

#### **OPEN ENROLLMENT**

This is the one-time per year to make election changes without having a "qualifying event". You can:

- Join or drop the Medical, Dental, Vision
- Change Plans
- Add / Drop Dependents

Decisions are effective January 1, 2025, and are binding through December 31, 2025.

#### **CHANGES FOR 2025**



- Express Scripts will be the new prescription drug carrier for 2025.
- UMR, a United Healthcare company is our medical plan administrator.
  - We are introducing a NEW plan: EPO/HRA! This plan utilizes the same network as the PPO and Surest plans, and includes set deductibles, copays and coinsurance. There is a Health Reimbursement Account attached to this plan which provides VNA funded money that you can use to pay for qualified out-ofpocket expenses.
  - Effective January 1, 2025, there will be a small contribution to the Dental plan.
  - There are no changes to the existing Vision plan.

#### **Key Terms Used**

**Deductible –** The amount of money you pay for services before coinsurance applies. Does not apply to preventive services required under the Affordable Care Act.

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**Copay –** A fixed dollar amount you pay for covered services. Such services include but are not limited to physician office visits, urgent care, and prescriptions.



**Coinsurance** – The percentage you pay for certain services based of the allowed amount charged. Coinsurance applies after the deductible has been met. i.e. 80%/20%.



**Out-of-Pocket Maximum –** Your deductible, copays, and coinsurance all accumulate towards this maximum amount. Once this is met, all covered services will be paid at 100% for the remainder of the plan year.

#### **CHOICE PLUS NETWORK**





# **SEARCHING FOR PROVIDERS** (PPO, EPO/HRA, EPO SUREST)

To find a United Healthcare Choice Plus provider

Go to www.umr.com

Enter your Network: Choice Plus Network

Click on: View Providers

Search by name or find care by category.

#### MEDICAL PLAN OPTIONS – EPO/HRA & PPO



| UnitedHealthcare<br>Choice Plus Network | EPO/HRA                                        | PPO                       |
|-----------------------------------------|------------------------------------------------|---------------------------|
| Deductible                              | \$1,000 / \$2,000                              | \$1,500 / \$3,000         |
| Accumulation                            | True Family Aggregate                          | Embedded                  |
| Member Coinsurance                      | 20%                                            | 20%                       |
| Out-of-Pocket Maximum*                  | \$5,500 / \$11,000                             | \$5,500 / \$11,000        |
| Accumulation                            | True Family Aggregate                          | Embedded                  |
| Primary Care Office Visit               | \$20 copay                                     | \$35 copay                |
| Specialist Office Visit                 | \$40 copay                                     | \$65 copay                |
| Preventive Care                         | Covered at 100%                                | Covered at 100%           |
|                                         | D = 1 H \$175                                  | Office: Covered100%       |
| Outpatient Diagnostics                  | Ded then \$175 copay                           | Outpatient: Ded then 20%  |
| Emergency Room                          | \$500 copay                                    | \$150 copay, ded then 20% |
| Outpatient Surgery                      | Ded then \$150 copay                           | Ded then 20%              |
| Inpatient Hospitalization               | Ded then \$2,750 copay                         | \$300 copay, ded then 20% |
| Out-of-Network                          |                                                |                           |
| Deductible                              |                                                | \$2,000 / \$4,000         |
| Member Coinsurance                      | In-Network Benefits Only Except Emergency Care | 40%                       |
| Out-of-Pocket Maximum                   | ]                                              | \$10,000 / \$20,000       |

#### REGISTER UMR (PPO & EPO/HRA)



# Once you are enrolled in the PPO or EPO/HRA with UMR, register your UMR account to maximize your plan

If you enroll in the PPO or EPO/HRA plan, register your account on UMR.com

- Check your benefits and see what's covered.
- Look up what you owe and how much you've paid.
- Find a doctor in your network.
- Learn about medical conditions and your treatment options.
- Use the online glossary to understand medical insurance basics.

#### **Download the UMR app today!**







#### INTRODUCING





A UnitedHealthcare Company

#### A Revolution in Healthcare

Eliminates deductibles and coinsurance, replacing them with copays.

SUREST mobile application provides members instant access to the cost for their care and quality ratings for the providers and facilities they select.

United Choice Plus Providers and facilities that consistently deliver high-value care have lower copays.

**54%** of Surest members had lower out-of-pocket costs<sup>1</sup>.

See how powerful simple can be.

