-In Support
<ul style="list-style-type: none"><li>Scan the QR code below to make a phone or virtual appointment with a Benefits Counselor</li></ul> 	<ul style="list-style-type: none"><li>Call <b><u>833-877-2408</u></b> to talk to a Benefits Counselor</li><li>Available 8am-5pm EST</li></ul>

# Final Reminders



# Important Reminders

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- ✓ Open Enrollment Deadline – **Sunday, November 17<sup>th</sup>**.
- ✓ **Active Enrollment** – Action is required **via ADP Self-Service** to elect your benefits regardless of whether or not you are not changing your elections
- ✓ Fidelity– Appointments and call support are available via telephone and virtual meetings with benefits experts to help you decide what benefits are best for you and your family. Bilingual educators will be available.



**Fidelity of Texas**  
**833-877-2408**

**Monday - Friday: 8am – 5 pm EST**

**Applegreen**

**[benefitsus@applegreen.com](mailto:benefitsus@applegreen.com)**