

# 2024-2025 Benefits Overview

Benefits effective July 1, 2024 – June 30, 2025

# Your Holmes Murphy Benefit Team



## RicheyMay@holmesmurphy.com









## **Open Enrollment**

- Log in to Paycom to elect or change benefits and confirm/update your personal information
- Complete Open Enrollment by Friday, May 24th
  - If no action is taken to enroll or change your elections, current elections will roll over.
- Benefits elected during Open Enrollment will be effective July 1, 2024 – June 30, 2025







## What's New For 2024-2025?

- Not much!
  - All benefit carriers and vendor partners will remain the same
- There will be a slight increase to medical premiums
- The only medical plan design change, as required by the IRS, is a slight increase to the deductible and out-of-pocket maximum on HDHP #1 to \$3,200 individual / \$6,400 family.







# **Benefit Navigation Tool: ALEX**

- ALEX is an easy-to-use, online tool designed to assist with your benefit plan decision process
- Can help you better understand the benefit offerings and determine what plans might be a good fit
- Available May 13th
- External website; please share with other decisionmakers in your household!



# **Medical Plans**







# **Medical Plan Options**

- Network: Aetna Choice POS II Network
- PPO Plan
  - In-Network Deductible: \$500 individual / \$1,000 family
  - $_{\circ}\,$  Eligible to enroll in a Health Care FSA
- HDHP1
  - In-Network Deductible: \$3,200 individual / \$6,400 family
  - Eligible to enroll in a Health Savings Account
- HDHP 2
  - In-Network Deductible: \$4,000 individual / \$8,000 family
  - Eligible to enroll in a Health Savings Account







#### Medical Plan Options (In-Network)

	PPO Plan	HDHP #1	HDHP #2
Pre-Tax Account Eligible	Medical FSA	HSA	HSA
Annual Deductible (Individual/Family)	\$500 / \$1,000	\$3,200 / \$6,400	\$4,000/\$8,000
<b>Coinsurance</b> (Plan pays)	90%	100%	80%
Annual Out-of-Pocket Max (Individual/Family)	\$1,500 / \$3,000	\$3,200 / \$6,400	\$5,000 / \$10,000
Physician Office Visit	\$30 Copay	Deductible then 0%	Deductible then 20%
Specialist Office Visit	\$50 Copay	Deductible then 0%	Deductible then 20%
Urgent Care Visit	\$50 Copay	\$50 Copay Deductible then 0% Deduc	
Emergency Room Visit	\$250 Copay, Deductible then 10%	Deductible then 0% Deductible then	
<b>Teladoc Virtual Visit</b> (General Medicine or Behavioral Health)	\$30 Copay	opay Deductible then 0% Deductib	
Preventive Care	Covered at 100%	Covered at 100% Covered at 100	
Major Diagnostics	Deductible then 10%	Deductible then 0% Deductible then 2	
Hospital Services	Deductible then 10%	Deductible then 0% Deductible then 2	
<b>Prescription Drugs</b> Retail Generic Retail Preferred Brand Retail Non-Preferred Brand Retail Specialty Drugs	\$15 copay \$40 copay \$80 copay 20% coinsurance	Deductible then 0%	Deductible then 20%

8.







# **Medical Plan Costs**

Monthly Cost	PPO Plan		HDHP #1		HDHP #2	
	Employee	Richey May	Employee	Richey May	Employee	Richey May
Employee Only	\$141.25	\$543.84	\$58.15	\$543.84	\$0.00	\$543.84
Employee + Spouse	\$568.25	\$801.93	\$402.05	\$801.93	\$285.74	\$801.93
Employee + Child(ren)	\$340.37	\$790.03	\$203.25	\$790.03	\$107.30	\$790.03
Family	\$1,121.69	\$830.82	\$884.85	\$830.82	\$719.11	\$830.82

Note that if you enroll in the HDHP #1 or HDHP #2 with Employee Only coverage, Richey May will currently contribute \$1,000 annually to your HSA. If you enroll in a tier that covers dependents, Richey May will currently contribute \$2,000 annually to your HSA.



# **Tax-Favored Accounts**







# Health Savings Account (HSA)

- The only triple-tax advantage account used to pay for eligible medical, prescription drug, dental and vision care expenses
- Available to those enrolled in the HDHP plans
- Your savings account; balance carriers over year to year
- P&A Group allows you to invest your HSA balance when it reaches \$1,000

HDHP Enrollment Tier	Richey May Annual Contribution	Maximum Employee Contribution	2024 IRS Mandated Combined Maximum	
Employee Only	\$1,000	\$3,150	\$4,150	
Employee + Spouse	\$2,000	\$6,300	\$8,300	
Employee + Child(ren)	\$2,000	\$6,300	\$8,300	
Family	\$2,000	\$6,300	\$8,300	

