



2025 Open Enrollment

2025 Benefits Overview

1 Medical coverage will remain with United HealthCare with no plan design changes



2 Dental and Vision benefits will remain with Cigna with no plan design or rate changes



3 There will be no changes to the New York Life benefits or rates

- Basic Life/AD&D, Voluntary Life, Voluntary AD&D, Short-term Disability & Long-term Disability



4 Accident and Critical Illness benefits will move from Cigna to New York Life

- There will be no changes to plan designs or rates

Open Enrollment: 11/18 – 12/2

Open Enrollment happens once per year & is the only time you can make changes to your plans without a Qualifying Event. If you do experience a Qualifying Event during the year, be sure to notify HR within 30 days.

Choose wisely & be sure you don't miss the deadline!



What you need to do:

1. Login to ADP and make your benefit elections before December 2nd
 - You are still required to login even if you are waving coverage
 - Please make sure to assign beneficiaries to your company paid lines
2. If you are a first-time user or are locked out of your account, contact the HR team at ext. 81262 or HRGroup@famous-supply.com

2025 Medical Plans

BENEFITS	PPO PLAN	HSA PLAN
Deductible – Single	\$1,000	\$3,700
Deductible – Family	\$2,000	\$7,400
Coinsurance	20% after Deductible	20% after Deductible
Out-of-Pocket Maximum – Single	\$6,100	\$6,100
Out-of-Pocket Maximum – Family	\$12,200	\$12,200
Office Visit		
Primary Care Physician	\$35 Copay	20% after Deductible
Specialist	\$70 Copay	20% after Deductible
Mental Health	\$35 Copay	20% after Deductible
Inpatient Hospital Services	20% after Deductible	20% after Deductible
Urgent Care	\$100 Copay	20% after Deductible
Emergency Room Services	\$350 Copay	20% after Deductible
Pharmacy		
Retail Rx (30-day)	\$10/\$50/\$75	20% after Deductible
Mail Order Rx (90-day)	\$25/\$125/\$187.50	20% after Deductible

Non-network benefits are available. The annual deductible & annual out-of-pocket maximums are higher, and the coinsurance cost-share is lower than the network benefit. Refer to plan documents for more information.

2025 Medical Bi-Weekly Rates



PPO Plan:

Wellness Levels	Associate		Associate & Spouse		Associate & Child(ren)		Associate & Family	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
Wellness	\$229.72	\$95.01	\$325.68	\$176.11	\$292.51	\$148.91	\$383.46	\$229.84
Wellness Lite	\$256.27	\$125.32	\$355.73	\$223.71	\$321.33	\$194.52	\$412.92	\$277.02
No Wellness	\$282.83	\$155.64	\$385.78	\$271.31	\$350.14	\$240.13	\$442.38	\$324.19

HDHP Plan:

Wellness Levels	Associate		Associate & Spouse		Associate & Child(ren)		Associate & Family	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
Wellness	\$151.39	\$72.38	\$215.23	\$134.54	\$199.27	\$114.04	\$255.65	\$173.83
Wellness Lite	\$173.93	\$95.27	\$251.86	\$173.91	\$227.66	\$145.04	\$296.38	\$214.85
No Wellness	\$196.48	\$118.16	\$288.48	\$213.27	\$256.05	\$176.04	\$337.11	\$255.88

