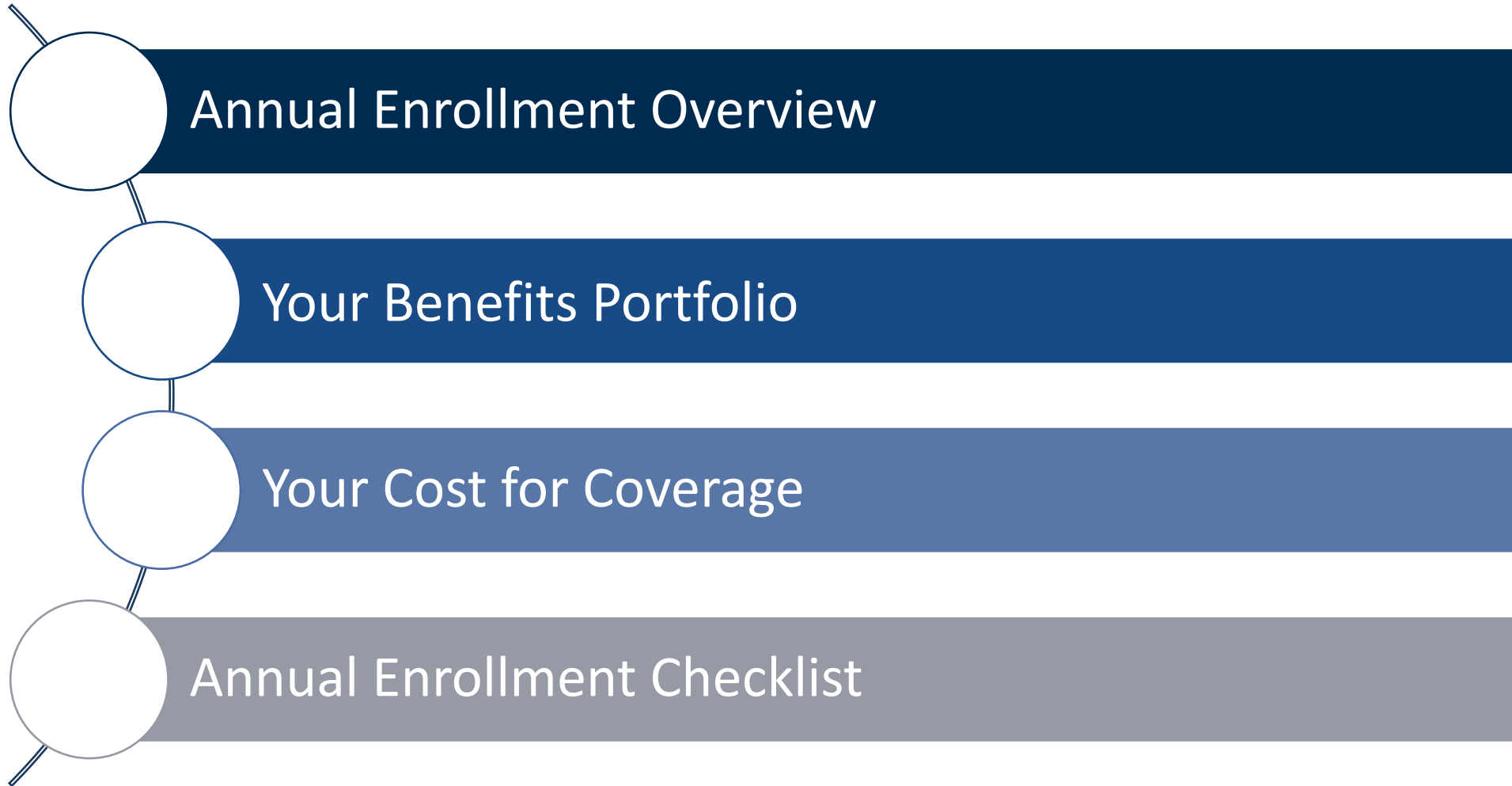
A background image showing a person's hands tying a dark-colored athletic shoe. The person is wearing a black long-sleeved shirt and a ring on their left hand. The scene is set on a dark, reflective surface.

