#### CARE FOR WORK ENVIRONMENTS®

Family owned for more than a century.

# Since 1911 **2025 Open Enrollment**

# **Open Enrollment**

### November 6<sup>th</sup> - November 20<sup>th</sup>

This is an **ACTIVE** enrollment which means if you do not make your elections by November 20<sup>th</sup>, you will not have benefits for 2025

January 1, 2025, is the effective date of coverage and for any changes you make

- All enrollments must be done online via Dayforce
- If you are not taking coverage(s) you must <u>WAIVE</u> these elections via the portal

During Open Enrollment you can enroll yourself and add or drop eligible dependents

#### Definition of an eligible dependent:

- Your legal spouse
- Your children up to the end of the month in which they turn 26
- Your unmarried children over age 26 who are incapable of self-care due to disability and are dependent on you for support

*Remember:* Open Enrollment is the only time to make a change to your benefits without a Qualifying Event (QE).

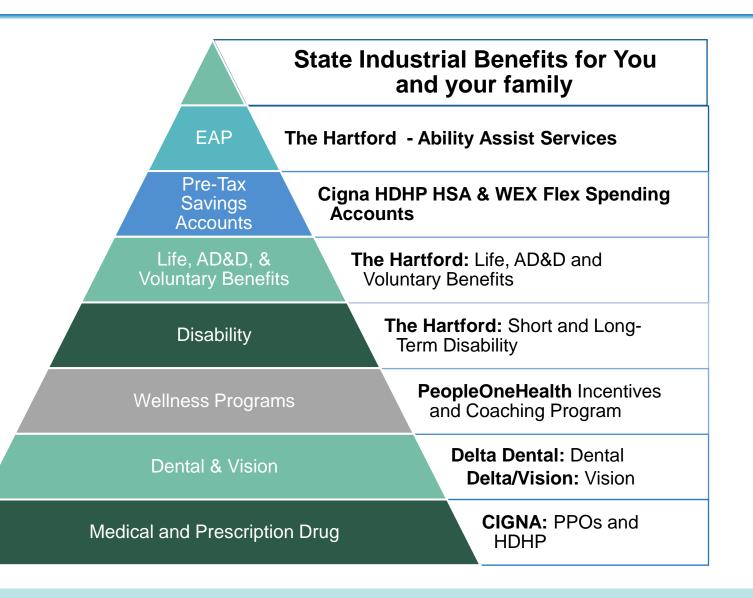
- A Qualifying Event is marriage, divorce, birth or adoption of a child, eligibility for other coverage
- You must notify HR within 30 days of the QE or else the change to your coverage cannot be made until the next Open Enrollment period

Do you have dependents who are aging off the plan or family members who are considering Medicare? UR One is available for assistance with Medicare planning and Individual coverage options. You will find information about Medicare and Individual plans under Resources & Notices on <u>www.mysipbenefits.com</u>

# **BENEFIT PLANS**

Understanding your benefits starts here! The plans and carriers listed support you and your insurance needs while you are employed by State.

Please reference <a href="http://www.MySipBenefits.com">www.MySipBenefits.com</a>



# **Enrollment and Benefits Resources**



## **MySIPBenefits.com**

Your go-to resource for information about all your State Industrial Benefit Plans and Programs:

- Benefit summaries
- Rates
- Wellbeing Incentive Program
- Forms
- Carrier contact information
- Additional programs