Website and Mobile App



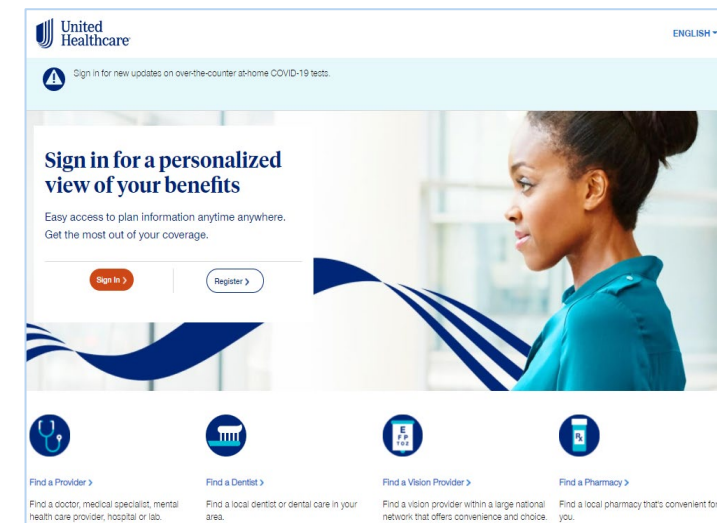
Register for your personalized website on **myuhc.com** and download the **UnitedHealthcare app**. These digital tools are designed to help you understand your benefits and make informed decisions about your care.

- Find care and compare costs for providers and services in your network
- Check your plan balances, view your claims and access your health plan ID card
- Access wellness programs and view clinical recommendations
- 24/7 Virtual Visits – Connect with providers by phone or video to discuss common medical conditions and get prescriptions, if needed
- View your health care financial account(s) such as HSA or FSA
- Compare prescription costs and order refills

Register Today:



- Scan the QR code:
- Visit **myuhc.com** and click **Register Now**
- Download the app



Who is eligible for an HSA?

In order to be eligible to make pre-tax contributions to a Health Savings Account, individuals must:

- Be covered under an HDHP on the first day of the month that the account is established and the first day of the month in which deposits are made.
- Cannot be covered under any other health plan that is not an HDHP.
- **Not be entitled to benefits under Medicare.**
- Not be claimed as a dependent on another person's tax return.

Why choose an HSA?

Triple Tax Savings

- Contributions are tax deductible = reduces taxable income!
- Earnings/Growth are tax-free
- Withdrawals for qualified Medical Expenses are tax-free

NO Use it or Lose it provision

- Balance rolls over
- Contribute up to the annual maximum each year

Employee Owns the Account

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

Don't leave
money
on the **TABLE** for the IRS



2025 HSA Contribution Limits

Annual Contribution Rules

2024 Limit: \$4,150 for individuals & \$8,300 for families
2025 Limit: \$4,300 for individuals & \$8,550 for families

Additional Funding

Those 55 years of age or higher, but not entitled to Medicare benefits, can fund an additional \$1,000/year “catch-up” contribution!

Amount of Funding

Contributions above the annual limit are subject to income taxes and a 20% penalty

You can choose to open a bank account with Optum Bank and make bi-weekly contributions that can be used for eligible medical, dental and vision expenses.

2025 FSA Contribution Limits

Health FSA

2025 Limit: \$3,300
Rollover amount from 2024 into 2025: \$660

Dependent Care FSA

2025 Limit: \$5,000
(Married couples filing separate returns: \$2,500
limit)



Reminders:

- FSA Accounts you elect are available on the first day
- The amount you elect must be paid back pre-tax on a “per pay” basis within the contract period (1/1-12/31)
 - Choose wisely! You cannot change your FSA election unless you experience a qualifying event.
- The account is use it or lose it – you have 90 days after 12/31 to submit claims for reimbursement
- **Health FSA:**
 - Budget for planned medical, dental & vision expenses
 - Deductibles, copays & prescriptions
 - The full amount you elect to withhold is available on the 1st day; you pay back the amount through payroll deductions
 - Funds are available through a prepaid card
- **Dependent Care FSA:**
 - Dependents under age 13
 - School programs, babysitting services, summer day camp, etc
 - Funds are available upon your payroll contribution
 - Expenses are reimbursable once they are incurred

Medical Expense Reimbursement Plan (MERP)

The Medical Expense Reimbursement Plan reimburses you and your eligible dependent children for eligible health care expenses incurred under alternate group medical coverage.