# 2025 Annual Enrollment

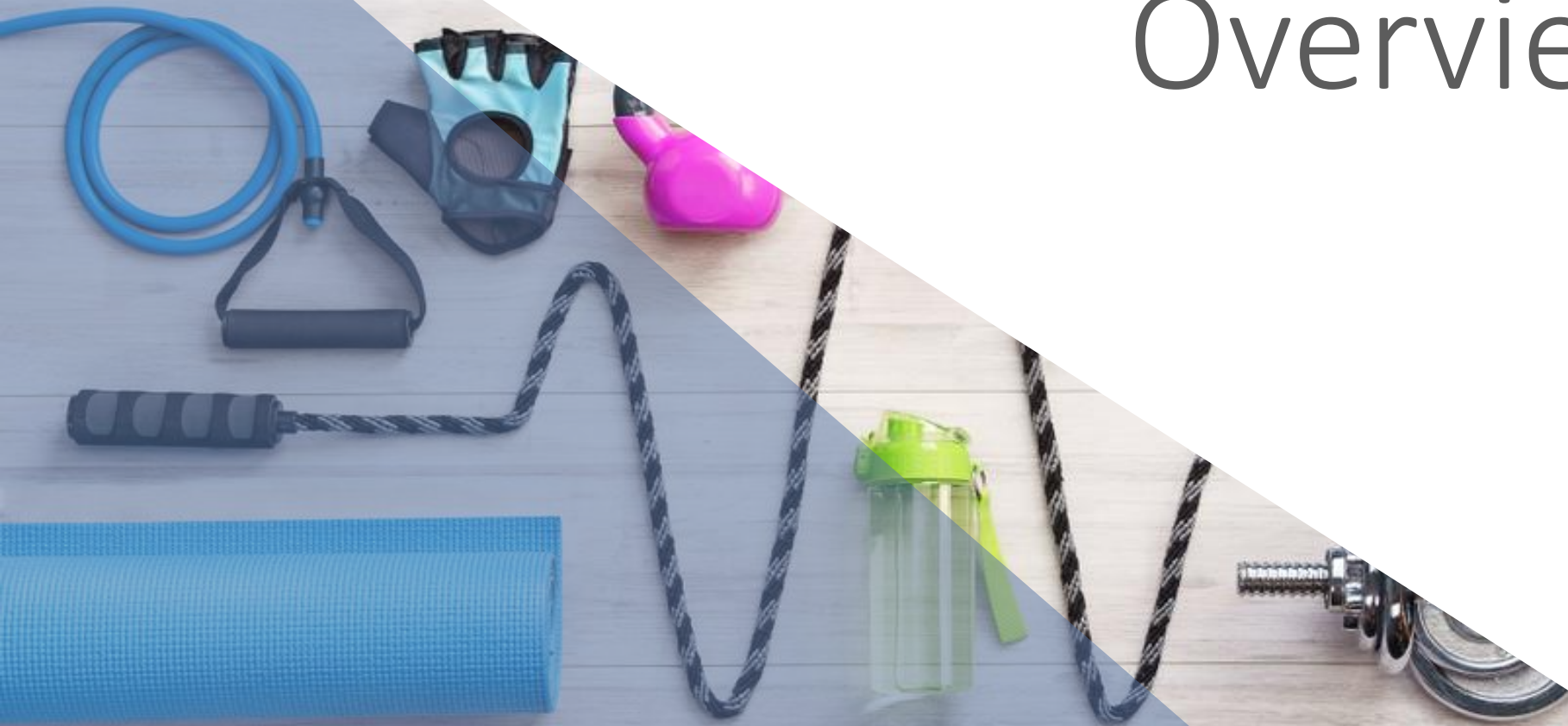
# Agenda



# Disclaimer

The benefits illustrated throughout this presentation are meant to serve as a summary of the benefits available under each insurance plan. Should any discrepancy arise, the carrier's documents always supersede this illustration. Once enrolled, you will receive a Combined Evidence of Coverage and Disclosure Form that explains the exclusions and limitations, as well as the full range of covered services of your plan, in detail.

