



Employee Benefits Guide

Plan Year: 2025



Contact Information

Benefit	Carrier	Phone	Website	Policy #	Page
Medical	Aetna	1-866-801-4409	www.myuhc.com	TBD	3
HSA and FSA	Ameriflex	1-888-868-3539	myameriflex.com	NA	4
Dental	Aetna	1-800-648-1179	www.beambenefits.com	TBD	5
Vision	Aetna	1-800-648-1179	www.beambenefits.com	TBD	5
Employer-Paid Life and Disability	Unum	1-866-679-3054	www.unum.com	609213	6
Accident, Disability, Life, Cancer, Critical Illness, Medical Bridge	Colonial Life	1-800-325-4368	www.coloniallife.com	E3165800	7

Eligibility Guidelines

2025 OPEN ENROLLMENT

December 2 - 3, 2024

Are You Eligible?

- Full-Time Employees: hired to work 30+ hours per week

Your benefits will begin on the 1st of the month following **60 days** of full-time eligibility.

Open Enrollment will occur every **December**. The benefits you elect during open enrollment will begin **January 1**.

Who Can You Cover?

You can cover your spouse and legal dependents if they are:

- Dependent Child: under the age of 26. They will lose coverage at the end of the month of their 26th birthday. This does not apply to legally disabled children.
- Spouse: Legal Spouses

When Can You Make Changes to Your Benefits?

If you experience a **qualifying life event** that results in the gain or loss of insurance for yourself and/or your dependents, you must report it to HR within **30 days of the event**.

- Marriage or Divorce
- Birth or Adoption
- Death of spouse or child
- Gain or loss of other coverage
- Dependent child reaches age 26
- Court judgement or decree

Medical Insurance



Group # TBD	AFA CPOSII 5500 HSA 80/50 E CY V24	AFA CPOSII 5000 80/50 CY V24	AFA CPOSII 2500 100/50 \$0LXR CY V24
Network	Aetna Choice POSII	Aetna Choice POSII	Aetna Choice POSII
<i>Annual Deductibles are calculated on a calendar year basis, January 1 – December 31</i>			
Deductible (Individual/Family)	\$5,500 / \$11,000	\$5,000 / \$10,000	\$2,500 / \$5,000
Coinsurance	80%	80%	100%
Out-of-pocket Max (Individual/Family)	\$7,500 / \$15,000	\$7,750 / \$15,500	\$6,000 / \$12,000
Physician / Specialist	\$35 after Ded / \$75 after Ded	\$40 / \$80 copay	\$25 / \$75 copay
Urgent Care	20% after Deductible	\$75 copay	\$75 copay
Emergency Room	20% after Deductible	\$300 copay + Deductible + 20%	\$300 copay + Deductible
Hospitalization	20% after Deductible	20% after Deductible	0% after Deductible
Outpatient Surgery	20% after Deductible	20% after Deductible	0% after Deductible
Lab & X-Rays	20% after Deductible	20% after Deductible	No Charge
Complex Imaging (MRI, CT, etc.)	20% after Deductible	20% after Deductible	0% after Deductible
Prescription Drugs	\$3-10-50-100-20% to \$250-40% to \$500 after ded	\$3-10-50-80-20% to \$250-40% to \$500	\$3-10-45-75-20% to \$250-40% to \$500
Prescription Lookup	https://www.aetna.com/individuals-families/find-a-medication/2025-aetna-advanced-control-plan.html		

Preventive Services **No Cost** - Preventive coverage is determined by the U.S. Preventive Services Task Force.
Visit: <https://www.healthcare.gov/coverage/preventive-care-benefits/>

Provider Finder	<ol style="list-style-type: none"> Go to www.aetna.com Select "Individuals and Families" from the right corner drop down Explore Aetna Sites Select "Find a doctor" on top search bar Select under Guests "Plan from an Employer" Under "Continue as a Guest" type zip code or city/full state and select mile radius Scroll to find the purple heading "Aetna Open Access Plans" and click on Aetna Choice POS II (Open Access)
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Out of Network	50% after deductible	50% after deductible	50% after deductible
Payroll Deductions Bi-Weekly	AFA CPOSII 5500 HSA 80/50 E CY V24	AFA CPOSII 5000 80/50 CY V24	AFA CPOSII 2500 100/50 \$0LXR CY V24
Employee Only	\$60.52	\$67.12	\$80.28
Employee + Spouse	\$241.64	\$270.79	\$328.99
Employee + Child(ren)	\$187.40	\$209.63	\$253.99
Employee + Family	\$374.93	\$420.99	\$512.92

Health Savings Account (HSA)



1

WHAT IS A HEALTH SAVINGS ACCOUNT?

A Health Savings Account (HSA) is a tax-free fund that individuals can use to pay for out-of-pocket health care costs. To qualify, you must be covered under a high-deductible health plan (HDHP).

Money in this account can help pay:



QUALIFIED MEDICAL EXPENSES



Any unused funds in the savings account will roll over year after year and can earn interest. There is no “use it or lose it” penalty.



