



# Open Enrollment

## 2025 Employee Benefits

*Presented by*

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# MEET YOUR BENEFITS TEAM



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# Goals for today



What's new for  
2025



Eligibility &  
Qualifying Events



Medical Benefits



How/When to Use  
Your benefits



Telemedicine



Dental Benefits



Vision Benefits



Health Savings  
Account



Other Benefits



Important  
Information to Know!



Enrollment Time  
Frame



Next Steps



## What's New!

- Silver Choice Plus Plan
  - Deductible **decreased** to \$3,500
  - Max OOP **increased** \$2,650
- Dental and Vision – New Carrier
  - Changing to United Healthcare
  - Dental max benefit **increased** to \$1,000
- Accident plan premiums **decreased**
- **New** eligibility waiting period
- Enrollment will be online via Employee Navigator



# Eligibility, Enrollment & Qualifying Events

## When Can I Enroll in Benefits?

- Within **30** days of becoming eligible for benefits
- During the annual Open Enrollment period
- During the plan year, if you experience a Qualifying Life Event

## When Does Coverage Begin?

**Full-Time Employees** - First of the month following date of hire

**PRN Employees** – First of the month following a monthly look-back period where the employee has averaged 30 hours or more a week

## What is a Qualifying Life Event?

QLE's include, but are not limited to:

- Newly wed
- Divorce or legal separation
- Birth, adoption or placement for adoption of an eligible child
- Death of your spouse, domestic partner or covered child
- Change in you or your spouse/domestic partner's work status that affects benefits eligibility (for example, starting a new job, leaving a job, changing from part-time to full-time, starting or returning from an unpaid leave of absence, etc.)
- Your spouse's Open Enrollment
- A change in your child's eligibility
- Gain/loss of Medicare or Medicaid
- Relocation

# Medical



# United Healthcare (Medical)



Medical	Colorado Doctors Plan Silver 5500/40%/8700		Choice Plus Bronze (Open Access HSA w/Premium Rewards) 6500/10%/7850	
	You Pay		You Pay	
	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Calendar Year Deductible (Individual / Family)	\$5,500/\$11,000	Not Covered	\$6,500 / \$13,000	\$7,500 / \$15,000
Calendar Year Out-of-Pocket Max <sup>2</sup> (Individual / Family)	\$8,700/\$17,400	Not Covered	\$7,850 / \$15,700	\$15,000 / \$30,000
Preventive Care	\$0	Not Covered	\$0	Not Covered
Primary Care	\$0	Not Covered	10%*	50%*
Specialty Care	\$125	Not Covered	10%*	50%*
Virtual Care	\$0	Not Covered	\$0	Not Covered

# United Healthcare cont. (Medical)



Urgent Care Facility	\$0	Not Covered	10%*	50%*
Emergency Room Care	\$500 per occurrence + 40%*		10%	10%
Ambulance (Ground or Air)	40%*	Not Covered	10%	10%
Inpatient Hospital	40%*	Not Covered	10%*	50%*
Outpatient Surgery	40%*	Not Covered	10%*	50%*
Lab, X-Ray & Advanced Imaging (MRI, MRA, CAT, PET Scan)	40%*	Not Covered	10%*	Lab Testing Not Covered 50%* X-Ray and Diagnostic Testing
Mental Health	40%*	Not Covered	10%*	50%*
Acupuncture (6 visit limit per benefit)	40%*	Not Covered	10%*	50%*
Prescription	You Pay		You Pay	
Retail (up to 31-day supply)	\$15 / \$60 / \$125 / \$350-\$500		\$15 / \$50 / \$135 / \$350-\$500	
Tier 1 / Tier 2 / Tier 3 / Tier 4				

\* After deductible is met



# United Healthcare (Medical)



Medical	Choice Plus (Open Access) Silver 3500/40%/8650		Choice Plus (Open Access) Gold 1500/20%/6000	
	You Pay		You Pay	
	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Calendar Year Deductible (Individual / Family)	\$3,500 / \$7,000	\$7,500 / \$15,000	\$1,500/\$3,000	\$7,500/\$15,000
Calendar Year Out-of-Pocket Max <sup>1</sup> (Individual / Family)	\$8,650 / \$17,300	\$15,000 / \$30,000	\$6,000/\$12,000	\$15,000/\$30,000
Preventive Care	\$0	Not Covered	\$0	Not Covered
Primary Care	\$45	50%*	\$35	50%*
Specialty Care	\$90	50%*	\$70	50%*
Virtual Care	\$0	Not Covered	\$0	Not Covered

