Annual Enrollment is Coming Soon!

Annual Enrollment 2025

EMPLOYEE BENEFITS



October 21 - November 1, 2024



Nationally, insurance premiums are expected to increase 7% on average in 2025. Despite the increase, Veritiv remains committed to prioritizing our employees' wellbeing through our partnership with Aon, allowing us to continue offering affordable healthcare options that support your health and wellness.

With our continued financial investment in our employees, we are able to maintain the 2024 employee cost for the lowest-cost Bronze plan for 2025.

The lowest-cost Bronze plan will vary by carrier and region.

Things to Remember for Annual Enrollment

- You must actively enroll or decline to ensure you get the coverage you want for 2025.
- If you do not take action during
 Annual Enrollment, you will default
 to the lowest cost Bronze plan
 with employee only coverage
 and the \$100 monthly tobacco
 surcharge and no dental or vision
 plan.
- After Annual Enrollment closes, you will receive your Benefits Confirmation Statement. Be sure to check your Elections thoroughly and contact the Benefits Center by December 31, 2024 if you need to make a change.

What's New in 2025?

There have been a few changes to medical plan designs for 2025.

- GOLD PLAN COINSURANCE decreased from 25% to 20%.
- BRONZE PLUS PLAN DEDUCTIBLE increased from \$2450 Individual/\$4900 Family to \$2500 Individual/\$5000 Family.

Did you know a Health Savings Account (HSA) has a Triple Tax Advantage?

An HSA is a type of personal savings account you can set up to pay for eligible healthcare expenses.

- 1. Contributions are tax-free
- 2. Qualified Withdrawals are tax-free
- 3. Interest earned is tax-free

To be eligible for an HSA you must enroll in a Bronze or Bronze Plus plan. An HSA is not a use it or lose it account, the balance continuously rolls over year after year. It can also be used as an additional retirement vehicle.



Annual Enrollment: Preview of What's Changing for 2025

Annual Enrollment will take place **October 21 - November 1, 2024**. Before you enroll, it's important for you to understand what's changing with your current benefits.

First and foremost, you may have noticed that the name of the program has changed. Going forward, your medical, dental, vision, and other benefits will be offered through the **Aon Benefit Experience (BenX)**, previously called the Aon Active Health Exchange. You will continue to enroll using My-HR (digital.alight. com/veritiv) by clicking **Enroll Now**. You can also enroll using the Alight mobile app. Most BenX benefits and options will not change significantly in 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.

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What's New	Why It Matters
Enroll to get the coverage you want next year.	You must take action by actively enrolling or declining coverage to make sure you get the coverage you want next year! If you do not enroll, you will default to the lowest-cost Bronze plan, employee-only coverage, with the \$100 monthly tobacco surcharge. Additionally, if you do not enroll, you will not have dental or vision coverage. To contribute to a Health Savings Account (HSA), if eligible, or Flexible Spending Account (FSA), you must make an active election.
Your cost of coverage has changed.	Since prices can go up or down each year, your current coverage may not be your best deal next year. Carefully review your options and prices to find the right fit for you and your family. Before the enrollment period starts, take advantage of the interactive pricing tool that helps you compare the costs of your health care options. Beginning October 1, you can access the pricing tool by visiting the Make It Yours website and click Compare Your Costs. During enrollment, you will see the pricing of your options on My-HR (digital.alight.com/veritiv) by clicking Enroll Now.
Insurance carrier provider networks could have changed.	Insurance carrier provider networks 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 are considering before making a decision. When it is time to enroll, see if providers critical to your care are in the network through My-HR (digital.alight.com/veritiv) and click Enroll Now. You can access this information by clicking Find Doctors when you're selecting your medical plan. 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.

carrier.

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

Medical and Prescription Drug

What's New	Why It Matters
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.
Bronze Plus plan 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.
Gold plan coinsurance will decrease slightly.	If you are 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.	Since your medical insurance carrier's pharmacy benefit manager can change how it covers prescription drugs at any time (such as changing coverage tiers), it is strongly recommended that you call the insurance carrier before you enroll to see how your medication will be covered in the new plan year, whether the specialty of the facility is covered in-network.
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)

What's New

Why It Matters

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 are 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 at **veritiv.makeityoursource.com**.

Beginning October 21, when you are logged on to My-HR 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 My-HR.

This overview of 2025 changes serves as a Summary of Material Modifications (SMM), providing information on various Veritiv 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 Veritiv. 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.