



# 2025 Benefits Change Guide

2025 Plan Year  
1/1/2025-12/31/2025

*At St. Olaf, we value our faculty and staff and are committed to providing a comprehensive and competitive benefits package. Please use this guide as a reference to understand the changes for the upcoming plan year and to choose what is best for you and your family.*

## Open Enrollment Period

This fall, we will have a passive open enrollment, meaning that your current elections will carry forward into 2025 unless you would like to make changes. Elections must be made between October 21 and November 1. Any elections that you make during open enrollment will become effective on January 1, 2025.

## Virtual Enrollment Help Sessions

- Wednesday, October 23<sup>rd</sup> at 10-12 pm
- Thursday, October 24<sup>th</sup> at 9-11 am
- Friday, October 25<sup>th</sup> at 9-11 am
- Monday, October 28<sup>th</sup> at 4:30-5:30 pm
- *USI, Coupe Health, and Nice Healthcare representatives will be attending each meeting.*
- *All sessions will be virtual this year.*

 **ST. OLAF HUMAN RESOURCES**

507-786-3068 | [hrstaff@stolaf.edu](mailto:hrstaff@stolaf.edu)

# What's New for 2025?

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## Passive Open Enrollment

This is a passive open enrollment. Unlike active open enrollment, your current elections will carry forward into 2025, no action is required unless you are making changes. However, re-enrollment is required if you want to participate in the HSA, General FSA, Limited Purpose FSA, or Dependent Care FSA.

## Changes Occurring Jan. 1, 2025

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### Medical Plan Changes

Below you will find a brief outline of updates taking place to our existing medical plans:

#### Jan. 1, 2025

- Moving to Prime Therapeutics in 2025
- Offering Non-Financing Option through COUPE in 2025
- Small change to Deductibles and Out-of-Pocket Maximums for 2025
- No change in employee premiums for 12-month period

**We will continue to offer the same plans through BlueCross BlueShield: Traditional Core, Traditional HDHP/HSA, Coupe Core, and Coupe HDHP/HSA.** Coupe plans offer price certainty with the ability to know the cost of every service ahead of time, locate high-quality, low-cost providers, work with a dedicated health valet to help you navigate your healthcare journey, and so much more! Employees pay less in premiums when they elect a Coupe health plan. Please see Pages 5-8 for more information or visit <https://employers.coupehealth.com/st-olaf.html>.

### Health Savings Account (HSA) Changes

Below you will find a brief outline of changes taking place to the Health Savings Account (HSA):

#### Jan. 1, 2025

- St. Olaf's total contribution to the HSA will remain the same; contributions will still be made on a *per-pay period* basis.

	<u>Bi-weekly pay period</u>	<u>Monthly pay period</u>	<u>Total Annual</u>
○ Employee	\$50.00	\$100.00	\$1,200
○ Employee + 1	\$75.00	\$150.00	\$1,800
○ Family	\$100.00	\$200.00	\$2,400

### Dental Plan Changes

Below you will find a brief outline of changes taking place to the dental plan:

#### Jan. 1, 2025

- Annual maximums will reset and run on a calendar year basis.
- Cleanings and bitewing x-rays will reset and run on a calendar year basis.

## Vision Plan Changes

Below you will find a brief outline of changes taking place to the vision plan:

### Jan. 1, 2025

- Exam and lens frequency will reset and remain as once per calendar year.
- Frame frequency will remain as every other calendar year.

## Flexible Spending Account (FSA) Plan Changes

Below you will find a brief outline of changes taking place to the General Purpose and Limited Purpose FSA plans:

### Jan. 1, 2025

- General Purpose and Limited Purpose FSA
  - Eligible employees may set aside up to **\$3,200** in pre-tax dollars for the period Jan. 1, 2025, through Dec. 31, 2025.
  - You can roll over up to **\$640** into the next plan year.
  - Note: Amounts Subject to change (The IRS has not yet released the 2025 amounts).
  - You have until March 31, 2026, to submit claims incurred for the period Jan. 1, 2025, through Dec. 31, 2025.
- Dependent Care FSA
  - Employees can make new elections, up to \$5,000, for the calendar year Jan. 1, 2025, through Dec. 31, 2025.