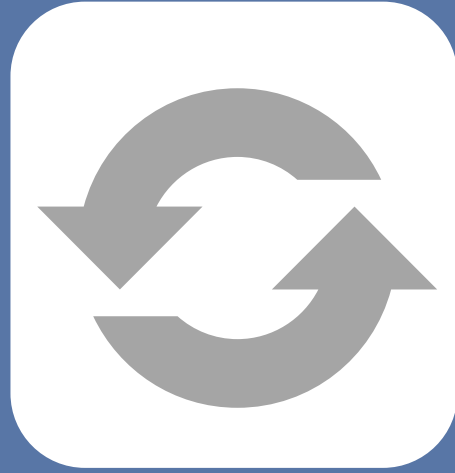
# Annual Enrollment Overview



# It's Annual Enrollment Time!

- Annual Enrollment begins on **December 10<sup>th</sup>** and ends on **December 17<sup>th</sup>, 2024**.
- This is a passive enrollment. You do not need to re-enroll if you are not making changes.
- Log on – [www.innowave.ease.com](http://www.innowave.ease.com)
- Your benefits will be effective January 1st, 2025.





# Making Changes

The plans you select during Annual Enrollment are in effect from January 1 – December 31, *unless* you experience a qualifying life event that must be reported within 30 days.

## Some Qualifying Life Events:

Loss of coverage | Marriage or divorce | Birth of a child | Death of a dependent

# Who Is Eligible to Enroll?

## Am I eligible?

Active, full-time employees  
working 30 hours per week

Enroll the first of the month  
after 60 days of employment

## Who else can I add?

Legal Spouse  
Domestic Partner

Children up to age 26

## When can I enroll?

Within 30 days of benefits  
eligibility

During Annual Enrollment

Within 30 days of a qualified  
change in family status



## What's New for 2025?

- Premium Increases on Medical
- Medical HMO Plan Benefit Changes



# Benefits Portfolio



# Benefits Portfolio

<b>Benefit</b>	<b>Paid By</b>
<b>United Healthcare Medical &amp; Prescriptions</b>	Innowave Marketing and You
<b>Dental</b>	Innowave Marketing and You
<b>Vision</b>	Innowave Marketing and You
<b>Basic Life and AD&amp;D</b>	Innowave Marketing
<b>Voluntary Life and AD&amp;D</b>	You
<b>Voluntary Pet Insurance</b>	You
<b>Voluntary Accident Insurance</b>	You
<b>Voluntary Critical Illness</b>	You
<b>Voluntary Hospital Indemnity</b>	You

# Medical





# Preventive Care – Covered

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- In-network visits covered in full.
- Identify health problems early... Leads to best results
- Includes screenings, exams, tests, and immunizations.

## Preventive Care

Medical plans cover a set of preventive services – at no cost to you when using in-network participating providers. Examples include an Annual physical exam and accompanying lab work.

Routine vaccinations against diseases such as measles, polio, meningitis  
Flu shots and other vaccines

Depending on a members age, you may have access to no-cost preventive services such as:

Regular well-baby and well-child visits

Cancer screenings, including mammograms and colonoscopies

# Terminology – Medical Plan Types

- **PPO (Preferred Provider Organization)** – Have “In-Network” Providers & facilities who have agreed to accept set amounts for services rendered. PPO’s do not require selection of a Primary Care Physician (PCP). Provides flexibility to see medical providers in- and out-of-network; However, out-of-network coverage is less and much more expensive. Always try to visit in network providers and facilities.
- **HMO (Health Maintenance Organization)** – Requires the patient be assigned to a Primary Care Physician (PCP) and Medical Group or Independent Physicians Association (IPA). All care is coordinated by PCP.