Check prices on the pre-member website:

https://join.surest.com/VNAHG/access-login Access code: VNAHG2024

|                                              | A UnitedHealthcare Company                                                                                                                                  |  |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| UnitedHealthcare<br>Choice Plus Network      | EPO SUREST                                                                                                                                                  |  |
| Deductible                                   | Not Applicable                                                                                                                                              |  |
| Accumulation                                 | Not Applicable                                                                                                                                              |  |
| Member Coinsurance                           | Not Applicable                                                                                                                                              |  |
| Out-of-Pocket Maximum                        | \$5,500 / \$11,000                                                                                                                                          |  |
| Accumulation                                 | Embedded                                                                                                                                                    |  |
| Primary Care Office Visit                    | \$10 - \$65                                                                                                                                                 |  |
| Specialist Office Visit                      | \$10 - \$65                                                                                                                                                 |  |
| Preventive Care                              | Covered at 100%                                                                                                                                             |  |
| Outpatient Diagnostics                       | Copays Vary by Location/Service: <a href="https://join.surest.com/VNAHG/access-login">https://join.surest.com/VNAHG/access-login</a> Access code: VNAHG2024 |  |
| Emergency Room                               | \$750                                                                                                                                                       |  |
| Outpatient Surgery Inpatient Hospitalization | Copays Vary by Location/Service: https://join.surest.com/VNAHG/access-login                                                                                 |  |
| Out-of-Network                               | Access code: VNAHG2024                                                                                                                                      |  |
|                                              |                                                                                                                                                             |  |
| Deductible                                   | In-Network Benefits Only                                                                                                                                    |  |
| Member Coinsurance                           | Except Emergency Care                                                                                                                                       |  |
| Out-of-Pocket Maximum                        |                                                                                                                                                             |  |

<sup>1</sup> Members who migrated from a non-Surest plan into a Surest plan in 2022, compared to those who stayed with a non-Surest plan.

<sup>\*</sup> Out of Pocket Maximums include prescription drug claims

#### **REGISTER EPO SUREST**



# Once you are enrolled in Surest, register your Surest account to maximize your plan

- See upfront prices (copays) for providers before a visit.
- Search for care by symptom or condition to find treatment options that may be a lower cost.
- Find doctors and providers in our area or when you're on the go.
- Set communication preferences to get timely information about your claims, health tips, and reminders.
- Access a digital member ID card from your phone so you don't leave home without it.

**Download the Surest app or visit: Benefits.Surest.com** 



To get the most out of the plan, you need to register your account.











# galileo



# VIRTUAL MOBILE MULTI-SPECIALTY MEDICAL GROUP

Consult with Primary Care & Specialty Care Physicians via Chat or Video anytime on the Galileo app - available in English & Spanish.

No appointments necessary!

Annual wellness exam over video.

Doctors can diagnose most healthcare concerns, from acne to anxiety, diabetes, hypertension, cold & flu, and more.

Get quick prescriptions, labs, and specialist referrals.

No medical copays, deductibles or claims!



REMEMBER - Just as you would in a new Dr.'s office, you must complete the provider questionnaire to access services.... Don't Wait, Complete it Today

#### **ESI PHARMACY BENEFITS**

|                                                                    | EPO/HRA               | EPO SUREST            | PPO                                                               |
|--------------------------------------------------------------------|-----------------------|-----------------------|-------------------------------------------------------------------|
| Rx Deductible                                                      | Combined with Medical | Not Applicable        | \$100<br>N/A to Generics or Specialty<br>fills enrolled in SaveOn |
| Retail                                                             | 30 Day Supply         | 30 Day Supply         | 30 Day Supply                                                     |
| Generic                                                            | \$10 Copay            | \$10 Copay            | \$10 Copay                                                        |
| Preferred Brand                                                    | \$60 Copay            | \$60 Copay            | \$40 Copay                                                        |
| Non-Preferred Brand                                                | \$75 Copay            | \$75 Copay            | \$55 Copay                                                        |
| Specialty Enrolled in SaveOn Not Enrolled in SaveOn                | \$0<br>30%            | \$0<br>30%            | \$0<br>30%                                                        |
| Mail Order                                                         | 90 Day Supply         | 90 Day Supply         | 90 Day Supply                                                     |
| Generic                                                            | \$20 Copay            | \$20 Copay            | \$20 Copay                                                        |
| Preferred Brand                                                    | \$150 Copay           | \$180 Copay           | \$100 Copay                                                       |
| Non-Preferred Brand                                                | \$188 Copay           | \$240 Copay           | \$138 Copay                                                       |
| Specialty <sup>(2)</sup> Enrolled in SaveOn Not Enrolled in SaveOn | \$0<br>30%            | \$0<br>30%            | \$0<br>30%                                                        |
| RX Out-of-Pocket Max.<br>Individual / Family                       | Combined with Medical | Combined with Medical | \$2,600 / \$5,200                                                 |

