

## Annual Enrollment: Preview of What's Changing for 2025

Annual Enrollment is coming up fast: **November 4 through November 15**. But before you enroll, you need to understand what's changing with your current benefits.

The first change, you may have already noticed, is simply a name change. Going forward, your medical, dental, vision and other benefits are being offered through the **Aon Benefit Experience (BenX)**. You will continue to enroll using the [Your Benefits Resources™ website](#) (accessible via [single sign-on](#) while on the company network) and the Alight Mobile app.

Most BenX benefits and options are **not** changing significantly in 2025. However, below is an overview of important changes and considerations for 2025.

<b>What's New</b>	<b>Why It Matters</b>
<b>You must enroll or re-enroll annually.</b>	Even if you have already enrolled for coverage in the current year (2024), if you don't enroll (or re-enroll), you will <b>not</b> have medical, dental or vision coverage through your employer for 2025. Also remember that you must elect medical coverage to have prescription drug coverage. Additionally, you must elect annually to contribute to a Health Savings Account (HSA) (if eligible) or Flexible Spending Account (FSA). These elections will not carry over either.
Your cost of coverage has changed.	Because prices can fluctuate each year, your current coverage may not be your best deal next year. Carefully review your options and prices to find the right fit for you and your family. See the <a href="#">Why should I consider the lowest cost carrier?</a> to learn more.
Insurance carrier provider networks could have changed.	<p>Insurance carrier provider networks can change at any time. Seeing out-of-network providers may cost you substantially more than seeing in-network providers. Always double-check the networks of each insurance carrier you're considering before making a decision.</p> <p>When it's time to enroll, see if providers critical to your care are in the network through the <a href="#">Your Benefits Resources website</a> (accessible via <a href="#">single sign-on</a> while on the company network). You can access this information by using the <b>Help Me Choose</b> tool or by clicking <b>Find Doctors</b> when you're selecting your medical plan. For the best results:</p> <ul style="list-style-type: none"><li>• Search for your provider by name—not medical practice.</li><li>• Check only the office location(s) you are willing to visit.</li><li>• When searching for a facility, use the complete facility name and confirm whether the specialty of the facility is covered in-network.</li></ul> <p><b>Important!</b> If you have <b>any</b> uncertainty (for instance, covering out-of-area dependents) or need the network name, contact your <a href="#">insurance carrier</a>.</p>
<b>Medical and Prescription Drug</b>	
The Silver plan deductibles and out-of-pocket maximums will increase slightly.	The Silver plan in-network deductibles are increasing from \$1,600 to \$1,700 for individual coverage, and from \$3,200 to \$3,400 if you cover dependents. The out-of-pocket maximums are increasing from \$3,800 to \$4,250 for individual coverage, and from \$7,600 to \$8,500 if you cover dependents.
The Gold plan coinsurance will decrease slightly.	If you're covered under the Gold plan or are considering electing the Gold plan, the coinsurance for emergency room, inpatient and outpatient services will decrease from 25% to 20%. Emergency room visits will still be subject to a \$150 copay before coinsurance.

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**What's New****Why It Matters**

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How your medication is classified (and covered) could have changed.

Because your medical carrier's pharmacy benefit manager (PBM) **can** change how it covers prescription drugs at any time (such as changing coverage tiers), it's strongly recommended that you call your PBM or use the **Help Me Choose tool** before you enroll to see how your medication will be covered in the new plan year.

**Note:** If you are enrolled in a plan with one of our national carriers, such as Aetna, Anthem, Cigna or UnitedHealthcare, your prescription carrier is Express Scripts. If you are enrolled in a plan with a regional carrier, your prescriptions are covered through that carrier. See your carrier for more details.

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Other medical benefits **may** have changed.

Medical insurance carriers may offer new or enhanced benefits for 2025 and many carriers are investing in specifically designed programs to help you [feel your best](#). Be sure to check them out and review your options carefully before making your enrollment decisions.

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**Health Savings Account (HSA)**

The IRS has updated the HSA contribution limits.

If eligible, for 2025, you can contribute up to \$4,300 if you cover just yourself or \$8,550 if you cover yourself and your family. If you're age 55 or older (or will turn age 55 during the plan year), you can also make additional "catch-up" contributions to your HSA up to \$1,000.

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**Other Changes**

Evidence of Insurability (EOI) may not be necessary for long-term disability (LTD) insurance.

For 2025 only, you can enroll in LTD without completing EOI, if you are eligible but not enrolled in LTD insurance or if you had previously elected LTD that required EOI but never submitted the completed form.

**Exception:** If you previously enrolled in LTD that required EOI, but your submission was denied—and, thus, you are not currently covered, you will still need to complete EOI if you enroll in LTD for 2025.

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More **free** enhancements to your benefits program will start January 1!

- **New!** Expert second opinion service with 2nd.MD will now be available at no additional cost if you are enrolled in one of our medical plans for 2025. With 2nd.MD, you and your family members can get an expert second opinion from leading specialists who can either help to confirm a diagnosis and treatment prescribed by your doctor or recommend alternate approaches to treatment.
- Quotient Wealth Partners will be replacing Ayco as our Financial Wellness solution for 2025. Quotient is a free service for personal financial coaching and specializes in retirement readiness.
- Eligible employees\* will automatically receive \$600 annually to your Lifestyle Spending Account (LSA). You will no longer need to complete healthy challenges to receive a reward, as our partnership with Virgin Pulse will be terminated in 2025.

\*Employees covered by a collective bargaining agreement (CBA) are not eligible for the LSA.

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**Want more information?** Beginning October 16th, find the details about all your coverage options on the Make It Yours website at [GAF.makeityoursource.com](https://www.gaf.makeityoursource.com).

Once logged on to the Your Benefits Resources website beginning October 16, look for the "Need Help?" icon to ask Lisa, the Alight virtual assistant, any questions you may have. For additional support, you can schedule an appointment with a customer service representative through the Your Benefits Resources website.

This overview of 2025 changes serves as a Summary of Material Modifications (SMM), providing information on various Standard Industries (GAF) benefit plan changes that take effect January 1, 2025. It is intended to provide an overview of changes and information about some of the benefits you may be eligible for through your company. If there is a discrepancy between the information displayed and the official plan documents, the official plan documents will govern.

Information contained herein is not intended as legal, tax or other professional advice. You should not act upon any such information without first seeking a qualified professional on your specific matter.

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