

Open Enrollment 2025 | November 13, 2024



Open enrollment this year will be from **Monday, December 2nd to the end of day Friday, December 6th**. You can enroll in or make changes to your insurance plans through your ADP profile or by calling (888) 598-2040. If you do not complete open enrollment, you will be auto-enrolled in your current coverages. Our insurance plan year begins on January 1st.

Those enrolled in an FSA (Dependent Care, Medical, Limited Purpose) must re-enroll to continue their coverage.

Changes to our medical plan design, effective January 1, 2025:

- We will be moving our plan year to start on January 1st each year to align with deductibles.
- A new wellness program **has been** introduced.
- Premiums will increase at this time depending on which wellness category you fall into.

Wellness Program and Plan Changes

Biometrics for this wellness program year need to be completed by the end of November to receive a wellness discount for 2025. Both the employee and spouse can earn wellness discounts that can be applied to the medical premium. We have a few in person biometric screenings left. We offer two convenient ways to sign up for a company event:

- **Phone:** Call eHealth directly at 888-708-8807 ext. 1 to schedule over the phone. Representatives are available Monday – Friday from 7:00 AM to 6:00 PM.
- **Virgin Pulse:** Virgin Pulse offers an online registration process. If you encounter any difficulties, don't hesitate to call eHealth at the number above.

Location Street Address, City, State, Zip & Screening Event Room Number	Preferred Screening Date(s)	Screening Start Time
Landoll Lanes - 2005 Center St, Marysville, KS 66508	11/19/2024	7:00 - 11:00 am
940 Calvert St, Lincoln, NE 68502	11/20/2024	7:00 - 11:00 am
208 W Depot, Dorchester, NE 68343	11/21/2024	7:00 - 11:00 am

- Below are the discounts you can earn depending on which wellness tier you fall into. If you were hired after October 1st 2024, you will automatically get the Gold or Gold/Gold rate for 2025.

Wellness Point Structure		
Category	Normal Range	Points Possible
Blood Pressure	<130 mm/85h g	1
HDL (Good) Cholesterol	Men ≥ 40 mg/dl Women ≥ 50 mg/dl	1
Glucose (Blood Sugar)	Fasting: 70-99 mg/dl Non-Fasting: ≤ 139 mg/dl	1
Triglycerides	< 150 mg/dl	1
Waist Circumference	Men ≤ 40 Women ≤ 35	2
Tobacco Status	Non-tobacco user	3
Biometric Screening	Complete biometric screening	1

Wellness Tiers		Wellness Discounts Per Paycheck		
Category	Total Points Needed		Employee	Spouse
Platinum	9-10	Platinum	\$60.00	\$60.00
Gold	5-8	Gold	\$30.00	\$30.00
Silver	1-4	Silver	\$15.00	\$15.00
Bronze	0	Bronze	\$0.00	\$0.00



Medical Rates

Premier Select Blue Choice and Blue Print Health are both narrow networks. Narrow networks provide greater discounts on service and procedures that save the employee money and saves the plan money. Because of this, we can offer these plans at a greater discount. Please see below for more information on these plans.

Premier Select BlueChoice			Blueprint Health HDHP		
	Per Pay Period	Monthly Premium	Per Pay Period	Monthly Premium	
Single	\$105.00	\$227.50	\$105.00	\$227.50	
EE + Child(ren)	\$135.00	\$292.50	\$135.00	\$292.50	
EE + Spouse	\$200.00	\$433.33	\$200.00	\$433.33	
Family	\$250.00	\$541.67	\$250.00	\$541.67	
	In Network	Out of Network	In Network	Out of Network	
Deductible - Single	\$1,800	\$6,000	\$1,800	\$6,000	
Deductible - Family	\$3,600	\$12,000	\$3,600	\$12,000	
Embedded Deductible	Not embedded		Not embedded		
% Paid After Deductible	90%	50%	90%	50%	
Out of Pocket - Single	\$2,300	\$7,000	\$2,300	\$7,000	
Out of Pocket - Family	\$4,600	\$14,000	\$4,600	\$14,000	
Preventive Services	100%	Deductible/Coinsurance	100%	Deductible/Coinsurance	
Prescription Drugs (Brand)	Deductible	No Coverage	Deductible	No Coverage	
Prescription Drugs (Specialty)	Deductible + 50% Coinsurance	No Coverage	Deductible + 50% Coinsurance	No Coverage	
Specialty Prescription Drugs (Additional Out of Pocket)	\$3,050 (per person) \$6,100 (max family)	N/A	\$3,050 (per person) \$6,100 (max family)	N/A	

Network Blue HDHP			Out-of-State Network Blue HDHP		
	Per Pay Period	Monthly Premium	Per Pay Period	Monthly Premium	
Single	\$150.00	\$325.00	\$125.00	\$270.83	
EE + Child(ren)	\$250.00	\$541.67	\$185.00	\$400.83	
EE + Spouse	\$315.00	\$682.50	\$250.00	\$541.67	
Family	\$420.00	\$910.00	\$300.00	\$650.00	
	In Network	Out of Network	In Network	Out of Network	
Deductible - Single	\$4,000	\$8,000	\$3,300	\$6,000	
Deductible - Family	\$8,000	\$16,000	\$6,600	\$12,000	
Embedded Deductible	\$4,000	\$8,000	\$3,300	\$6,000	
% Paid After Deductible	90%	50%	90%	50%	
Out of Pocket - Single	\$5,000	\$10,000	\$4,000	\$7,000	
Out of Pocket - Family	\$10,000	\$20,000	\$8,000	\$14,000	
Preventive Services	100%	Deductible/Coinsurance	100%	Deductible/Coinsurance	
Prescription Drugs (Brand)	Deductible	No Coverage	Deductible	No Coverage	
Prescription Drugs (Specialty)	Deductible + 50% Coinsurance	No Coverage	Deductible + 50% Coinsurance	No Coverage	
Specialty Prescription Drugs (Additional Out of Pocket)	\$3,050 (per person) \$6,100 (max family)	N/A	\$3,050 (per person) \$6,100 (max family)	N/A	

- Wellness discounts will be taken off from the price above

There are no other changes to our medical plans offered for 2025. For questions regarding biometrics, enrollment, or our insurance plans, please contact either one of us in Human Resources below:

Dorchester Office
402-946-2211

Taylor Collins, Sr VP of Talent
tcollins@farmersco-operative.com

Taylor Cerveny, Payroll & Benefits Manager
tcerveny@farmersco-operative.com