# Reminder! You must make your 2025 elections in Dayforce by November 20th!



# 2025 Updates

Consumer Choice HDHP Deductible Increase

Single Coverage: **\$3,300** from \$3,200

Family Coverage: **\$6,600** from \$6,400

Health Savings Account Contributions

Single Limit: **\$4,300** from \$4,150

Family Limit: **\$8,550** from \$8,300

## **Flexible Spending Accounts**

FSA Medical: Increases to \$3,300 from at \$3,050

FSA Dependent Care: Remains at \$5,000

## **Medical Plans**

			1	
BENEFITS	GOLD PPO	SILVER PPO	CONSUMER HDHP	BRONZE PPO
Deductible Single/Family	\$1,000/\$2,000	\$2,500/\$5,000	\$3,300/\$6,600	\$5,000/\$10,000
Coinsurance	20% after Deductible	20% after Deductible	0% after Deductible	30% after Deductible
Out of Pocket Maximum Single/Family	\$7,350/\$14,700	\$8,350/\$16,700	\$6,000/\$12,000	\$8,300/\$16,600
Office Visits			After Plan Deductible	After Plan Deductible
Tier 1 Primary Care Provider	\$10 Copay	\$15 Copay	\$15 Copay	30% after Deductible
Non-Tier 1 Primary Care Provider	\$25 Copay	\$30 Copay	\$30 Copay	30% after Deductible
Tier 1 Specialist	\$20 Copay	\$40 Copay	\$40 Copay	30% after Deductible
Non-Tier 1 Specialist	\$40 Copay	\$60 Copay	\$60 Copay	30% after Deductible
Virtual Visits	\$10 Copay	\$10 Copay	\$10 Copay	30% after Deductible
Inpatient and Outpatient Services	20% after Deductible	20% after Deductible	0% after Deductible	30% after Deductible
Emergency Room	\$250 Copay, then 20%	\$250 Copay, then 20%	\$250 Copay	30% after Deductible
Prescription Drugs				
Retail (30-day supply)	\$10 / 25% to \$100 max / 50% to \$200 max	\$10 / 25% to \$100 max / 50% to \$200 max	\$10 / 25% to \$100 max / 50% to \$200 max	30% after Deductible
Mail Order (90-day supply)	\$10 / 25% to \$100 max / 50% to \$200 max	\$10 / 25% to \$100 max / 50% to \$200 max	\$10 / 25% to \$100 max / 50% to \$200 max	30% after Deductible

State Industrial will contribute to the Health Savings Accounts for those employees who are enrolled in the Consumer HDHP and have met the Wellbeing Incentive requirements during 2025.

The annual HSA deposit amounts from State are: \$500 for Single coverage and \$1,000 for Employee + Dependent(s) coverage.

The contributions will be made in quarterly installments. You must open an HSA account before any contributions can be made.

Did you know that you can make pretax payroll contributions to your HSA account as well?

For 2025 the total combined contribution limits (your deposit plus State's deposit) are:

\$4,300/Single and \$8,550/Family

This is an illustration of In-Network benefits, but please note that these plans also provide coverage outside of the network. Please refer to the plan documents for details & final confirmation of coverage.

# **Plan Comparison**

Feature	РРО	HDHP
Which Plan is Which?	Gold, Silver & Bronze	Consumer
Per Pay Cost	Gold & Silver: \$\$\$ Bronze: \$	\$\$
Plan Deductible	Gold & Silver: Low Bronze: Highest	In the middle
Copays before the Deductible	Gold & Silver: Yes Bronze: No	No
Pair with a pre-tax account?	Only with an FSA	Only with an HSA
Use it or Lose Provision on pre-tax account?	Yes	No

## Which Plan is Best for You?

Do you	РРО	HDHP
Want to know upfront what you will owe for an office visit?		
Usually have no or little medical expenses each year?		
Have a serious condition with many medical expenses?		
Have small children with frequent office visits?		
Want to have lower per pay premiums?		
Want to have the ability to save money into a bank account on a pre-tax basis?		

# **Health Savings Accounts - FAQs**



#### You Own the Account

- You keep the money even if you change jobs, insurance plans or insurance carriers
- Comprehensive & easy investment options
- Save for retirement

#### No Use it or Lose it provision

- Balance rolls over year to year
- Contribute up to the annual maximum each year until age 65 or enrolled in Medicare

Use it or SAVE it!