- Associates who have access to a qualified alternate group health plan other than the Famous Supply Medical Plan may qualify for the MERP. MERP offers medical and drug expense reimbursement, reimbursement of deductibles, co-pays, co-insurance, and premium differentials. Associates covered by their spouse's benefits may be eligible for premium reimbursements and all out-of-pocket expenses. There is no cost to participate in the MERP. Associates must be enrolled in Famous' benefits for one year or opt for the MERP at hire date to qualify.
- For more information:
 - Reach out to Famous HR to see if you qualify
 - Call Catalize Health at 1-877-872-4232
 - Email Catalize Health at memberservices@catalizehealth.com



Dental – Base

	Base Plan	
	In-Network	Out-of-Network
BENEFIT SUMMARY		
Annual Deductible/Individual	\$0	\$75
Annual Deductible/Family	\$0	\$225
Calendar Year Plan Maximum		\$1,000
Lifetime Orthodontia Maximum		\$1,000
Diagnostic and Preventive Services		
Oral Exams · X-Rays · Cleanings · Fluoride Treatments	100%	80%
Basic Services		
Oral Surgery · Simple Extractions · Fillings	70%	60%
Major Services		
Crowns · Inlays & Onlays · Bridges · Dentures	40%	30%
Orthodontia		
Child coverage only up to 19	50%	50%
BI-WEEKLY PREMIUM SUMMARY		
Associate		\$9.76
Associate & Spouse		\$18.57
Associate & Child(ren)		\$23.06
Associate & Family		\$31.96

Find a Provider:

- www.mycigna.com
- **Network: Cigna Dental Total PPO**

Progressive Maximum Benefit:

When you or your family members receive any preventive care service during one plan year, the annual dollar maximum will increase in the following plan year; until it reaches the highest level specified below:

Year 1: \$1,000
 Year 2: \$1,150
 Year 3: \$1,300
 Year 4: \$1,450



Please refer to your plan materials for additional information on this plan feature.

Dental – Buy-Up

	Cigna Dental Total PPO	
	In-Network	Out-of-Network
BENEFIT SUMMARY		
Annual Deductible/Individual	\$50	\$50
Annual Deductible/Family	\$150	\$150
Calendar Year Plan Maximum		\$1,500
Lifetime Orthodontia Maximum		\$2,000
Diagnostic and Preventive Services		
Oral Exams · X-Rays · Cleanings · Fluoride Treatments	100%	100%
Basic Services		
Oral Surgery · Simple Extractions · Fillings	80%	80%
Major Services		
Crowns · Inlays & Onlays · Bridges · Dentures	50%	50%
Orthodontia		
Coverage for employees & dependents	50%	50%
BI-WEEKLY PREMIUM SUMMARY		
Associate		\$14.88
Associate & Spouse		\$28.85
Associate & Child(ren)		\$35.10
Associate & Family		\$48.61

Find a Provider:

- www.mycigna.com
- **Network: Cigna Dental Total PPO**

Progressive Maximum Benefit:

When you or your family members receive any preventive care service during one plan year, the annual dollar maximum will increase in the following plan year; until it reaches the highest level specified below:

Year 1: \$1,500

Year 2: \$1,650

Year 3: \$1,800

Year 4: \$1,950



Please refer to your plan materials for additional information on this plan feature.

Vision

BENEFIT SUMMARY	Cigna Vision Network	
	In-Network	Out-of-Network
Copay		
Examination	\$10	up to \$45
Benefit Frequency		
Examination	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 24 months	
Contacts	Once every 12 months in lieu of Frames	
Lenses		
Single Vision Lens	\$25	up to \$32
Bifocal Lens	\$25	up to \$55
Trifocal Lens	\$25	up to \$65
Lenticular Lens	\$25	up to \$80
Contact Lenses		
Medically Necessary	\$0	up to \$210
Elective	\$130 allowance	up to \$105
Frames	\$130 allowance, then 20%	up to \$71
BI-WEEKLY PREMIUM SUMMARY		
Associate	\$2.69	
Associate & Spouse	\$5.38	
Associate & Child(ren)	\$5.43	
Associate & Family	\$8.67	

