

# 2024/25 Benefit Highlights & Changes



Indicates Updated Information

## Medical/Rx Insurance

To try to bridge the gap of the staggering pace of the College's increase in medical and rx costs (both in the industry and in our plan), both plans will experience an increase in the amount the College is budgeting as well as what we ask our employees to contribute in 2024/25, while still maintaining a competitive level (per benchmark companies) of affordability to our employees.

### Traditional Plan ~ Blue (BCBSM - PPO)

- Employee Contribution Increase:

2024/25 Per Pay Rates **NEW** (increase from current year) w/held 2x monthly

**Single:**

<\$33,500 - **\$37.43** (+\$1.44)  
\$33,500-\$69,999 - **\$47.93** (+\$2.71)  
\$70,000-\$99,999 - **\$57.82** (+\$4.28)  
>\$100,000 - **\$62.29** (+\$5.66)

**Double\*:**

<\$33,500 - **\$108.70** (+\$4.68)  
\$33,500-\$69,999 - **\$139.71** (+\$8.53)  
\$70,000-\$99,999 - **\$163.59** (+\$12.82)  
>\$100,000 - **\$177.79** (+\$16.89)

**Family\*:**

<\$33,500 - **\$158.66** (+\$7.56)  
\$33,500-\$69,999 - **\$205.65** (+\$13.45)  
\$70,000-\$99,999 - **\$240.62** (+\$19.87)  
>\$100,000 - **\$258.94** (+\$25.66)

- In-Network Deductible Unchanged. \$700 individual; \$1,400 family
- Co-Pays Unchanged. \$10 Virtual Office Visit; \$25 PCP; \$50 Specialist & Urgent Care; \$50 Ambulance; \$250 Emergency Room
- Co-Insurance Unchanged. 20% In-Network
- Out of Pocket Maximums (OOPM) Unchanged. \$3,000 individual; \$6,000 family in-network (includes deductibles & copays)

NOTE: Out of network coverage unchanged but higher than in-network amounts shared above. \*Additional \$80 spouse surcharge may apply to per pay rates, when applicable.

### High Deductible Plan ~ Orange (BCBSM - PPO)

- Employee Contribution Increase:

2024/25 Per Pay Rates **NEW** (increase from current year) w/held 2x monthly

Single: **\$16.00** (+\$0.75)

Double\*: **\$38.50** (+\$2.00)

Family\*: **\$55.00** (+\$5.00)

- In-Network Deductibles Unchanged. \$1,700 individual; \$3,400 double/family
- Co-Insurance Unchanged. 20% in-network
- Out of Pocket Maximums Unchanged. \$4,000 individual; \$7,150 double/family (includes deductibles & copays)

NOTE: Out of network coverage changed and higher than in-network amounts shared above. \*Additional \$80 spouse surcharge may apply to per pay rates, when applicable.

### Rx / Prescription Drugs (CVS/Caremark)

- Cost included in Employee Contributions for Health Plans.
- All other Copays Unchanged (reminder: Orange HDHP participants **must meet deductible** before prescription copays are applicable).

30 Day Retail & Mail Order: \$10/\$40/\$80  
90 Day Retail & Mail Order: 2x Copay at any CVS/Target Retail Pharmacy OR Mail Order through CVS (preferred for cost savings)  
Specialty Drug Co-Pay: 30% with optional \$0 co-pay if enrolled in the Prudent Rx Co-Pay Program

## Vision (EyeMed)

- Contributions Unchanged (per-pay). Single: \$4.98 Double: \$9.45 Family: \$13.88
- Co-Pays Unchanged. \$10 Co-Pay Exam & Single Vision Lenses (specialty lenses \$10-\$50 copay)
- Plan Allowance Amounts Unchanged: \$200 for Frames. \$200 for Single Vision Lenses or Contacts, once every 12 months.