#### **Triple Tax Savings**

- Contributions are tax deductible = reduces taxable income
- Earnings are tax-free
- Withdrawals for qualified medical expenses are tax-free
- Contribution amounts are allowable up to the annual IRS limits



## HSA – A Few Rules

## **Health Savings Account Rules**

- Eligibility
  - You must be covered under a high deductible medical plan on the first day of the month that the Health Savings Account is established and the first day of the month in which deposits are made.
  - You can't also be covered under any other health plan that is not a high deductible medical plan.
  - You cannot be enrolled in benefits under Medicare. Please consult your tax advisor if you are becoming Medicare eligible and are currently contributing to the Health Savings Account
  - You can't be claimed as a dependent on another person's tax return.
- You can only be enrolled in a Limited Purpose Flexible Spending Medical Account
- You may only use the funds for qualified IRS healthcare expenses; funds used for other items are subject to taxation
- The amount deposited into your account from all sources cannot exceed that year's IRS contribution limit

# **Medical Plans – Monthly Rates**

#### **Medical - CIGNA**

Monthly Contributions	Gold Plan	Silver Plan	Consumer HDHP	Bronze Plan
Single	\$390.09	\$304.24	\$214.05	\$76.96
Employee + Spouse	\$794.15	\$644.29	\$436.76	\$173.16
Employee + Ch(ren)	\$721.16	\$579.28	\$402.19	\$155.20
Family	\$1,024.00	\$845.61	\$551.41	\$242.41

#### **Increase per Month**

Monthly Contributions	Gold Plan	Silver Plan	Consumer HDHP	Bronze Plan
Single	\$35.46	\$27.66	\$19.46	
Employee + Spouse	\$72.20	\$58.57	\$39.71	
Employee + Ch(ren)	\$65.56	\$52.66	\$36.56	
Family	\$93.09	\$76.87	\$50.13	

## **Dental Plans**

#### **A DELTA DENTAL**°

#### Value Plan

#### **Standard Plan**

Annual Deductible: \$50/\$150 Annual Benefit Maximum: \$1,000	Delta PPO Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays*	Nonparticipating Dentist Plan Pays*
Diagno	stic & Preventive		
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	0%	0%
Emergency Palliative Treatment – to temporarily relieve pain	100%	0%	0%
Sealants – to prevent decay of permanent teeth	100%	0%	0%
Brush Biopsy – to detect oral cancer	100%	0%	0%
Radiographs – X-rays	100%	0%	0%
Periodontal Maintenance – cleanings following periodontal therapy	100%	0%	0%
Ba	isic Services		
Minor Restorative Services – fillings and crown repa	air 80%	0%	0%
Endodontic Services – root canals	80%	0%	0%
Periodontic Services – to treat gum disease	80%	0%	0%
Oral Surgery Services - extractions and dental surge	ery 80%	0%	0%
Other Basic Services – misc. services	80%	0%	0%
Relines and Repairs – to prosthetic appliances	80%	0%	0%

Annual Deductible: \$50/\$150 Annual Benefit Maximum: \$1,500 Lifetime Ortho Max: \$1,500	Delta PPO Dentist Plan Pays	Delta Dental Premier Dentist Plan Pays*	Nonparticipating Dentist Plan Pays*	
Diagnosti	c & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%	
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%	
Sealants – to prevent decay of permanent teeth	100%	100%	100%	
Brush Biopsy – to detect oral cancer	100%	100%	100%	
Radiographs – X-rays	100%	100%	100%	
Periodontal Maintenance – cleanings following periodontal therapy	100%	100%	100%	
	: Services			
Minor Restorative Services – fillings and crown repair	80%	70%	70%	
Endodontic Services – root canals	80%	70%	70%	
Periodontic Services – to treat gum disease	80%	70%	70%	
Oral Surgery Services – extractions and dental surgery	80%	70%	70%	
Other Basic Services – misc. services	80%	70%	70%	
Relines and Repairs – to prosthetic appliances	80%	70%	70%	
Majo	r Services			
Major Restorative Services – crowns	60%	40%	40%	
Prosthodontic Services – bridges, implants, dentures, and crowns over implants	60%	40%	40%	
Orthodontic Services				
Orthodontic Services – braces	50%	40%	40%	
Orthodontic Age Limit –	through age 18and under	through age 18and under	through age 18and under	

## **Healthcare Plans – Monthly Rates**

#### **Dental - Delta Dental**

Monthly Contributions	Standard	Value
Single	\$42	\$25
Employee + Spouse	\$84	\$50
Family	\$126	\$75



