

2025

J.M. Huber Summary of COBRA Benefit Changes



This brochure highlights benefit program updates and explains how to enroll in your benefits for the coming year.

What's changing for 2025?

- All medical plan bi-weekly contributions will have a minimal increase in 2025. Dental and vision contributions will remain the same.
- There will be increases to the Core in-network deductible and increases to all three plan options' out-of-pocket maximums. See page 3 for details.
- Choice I and Choice II provide access to a Health Savings Account (HSA). The contribution limits for HSAs have increased for 2025. The total amount that can be contributed to your HSA is:
 - Up to \$4,300 for employee-only coverage
 - Up to \$8,550 for all other coverage levels
- The 2024 contribution limits* for the Flexible Spending Accounts are:
 - \$3,200 for the Health Care FSA
 - \$5,000 for the Dependent Care FSA

* The maximum pre-tax amount you may contribute to your FSA will increase to match the new IRS maximum limit for 2025 (IRS announcement anticipated in late 2024, after this guide is finalized).

If you do not make an active change in your benefits election, and you are currently enrolled in coverage, your election will default to your 2024 plan and level of coverage.

**Annual Enrollment is
November 1 – 15, 2024**

To enroll, change, or view your COBRA benefits, access your Billing Services member portal and follow these easy steps:

- Log onto www.cobraandbillingservices.com with your username and password, or complete new user registration
 - Click "Enroll Now" to start your annual enrollment
- If you wish to continue with your current COBRA benefit coverage in 2025, then no action is needed on your part.

For any questions, please contact Billing Services at **833-874-1600** from 8am to 8pm EST, Monday through Friday.





Available Now! Pre-Diabetes Management

We expanded our Livongo Program to now include coverage and treatment if you have been diagnosed with pre-diabetes. Livongo can help reduce your risk of developing type 2 diabetes by providing expert coaching and support on nutrition, meal plans, and weight loss. Additionally, through the Livongo pre-diabetes management program you get access to a smart scale at no cost to you, which syncs to a mobile app so you can track your weight and activity all in one place. This program is available now if you are enrolled in a Huber medical plan. If you are not currently enrolled, but you plan to for 2025, you can participate as early as January 1, 2025. For more information, call **1-800-945-4355** or visit www.livongo.com/jmhuber.

New Surgical Centers of Excellence

We have partnered with Carrum Health to offer you the absolute best care with access to top quality doctors at world-class hospitals. Surgeries include Orthopedic, Cardiac, ENT, GI, Hysterectomy, Spine, Urology, Bariatric, and more. Carrum Health also provides services for cancer care, substance use disorders, and pain management. It is easy to use! The patient care team and technology take care of everything needed for each service. The best part of it all, medical care costs*, including travel if needed, are covered!

***If enrolled in the Core plan, your costs are covered at 100% with no deductible. If enrolled in the Choice I and II plan, you must meet the federal minimum deductible (\$1,650 individual/\$3,300 family) before 100% coverage for Carrum services.**

As a patient, once your doctors confirm the type of surgery you need, Carrum Health's team provides support through the process of finding the right surgeon for you. This includes planning your appointments, helping you complete required paperwork, and answering any questions you may have along the way. This new benefit is in addition to your coverage through Aetna. You can choose to coordinate your surgical care through Aetna or Carrum. To learn more, call **1-888-855-7806** or visit carrum.me/huber.

2025 Monthly COBRA Rates

COBRA coverage is available for 102% of the total cost of the benefits provided to active employees.

	Individual Only	Individual + Spouse	Individual + Child(ren)	Family
Medical				
Core	\$906.98	\$1,813.97	\$1,632.57	\$2,720.95
Choice I*	\$805.94	\$1,611.88	\$1,442.20	\$2,460.33
Choice II*	\$738.31	\$1,476.63	\$1,320.47	\$2,257.44
Dental				
Dental I	\$39.55	\$78.33	\$108.05	\$160.02
Dental II	\$31.94	\$63.29	\$87.28	\$129.30
Vision				
EyeMed	\$9.32	\$17.70	\$18.64	\$29.81

* There is no company funding to the HSA while on COBRA.

Managed Care Plan - Huber's medical plan offers higher levels of coverage for services provided by medical providers participating in the Aetna network. You also have freedom of choice to receive out-of-network services.

Medical

Aetna will continue to offer the same medical plan options available today.