Find an Eye Doctor:

1. Visit www.myCigna.com
2. Under “Coverage” select Vision page
3. Click Visit Cigna Vision
4. Select “Find a Cigna Vision Network Eye Care Professional”



Basic & Voluntary Life and AD&D

Basic Life and AD&D	<ul style="list-style-type: none"> • Covered at 100% by Famous • Benefit Amount: 1x Annual Salary up to \$250,000
Voluntary Life	<ul style="list-style-type: none"> • Associate: \$500,000 maximum - \$10,000 increments (limited to 7x annual salary) • Guarantee Issue: \$200,000 • Spouse: \$250,000 maximum - \$5,000 increments (limited to 50% of associate coverage election) • Guarantee Issue: \$30,000 • Child: \$500 (birth to 14 days), \$10,000 (15 days to 26 years) • Guarantee Issue: \$10,000
Voluntary AD&D	<ul style="list-style-type: none"> • Associate: \$500,000 maximum (limited to 7x annual salary) • Spouse: \$250,000 maximum • Child: \$10,000 flat amount • Coverage amounts may be elected in \$10,000 increments

- Benefits reduce at age 70



Disability Benefits

Paycheck protection while you're unable to work due to an off-the-job injury, illness, surgery, or childbirth

	Short-Term Disability	Long-Term Disability
Benefit	60% of weekly earnings up to a maximum of \$750 per week	60% of monthly salary up to a maximum of \$6,000 per month
Elimination Period	14 days, accident or illness	90 days

- Disability will require approval from New York Life before payments are paid.
- STD: Union and Management Benefit Class may be eligible for different/higher coverage
- LTD: Management Benefit Class may be eligible for higher coverage



Voluntary Benefits

Accident	<ul style="list-style-type: none"> • Provides cash payments to help cover out-of-pocket expenses when you suffer an unexpected, qualifying accident. • Coverage available for employees & dependents
Critical Illness	<ul style="list-style-type: none"> • Provides monetary protection from unexpected expenses that can come with a critical illness. • Associate Coverage may be elected in a lump sum benefit of \$5,000 to \$25,000 in \$5,000 increments. • Spouse Coverage may be elected in a lump sum benefit of \$2,500 to \$12,500 in \$2,500 increments, but not to exceed 50% of the associate coverage • Eligible dependent children are automatically enrolled in 25% of the associate elected coverage

BI-WEEKLY PREMIUM SUMMARY	ACCIDENT
Associate	\$6.84
Associate & Spouse	\$11.16
Associate & Child(ren)	\$11.53
Associate & Family	\$15.85

Critical Illness premium rates are determined by age, tobacco status and the amount of coverage requested. Rates can be found in ADP.



What do I need to do now?



- Complete your open enrollment elections online through ADP
- Don't miss out – the Open Enrollment window closes on December 2nd

Questions?

Please reach out to Human Resources!

Appendix

BENEFIT CONTACTS			
Benefit	Carrier	Website	Customer Service
Medical	United Healthcare	www.uhc.com	(866) 414-1959
Dental	Cigna	www.mycigna.com	(800) 244-6224
Vision	Cigna	www.mycigna.com	(800) 244-6224
Health Savings Account	Optum Bank	www.optumfinancial.com	(800) 791-9361
Flexible Spending Account (Healthcare & Dependent Care)	Wex	www.wexinc.com	(866) 451-3399
Life and AD&D (Basic, Voluntary)	New York Life	www.newyorklife.com	(800) 225-5695
Disability (STD, LTD)	New York Life	www.newyorklife.com	(800) 225-5695
Accident and Critical Illness	New York Life	www.newyorklife.com	(800) 225-5695