# Terminology - Plan Coverages

- **Copay** – A flat dollar payment for a service. Copay's, depending on the plan, can first be subject a plan deductible. Office visits, Lab work and generic Rx prescriptions are examples of services covered by Copays.
- **Deductible** – The amount you must pay annually out of pocket before an insurer will pay any expenses for certain services.
- **Co-insurance** – Your percentage of a medical claim invoice, typically after the deductible is met.
- **Out-of-pocket maximum** – The maximum amount you pay during a policy period (calendar year) before your health insurance begins to pay 100% of the allowed amount for covered expenses. This limit does not include premiums, balance-billing, or care not covered by this plan.

# United Healthcare PPO



Plan Provisions	CT Direct Freedom \$2,500 PPO	
	In-Network	Out-of-Network
Calendar Year Deductible	\$2,500 Individual / \$5,000 Family	\$5,000 Individual / \$10,000 Family
Calendar Year Out-of-Pocket Maximum	\$5,000 Individual / \$10,000 Family	\$10,000 Individual / \$20,000 Family
Co-Insurance	0%	20%
Primary Care Visit	\$30 copay	20% after deductible
Specialist Visit	\$50 copay	20% after deductible
Urgent Care	\$75 copay	20% after deductible
Lab / Simple X-Ray	\$10 copay / \$40 copay	20% after deductible
Emergency Room	\$150 Copay	
Outpatient Hospital	Ded + \$500	20% after deductible
Inpatient Hospital	0% after deductible	20% after deductible
Prescriptions (30-day supply)		
Rx Deductible		
Generic	\$5 copay	20% after deductible
Brand	\$50 copay	20% after deductible
Non-Formulary	30% up to \$500 per script	20% after deductible
Specialty	50% up to \$750 per script	20% after deductible

Your bi-weekly (26) cost	
Employee	25%
Spouse	100%
Child(ren)	100%
Family	100%



# United Healthcare PPO



Plan Provisions	CT Direct Freedom \$3,000 PPO	
	In-Network	Out-of-Network
Calendar Year Deductible	\$3,000 Individual / \$6,000 Family	\$10,000 Individual / \$20,000 Family
Calendar Year Out-of-Pocket Maximum	\$7,000 Individual / \$14,000 Family	\$20,000 Individual / \$40,000 Family
Co-Insurance	<b>20%</b>	50%
Primary Care Visit	\$30 copay	50% after deductible
Specialist Visit	\$70 copay	50% after deductible
Urgent Care	\$70 copay	50% after deductible
Lab / Simple X-Ray	\$25 copay / \$50 copay	50% after deductible
Emergency Room	\$150 Copay	
Outpatient Hospital	20% after deductible	50% after deductible
Inpatient Hospital	20% after deductible	50% after deductible
Prescriptions (30-day supply)		
Rx Deductible		
Generic	\$5 copay	50% after deductible
Brand	\$50 copay	50% after deductible
Non-Formulary	30% up to \$500	50% after deductible
Specialty	50% up to \$750	50% after deductible

Your bi-weekly (26) cost	
Employee	25%
Spouse	100%
Child(ren)	100%
Family	100%

# United Healthcare HMO\*



Plan Provisions <sup>3</sup>	CT Liberty HMO \$3,000 (Plan 3)
	In-Network Only
Calendar Year Deductible	\$3,000 Individual / \$6,000 Family**
Calendar Year Out-of-Pocket Maximum (OOPM)	\$6,000 Individual / \$12,000 Family**
Preventive Care	No charge
Coinsurance	0% **
Primary Care Visit (Designated / In-network)	\$0 In / \$25 Out
Specialist Visit (Designated / In-network)	\$40 In / \$65 Out
Urgent Care	\$75 copay
Lab/ Simple X-Ray	\$20 copay / 0% after deductible
Emergency Room	Ded + \$300
Outpatient Hospital	0% after deductible
Inpatient Hospital	0% after deductible
Prescriptions (30-day supply)	
Rx Deductible	\$0
Generic	\$5 copay
Brand	\$50 copay
Non-Formulary	30% up to \$500
Specialty	50% up to \$750