# United Healthcare cont.(Medical)

Urgent Care Facility	\$75	50%*	\$50	50%*
Emergency Room Care	40%*	40%*	20%*	20%*
Ambulance (Ground or Air)	40%*	40%*	20%*	20%*
Inpatient Hospital	40%*	50%*	20%*	50%*
Outpatient Surgery	40%*	50%*	20%*	50%*
Lab, X-Ray & Advanced Imaging (MRI, MRA, CAT, PET Scan)	40%*	50%*	20%*	50%*
Mental Health	\$45	50%*	20%*	50%*
Acupuncture (6 visit limit per benefit)	\$45	50%*	\$35	50%*
<b>Prescription</b>	<b>You Pay</b>		<b>You Pay</b>	
Retail (up to 31-day supply) Tier 1 / Tier 2 / Tier 3 / Tier 4	\$15 / \$60 / \$125* / \$350-\$500*		\$15 / \$60 / \$125* / \$350-\$500*	

\* After deductible is met

# Medical Premiums

(per pay period after employer contribution)

	Colorado Doctors Plan Silver 5500/40%/8700	Choice Plus Bronze (Open Access HSA w/Premium Rewards) 6500/10%/7850
Employee Only	\$80.06	\$105.61
Employee + Spouse	\$335.11	\$386.22
Employee + Child(ren)	\$296.86	\$344.13
Employee + Family	\$551.91	\$624.74
	Choice Plus (Open Access) Silver 3500/40%/8650	Choice Plus (Open Access) Gold 1500/20%/6000
Employee Only	\$130.22	\$173.00
Employee + Spouse	\$435.43	\$521.00
Employee + Child(ren)	\$389.65	\$468.80
Employee + Family	\$694.87	\$816.80

VitalCare contributes **\$175** per pay period (26 pay periods annually)

## Schedule your preventive care—it's no cost to you!



**Your annual check-up**



**Flu shots**



**Most routine screenings  
and vaccinations**

### **TIP! –**

Do you have Accident, Critical Illness, or Hospital Supplemental Plans?

Submit your annual checkup to your Accident or Hospital Supplement Plan for a \$50 Wellness Credit for you

# Need immediate care, where do you go?

	Convenience Care Clinics	Urgent Care Centers	Emergency Room (ER)	Virtual Care (Telehealth)
Cost	\$	\$ \$ \$	\$ \$ \$ \$	\$
Wait Times	🕒 🕒	🕒 🕒	🕒 🕒 🕒 🕒	🕒
Severity	+	++	++++	+
Symptoms Treated	Allergies Vaccines (flu, shingles, COVID) Minor burns and skin conditions Sinus and ear infections	Nausea and diarrhea Minor cuts and broken bones Back and joint pain	Trouble breathing Heart attack and stroke Sudden illness and serious accidents Severe bleeding	Allergies Fever, colds, and flu Skin conditions Most infections

## What is the difference?

Go to Emergency Room	or	Go to Urgent Care
Heart attack or stroke		Moderate fever
Chest pain or intense pain		Colds, cough, or flu
Shortness of breath		Bruises and abrasions
Severe abdominal pain		Cuts and minor lacerations
Head injury or other major trauma		Minor burns and skin irritations
Loss of consciousness		Eye, ear, or skin infections
Major burns or severe bleeding		Sprains or strains
One-sided weakness or numbness		Possible fractures
Open fractures		Urinary tract infections
Poisoning or suspected overdose		Respiratory infections



# My UHC (telehealth)



## Talk to a health care provider from your computer, tablet or smartphone

Insurance type	Virtual visit options
Members with health insurance through work	<ul style="list-style-type: none"><li>•Talk to your local health care provider to learn about available virtual visit options.</li><li>•24/7 Virtual Visits, Virtual primary care, Virtual therapy and Virtual specialty care with UnitedHealthcare preferred national providers. <a href="#">Learn more about Virtual Visits options</a></li><li>•<a href="#">Sign in to your account to view your virtual visits benefits</a></li></ul>



# Dental





# United Healthcare (Dental)



Plan Year Maximum * (plan pays )	Up to \$1000	
Dental Benefits	In-Network	Out-of-Network
Plan Year Deductible * (applies to Basic and Major Services)	\$50 Individual / \$150 Family	
Preventive Services (no deductible)	0%	0%
Basic Services (after deductible)	20%	20%
Major Services (after deductible)	50%	50%
Orthodontia	Not Covered	Not Covered

\* Plan deductibles and maximums accumulate on a plan year (January 1, 2025 - December 31, 2025).