#### Plan Options – New Jersey



# **New Jersey - All**

2025 Medical Plan Options
UMR – UHC Choice Plus Network

1) PPO
1) Dental Option Plan
1) Vision

2) EPO Surest NJ Non Union

2025 Vision Plan Option Davis Vision

1) Vision

3) EPO/HRA NJ Non Union

## Plan Options – OH Non-Union



## **Ohio- Non Union**

| 2025 Medical Plan Options UMR – UHC Choice Plus Network | 2025 Dental Plan Options<br>MetLife | 2025 Vision Plan Option  Davis Vision |
|---------------------------------------------------------|-------------------------------------|---------------------------------------|
| 1) PPO OH/FL                                            | 1) Dental High Plan                 | 1) Vision                             |
| 2) EPO Surest – FL OH                                   | 2) Dental Low Plan                  |                                       |
| 3) EPO/HRA FL OH Non Union                              |                                     |                                       |

## Plan Options – FL/National Non Union



# **FL/National Non Union**

| 2025 Medical Plan Options<br>UMR – UHC Choice Plus Network | 2025 Dental Plan Options<br>Horizon | 2025 Vision Plan Option  Davis Vision |
|------------------------------------------------------------|-------------------------------------|---------------------------------------|
| 1) PPO OH/FL                                               | 1) Dental Option Plan               | 1) Vision                             |
| 2) EPO Surest – FL OH                                      |                                     |                                       |
| 3) EPO/HRA FL OH Non Union                                 |                                     |                                       |

## Plan Options – ONA Union



# **ONA Union**

| 2025 Medical Plan Options<br>UMR – UHC Choice Plus Network | 2025 Dental Plan Options MetLife | 2025 Vision Plan Option  Davis Vision |
|------------------------------------------------------------|----------------------------------|---------------------------------------|
| 1) PPO - ONA Union                                         | 1) Dental High Plan - ONA        | 1) Vision                             |
| 2) EPO Surest - ONA Union                                  | 2) Dental Low Plan - ONA         |                                       |
| 3) EPO/HRA- ONA Union                                      |                                  |                                       |

## Plan Options – ONA Union 1K



# ONA 1K

| 2025 Medical Plan Options UMR – UHC Choice Plus Network | 2025 Dental Plan Options MetLife | 2025 Vision Plan Option  Davis Vision |
|---------------------------------------------------------|----------------------------------|---------------------------------------|
| 1) PPO - ONA 1K                                         | 1) Dental High Plan - ONA        | 1) Vision                             |
| 2) EPO Surest - ONA 1K                                  | 2) Dental Low Plan - ONA         |                                       |
| 3) EPO/HRA- ONA 1K                                      |                                  |                                       |

## Plan Options – ONA Union 2K



# **ONA 2K**

| 2025 Medical Plan Options<br>UMR – UHC Choice Plus Network | 2025 Dental Plan Options MetLife | 2025 Vision Plan Option  Davis Vision |
|------------------------------------------------------------|----------------------------------|---------------------------------------|
| <b>1)</b> PPO - ONA 2K                                     | 1) Dental High Plan - ONA        | 1) Vision                             |
| 2) EPO Surest - ONA 2K                                     | 2) Dental Low Plan - ONA         |                                       |
| <b>3)</b> EPO/HRA- ONA 2K                                  |                                  |                                       |

## Plan Options – SEIU Union



# **SEIU**

| 2025 Medical Plan Options UMR – UHC Choice Plus Network | 2025 Dental Plan Options MetLife | 2025 Vision Plan Option  Davis Vision |
|---------------------------------------------------------|----------------------------------|---------------------------------------|
| 1) PPO - SEIU                                           | 1) Dental High Plan - SEIU       | 1) Vision                             |
| 2) EPO Surest - SEIU                                    | 2) Dental Low Plan - SEIU        |                                       |
| 3) EPO/HRA- SEIU                                        |                                  |                                       |

## Plan Options – SEIU Union 1K



# SEIU 1K

| 2025 Medical Plan Options<br>UMR – UHC Choice Plus Network | 2025 Dental Plan Options MetLife | 2025 Vision Plan Option  Davis Vision |
|------------------------------------------------------------|----------------------------------|---------------------------------------|
| <b>1)</b> PPO – SEIU 1K                                    | 1) Dental High Plan - SEIU       | 1) Vision                             |
| 2) EPO Surest - SEIU 1K                                    | 2) Dental Low Plan - SEIU        |                                       |
| 3) EPO/HRA- SEIU 1K                                        |                                  |                                       |



#### YOU ARE REQUIRED TO ENROLL TO HAVE COVERAGE JANUARY 1, 2025

# IF YOU DO NOT ENROLL, YOU WILL BE DROPPED FROM YOUR CURRENT COVERAGE

QUESTIONS or NEED HELP ENROLLING?
CONTACT CBIZ FLEX
800-815-3023, OPTION 6