

## Annual Open Enrollment Information for Plan Year 2025

<p><b>Group Insurance Benefits</b></p> <p><b>2025</b></p>	<p>Open enrollment is the annual event when you can make changes to your group insurance benefits.</p> <p>Changes are processed in <a href="#">MyBenefits</a> between Oct 22-Nov 5, 2024</p> <ul style="list-style-type: none"> <li>• <b>Oct 15 –Oct 24</b>--- <a href="#">In Person meetings</a></li> <li>• <b>Oct 22 - Nov 5</b> --- <a href="#">MyBenefits</a> system is available for your elections</li> </ul> <p>A recording of a virtual meeting will be posted on MyBenefits for employees to view at a time that works with your schedule.</p>																				
<p><b>What’s new for 2025?</b></p> <p><b>Resources:</b></p> <p>Contact your Group Insurance office for any assistance with your group insurance elections:</p> <p><b>Palm Tran (HR)</b> Tel: 561-841-4237</p> <p>Email: <a href="mailto:palm-Benefits@pbc.gov">palm-Benefits@pbc.gov</a></p> <p>MyBenefits system access: <a href="http://pbc.gov/MyBenefits">pbc.gov/MyBenefits</a></p> <p>United Healthcare Contacts: Evelyn Giraldo <a href="mailto:Evelyn_Giraldo@uhc.com">Evelyn_Giraldo@uhc.com</a> Tel: 561-233-5474</p> <p>Leslie Smalley <a href="mailto:Leslie_Smalley@uhc.com">Leslie_Smalley@uhc.com</a> Tel: 561-233-5463</p>	<p>With the exception of the group term life insurance program, group insurance coverages will continue to be offered by the current vendors with no changes to benefits.</p> <p>There will be an increase to dental and long-term disability premiums due to higher claims experience. For some context, the premium increase impact for the basic DHMO, which is the dental plan with the highest enrollment, will be \$.33 per pay period for single coverage and \$1 per pay period for a family plan. The increase for long-term disability, depending on the plan, for an employee with a salary of \$50,000 is less than \$1 per pay period.</p> <p>Premiums for life insurance and short-term disability are not changing. Life insurance premiums are being calculated to the third decimal and employees may see a slight variation on the paycheck, due to rounding.</p> <p><b>United Healthcare Medical Plan</b> – Premiums for <b>active</b> employees will not increase (except for overage dependent premiums and employees who pay 100% of the premiums due to being on an unpaid leave of absence). The County portion of medical premiums will increase, as well as retiree premiums.</p> <p>Please see the <a href="#">2025 Premium Rate Sheet</a> for details.</p> <table border="1" data-bbox="423 1314 1446 1745"> <thead> <tr> <th>Group Insurance Program</th> <th>Carrier</th> <th>Benefit Changes</th> <th>Premium Increase</th> </tr> </thead> <tbody> <tr> <td>Medical</td> <td>UHC</td> <td>No</td> <td>Increase to Employer contribution and overage dependent premiums only</td> </tr> <tr> <td>Dental</td> <td>Solstice</td> <td>No</td> <td>6% increase</td> </tr> <tr> <td>Disability</td> <td>The Standard</td> <td>STD – No LTD – No</td> <td>STD – No LTD – 7.5% increase</td> </tr> <tr> <td>Life</td> <td>The Standard</td> <td>Benefit enhancements with new carrier – please review <a href="#">Frequently Asked Questions (FAQs)</a></td> <td>No</td> </tr> </tbody> </table> <p><b>FLEX:</b> The health care Flexible Spending Account (FSA) annual limit for Plan Year 2025 is \$3,200. Employees must re-enroll this benefit each year at open enrollment.</p> <p><b>Opt-Out credit</b> will continue to be offered at \$1,000/annually or \$38.46 per pay period. Employees must submit their proof of other coverage (in their name) to their Group Insurance office by Nov 5.</p>	Group Insurance Program	Carrier	Benefit Changes	Premium Increase	Medical	UHC	No	Increase to Employer contribution and overage dependent premiums only	Dental	Solstice	No	6% increase	Disability	The Standard	STD – No LTD – No	STD – No LTD – 7.5% increase	Life	The Standard	Benefit enhancements with new carrier – please review <a href="#">Frequently Asked Questions (FAQs)</a>	No
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### Life insurance – New Carrier:

