

NEXTT

2024 Open Enrollment !

We recognize our employees are our number one asset. You are the driving force behind our success!

Effective June 1, 2024

- Health Insurance benefits will move to BlueCross BlueShield
- We will continue the United Concierge Virtual ER services
- Texas Residence Network Options – BCBS PPO Choice and BCBS HMO Advantage
- Non-Texas Network Options – BCBS PPO Choice
- Dental plan will remain with Dental Select/Ameritas
- Vision plan will remain with MetLife / VSP

Open enrollment for group medical, dental and vision insurance provides you the opportunity to enroll for coverage or make changes to your coverage. Keep in mind, the decision you make at open enrollment regarding your insurance coverage is effective for the entire plan year (June 1, 2024 – May 31, 2025). You may only change your plan and dependent status if you have a “qualifying event” as defined by the IRS, such as marriage, divorce, birth, adoption, or loss of coverage.

The cutoff date for completing the enrollment is **May 22, 2024**. If you have any questions, contact your Human Resources contact:

- Liz Sullivan
- Michelle Blair (broker’s office)
214-443-1401 or 866-629-7963
michelle@insuranceisboring.com

All additional compliance notices are included on the www.insuranceisboring.com benefit website: (generic login)

Email: benefits@nextt.com

Password: [nextt](#)

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MEDICAL PLANS

The company will be offering three medical plans using the **BCBS PPO Blue Choice** network and for Texas employees an additional three medical plans using the **BCBS HMO Blue Advantage** network. The HMO network is only available to Texas residents. Emergency care is covered in and out of network as if in network in both the PPO and HMO.

HSA Plan

An HSA plan combines a medical plan with a Health Savings Account (HSA). With an HSA plan, all eligible expenses apply to the deductible and co-insurance first, except for preventive care which is covered at 100% on all plans. Prescriptions are applied to the plan deductible first; then once you meet the plan deductible, all eligible expenses are paid at the co-insurance level. Once you meet the out-of-pocket maximum, all in-network benefits are paid at 100%.

You may make contributions to the HSA from your payroll not to exceed the annual IRS limits. Employees wanting to make HSA contributions must open an account with **Optum Bank**.

The HSA funds may be used to pay for eligible medical, dental and vision expenses such as, but not limited to, doctor visits and prescriptions.

You are encouraged to take full advantage of the tax savings by contributing towards your HSA account. The IRS limits the amount that you may contribute pre-tax to an HSA account. If you or your spouse is 55 years of age or older, you may elect to contribute an additional \$1,000 catch-up contribution for yourself and your spouse in 2024 in addition to the annual limits.

Combined annual IRS limits:	<u>Individual Limits</u>	<u>Family Limits</u>
	\$4,150 (2024)	\$8,300 (2024)

What are the benefits of an HSA?


- **Pre-tax dollars** may be used to pay for qualified expenses anytime during your life or for your eligible dependents.
- Your HSA funds rollover at the end of the year
- **You may easily access your HSA funds by debit card or check.**
- **Funds left in an HSA can grow, tax-deferred, and may be invested similarly to an IRA**
- Your account stays with you even if you change employers
- After age 65, you can withdraw your funds, and they are taxed as ordinary income
- Your HSA funds may be used tax-free to pay for Medicare insurance premiums

What expenses are qualified medical expenses? Qualified expenses include most normal medical, dental and vision expenses such as:

- Doctor visits
- Prescription drugs
- Dental services
- Vision care (including contact lenses, glasses, and Lasik surgery)
- View a complete list of eligible expenses on the www.insuranceisboring.com website


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The company will offer the following three medical plans using the **BCBS Choice PPO** network.

 BlueCross BlueShield of Texas	S9K1CHC	S662CHC HSA	B660CHC HSA
	In-Network Benefits	In-Network Benefits	In-Network Benefits
CALENDAR YEAR DEDUCTIBLE		HSA	HSA
Individual Deductible	\$5,000	\$5,250	\$6,500
Family Deductible Maximum	\$15,000	\$10,500	\$13,000
MAXIMUM OUT-OF-POCKET PER CALENDAR YEAR PER PERSON			
Individual Out-of-pocket Maximum	\$9,000	\$5,250	\$7,250
Family Out-of-pocket Maximum	\$18,000	\$10,500	\$14,500
WELLNESS & IMMUNIZATIONS			
Well Child Care, includes immunizations	100%	100%	100%
Well Adult (exam, mammogram, PSA)	100%	100%	100%
INPATIENT			
Hospitalization (inpatient)	Deductible + 30% + \$250/visit	100% after Deductible	Deductible + 30%
OUTPATIENT			
Physician Office Visit (illness or injury, except surgery)	\$40 PCP \$80 co-pay SP Office Visit Only	100% after Deductible	Deductible + 30%
Outpatient Surgery (surgical facility or doctor's office)	Deductible + 30% + \$200/visit	100% after Deductible	Deductible + 30%
MRI, CT Scan, PETSCAN, etc.	Deductible + \$30%	100% after Deductible	Deductible + 30%
Diagnostic lab & x-ray	Deductible + \$30%	100% after Deductible	Deductible + 30%
Urgent Care Visit	\$75 copay	100% after Deductible	Deductible + 30%
Emergency Room Services	Deductible + 30% + \$500/visit	100% after Deductible	Deductible + 30% + \$650/visit
Virtual Visit	Sam	Sam	Sam
PRESCRIPTIONS - Retail Preferred Participating Pharmacy			
Preferred Generic	\$0 copay	100% after Deductible	10% coinsurance
Non-preferred Generic	\$10 copay	100% after Deductible	10% coinsurance
Preferred Brand	\$50 copay	100% after Deductible	20% coinsurance
Non-preferred Brand	\$100 copay	100% after Deductible	30% coinsurance
Preferred Specialty	\$150 copay	100% after Deductible	40% coinsurance
Non-preferred Specialty	\$250 copay	100% after Deductible	50% coinsurance

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In Texas, the company will offer three additional medical plans using the **BCBS Blue Advantage HMO** network. The HMO requires a Primary Care Physician referral to consult with a specialist.