2

TRIPLE TAX BENEFITS

100%
TAX DEDUCTIBLE

Contributions are 100% tax deductible up to the annual limit, just like an IRA so contribute the maximum amount:

2024: \$4,150 / Year
2025: \$4,300 / Year
for an individual

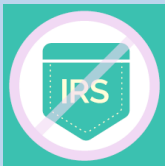
2024: \$8,300 / Year
2025: \$8,550 / Year
for a family



+ \$1,000 / Year
If you're over age 55



Account accumulates interest over the years tax deferred, allowing you to decide when to spend and when to save.



Withdrawals are tax free if they are used for qualified medical expenses, even in retirement.

Flexible Spending Account (FSA)

An FSA is an employer-sponsored savings account for health care expenses. You are not taxed on the money put into the FSA, and you can then use the account to pay for qualified out-of-pocket health care costs, such as your deductible and copays for medical, dental and vision services, but not your premium. However, you cannot stockpile money in the account from year to year, and you will lose leftover money in the account at the end of the plan year unless your employer offers an option that allows for either a short extension or a small carry-over into the next year.

ANNUAL CONTRIBUTION LIMITS	2024	2025
Full Health FSA	\$3,200	\$3,300

Group # TBD

6.1A PDN 2000 90th Ortho

Network

PDNII and Extend Networks

Deductible

Deductibles and Annual Max reset January 1

(Individual/Family)

\$50 / \$150

Annual Maximum

\$2,000 per person

Preventive Services

You Pay 0%

Basic Services

You Pay 20% after Deductible

Endodontics/Periodontics

You Pay 20% after Deductible

Major Services

You Pay 50% after Deductible

Orthodontic Services - *child only*

50% / \$1,500 lifetime max

Provider Finder

1. Go to www.aetna.com
2. Select "Individuals and Families" from the right corner drop down Explore Aetna Sites
3. Select "Find a doctor" on top search bar
4. Select under Guests "Plan from an Employer"
5. Under "Continue as a Guest" type zip code or city/full state and select mile radius
6. Scroll to find the purple heading "Dental PPO/PDN with PPO II and Extend Network" as noted above and click **Dental PPO/PDN with PPO II and Extend**

Out-of-Network Reimbursement

Coinurance rates will apply to the 90th percentile of Usual & Customary rates. Out-of-network dentists may bill you for charges above the amount covered by your plan.

Payroll Deductions

Employee Only

Employee + Spouse

Employee + Child(ren)

Employee + Family

Bi-Weekly

\$15.00

\$28.89

\$38.63

\$52.52

Vision

Group # TBD

Aetna Vision E130 12M

Network

Aetna Vision Preferred

Exam

\$10 Copay

1 per 12 months

Standard Plastic Lenses

\$25 Copay

1 per 12 months

Frames

Up to \$130 Allowance and 20% off balance

1 per 12 months

Elective Contact Lenses

Up to \$130 Allowance

1 per 12 months,

Contact Lens Fit & Follow Up

Standard: \$40 / Premium: Member pays 90% of retail

1. See Above

Provider Finder

2. Scroll to find the purple heading "Vision Networks" as noted above and click **Aetna Vision Preferred**

Payroll Deductions

Employee Only

Employee + Spouse

Employee + Child(ren)

Employee + Family

Bi-Weekly

\$3.40

\$6.46

\$6.80

\$10.00

Employer-Paid Benefits



Group # 609213

Group Life & AD&D

Eligibility	All Full-Time Employees after 6 months employment
Contribution	100% Employer-Paid
Life	\$50,000
Accidental Death & Dismemberment	\$50,000
Benefit Reduction Schedule	At age 65, your benefit will reduce to 65%, \$32,500 At age 70, your benefit will reduce to 50%, \$25,000

Group # 609213

Short Term Disability

Eligibility	All Full-Time Employees after 6 months employment
Contribution	100% Employer-Paid
Elimination Period	14 Days
Benefits Payable	60% of earnings up to \$500 per week
Maximum Benefit	26 weeks

Group # 609213

Long Term Disability

Eligibility	All Full-Time Employees after 6 months employment
Contribution	100% Employer-Paid
Elimination Period	180 Days
Benefits Payable	60% of earnings up to \$2,500 per month
Maximum Benefit	You will receive benefits until you reach the Social Security Normal Retirement Age

With most Colonial Life plans:

- Coverage is available for your spouse and eligible dependent children.
- Benefits are payable directly to **you** unless you specify otherwise.
- You can continue coverage when you retire or change jobs, with no increase in premiums.
- You may receive benefits regardless of any insurance you may have with other companies.

The following voluntary benefits are available:

Accident helps offset covered out-of-pocket expenses related to accidents on or off the job.

Critical Illness If you're diagnosed with a covered critical illness Colonial Life can help with your expenses, so you can concentrate on what's most important – your treatment, care and recovery. Heart Attack, Stroke, Cancer, Kidney Failure, Major Organ Failure, Permanent Paralysis due to covered accident, Coma, Blindness, Occupational Infectious HIV or Hepatitis B, C, D,

Disability insurance (Short-Term) can replace a portion of your income to help make ends meet if you become disabled from a covered accident or covered sickness.

Hospital Confinement (Medical Bridge) can help with medical costs associated with a hospital stay that your health insurance may not cover.

Term & Whole Life insurance provides flat rates determined at the age the policy issues, with no age-bracket increases for the term level you choose: 10, 20 or 30 years, or Whole Life



WISER BENEFITS
— GET WISER —