# Dental Premiums (per pay period)



	Dental
Employee Only	\$12.92
Employee + Spouse	\$25.84
Employee + Child(ren)	\$29.11
Employee + Family	\$44.19

# Vision



# United Healthcare (Vision)



Vision Benefits	In-Network	Out-of-Network (Reimbursement)
<b>Exam</b> – <i>Once Per Calendar Year</i>	\$10 copay	Up to \$40
<b>Eyeglass Lenses</b> – <i>Once Per Calendar Year</i> <i>Single Vision, Bifocal, Trifocal, Lenticular</i> <i>Progressive Lens and Coatings Additional Cost</i>	\$25 copay	Up to \$80
<b>Contacts</b> – <i>Once Per Calendar Year</i> <i>Fitting/Evaluation Elective/</i> <i>Conventional/Disposable</i>	\$25 copay	Up to \$80
<b>Frames Allowance</b> – <i>Once Every 2 Years</i>	\$130 copay	Up to \$45

# Vision Premiums (per pay period)



	Vision
Employee Only	\$2.93
Employee + Spouse	\$5.56
Employee + Child(ren)	\$6.52
Employee + Family	\$9.18

# Health Savings Account

# Health Savings Account

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- Allows Enrollees to SAVE Money for Healthcare, Dental & Vision
- Compatible with High Deductible Health (HDHP) Plan **Only – Bronze Plan**
- Tax Savings (Contributions, Interest & Use of Funds)





# Health Savings Account

## Banking Examples:

- Bank of Colorado - <https://www.bankofcolorado.com/personal-investing/hsa>
- 1<sup>st</sup> Bank - <https://www.efirstbank.com/products/checking-savings/health-savings.htm>
- Key Bank - <https://www.key.com/personal/savings/health-savings-account.html>

## How much can you contribute?

- For 2025, you can contribute up to **\$4,300** to a health savings account (HSA) if you have self-only coverage (employee only), up from \$4,150 in 2024.
- You can contribute up to **\$8,550** to a family HSA for 2025, up from \$8,300 in 2024



# Voluntary Plans



# Voluntary Term Life and AD&D



Benefit Highlights	Team Member Life and AD&D	Spouse Life and AD&D	Child(ren) Life and AD&D
Minimum Benefit & Benefit Increment Amounts	\$25,000	\$5,000	\$5,000
<b>Guarantee Issue Amount</b> <i>Coverage amount available without medical questions or exam to newly eligible team members and dependents 70 years or younger</i>	\$100,000	\$25,000	n/a
Maximum Benefit Amount	\$300,000	\$100,000	\$25,000

# Voluntary Term Life and AD&D Premiums

(per month)

Age	Employee*	Spouse*
0-29	\$0.076	\$0.076
30-34	\$0.090	\$0.090
35-39	\$0.143	\$0.143
40-44	\$0.216	\$0.216
45-49	\$0.327	\$0.327
50-54	\$0.536	\$0.536
55-59	\$0.855	\$0.855
60-64	\$1.299	\$1.299
65-69	\$2.200	\$2.200
70+	\$3.947	\$3.947

\*Rates Per \$1000 Benefit

Coverage Amount	Child
\$5,000	\$1.00
\$10,000	\$2.00
\$15,000	\$3.00
\$20,000	\$4.00
\$25,000	\$5.00

Accidental Death & Dismemberment
\$0.023

\*Rates Per \$1000 Benefit



# Supplemental Plans



VitalCare offers a line of supplemental policies provided through Principal . These plans pay cash benefits to you above and beyond anything that might be covered by other insurance plans. Premiums are deducted on a post-tax basis so that any benefit received is not taxable. These plans include:

- Critical Illness
- Accident
- Hospital Indemnity

# Critical Illness



Benefit Highlights	Team Member	Spouse
Minimum Benefit & Benefit Increment Amounts	\$5,000	\$2,500
<b>Guarantee Issue Amount</b> <i>Coverage <u>amount</u> available to newly eligible team members/dependents without medical questions or exam</i>	\$20,000	\$10,000
Maximum Benefit Amount	\$50,000	\$25,000 up to 50% of employee's benefit