Note: if you are age 55 or older, you may contribute an extra \$1,000 catch-up contribution







# Are You Eligible To Open An HSA?

- You must meet the following requirements to open a Health Savings Account
  - You must be enrolled in a Qualified High Deductible Health Plan (QHDHP). Richey May's HDHPs are eligible plans
  - You must not be covered by another non-QHDHP health plan, such as a spouse's PPO plan
  - $_{\circ}\,$  You or your spouse do not have a Health Care FSA
  - $_{\circ}\,$  You are not enrolled in Medicare, Medicaid or TRICARE
  - You have not received Veterans Administration (VA) benefits within the past three months
  - You are not claimed as a dependent on another person's tax return







# Moving from the PPO to HDHP?

- Are you currently enrolled in the Health Care FSA?
  - $_{\circ}$  You <u>**can**</u> enroll in the HDHP
  - $_{\circ}\,$  You  $\underline{\text{cannot}}\,$  open an HSA in 2024
  - $_{\circ}$  You <u>can</u> continue to use your FSA for eligible expenses
  - If you still have a balance in your Health Care FSA as of January 1, 2025, you <u>cannot</u> open your HSA until April 1, 2025 (after the grace period has ended on 3/15/25)







# Moving from the HDHP to the PPO?

- Are you currently contributing to an HSA?
  - $_{\circ}$  You <u>**can**</u> enroll in the PPO
  - $_{\circ}$  You <u>cannot</u> open an FSA in 2024
    - 2025 FSA Open Enrollment will be held in the fall
  - $_{\circ}$  You <u>**can**</u> continue to use your HSA for eligible expenses
  - You <u>cannot</u> continue to contribute to your HSA



#### RICHEY MAY



# **Dependent Care Flexible Spending Account**

- Used to pay for expenses associated with the care of children under age 13, a disabled child older than age 13, or an elderly parent/disabled spouse that you claim as a dependent, in order for you & your spouse to work full-time.
- Enroll or update the amount of your Dependent
  Care FSA contribution at any point in the year
  when you begin to have eligible dependent care
  expenses, or if your cost of care changes.
- Reminder: Plan year runs January 1, 2024 March 15, 2025
  - $_{\circ}~$  Submit claims by April 30, 2025



# **Voluntary Dental & Vision Plans**







## **Dental Plan: Guardian**

#### Network: Dental Guard Preferred

	In-Network	Out-of-Network	
Lifetime Deductible	\$100 Individual \$300 Family	\$100 Individual \$300 Family	
Annual Maximum* per person	\$2,000 plus Rollover*	\$2,000 plus Rollover*	
<b>Preventive Care</b> Routine exams, cleanings, x-rays, space maintainers Under age 16: fluoride treatments, sealants	100%, no deductible	100%, no deductible	
<b>Basic Services</b> Fillings, Endodontics, Periodontics, oral surgery, general anesthetics	Deductible, then plan pays 80%	Deductible, then plan pays 80%	
<b>Major Services</b> Crowns, inlays, onlays, dentures, bridges	Deductible, then plan pays 50%	Deductible, then plan pays 50%	
Orthodontia	Not covered	Not covered	

\* For members who submit at least one paid claim and do not exceed the \$800 rollover threshold, up to \$600 can be rolled over into the annual maximum to use for future years.





### **Dental Plan Rates**

Monthly Cost	Dental Plan
Employee Only	\$37.42
Employee + Spouse	\$75.96
Employee + Child(ren)	\$89.59
Family	\$136.16







## **Vision Plan: VSP**

• No ID cards needed! Use your SSN at the provider's office

#### Network: VSP Choice

	In-Network	Out-of-Network	
<b>Eye Exam</b> Comprehensive Exam Retinal Imaging	\$10 copay Up to \$39 copay	Reimbursed up to \$45 Not applicable	
<b>Lenses</b> Single Vision, Lined Bifocals, Lined Trifocals, Lenticular	\$25 copay	Reimbursed between \$30-\$100	
<b>Frame Allowance</b> Provider Office & Retail (including Walmart/Sam's Club) Costco	\$150 allowance \$80 allowance	Reimbursed up to \$70 Not available	
<b>Contact Lenses (in lieu of glasses)</b> Elective Medically Necessary Contact Fitting & Evaluation	ses) \$150 allowance Re Covered in full Re Up to \$60		
<b>Benefit Frequency</b> Exam / Lenses / Contacts Frames	Once per 12 months Once per 24 months		





# **Vision Plan Rates**

Monthly Cost	Vision Plan
Employee Only	\$6.66
Employee + Spouse	\$13.36
Employee + Child(ren)	\$14.28
Family	\$22.82



# **Life & Disability Insurance**







# Basic Life & AD&D: Sun Life

- Richey May provides Life & AD&D insurance for each eligible employee at no cost to you
- Benefit: 3x your annual earnings to a maximum of \$200,000 which is payable in the event of your death and/or accident.
- The Life & AD&D insurance benefit will be paid to your designated beneficiary. Be sure your information is up to date in Paycom!