The life insurance coverage will be offered by **The Standard** for Plan Year 2025. The coverage is offered with additional coverage levels and enhancements. Employee premiums for life insurance are remaining the same; there may be slight variance of life premiums shown on the paycheck due to rounding. Employees must verify their life insurance beneficiaries directly with The Standard for Plan Year 2025 by accessing the [Ready Enroll](#) website. Please review the [Frequently Asked Questions](#) for the transition of group life insurance from Securian Financial to The Standard for the upcoming plan year.

**IMPORTANT:** The Standard is offering a **ONE-TIME** enrollment opportunity for existing employees to elect/increase additional life and spouse/domestic partner (DP) life up to the guarantee issue amounts without having to complete the Evidence of Insurability (EOI)/medical underwriting process. The guarantee issue amounts are being increased to \$300,000 for additional life and \$50,000 for spouse/DP life. This is a one-time opportunity and is offered only for coverage elected during this Open Enrollment period; coverage is scheduled to take effect January 1, 2025.

For subsequent annual enrollments, we will revert back to the annual enrollment opportunity where we can increase additional life by one step of \$10,000 and spouse/domestic partner life by one step of \$5,000 – without the EOI requirement – as long as the resulting amount does not exceed the guarantee issue limit of \$300,000 for additional life and \$50,000 for spouse/DP life, and as long as the applicant has not been previously declined by The Standard.

Any applications for coverage amounts above the guarantee issue limits will require EOI and have to be approved by The Standard before they can be put in place.

**Voluntary, Supplemental Benefits** - Supplemental **Accident, Cancer** and **Hospital** benefits will continue to be offered by Washington National. Available policies include benefits for accidental injuries; cancer diagnosis and treatment, and hospitalizations depending on the plan selected. Coverage can be extended to include a spouse and children. Additionally, coverage includes a Return of Premium benefit that returns up to 100% of premiums, less claims.

Washington National can be reached at:

[Michael.hogan@optavise.com](mailto:Michael.hogan@optavise.com) or Phone: 561-889-0482.

**Legal Plan:** Employees will continue to use [MyBenefits](#) for ARAG legal plan open enrollment elections or changes. Questions about ARAG? Contact HR at 616-6884 or [retirement@pbc.gov](mailto:retirement@pbc.gov)

### Processing Open Enrollment changes online

Use [MyBenefits](#) from work, home, or elsewhere starting **October 22 through November 5** to make your elections.

Examples of open enrollment actions are changing your medical or dental plan election, deleting or adding eligible dependents, electing or terminating coverage, enrolling or re-enrolling in FLEX program, confirming your Opt-Out benefit program participation; and using MyBenefits to elect/change legal plan enrollment by Nov 5.

Even if you do not wish to make **any** changes to your current medical, dental, life and disability elections and you are not re-electing FLEX or Opt-Out for 2025, take a few minutes to enter MyBenefits and review your Group Insurance records to make sure everything is in order.

### Action Items

➡ **FLEX** does not automatically continue from year to year. To *continue* your participation in the FLEX program (health care, dependent care Flexible Spending Accounts) for 2025 you MUST actively re-enroll in MyBenefits by Nov 5.

➡ **Opt-Out Program** To enroll or continue in the medical plan Opt-Out program, 1) confirm your medical coverage is "waived" in MyBenefits **AND** 2) forward proof of your other coverage (in your name) to your Group Insurance office by Nov 5 **AND** 3) check the Jan 3, 2025 paycheck for Opt-Out credit. It is imperative that employees notify Risk Management of any issues immediately.