Children are automatically covered for 25% of employee's benefit

**TIP!** – Don't forget to submit your annual checkup for a \$50 Wellness Credit for you and your dependent(s)

# Accident



Type of Service	Benefit
Burn	\$500-\$5,000
Coma	\$15,000
Concussion	\$500
Dental Injury	\$500
Dislocation	\$1,500 - \$7,500
Eye Injury	\$500
Fracture	\$500 - \$10,000
Internal Injury	\$1,500
Knee Cartilage Injury	\$1,500
Ruptured Disc	\$1,500
Tendon/Ligament/Rotator Cuff Injury	\$1,500

**TIP!** – Don't forget to submit your annual checkup for a \$50 Wellness Credit for you and your dependent(s)

# Hospital Indemnity



Type of Service	Benefit
Hospital Admission	\$1,000
ICU Admission	\$2,000
Hospital Confinement	\$100
ICU Confinement	\$200
Newborn Nursery Confinement	\$100

**TIP!** – Don't forget to submit your annual checkup for a \$50 Wellness Credit for you and your dependent(s)

# Supplement Plan Premiums (per month)

## Critical Illness

Age	Employee*	Spouse*
0-24	\$0.113	\$0.113
25-29	\$0.209	\$0.209
30-34	\$0.235	\$0.235
35-39	\$0.273	\$0.273
40-44	\$0.382	\$0.382
45-49	\$0.551	\$0.551
50-54	\$0.790	\$0.790
55-59	\$1.074	\$1.074
60-64	\$1.518	\$1.518
65-69	\$2.125	\$2.125
70+	\$3.138	\$3.138

\*Rates Per \$1000 Benefit

## Hospital

Employee Only	\$26.10
Employee + Spouse	\$48.61
Employee + Child(ren)	\$38.32
Employee + Family	\$63.12

## Accident

Employee Only	\$5.06
Employee + Spouse	\$7.98
Employee + Child(ren)	\$8.45
Employee + Family	\$13.22





# Additional VitalCare Benefits

## Employee Assistance Program (EAP)

Provides team members with the opportunity to meet with one of VitalCare's counselors at **no cost to you**. You may schedule up to 3 sessions (per situation).

## Massage Discount

Access to massage services at a discounted rate. Regularly \$80, employees can take advantage of this benefit for \$55. Please email [mekayla@vitalcare.us](mailto:mekayla@vitalcare.us) to book a session.



# Additional VitalCare Benefits

## Referral Bonus

When you refer someone that is hired by VitalCare, you can receive up to a \$300 bonus. You will earn \$150 when your referral attends New Hire Orientation and another \$150 when they complete 6 months of employment.

## Vacation/Sick Leave

Your position includes paid time off including vacation, sick, and holiday. Please refer to the employee handbook for details.



# Colorado Secure Savings

Roth Individual Retirement Account (IRA)

Save automatically with a default rate is 5% deducted from your paycheck after taxes

-OR-

Customize your contribution amounts, [investment options](#), and beneficiaries

## Contributions Limits

Filing status	MAGI*	Age 49 or younger	Age 50 or Older
Single filer	Less than \$161,000	\$7,000	\$8,000
Married filing jointly	Less than \$240,000	\$7,000	\$8,000

For more information or to opt out, please visit <https://coloradosecuresavings.com/>



# Pop Quiz



What is new this  
year?



How many medical  
plans do we have?



Important dates?

# Next Steps

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**Make your elections**



**Beneficiary & Enrollments**



**Confirm and finalize Open  
Enrollment changes/carrier  
paperwork**



**Payroll Changes**

# Contacts & Resources

Benefit	Provider	Phone	Website
Medical	United Healthcare	888-809-6539	<a href="http://www.member.uhc.com/myuhc">www.member.uhc.com/myuhc</a>
Dental	United Healthcare	800-822-5353	<a href="http://www.uhcdental.com">www.uhcdental.com</a>
Vision	United Healthcare	800-638-3120	<a href="http://www.myuhcvision.com">www.myuhcvision.com</a>
Voluntary Benefits	Principal	800-986-3343	<a href="http://www.principal.com">www.principal.com</a>
Human Resources	Heidi Lacey	720-458-0642	<a href="mailto:heidi@vitalcare.us">heidi@vitalcare.us</a>
Member Advocates	HRx Benefits LLC	970-541-1940	<a href="mailto:benefits@hrxservices.com">benefits@hrxservices.com</a>

- Questions? | Thank you!



Benefits