 BlueCross BlueShield of Texas	S643ADT	S9E1ADT HSA	B9E1ADT HSA
	In-Network Only	In-Network Only	In-Network Only
CALENDAR YEAR DEDUCTIBLE		HSA	HSA
Individual Deductible	\$3,500	\$5,250	\$6,500
Family Deductible Maximum	\$10,500	\$10,500	\$13,000
MAXIMUM OUT-OF-POCKET PER CALENDAR YEAR PER PERSON			
Individual Out-of-pocket Maximum	\$9,000	\$5,250	\$7,250
Family Out-of-pocket Maximum	\$18,000	\$10,500,	\$14,500
WELLNESS & IMMUNIZATIONS			
Well Child Care, includes immunizations	100%	100%	100%
Well Adult (exam, mammogram, PSA)	100%	100%	100%
INPATIENT			
Hospitalization (inpatient)	Deductible + 30% + \$350/visit	Deductible + 30% + \$350/visit	Deductible + 30%
OUTPATIENT			
Physician Office Visit (illness or injury, except surgery)	\$50 co-pay PCP \$90 co-pay SP Office Visit Only	100% after Deductible	Deductible + 30%
Outpatient Surgery (surgical facility or doctor's office)	Deductible + 30% + \$300/visit	100% after Deductible	Deductible + 30%
MRI, CT Scan, PETSCAN, etc.	Deductible + 30% + \$250/test	100% after Deductible	Deductible + 30%
Diagnostic lab & x-ray	Deductible + 30% + \$150/x-ray	100% after Deductible	Deductible + 30%
Urgent Care Visit	\$100 copay	100% after Deductible	Deductible + 30%
Emergency Room Services	Deductible + 30% + \$750/visit	100% after Deductible	Deductible + 30% + \$650/visit
Virtual Visit	Sam	Sam	Sam
PRESCRIPTIONS – Retail Preferred Participating Pharmacy			
Preferred Generic	\$0 copay	100% after Deductible	10% coinsurance
Non-preferred Generic	\$10 copay	100% after Deductible	10% coinsurance
Preferred Brand	\$50 copay	100% after Deductible	20% coinsurance
Non-preferred Brand	\$100 copay	100% after Deductible	30% coinsurance
Preferred Specialty	\$150 copay	100% after Deductible	40% coinsurance
Non-preferred Specialty	\$250 copay	100% after Deductible	50% coinsurance

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Medical Plan Contributions

The company has made a substantial investment in your healthcare. Nextt will contribute a substantial portion of the employee only medical premium on all plans. The employee will be responsible for the balance of the employee premiums and any dependent premiums.

The rates can be found on the enrollment portal.

Dental Plan

The company will be continuing the dental plan to Dental Select/Ameritas. You will now have access to providers in both networks as well as any licensed dentist.

Nextt will contribute 50% of the employee only dental premium, and you will be responsible for the dependent premiums.

This plan provides a \$3,000 per year maximum benefit.

NEXXT - DENTAL BENEFITS AT A GLANCE	
PLAN FEATURES	PPO PLAN
Annual Deductible (waived for preventive services)	
Individual	\$50
Family	\$150
Annual Benefit Maximum	
Per Individual	\$3,000
Type A - Preventive Services	100%
Type B - Basic Restorative	80%
Type C - Major Restorative	50%

Dental Plan Contributions

The rates shown below are your before-tax premiums

Semi-Monthly

Employee Only	\$11.83
Employee + Spouse	\$38.48
Employee + Children	\$42.86
Employee + Family	\$66.67



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Vision Plan

The company will be continuing our vision coverage with VSP / MetLife. The employee is responsible for 100% of the employee only premium and the dependent premiums.

The rates shown below are your before-tax premiums



	<u>Semi-Monthly</u>
Employee Only	\$4.44
Employee + Spouse	\$8.90
Employee + Children	\$7.54
Employee + Family	\$12.43

United Concierge ER Medicine Services

A virtual ER visit lets you see and talk to an Emergency Medicine provider from your mobile device or by phone without an appointment. Most visits take about 10-15 minutes, and doctors can write a prescription, order lab tests, or order diagnostic x-rays. They can also follow-up and track your recovery.

Enrollment Instructions

We thank you for your service to our company and hope that the benefits covered in this package are of service to you and your family.

**Enrollment must be
completed by
May 22, 2024**

To make elections online:

Go to: www.bernieportal.com

User name: your NEXTT email address

Password: the last 4 of your SSN plus 2-digit birth month, unless you changed it during a previous enrollment. You can use the "forgot password" option if you need help remembering.