➡ **Dependent Verification** Submit your required dependent verification documents for dependents you are adding to coverage to your Group Insurance office no later than Nov 5. Social Security numbers must be entered by you in MyBenefits, for any newly added dependents to your medical coverage.

To avoid delays in your dependent coverage for newly added family members, please review dependent verification requirements in [PPM CW-P-023](#) and submit the required documents to group insurance by Nov 5. Your dependent coverage will not go into effect unless the required documentation is received. If the documentation is not received by Dec 31, 2024 your dependents will not be enrolled in the group insurance plans. You will not be able to enroll such dependents for coverage until the next applicable Open Enrollment period, except in the case of a mid-year qualified family status change; and only if the required dependent verification is submitted at that time.

➔ Email **Opt-Out proof** and **dependent documents** to [palm-Benefits@pbcgov.org](mailto:palm-Benefits@pbcgov.org)

### Confirmation of Benefits Statements

Confirmation statements will be mailed to employees in late Nov/early Dec. Please notify your Group Insurance office **IMMEDIATELY and no later than Dec 13, 2024** of any errors or discrepancies that you notice on your confirmation statement. Contact your Group Insurance office before Dec 13, if you are a benefits eligible employee and do not receive a confirmation statement so that you can review your statement and process any corrections by the deadline.

### Evidence of Insurability (EOI) - Life coverage

Employees who elect group term life coverage in excess of the guaranteed issue amounts will be required to successfully complete the Evidence of Insurability (EOI) process:

- The Standard will forward information about the EOI process directly to individuals subject to EOI. Contact The Standard at 888-895-0527 for questions about the EOI process.

Please complete the EOI process with The Standard as soon as possible. If the required steps are not completed, The Standard, will be unable to proceed with the medical underwriting process and coverage subject to EOI or in excess of guaranteed issue amounts will not be considered for approval.

### Employee Open Enrollment Responsibilities – Employees are responsible for:

- Ensuring personal information such as addresses are up-to-date in HRIS.
- Fully participating in the Open Enrollment process and contacting group insurance during open enrollment with any questions, concerns, or for assistance with elections – [palm-Benefits@pbcgov.org](mailto:palm-Benefits@pbcgov.org) or call 561-841-4237.
- **Starting Oct 22**, visit [MyBenefits](#); review your current benefits elections, confirm your covered dependents – ensuring that they are still eligible to be covered under your plans.
- Finalizing your elections in MyBenefits by Nov 5.
- Thoroughly reviewing choices and elections during open enrollment and submitting them in MyBenefits by the stated deadline.
- Ensuring dependent and beneficiary information is complete and correct. Social Security numbers are required for all **medical** dependents. *Employees are reminded that individuals who are eligible for group insurance coverage as “Employees” may not be covered as “Dependents”.*
- Providing required documentation to the group insurance office **by Nov 5**, including dependent verification documents for newly added dependents, and annual proof of other coverage (in employee’s name) - if participating in the Opt-Out program.
- Actively login in to MyBenefits and re-elect the FLEX program for Plan Year 2025, as it will terminate otherwise.
- Declare your life insurance beneficiaries with the new life insurance carrier, The Standard (see FAQs for details)
- Reviewing the confirmation statement that will be mailed to employees in late Nov/early Dec and notifying Risk Management of any errors by Dec 13.
- Closely reviewing the paycheck of Jan 3, 2025, to ensure Opt-Out credit is included, if applicable, and notify Risk Management immediately with any issues.

10/01/2024

In the event of a conflict between this document and the applicable Group Insurance policy, certificate, or procedure, the policy, certificate, procedure shall dictate the insurance and coverage provisions, exclusions, all limitations and terms of coverage, including premium rates. In accordance with the provisions of the ADA, this document may be requested in an alternative format. If you have any questions or would like to receive additional benefit plan materials, please contact your Group Insurance office/representative.