Your bi-weekly (26) cost	
Employee	25%
Spouse	100%
Child(ren)	100%
Family	100%

\* HMO's are only for employees living in Connecticut

Important Note: UHC Oxford Liberty HMO's have both "Designated" & "In-network" providers. Designated providers have the lowest member cost for services. See plan summaries.

### \*\* 2025 Changes to Plan 3

Deductible increased from \$2,500 Ind / \$5,000 Fam  
 OOPM increased from \$5,500 Ind / \$11,000 Fam  
 Coinsurance lowered from 10% to 0%.

# United Healthcare HMO\*



Plan Provisions	CT Liberty HMO \$3,000 (Plan 4)
	In-Network Only
Calendar Year Deductible	\$3,000 Individual / \$6,000 Family
Calendar Year Out-of-Pocket Maximum	\$6,000 Individual / \$12,000 Family
Preventive Care	No charge
Coinsurance	0%
Primary Care Visit (Designated / In-network)	\$0 In / \$25 Out
Specialist Visit (Designated / In-network)	\$40 In / \$65 Out
Urgent Care	\$75 copay
Lab / Simple X-Ray	\$20 copay / 0% after deductible
Emergency Room	Ded. + \$300
Outpatient Hospital	0% after deductible
Inpatient Hospital	0% after deductible
<b>Prescriptions (30-day supply)</b>	
Rx Deductible	<b>\$250 per enrollee **</b>
Generic	\$5 copay (RX Ded. Waived)
Brand	\$50 copay after RX deductible
Non-Formulary	30% up to \$500 after RX deductible
Specialty	50% up to \$750 after RX deductible

Your bi-weekly (26) cost	
Employee	25%
Spouse	100%
Child(ren)	100%
Family	100%

\* HMO's are only for employees living in Connecticut

Important Note: UHC Oxford Liberty HMO's have both "Designated" & "In-network" providers. Designated providers have the lowest member cost for services. See plan summaries

\*\*2025 Changes to Plan 4

New RX Prescription deductible for all but Tier 1 generics

# Telemedicine

- Speak with a doctor from the comfort of your home.
- Get a diagnosis and treatment for minor illnesses.
- Be referred to specialists.
- Receive medication prescriptions.

Medical Care  
Whenever and  
Wherever You Need It

UHC HMO

\$0 copay

UHC PPO

\$0 copay



# How to Find a Doctor

## United Healthcare

- Visit [www.uhc.com/find-a-doctor](http://www.uhc.com/find-a-doctor)
  - Select Member provider search – Sign in to find providers in your network
- or*
- Visit [Find your plan | Find Care \(werally.com\)](http://werally.com)
  - Select Freedom (PPO) or Liberty (HMO)
  - Then search by People, Places, or Services/Treatments



# Dental





Plan Provisions	MetLife Dental PPO	
	In-Network ( <b>PDP Plus</b> )	Out-of-Network*
Calendar Year Deductible <i>(waived for Preventive Services)</i>	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family
Calendar Year Benefit Maximum	\$1,250	
Diagnostic and Preventive Services <i>(e.g., x-rays, cleanings, exams)</i>	100%	100%
Basic and Restorative Services <i>(e.g., fillings, extractions, root canals)</i>	90% after deductible	80% after deductible
Major Services <i>(e.g., dentures, crowns, bridges)</i>	60% after deductible	50% after deductible
Orthodontia	Not Covered	
Orthodontia <u>Lifetime</u> Maximum	Not Covered	

