



It's Annual Enrollment Time!!!

The new benefit plan year is set to begin on **April 1, 2025**.

We are renewing our health insurance with **BlueCross BlueShield of Texas**.

Our dental, vision, and group life plans will remain with **Principal**.

The voluntary life plan will remain with **MetLife**.

The Long-Term and Short-Term Disability benefits will remain with **UNUM**.

This **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 **12-month plan year** (April 1, 2025 – March 31, 2026) unless you have a "qualifying event" as defined by the IRS, such as marriage, divorce, birth, adoption, or loss of medical coverage. Deductibles and out-of-pocket limits accumulate annually.

EMPLOYEES MUST complete open enrollment utilizing our online enrollment system at www.bernieportal.com

The deadline for completing enrollment will be **Friday, March 21, 2025**. Please retain a copy for your files. If you have any questions, contact Rosanne Duke.

All additional compliance notices and benefits summaries are included on the benefits portal:

www.insuranceisboring.com

Email: benefits@iavm.org

Password: **iavm**

MEDICAL PLANS

IAVM will offer one co-pay plan and one H.S.A. plan using the **Blue Choice PPO** network and one co-pay plan and one H.S.A. plan using the **Blue Advantage HMO** network.

HMO plans are only available to employees residing in Texas. There are no out-of-network benefits associated with the HMO plan options, with the exception of emergency care, which is covered as in-network. When selecting an HMO plan, you must designate a Primary Care Physician (PCP) in the Blue Advantage network, or one will be assigned to you based on your home zip code. With the HMO, you must have a referral from your PCP to visit a specialty physician.

IAVM will pay 100% of the employee only premium for the PPO \$4,100 deductible H.S.A. plan and the HMO \$4,100 deductible H.S.A. plan.

HSA PLAN

There are two Qualified High Deductible Health Plans (HDHP) that permit pre-tax contributions to a Health Savings Account (HSA). For those employees electing either the PPO or HMO HDHP plan, the company will contribute \$50 monthly towards the HSA.

The HSA plans combine a medical plan with a Health Savings Account. The HSA plans have no copays, so all expenses except preventive care, which is covered 100%, apply to your deductible first. Once you meet the deductible, which is also the out-of-pocket limit, the plan pays 100% for all in-network benefits. Prescriptions are also applied to the deductible first and are paid at 100% after the deductible has been met.

IAVM currently uses Optum Bank as their HSA depository custodian. Employees enrolling in the HSA plan for the first time need to open an HSA account with Optum Bank to receive the 2025 company HSA contributions of \$50 per month. You may request instructions on opening your Optum Bank HSA from Rosanne Duke. You may have additional HSA custodian accounts, but all IAVM employer contributions will be made to Optum Bank.

You may make additional payroll deduction HSA contributions to your account up to the IRS contribution limits. You are encouraged to take full advantage of the tax savings by contributing to your HSA through pre-tax payroll deductions. The IRS limits the annual amount that may be contributed to an HSA account. 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 in 2025.

Annual HSA Contribution Limits

[Individual Limits](#)

[Family Limits](#)

\$4,300 (2025)

\$8,550 (2025)

What are the benefits of an HSA? **An HSA is very similar to an IRA in that:**


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

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)
- Medicare Part "B" and Part "D" expenses

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

MEDICAL BENEFITS AT A GLANCE

 BlueCross BlueShield of Texas	PPO Copay G652CHC \$1,600 Ded.	PPO H.S.A G656CHC \$4,100 Ded.	HMO Copay G663ADT \$1,600 Ded.	HMO HSA G666ADT \$4,100 Ded.
CALENDAR YR. DEDUCTIBLE				
Individual Deductible	\$1,600	\$4,100	\$1,600	\$4,100
Family Deductible Maximum	\$4,800	\$12,300	\$4,800	\$12,300
MAXIMUM OUT-OF-POCKET PER CALENDAR YEAR PER PERSON (does include copays or deductibles)				
Individual	\$5,350	\$4,100	\$5,350	\$4,100
Family	\$10,705	\$12,300	\$10,705	\$12,300
WELLNESS & IMMUNIZATIONS				
Well Child Care	100%	100%	100%	100%
Well Adult	100%	100%	100%	100%
OUTPATIENT				
Physician Office Visit (illness or injury, except surgery)	\$50 co-pay PCP \$100 co-pay SP	100% after deductible	\$50 co-pay PCP \$100 co-pay SP	100% after deductible
Outpatient Surgery (surgical facility/doctor’s office)	20% after deductible		20% after deductible	
MRI, CT Scan, PETSCAN	\$300/test		\$300/test	
Lab & X-ray coordinated with office visit	20% after deductible		20% after deductible	
Urgent Care Visit	\$100 co-pay		\$100 co-pay	
Emergency Room Services	Deductible & 20% coinsurance + \$500/visit		Deductible & 20% coinsurance + \$500/visit	
PRESCRIPTIONS				
Tier 1 – preferred generic	Preferred \$5 Non-Pref. \$15	100% after deductible	Preferred \$5 Non-Pref. \$15	100% after deductible
Tier 2 – non-preferred generic	Preferred \$15 Non-Pref. \$25		Preferred \$15 Non-Pref. \$25	
Tier 3 – preferred brand	Preferred \$50 Non-Pref. \$70		Preferred \$50 Non-Pref. \$70	
Tier 4 - non-preferred brand	Preferred \$100 Non-Pref. \$120		Preferred \$100 Non-Pref. \$120	
Tier 5 – preferred specialty	\$150		\$150	
Tier 6 – non-preferred specialty	\$250		\$250	