# **Short-Term Disability: Sun Life**

- Richey May provides Short-Term Disability (STD) coverage for each employee at no cost to you
- STD replaces your income when you are unable to work due to illness or injury
- This coverage provides a weekly benefit that is equal to 60% of your weekly earnings
- Maximum of \$2,000 per week
- The benefit is paid tax-free as you are taxed each paycheck on the premium amount
- The coverage will begin on the 15th day following injury or illness and is payable up to 11 weeks







# Long-Term Disability: Sun Life

- Richey May provides Long-Term Disability (LTD) coverage for each employee at no cost to you
- This coverage provides a monthly benefit that is equal to 60% of your monthly earnings
- Maximum of \$10,000 per month
- The benefit is paid tax-free as you are taxed each paycheck on the premium amount
- The coverage will begin on the 91st day following the date of disability



# **Supplemental Insurance**







# **Accident: Sun Life**

- Pays a benefits for specific injuries and events resulting from a covered accident.
- Amount paid depends on type of injury and care received.
- Includes a \$100 Wellness Screening Benefit if you and your enrolled dependents complete a preventive care screening.

Monthly Cost	Accident Insurance	
Employee Only	\$15.29	
Employee + Spouse	\$22.00	
Employee + Child(ren)	\$29.40	
Family	\$36.11	







# **Critical Illness Insurance: Sun Life**

- Pays a lump sum benefit (up to the elected amount) if you or a covered family member is diagnosed with a covered critical illness.
  - Examples: Cancer, Stroke, Heart Attack, Organ Transplant, Kidney Failure, Alzheimer's
- You can elect child(ren) coverage in increments of \$5,000, up to a maximum of \$20,000. The monthly rate per \$5,000 of child coverage is \$0.50.

Monthly Cost (Based on Employee Age)						
Coverage amounts for Employee & Spouse	Under age 30	30-39	40-49	50-59	60-69	70 and over
\$10,000	\$5.00	\$6.80	\$11.80	\$21.80	\$31.20	\$54.60
\$20,000	\$10.00	\$13.60	\$23.60	\$43.60	\$62.40	\$109.20
\$30,000	\$15.00	\$20.40	\$35.40	\$65.40	\$93.60	\$163.80
\$40,000	\$20.00	\$27.20	\$47.20	\$87.20	\$124.80	\$218.40

Note: \$100 Wellness Screening Benefit will no longer be available – be sure to file if you have completed a preventive care screening since July 1, 2023.







# **Hospital Indemnity Insurance: Sun Life**

- Pays a lump sum benefit if hospitalized
  - Hospital admission: \$1,500
  - Additional days in hospital:
    - Standard room: \$200 per day up to 30 days
    - ICU: \$400 per day up to 10 days
- You can use the benefit for out-of-pocket expenses such as copays, deductibles and everyday living expenses.

Monthly Cost	Hospital Indemnity Insurance
Employee Only	\$21.84
Employee + Spouse	\$45.26
Employee + Child(ren)	\$35.65
Family	\$59.07



# **Additional Programs & Resources**







### Employee Assistance Program (EAP): ComPsych

- Free, confidential counseling services
  - $_{\circ}$  Unlimited telephonic
  - $_{\circ}$  3 face-to-face (virtual) sessions
- Available to <u>all</u> Richey May employees and members of their household, regardless of enrollment in any benefit
- Additional resources:
  - Child and elder care referral
  - Employee discounts
  - Legal and financial consultations
  - $\circ$  ID theft
  - $_{\circ}$  Will preparation
  - $_{\circ}$  Tax consultation
  - Assistance for new parents
  - Online self-service legal documents







### Virtual Care: Teladoc

- General Medicine
  - Visit with a board-certified doctor any time of day, 7 days a week, through your phone or online.
  - Doctors can also prescribe medications
  - $_{\circ}~$  Cost is subject to office visit
- Behavioral Health
  - Visit with a therapist, psychologist or psychiatrist from 7am-9pm, 7 days a week
  - You choose the licensure, specialties, gender and language of your provider and use the same provider throughout the course of care
  - Cost varies depending on specialty, subject to office visit



# **Next Steps**







#### **Next Steps**

- Elect or change benefits in Paycom by Friday, May 24th
  If no action is taken, your current benefit elections will roll over
  - Be sure your home address and beneficiary information is up to date!
- Resources:
  - ALEX
  - Benefit Guide
- If you made changes, be on the lookout for new ID cards sent to your home
- Questions?
  - $_{\circ}~$  Kathy Sealman or Mo Marsh
  - Holmes Murphy: <u>RicheyMay@holmesmurphy.com</u>