Your bi-weekly (26) cost	
Employee	\$4.70
Employee + 1	\$22.40
Employee + 2 or more	\$47.34

**REMEMBER**

Always go to MetLife’s website to search for In-Network dentist

Choose “PPO **PDP Plus**” plan type

\*Out-of-Network claims are paid at the 90th UCR; you may be balance billed for the difference between submitted charges and MetLife’s paid amount

# Dental PPO Plan \*TX Employees Only



Plan Provisions	MetLife Dental PPO	
	In-Network ( <b>PDP Plus</b> )	Out-of-Network*
Calendar Year Deductible <i>(waived for Preventive Services)</i>	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family
Calendar Year Benefit Maximum	\$1,250	
Diagnostic and Preventive Services <i>(e.g., x-rays, cleanings, exams)</i>	100%	100%
Basic and Restorative Services <i>(e.g., fillings, extractions, root canals)</i>	90% after deductible	90% after deductible
Major Services <i>(e.g., dentures, crowns, bridges)</i>	60% after deductible	60% after deductible
Orthodontia	Not Covered	
Orthodontia <u>Lifetime</u> Maximum	Not Covered	

Your bi-weekly (26) cost	
Employee	\$4.70
Employee + 1	\$22.40
Employee + 2 or more	\$47.34

**REMEMBER**

Always go to MetLife’s website to search for In-Network dentist

Choose “PPO **PDP Plus** plan type

\*Out-of-Network claims are paid at the 90th UCR; you may be balance billed for the difference between submitted charges and MetLife’s paid amount



# Save Money with In-Network Dentists

	In-Network	Non-Network
Average Charge for Crown	\$1,018	\$1,018
Network Discount	30%	NA
Actual Fee	\$714	\$1,018
Insurance Pays (60%in 50%out)	\$428	\$509
You Pay	\$286	\$509
Your Savings by using a Network Dentist	\$223	
Annual Max Remaining	\$822	\$741

# Vision



# Vision Plan



Plan Provisions	MetLife Vision	
	In-Network	Out-of-Network
Vision Exam <i>(every 12 months)</i>	\$10 copay	Up to \$45
Frames <i>(every 24 months)</i>	\$150 allowance, 20% off balance over \$150	Up to \$70
Lenses <i>(every 12 months)</i>		
Single Vision	\$25 copay	Up to \$30
Bifocal	\$25 copay	Up to \$50
Trifocal	\$25 copay	Up to \$65
Lenticular	\$25 copay	Up to \$100
Contacts <i>(every 12 months)</i> (in lieu of glasses)	\$150 allowance	Up to \$105 allowance <i>(elective)</i>

Your bi-weekly (26) cost	
Employee	\$0.87
Employee + Spouse	\$4.36
Employee + Child(ren)	\$3.29
Employee + Family	\$7.12

# Life and AD&D



# Basic Life and AD&D



Coverage	Benefit
Basic Life and AD&D	<ul style="list-style-type: none"><li>• Up to \$25,000 maximum</li><li>• Policy is convertible</li><li>• 100% paid for by Innowave Marketing</li></ul>

**Remember:**  
Keep your beneficiary information up-to-date!

# Voluntary Life and AD&D



Benefit Features	Voluntary Life and AD&D Options*		
	Employee	Spouse	Dependent Child(ren) (under age 26)
Coverage Options	Increments of \$10,000	Increments of \$5,000	up to \$10,000
Maximum	Lesser of 5x salary or \$500,000	\$100,000 (cannot exceed 50% of employee coverage)	up to \$10,000
Guaranteed Issue Amount	\$100,000	\$25,000	
Guaranteed Issue Period	Within 30 days of benefits eligibility or a qualifying life event		

\*Evidence of Insurability (EOI) may be required.

## What is Evidence of Insurability?

If you elect Voluntary Life and/or AD&D coverage in amounts above the guaranteed issue limit, you will need to submit additional health information to MetLife for review.

