



# Open Enrollment 2025 Employee Benefits

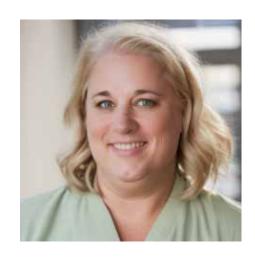


Presented by

Jeannie Valliere, Benefits Consultant

Michele Christensen, Employee Benefits Accounts Manager

### **MEET YOUR BENEFITS TEAM**



Jeannie Valliere

**Benefits Consultant** 

Jeannie@hrxservices.com

970.568.5050



Michele Christensen

Employee Benefits Accounts Manager

Michele@hrxservices.com

970.541.1940



# 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 fulltime, 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)



	Colorado Doctors Plan Silver 5500/40%/8700 You Pay		Choice Plus Bronze (Open Access HSA w/Premium Rewards) 6500/10%/7850 You Pay	
Medical				
	In-Network	Out-of-Network	In-Network	Out-of-Network
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>1</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)



Retail (up to 31-day supply) Tier 1 / Tier 2 / Tier 3 / Tier 4	\$15/\$60	0/\$125/\$350-\$500	\$15/5	\$50 / \$135 / \$350-\$500
Prescription		You Pay	,	ou Pay
Acupuncture (6 visit limit per benefit)	40%*	Not Covered	10%*	50%*
Mental Health	40%*	Not Covered	10%*	50%*
Lab, X-Ray & Advanced Imaging (MRI, MRA, CAT, PET Scan)	40%*	Not Covered	10%*	Lab Testing Not Covere 50%* X-Ray and Diagnostic Testing
Outpatient Surgery	40%*	Not Covered	10%*	50%*
Inpatient Hospital	40%*	Not Covered	10%*	50%*
Ambulance (Ground or Air)	40%*	Not Covered	10%	10%
Emergency Room Care	\$500 per occ	urrence + 40%*	10%	10%
Urgent Care Facility	\$0	Not Covered	10%*	50%*



# United Healthcare (Medical)



	Choice Plus (Open Access) Silver 3500/40%/8650 You Pay		Choice Plus (Open Access) Gold 1500/20%/6000 You Pay	
Medical				
	In-Network	Out-of-Network	In-Network	Out-of-Network
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) UnitedHealthcare



Prescription	35	You Pay	You	Pay
Acupuncture (6 visit limit per benefit)	\$45	50%*	\$35	50%*
Mental Health	\$45	50%*	20%*	50%*
Lab, X-Ray & Advanced Imaging (MRI, MRA, CAT, PET Scan)	40%*	50%*	20%*	50%*
Outpatient Surgery	40%*	50%*	20%*	50%*
Inpatient Hospital	40%*	50%*	20%*	50%*
Ambulance (Ground or Air)	40%*	40%*	20%*	20%*
Emergency Room Care	40%*	40%*	20%*	20%*
Urgent Care Facility	\$75	50%*	\$50	50%*

Prescription	You Pay	You Pay
Retail (up to 31-day supply) Tier 1 / Tier 2 / Tier 3 / Tier 4	\$15/\$60/\$125*/\$350-\$500*	\$15/\$60/\$125*/\$350-\$500*

<sup>\*</sup> 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!



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	\$	\$ \$ \$	\$ \$ \$ \$	\$
Walt Times	00	99	0000	(9)
Severity	<b>₽</b>	<b></b>	<b></b>	ф.
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	•Talk to your local health care provider to learn about available virtual visit options.
	•24/7 Virtual Visits, Virtual primary care, Virtual therapy and Virtual specialty care with UnitedHealthcare preferred national providers. Learn more about Virtual Visits options •Sign in to your account to view your virtual visits benefits





# Dental



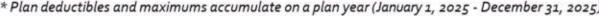




# United Healthcare (Dental)



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







# Dental Premiums (per pay period)



Dental
\$12.92
\$25.84
\$29.11
\$44.19



# Vision







# United Healthcare (Vision)



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

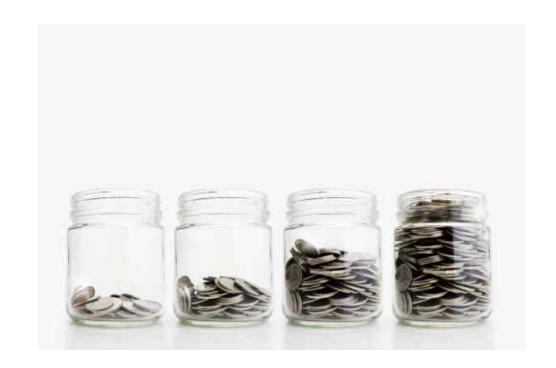


# Health Savings Account



### Health Savings Account

- 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 <a href="https://www.bankofcolorado.com/personal-investing/hsa">https://www.bankofcolorado.com/personal-investing/hsa</a>
- 1st Bank https://www.efirstbank.com/products/checking-savings/health-savings.htm
- Key Bank <a href="https://www.key.com/personal/savings/health-savings-account.html">https://www.key.com/personal/savings/health-savings-account.html</a>

#### 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
Guarantee Issue Amount Coverage amount available without medical questions or exam to newly eligible team members and dependents 70 years or younger	\$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	

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			



<sup>\*</sup>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
Guarantee Issue Amount		
Coverage amount available to newly eligible team	\$20,000	\$10,000
members/dependents without medical questions or exam		
Maximum Benefit Amount	\$50,000	\$25,000 up to 50% of employee's benefit
Children are automatically covered for 25% of employee's b	enefit	TIP! – Don't forget to submit your annual checkup for a \$50 Wellness Credit for you and your dependent(



## 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 \$1.5	
65-69	\$2.125	\$2.125
70+	\$3.138	\$3.138

<sup>\*</sup>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 <a href="mailto:mekayla@vitalcare.us">mekayla@vitalcare.us</a> 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, <u>investment options</u>, 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 <a href="https://coloradosecuresavings.com/">https://coloradosecuresavings.com/</a>





# **Pop Quiz**



What is new this year?



How many medical plans do we have?



Important dates?

# Next Steps





**Beneficiary & Enrollments** 



Confirm and finalize Open Enrollment changes/carrier paperwork



**Payroll Changes** 



## **Contacts & Resources**

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



• Questions? | Thank you!