DENTAL PLAN

IAVM will offer dental coverage through **Principal**. Employees are responsible for dependent dental premiums.

IAVM - DENTAL BENEFITS AT A GLANCE	
PLAN FEATURES	PPO PLAN
Annual Deductible (Waived Type A) Individual Family	\$50 \$150
Annual Benefit Maximum Per Individual	\$5,000
Type A - Preventive Services	100%
Type B - Basic Restorative	80%
Type C - Major Restorative	50%
Type D - Orthodontics (Children < 19 years of age)	50% Lifetime Maximum \$1,000

To find a network dentist: Principal.com/dentist or 800-247-4695

VISION PLAN

Although our vision carrier is Principal, we continue to have access to the **VSP** network. Employees are responsible for dependent vision premiums.

IAVM - VISION BENEFITS AT A GLANCE	
PLAN FEATURES	IN-NETWORK
Eye Exam (Every 12 months)	\$10 copay
Lenses (Every 12 months)	\$25 copay
Frames (Every 12 months)	Up to \$150 allowance
Elective Contact Lenses (Glasses OR Contact lenses)	Up to \$150 allowance

To find a VSP doctor: vsp.com or 800-877-7195

Basic Life/AD&D

Our group life plan will transition to **Principal**. The company sponsored life insurance will remain 2x your annual salary up to \$300,000. This is an employer-paid benefit.



Voluntary Life/AD&D

The voluntary life plan will remain with **MetLife**. Employees are responsible for the full premiums for themselves and for their dependents. Rates are age based and can be found on your enrollment portal.

	Employee	Spouse and Child	
	Employee	Spouse ¹	Child ²
Life Coverage: provides a benefit in the event of death. Schedules:	Increments of \$10,000	Increments of \$5,000	Flat Amount: \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000
Non Medical Maximum	\$50,000	\$25,000	\$10,000
Overall Benefit Maximum	The Lesser of 5X Basic Annual Earnings or \$500,000	\$100,000	\$10,000

Disability Plans

Short Term Disability

IAVM will continue to provide employer-paid Short-Term Disability insurance (STD) with **UNUM**. Since this is an employer-paid benefit, you are automatically included as a covered employee once you meet the new employee waiting period. The maximum weekly benefit is 60% of your salary to a maximum of \$2,000 per week, and benefits begin after 7 days.

Long Term Disability

IAVM will continue to provide employer-paid Long-Term Disability (LTD) coverage with **UNUM**. Since this is an employer-paid benefit, you are automatically included as a covered employee once you meet the new employee waiting period. The benefit begins after 90 days of disability and is 60% of your monthly salary to a maximum monthly benefit of \$8,000. Benefits continue to age 65 or Social Security Normal Retirement Age, whichever is later.

RATES

These are your estimated premiums:

Cost Per Pay Period (Semi-Monthly)	Medical PPO		Medical HMO		Dental	Vision
	\$1,600 ded. copay G652CHC	\$4,100 ded. H.S.A. G656CHC	\$1,600 ded. copay G663ADT	\$4,100 ded. H.S.A. G666ADT		
Employee Only	\$50.00	\$ 0.00	\$ 42.16	\$ 0.00	\$ 0.00	\$ 0.00
Employee & Spouse	\$547.44	\$475.09	\$357.03	\$296.61	\$24.25	\$4.24
Employee & Child(ren)	\$547.44	\$475.09	\$357.03	\$296.61	\$27.94	\$2.97
Employee & Family	\$1,044.88	\$950.18	\$671.90	\$593.82	\$59.36	\$7.66
Employer H.S.A. Monthly Contribution		\$50.00		\$50.00		



We thank you for 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
March 21, 2025**

To make elections online:

Go to: www.bernieportal.com

User name: your IAVM email

Password: the last 4 of your SSN plus 2-digit birth month, unless you changed it during a previous enrollment period.

If you need a password reset, please use the 'Forgot Password' option on the login page.