# Additional Voluntary Products





# Pet Insurance

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Save on veterinary expenses with the MetLife Pet Insurance Plan.

- Visit [metlife.com/insurance/pet-insurance/](https://www.metlife.com/insurance/pet-insurance/) or call 800-GETMET8 for a quote.
- Mention the code, **4500**, to receive your discount.



# Accident Insurance

Helps cover the costs that result from an accident.

- Pays a lump sum directly to you
- Use this money as you see fit
- Copays
- Deductibles
- Transportation
- Lodging needs
- And more



# Critical Illness Insurance

Critical Illness insurance offers coverage to help you pay for expenses related to the treatment of a critical illness for you, your spouse, and your children. Covered illnesses include:

- Heart attack
- Coma
- Kidney failure
- Cancer
- And more



# Hospital Indemnity Insurance

When you elect Hospital Indemnity insurance, you receive a lump sum payment directly to you to help with the cost associated with a hospital stay. Use this money to pay:

- Copays
- Deductibles
- Household bills
- And more



# Other Benefits



# 24 Hour Fitness

Email [24hour@proco.global](mailto:24hour@proco.global)

- 24 Hour Fitness's membership agreement provides for an annual fee of \$49.99 for all of its members in addition to the monthly dues. The annual fee due date is in accordance with the membership enrollment date as long as the membership is in effect.
- 20% of dues, choose your access:
  - Regional: all local clubs
  - National: all clubs across the nation
- 10% off Personal Training Packages



# SoFi: Student Loan Cost Reduction

Refinance your student loans and save

- Convenience – Consolidate all your student loans into a single loan
- Flexibility – Choose from a variety of loan terms
- No Commitment – No obligation rate quote
- Unemployment Protection- If loss of job, loan payments will pause
- \$300 Bonus – Receive a \$300 welcome bonus



Apply Now: [www.SoFi.com/PROCO](http://www.SoFi.com/PROCO)

# ACRIURE® Perks

Acrisure Perks, powered by Beneplace, gives you access to several exclusive savings at theme parks such as Disneyland and Walt Disney World, with hotels, rental cars, retail, meal programs such as Blue Apron, education, movie tickets, sporting events, concert tickets, select dealerships such as BMW and that is just the beginning! There are over 400 different brands that offer exclusive discounts. Be sure to visit the site often as new discount deals are constantly being added.

## How to sign up:

- Go to: [acrisure.savings.beneplace.com](https://acrisure.savings.beneplace.com)
- Enter in your work email address
- Create a password

And Begin saving!



# Enrollment Checklist





# Employee Benefit Help Desk

- TRANSITION OF CARE
- WHAT PLAN IS RIGHT FOR ME?
- HOW WILL MY CONDITION BE COVERED?
- CLAIM ISSUES AND REPROCESSING
- FINDING PROVIDERS
- E.O.B. REVIEW



Kimberly Frank

kfrank@acrisure.com

650-798-2053

Monday - Friday

8am - 4pm

You must submit your  
Annual Enrollment  
elections by  
December 17<sup>th</sup>, 2024!



## Enrollment Checklist

- ✓ Carefully consider your plan options.
- ✓ Enroll, change, or decline benefits via the online enrollment portal – [www.innowave.ease.com](http://www.innowave.ease.com)
- ✓ Review your beneficiary information to make sure it is up-to-date.
- ✓ Submit your benefit selections.
- ✓ Your benefits will be effective on January 1st, 2025.

A background image showing a person's hands tying a dark-colored athletic shoe. The image is split diagonally from the top-left to the bottom-right. The upper-left portion is white, and the lower-right portion is a dark blue-grey gradient. The person's hands are visible, with one hand holding the laces and the other adjusting them. The shoe is dark with some lighter-colored accents.

Thank You!

Innowave Marketing  
Human Resources