

Annual Benefits Enrollment

Overview of What's Changing for 2025

Annual Benefits Enrollment is coming up fast: **October 23 through November 7**. But before you enroll, you need to understand what's changing with your current benefits.

The first change, you may have already noticed, is simply a name change. Going forward, your medical, dental, vision, and other benefits are being offered through the **Aon Benefit Experience (BenX)**. You will continue to enroll using the [My Health Benefits](#) enrollment website.

Most BenX benefits and options are **not** changing significantly in 2025. However, below is an overview of important changes and considerations for 2025. Keep in mind that:

- Many insurance carriers are investing in specially designed [programs](#) to help you feel your best; and
- Changes are continuously made to carrier networks, prescription drug formularies, and of course, how much you pay.

What's New	Why It Matters
Your options could have changed.	You should enroll to make sure you get the coverage you want next year! Not only could your needs have changed, but other things could have changed too—including your options and prices, the network of doctors, and how your prescription drugs are covered. It's worth a close look, even if you choose exactly what you have today. And, to contribute to a Health Savings Account (HSA) (if eligible) or flexible spending account, you must make an active election.
Cost of coverage	The price of coverage can change from year to year, and your 2024 coverage may not be the most economical in 2025. In addition to reviewing the coverage details of your options, also review the costs to ensure you're getting the best option for your needs AND budget.
Insurance carrier provider networks could have changed.	The provider networks covered by your insurance carrier can change. Seeing out-of-network providers may cost you substantially more than seeing in-network providers. Always double-check the networks of each insurance carrier you're considering before making a decision. When it's time to enroll, see if providers critical to your care are in the network through the My Health Benefits enrollment website. You can access this information by clicking Find Doctors when you're selecting your medical plan.

What's New**Why It Matters**

For the best results:

- Search for your provider by name—not medical practice.
- Check only the office location(s) you are willing to visit.
- When searching for a facility, use the complete facility name and confirm whether the specialty of the facility is covered in-network.

Important! If you have **any** uncertainty (for instance, covering out-of-area dependents) or you need the network name, you need to call the [insurance carrier](#).

Medical and Prescription Drug

Anthem will provide out-of-network coverage in California.

If you live in California and are considering Anthem as your medical insurance carrier, Anthem will provide in-network **and** out-of-network coverage for all coverage levels in 2025. Just remember, seeing out-of-network providers may cost you substantially more than seeing in-network providers.

The Bronze Plus deductibles and out-of-pocket maximums will increase slightly.

The Bronze Plus in-network deductibles are increasing from \$2,450 to \$2,500 for individual coverage, and from \$4,900 to \$5,000 if you cover dependents. The out-of-pocket maximums are increasing from \$3,900 to \$4,500 for individual coverage, and from \$7,800 to \$9,000 if you cover dependents.

The Silver deductibles and out-of-pocket maximums will increase slightly.

The Silver in-network deductibles are increasing from \$1,600 to \$1,700 for individual coverage, and from \$3,200 to \$3,400 if you cover dependents. The out-of-pocket maximums are increasing from \$3,800 to \$4,250 for individual coverage, and from \$7,600 to \$8,500 if you cover dependents.

The Gold coinsurance will decrease slightly.

If you're covered under the Gold coverage level, your coinsurance for emergency room, inpatient, and outpatient services will decrease from 25% to 20%. Emergency room visits will still be subject to a \$150 copay before coinsurance.

How your medication is classified (and covered) could have changed.

Because your medical insurance carrier's pharmacy benefit manager **can** change how it covers prescription drugs at any time (such as changing coverage tiers), it's strongly recommended that you call the [insurance carrier](#) before you enroll to see how your medication will be covered in the new plan year.

Other medical benefits **may** have changed.

Medical insurance carriers may offer new or enhanced benefits for 2025. Additional coverage details will be available when you enroll, so be sure to review your options carefully.

Health Savings Account (HSA)

The IRS has updated the HSA contribution limits.

If eligible, for 2025, you can contribute up to \$4,300 if you cover just yourself or \$8,550 if you cover yourself and your family. If you're age 55 or older (or will turn age 55 during the plan year), you can also make additional "catch-up" contributions to your HSA up to \$1,000.

Want more information? Beginning October 1, find the details about all your coverage options on the [Make It Yours](#) website.

Once logged on to [My Health Benefits](#) enrollment website beginning October 23, look for the “Need Help?” icon to ask Lisa, your virtual assistant, any questions you may have. For additional support, you can schedule an appointment with a customer service representative through the [My Health Benefits](#) enrollment website.

The links to the enrollment site in this copy are SSO links that utilize your Tapestry credentials. You can also reach the enrollment site [here](#) by creating a username and password for the enrollment site

This overview of 2025 changes serves as a Summary of Material Modifications (SMM), providing information on various Tapestry benefit plan changes that take effect January 1, 2025. It is intended to provide an overview of changes and information about some of the benefits you may be eligible for through Tapestry. If there is a discrepancy between the information displayed and the official plan documents, the official plan documents will govern.

Information contained herein is not intended as legal, tax or other professional advice. You should not act upon any such information without first seeking a qualified professional on your specific matter.

Terms and conditions of policies may change. Please consult policy documents to confirm availability of benefits.

All product and company names are trademarks™ or registered® trademarks of their respective owners. Use of them does not imply any affiliation with or endorsement by them.