	Core		Choice I		Choice II	
	In-network	Out-of-network ¹	In-network	Out-of-network ¹	In-network	Out-of-network ¹
Medical Plan Deductible In-Network						
Individual	\$500	\$750	\$1,800	\$3,300	\$3,300	\$4,800
Family	\$1,000	\$2,250	\$3,600	\$6,600	\$6,600	\$9,600
You Pay (Coinsurance)	20%	40%	20%	40%	20%	40%
Rx - Retail 30-day Supply						
Generic	\$10	100% of the in-network cost minus copay	20% after deductible**	40% after deductible**	20% after deductible**	40% after deductible**
Brand	\$30*					
Nonformulary	\$50*					
Rx - Home Delivery 90-day Supply						
Generic	\$25	100% of the in-network cost minus copay	20% after deductible**	N/A	20% after deductible**	N/A
Brand	\$75*					
Nonformulary	\$125*					
Out-of-Pocket Maximum						
Individual	\$3,000	\$5,000	\$3,700	\$6,800	\$4,300	\$6,800
Family	\$6,000	\$10,000	\$7,400	\$13,600	\$8,600	\$13,600

(1) Out-of-network charges are subject to a Maximum Reimbursable Charge (MRC).

* Plus cost difference from generic.

** Under the HDHP options, certain preventive medications can be filled without satisfying the deductible; coinsurance will apply. You must have an authorized prescription and it must be filled at the Express Scripts pharmacy or at an in-network retail pharmacy.

If you have questions about your medical options, Aetna concierge is here to help. Simply call **866-276-1820**, Monday through Friday from 8am to 6pm, EST.

Think of the concierge as your personal assistant for health care. Your concierge can assist you with learning about your coverage, finding network providers based on your medical needs and planning for upcoming treatment.

Dental

Cigna will continue to administer dental coverage in 2025. Cigna providers also offer virtual dental care to help address urgent dental situations and guide next steps, if needed. Log in to your account through www.myCigna.com to learn more.

	Dental I*	Dental II*
Deductible In-Network		
Individual/Family	\$25/\$50	\$50/\$150
You Pay (Coinsurance)		
Preventive	0%	0%
Basic	20%	20%
Major	50%	50%
Annual Maximum Benefit per covered person	\$2,300	\$1,000
Progressive Maximum	Yes	None
Implants Lifetime Maximum per person	\$2,000	\$2,000
Orthodontia Lifetime Maximum per person	\$2,000	Not covered

* If you choose a non-network provider, you will be responsible for any amount above Cigna's Maximum Allowable Cost (MAC).

What is the Dental I progressive maximum and how does it work?

The progressive maximum allows you to increase your annual dollar maximum for the next plan year. Your annual dollar maximum will grow each year by \$100 when you have routine cleanings, x-rays, and oral exams. You can have three progressions in maximum increases, up to the maximum of \$2,600. You will need to stay enrolled in the plan and keep getting preventive care to receive the increase(s) to your annual dollar maximum.

Note: Oral surgery is covered under all three medical options. Be sure to tell your provider to submit any claims to the address on your Aetna ID card. If you are not enrolled in medical, there is no coverage for oral surgery.

Vision

EyeMed will continue to administer vision coverage in 2025.

Plan Features	EyeMed Vision Care Plan	
	In-network member cost	Out-of-network reimbursement
Annual exam	\$10 copay	Up to \$35
Frames	\$180 allowance; 20% off balance over \$180	Up to \$60
Standard plastic lenses • Single vision • Bifocal • Trifocal	\$10 copay	Up to \$25 Up to \$40 Up to \$55
Standard progressive lenses*	\$75 copay**	Up to \$40
Premium progressive lenses*	\$75 copay, 80% of charge less \$120 allowance**	Up to \$40
Contact lenses • Conventional • Disposable • Medically necessary	• \$180 allowance: 15% off balance over \$180 • \$180 allowance plus balance over \$180 • Covered in full**	• Up to \$104 • Up to \$104 • Up to \$200
Lasik or PRK from US Laser Network	15% off retail price or 5% off promotional price (whichever is lesser)	N/A

* Discounts/allowances must be available for standard and premium progressives.

** Cost depends on type of eyeglass lenses (single vision, bifocal, or trifocal).

Contact Information

	Provider	Phone	Website
Enrollment	Billing Services	833-874-1600	www.cobraandbillingservices.com
Medical	Aetna	866-276-1820	www.aetna.com
Prescription	Express Scripts Rx Savings Solutions	877-263-2913 800-268-4476	www.express-scripts.com www.myrxss.com/huber
Telehealth	Teladoc	855-835-2362	www.Teladoc.com/Aetna
Diabetes and Pre-Diabetes Management	Livongo	800-945-4355	www.livongo.com/jmhuber
Hypertension Management	Omada	888-409-8687	https://www.express-scripts.com/healthsolutions
Back and Joint Pain	Hinge Health	855-902-2777	www.hingehealth.com/huber
Surgical Centers of Excellence	Carrum Health	888-855-7806	carrum.me/huber
Dental	Cigna	800-244-6224	www.mycigna.com
Vision	EyeMed	866-800-5457	www.eyemed.com
Adoption, Surrogacy & Fertility Benefits	Progyny	833-215-5348	https://progyny.com/
401(k) Savings Plan	Voya	800-354-8237	https://jmhuber.voya.com