## **A DELTA DENTAL**



## DeltaVision® 150 Standard

#### Benefits overview

Exam/lens/frame frequency (months)	12/12/24
Contacts (instead of glasses) frequency (months)	12
In-network coverage	
Exam copay	\$10
Materials copay	\$25
Frames allowance	\$150
Elective contact lenses allowance	\$150
Necessary contact lenses	Covered in full after copay
Contact lens fit evaluation copay	Up to \$60

#### Lens enhancements (member cost)

Anti-glaring coating	\$41 single/\$41 multifocal	
Impact-resistant lenses (adult)	\$31 single/\$35 multifocal (covered for children)	
Progressive lenses	Standard progressive lenses are covered	
Light-reactive lenses	\$75 single/\$75 multifocal	
Scratch-resistant coating	\$17 single/\$17 multifocal	

## Healthcare Plans – Monthly Rates

#### **Vision - DeltaVision**

Monthly Contributions	Premier	
Single	\$6.08	
Employee + Spouse	\$12.16	
Family	\$19.59	

#### Increase per Month

Monthly Contributions	Premier	
Single	\$0.38	
Employee + Spouse	\$0.75	
Family	\$1.22	

# **Income Protection Plans**

Basic Life and Basic AD&D	Leave of Absence Administration
<ul> <li>Supplemental Life and Supplemental AD&amp;D</li> </ul>	Critical Illness
Short Term Disability	Accident
<ul> <li>Long Term Disability</li> </ul>	<ul> <li>Hospital Indemnity</li> </ul>

# Life and Disability Insurance

## **BASIC LIFE/AD&D**

State Industrial provides basic life insurance and AD&D benefits at no cost to you. In the first year of employment the benefit is \$10,000. After one year the amount is 1x your annual earnings to a maximum of \$100,000.

## SHORT-TERM DISABILITY

After 6 months of employment, eligible full-time employees are provided with Short Term Disability insurance at no cost. Benefits are payable after 1 day due to accident and the 8<sup>th</sup> day after illness. The benefit is 60% of your weekly income to a maximum \$1,000. Benefits are payable for 26 weeks.

## LONG-TERM DISABILITY

- Exempt Status (if eligible):
- Effective 1<sup>st</sup> of month following one year of service
- Benefit is 60% of monthly income up to \$10,000

**Voluntary LTD** 

- Non-Exempt Hourly, Salary and Exempt Sales
- Effective after 1 year of service
- Benefit is 60% of monthly income up to \$10,000

In addition to the basic life insurance provided by State Industrial, you have the option to purchase supplemental life insurance coverage.

Eligible employees may elect coverage amounts of

- \$50,000 / \$100,000 / \$150,000 / \$200,000
- Spouse Coverage amount of \$25,000
- Child coverage amount of \$10,000 (age newborn to age 26)

# **Supplemental Plans – Voluntary Benefits**

## **Critical Illness Plan**

Provides cash benefit if you or a covered family member are diagnosed with a critical illness

## **Accident Plan**

Provides cash benefit if you or a covered family member are accidentally injured Covers injuries sustained while participating in sports Refer to the schedule of benefits for covered accidents and benefit amounts

## **Hospital Indemnity**

Provides a cash benefit for hospitals admissions and for hospital stays, including those for childbirth

# **2025 Well-Being Program**

Our wellness-being program will continue to be supported by PeopleOne Health (P1H) for 2025. Via the P1H portal you will find the resources to help support you on your well-being journey.

While our program focus is on your physical and mental wellness, there is also a financial incentive for you to participate. To avoid the \$100/month non-wellness program participation surcharge on your 2026 medical plan premiums, complete these steps to earn your required 350 tokens:

