



It's Annual Enrollment Time!!!

Effective January 1, 2025, we will continue our group's current medical coverage with **BlueCross BlueShield**. We will offer two copay plans and one High Deductible Health Plan (HSA) using the **BCBS Choice PPO Network**.

Open enrollment for group medical and dental insurance allows you to enroll for coverage or change your coverage. Keep in mind the decision you make at open enrollment regarding your insurance coverage is effective for the entire plan year (January 1, 2025 – December 31, 2025) unless you incur a "qualifying event" as defined by the IRS, such as marriage, divorce, birth, adoption, or loss of medical coverage.

ALL EMPLOYEES must complete enrollment utilizing our online enrollment system, even if you are declining coverage.

DEADLINE

The deadline for completing your online enrollment is **Monday, December 16, 2024**. Please retain a copy for your files. If you have any questions, please contact HR as soon as possible.

MEDICAL PLANS

Pro-Star will offer two copay plans and one High Deductible Health Plan (HSA) in the BCBS Choice PPO network. Pro-Star will contribute toward the employee and dependent premium. The employee will be responsible for the remaining employee and dependent premiums.

CAFETERIA PLAN

Unless you notify us otherwise, we will continue your participation in the pre-tax premium plan.

If you have any questions, contact Human Resources or:

George Knox (broker) 214-443-1400, ext. 201 george@netinscorp.com

Michelle Blair (broker's office) 214-443-1401 michelle@netinscorp.com

All additional compliance notices are included on the benefit website: (generic login)

www.insuranceisboring.com

User Name: benefits@prostarrental.com

Password: [PRO](#)

Health Savings Account (HSA) - The Qualified High Deductible Plan (HDHP) permits pre-tax contributions to a Health Savings Account (HSA). For those employees electing the HDHP plan, your employer will contribute monthly towards your HSA.

PPO Plan MTBCP015H

Employee Only	\$ 70 / mo.
Emp. + Spouse	\$100 / mo.
Emp. + Children	\$100 / mo.
Emp + Family	\$200 / mo.

HSA Contributions

The HSA Plan combines a medical plan with a Health Savings Account. The HSA medical plan uses the same network as the copay plans, which offers a discount for in-network services. In the HSA plan, all expenses except preventive care, which is covered 100%, apply to your deductible first. Once your deductible is met, and once you meet the out-of-pocket limit, the plan pays 100% for all in-network benefits. Prescriptions are applied to the deductible first, then paid at the coinsurance level until the out-of-pocket maximum is met; then, prescriptions are also paid at 100%.

Employees enrolled on an HSA plan must open an HSA account with Optum Bank to receive the employer's monthly HSA contribution. Employees may make additional deposits through payroll contributions. The IRS limits the annual amount that may be contributed to an HSA account. Remember that the total of the employer contributions and the employee contributions may not exceed the IRS calendar year annual limit. If you or your spouse is 55 or older, you may elect to contribute an additional \$1,000 catch-up contribution for yourself and/or your spouse.

Combined Annual IRS Limits:	Individual Limits:	Family Limits:
	\$4,300 (2025)	\$8,550 (2025)

Your Health Savings Account must be open for an expense to be eligible for reimbursement. You are encouraged to take full advantage of the tax savings by contributing to your HSA through pre-tax payroll deductions.

What are the benefits of an HSA? An HSA is very similar to an IRA with the same investment options:

- Pre-tax dollars can be used to pay for qualified expenses.
- You are in control of more of your healthcare decisions.
- Funds left in an HSA can grow tax-deferred.
- Your account stays with you even if you change employers.
- After age 65, you can withdraw your funds, which are taxed as ordinary income.

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

- Doctor visits, Dental services, Prescriptions, Vision Care, Part 'B' and Part 'D' Medicare.

View a complete list of eligible expenses on the www.insuranceisboring.com website.

Pro Star Rental - PPO MEDICAL BENEFITS AT A GLANCE

BlueCross BlueShield Choice Network	MTBCB026 \$3,000 Co-pay	MTBCB045 \$6,000 Co-pay	MTBCP007H \$5,000 HSA
CALENDAR YEAR DEDUCTIBLE			
Individual Deductible	\$3,000	\$6,000	\$5,000
Family Deductible Maximum	\$9,000	\$15,800	\$10,000
MAXIMUM OUT-OF-POCKET PER CALENDAR YEAR PER PERSON			
Individual Out-of-Pocket limit In-network	\$7,350	\$8,150	\$5,000
Family Out-of-pocket limit in- network	\$14,700	\$16,300	\$10,000
WELLNESS & IMMUNIZATIONS			
Well Child Care	100%	100%	100%
Well Adult	100%	100%	100%
Hospitalization (inpatient)	Deductible + 30% coinsurance	Deductible + 30% coinsurance	100% After Deductible
OUTPATIENT			
Physician Office Visit (illness or injury, except surgery)	\$50 co-pay PCP \$100 co-pay SP Office Visit Only	\$35 co-pay PCP \$70 co-pay SP Office Visit Only	100% After Deductible
Outpatient Surgery	Deductible + 30% coinsurance	Deductible + 30% coinsurance	100% After Deductible
Diagnostic lab & X-ray	Deductible + 30% coinsurance	Deductible + 30% coinsurance	100% After Deductible
MRI, CT Scan, PET SCAN	Deductible + 30% coinsurance	Deductible + 30% coinsurance	100% After Deductible
Urgent Care Facility Visit	\$75/visit	\$75/visit	100% After Deductible
Emergency Room Services	\$500 + Deductible + 30% coinsurance	\$500 + Deductible + 30% coinsurance	100% After Deductible
PRESCRIPTIONS – Retail Pharmacy			
Tier 1 Preferred Generic	\$0 Preferred \$10 Non-Preferred	\$0 Preferred \$10 Non-Preferred	100% After Deductible
Tier 2 Non-Preferred Generic	\$10 Preferred \$20 Non-Preferred	\$10 Preferred \$20 Non-Preferred	100% After Deductible
Tier 3 Preferred Brand	\$50 Preferred \$70 Non-Preferred	\$50 Preferred \$70 Non-Preferred	100% After Deductible
Tier 4 Non-Preferred Brand	\$100 Preferred \$120 Non-Preferred	\$100 Preferred \$120 Non-Preferred	100% After Deductible
Tier 5 Preferred Specialty	\$150	\$150	100% After Deductible
Tier 6 Non-Preferred Specialty	\$250	\$250	100% After Deductible

Estimated Employee Semi-Monthly Premium

PPO Plan Options:

	MTBCB026 \$3,000 ded. <u>Co-Pay</u>	MTBCB045 \$6,000 ded. <u>Co-Pay</u>	MTBCP007H \$5,000 ded. <u>H.S.A *</u>
Employee Only	\$ 100.62	\$ 38.47	\$ 46.72
Employee + Spouse	\$ 430.02	\$ 301.59	\$ 283.07
Employee + Child(ren)	\$ 431.07	\$ 302.60	\$ 283.96
Employee + Family	\$ 667.53	\$ 470.30	\$ 471.88

*Employer monthly contribution to HSA:

Employee	\$ 70.00
Employee + Spouse	\$100.00
Employee + Child(ren)	\$100.00
Employee + Family	\$200.00

To make elections online:

Go to: www.bernieportal.com

User name: your email address

Password: the last 4 of your SSN plus 2-digit birth month, unless you have changed your password during a previous enrollment. You can reset your password by using the 'forgot password' option.

Enrollment must be

completed by

December 16, 2024