## Dental (Blue Dental by BCBSM)

- **Employee Contribution Increase (+3.74%)**

2024/25 Per Pay Rates **NEW** (decrease from current year) w/held 2x monthly

### Basic Dental

Single: **\$14.74** (+\$.53)  
Double: **\$29.48** (+\$1.06)  
Family: **\$51.59** (+\$1.86)

### Dental with Ortho

Single: Not applicable  
Double: **\$30.93** (+\$1.12)  
Family: **\$54.12** (+\$1.95)

- Deductibles Unchanged: \$50 individual; \$100 family in-network
- Co-Insurance Unchanged. 25% Class II Services, 50% Class III & Class IV (if applicable to plan) Services in-network
- Maximum Benefit Limit Unchanged: \$1,500 per family member/per benefit year.
- Maximum Ortho Benefit for Dep <19 Unchanged: \$1,500 per dependent/lifetime.

NOTE: Out of network coverage also unchanged but higher than in-network amounts shared above. Additionally, as the dental industry is experiencing many providers discontinuing their "in-network" status with many insurance providers, including our Blue Dental Plan, employees are encouraged to review the premium costs of this plan, as it is anticipated additional out-of-pocket expense will become more of a norm. Consideration to not having coverage and electing cash pay options with providers may be cost effective for some. We recommend reviewing this with your dental provider.

## Flexible Spending & Health Savings Accounts (PNC Bank)

### FLEXIBLE SPENDING (FSA)

- Medical Flex Limit Increased: **\$3200 Maximum (+ \$610 carryover from 2023/24 unused amounts, if applicable)**
- Child/Dependent Care Flex Limit: \$5000 Maximum Unchanged (no carryover rule)
- PNC Bank continues as our administrator of FSA (Medical & Child/Dependent Care) with Debit Card, Online and Paper Claim Reimbursement process.

### HEALTH SAVINGS (H S A) & LIMITED PURPOSE DENTAL & VISION FSA (LPFSA)

- Health Savings Account Limit Increases: Single: **\$4150\*** Double/Family: **\$8300\***  
\*additional \$1,000 catchup contribution allowed for employees 55+
- Limited Purpose Dental & Vision Flexible Spending Option Increased: **\$3200 Maximum (+ \$610 carryover from 2023/24 unused amounts, if applicable)**

## INVEST Retirement Plan (Transamerica Recordkeeper)

- College continues to contribute 10.5% over and above base salary, per pay.
- Optional Pre-Tax and Post-Tax (ROTH) voluntary contributions up to IRS max.  
**\$23,000 for calendar year 2024** **+\$7,500 catch-up option for employees age 50+**

## Life, AD&D, & LTD Insurance (SunLife Insurance)

- Basic Plans Design Unchanged ~ Term Life and AD&D Insurance Policy =1.5x salary total and Long Term Disability Coverage at 60% (\$6K max)
- Employee may purchase to increase basic coverages. Costs are age and value based and premiums cost adjust for age and new salary annually (July 1). **All requested increases in coverage during Open Enrollment require EOI and additional approval from SunLife prior to becoming effective.**
  - for employee: 1x-7x annual salary term life policy (rounded to nearest \$10,000 increment).
  - for spouse: \$10K-\$250K term life policy (not to exceed 50% of employee supplemental life amount)
  - for children: \$10,000 term life policy.
  - for employee: additional 10% (to 70%) LTD coverage.

## Additional Work/Life Benefit Policy Enhancements

- Summer hours (for staff) scheduled to continue for 2024
- 2025 Holiday Schedule Announced (includes bonus holiday Wednesday, November 26, 2025)
- Dependent Verification for all Spouses and/or Dependents enrolled in the College's Health, Dental and/or Vision Insurance, (who have not yet been verified), will begin August 1, 2024. Response is REQUIRED by October 31, 2024 to avoid dependent's losing coverage
- 2024 Benefit Review continues. If you have not attended an employee forum yet, plan to visit this table during the 2024 Benefit Fair, April 22, 2024, 9a-1p in Maas Auditorium, to share your thoughts!