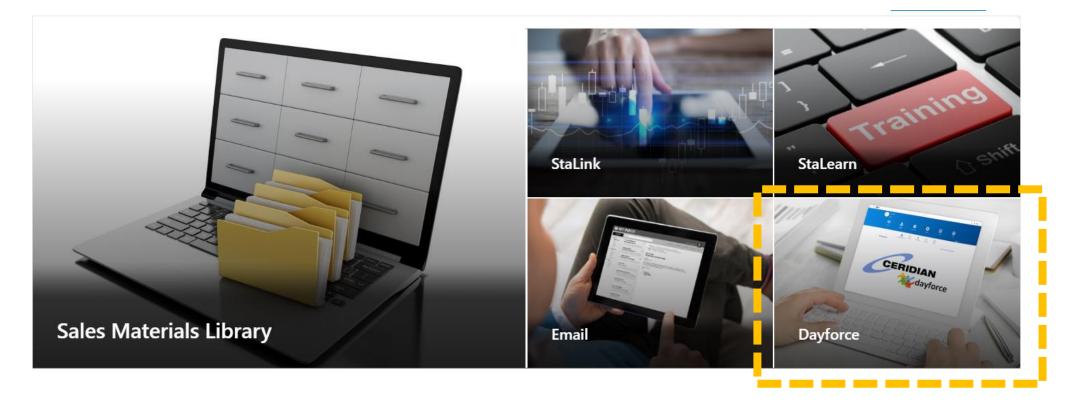
#### ✓ Step 1 - 100 Tokens

- Complete the 2025 Cigna Health Questionnaire found on the P1H portal or the Cigna Personify Health App (100 tokens)
- ✓ Step 2 100 Tokens
  - Get your annual preventive care visit via your Primary Care Physician
  - Complete your Age Gender Appropriate screenings and tests
- ✓ Step 3 50 Tokens Each
  - Schedule 2 required coaching sessions with a P1H coach
- ✓ Step 4 10 Tokens Each
  - Complete 5 activities from the "Your Choice" menu options in the P1H portal
  - A total of 50 tokens need to be earned

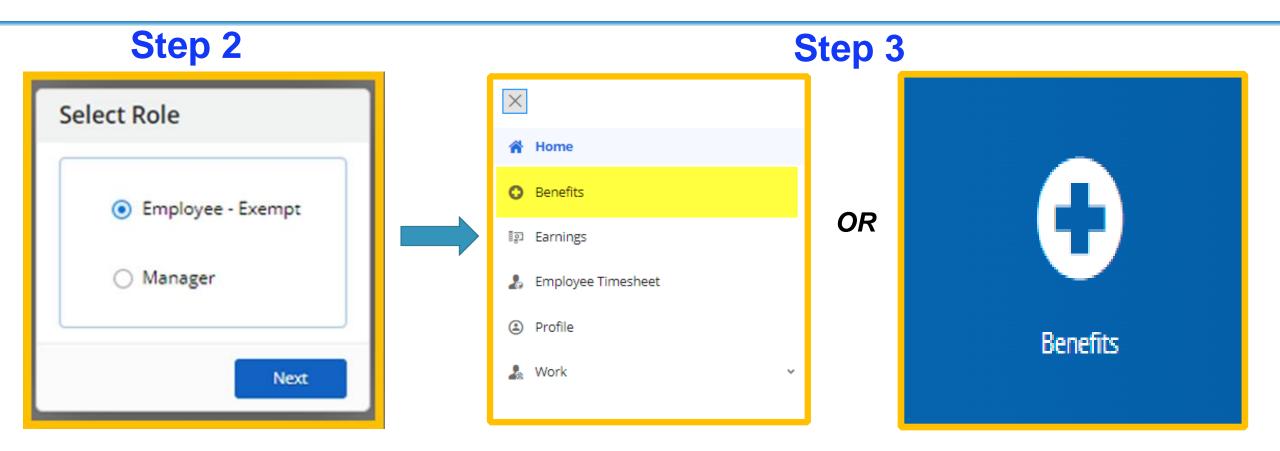
If you are enrolled in the Consumer Choice HDHP, you will also earn a deposit to your Health Savings Account once you successfully complete the program. For single coverage State will deposit \$500 and for family coverage State will deposit \$1,000 to your account.

## **Enrolling via Dayforce**

## **Step One**



# **Enrolling via Dayforce**



## ... then select Open Enrollment and follow the instructions!

# **Enrollment and Benefits Resources**



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Your go-to resource for information about all your State Industrial Benefit Plans and Programs:

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- Carrier contact information
- Additional programs

# Reminder! You must make your 2025 elections in Dayforce by November 20th!



## **Enrollment Support**





Questions? Contact Human Resources, email benefits@stateindustrial.com or go to www.mysipbenefits.com

# Thank You