# Health Plan Comparison

	TRADITIONAL/CORE PLAN			HIGH DEDUCTIBLE HEALTH PLAN		
	Tier 1	Tier 2	Out of Network	Tier 1	Tier 2	Out of Network
<b>Deductible</b> <i>per plan year</i>	\$1,500/single \$3,000/family	\$2,000/single \$4,000/family	\$2,500/single \$5,000/family	\$3,550/single \$7,100/family	\$3,800/single \$7,600/family	\$4,800/single \$9,600/family
<b>Out of Pocket Max</b> <i>per plan year</i>	\$4,500/single \$9,000/family	\$5,500/single \$11,000/family	\$7,000/single \$14,000/family	\$4,800/single \$9,600/family	\$5,800/single \$11,600/family	\$7,200/single \$14,400/family
<b>Physician Services</b> <i>Office visits, Urgent Care Clinic, Retail Clinics, Chiropractic Manipulation</i>	You pay 25% after deductible	You pay 45% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 50% after deductible
<b>Preventive Services</b> <i>Well child, Immunizations, Prenatal, Screening</i>	You pay \$0	You pay \$0	You pay 50% after deductible	You pay \$0	You pay \$0	You pay 50% after deductible
<b>Mental/ Behavioral/ Substance Use</b> <i>Outpatient</i>	You pay 25% after deductible	You pay 45% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 50% after deductible
<b>Ambulance</b>	You pay 25% after deductible	You pay 45% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 50% after deductible
<b>Hospital</b>	You pay 25% after deductible	You pay 45% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 50% after deductible
<b>Prescription Drugs</b> <i>Retail (31-day supply)</i> Generic Preferred Brand Non-Preferred Brand	GenRx Formulary  You pay \$10 You pay \$50 You pay \$100			GenRx Formulary  You pay 20% after deductible		
Preventive Prescriptions	N/A – HDHP Only			You pay \$0		
<i>Specialty drugs</i> Preferred Brand Non-Preferred Brand	You pay 20% to a maximum of \$200/script You pay 40% up to out-of-pocket maximum			You pay 20% after deductible		
<i>90 dayRx /Mail Order</i> Generic Preferred Brand Non-Preferred Brand	You pay \$20 You pay \$100 You pay \$200			You pay 20% after deductible		

Refer to your summary of benefits and coverage (SBC) for a more detailed explanation about your health plan benefits.

## MONTHLY HEALTH PLAN PREMIUMS

	Core Plan 9/1/23 - 12/31/24		HDHP 9/1/23 - 12/31/24	
	>.75 FTE	.50-.749	>.75 FTE	.50-.749
<b>Core Plan</b>				
<b>Employee</b>	\$208.00	\$322.00	\$154.00	\$154.00
<b>Employee + 1</b>	\$535.00	\$738.00	\$407.00	\$632.00
<b>Family</b>	\$798.00	\$1,104.00	\$610.00	\$930.00

Our plan uses the Blue Cross **Blue Performance Regional** Network for participating providers. Traveling or living outside of MN? Use the **National BlueCard PPO** network for participating providers.

**QUESTIONS?** Call customer service at: [1-866-873-5943](tel:1-866-873-5943) or [1-800-810-BLUE](tel:1-800-810-BLUE) or call the phone number on the back of your ID card or visit [www.bluecrossmnonline.com](http://www.bluecrossmnonline.com).

# COUPE HEALTH

## Less Red Tape. More Blue Skies.

Take control of your healthcare journey Coupe was designed to save you time and money so you can get on with doing the things you love.

## More reasons to love Coupe.

### Price certainty

Know the price of every service ahead of time. No upfront out-of-pocket costs, add-ons, or surprises.

### Familiar bill pay

Receive one monthly statement and pay how you prefer – online or by mail – with 0% financing.

### Great care and value

Easily locate high-quality providers and receive great care for any service you need.

### Health Valet service

A dedicated health concierge available to help you navigate your healthcare journey with confidence.

### Easy user experience

A straightforward and intuitive healthcare experience designed around how you shop and live.

### Health and wellbeing benefits

Access to a wide assortment of world class clinical programs at no extra cost.




## Going for care is easy-going.



Visit [coupehealth.com](https://coupehealth.com) to find a happier way to healthcare.

# Coupe is designed to help you find high-quality, low-cost providers so you don't have to sacrifice getting great care to save money.

With Coupe, providers are categorized into three copay rankings based on the following criteria:

-  Tier 1 Provider
-  Tier 2 Provider
-  Tier 3 Provider

## Quality

Providers that have superior training and certifications, aligned with good care outcomes.

## Relationship

Providers that are associated with top quality service lines at their facility.

## Experience


Providers that deliver positive patient experiences and outcomes.

## Efficiency

Providers that deliver the best care outcome by providing the appropriate amount of care.

### Provider Ranking Legend

 Meets all standards above

 Meets most standards above

 Meets minimum standards above

\* For more details on how we rank providers, please reference our Quality Ranking Guide available at <https://employers.coupehealth.com/st-olaf.html>

Deductible	\$0
Coinsurance	100%
<b>Out-Of-Pocket Maximums*</b>	
Individual	\$4,500
Family	\$9,000

COUPE CORE MONTHLY PREMIUMS			
FTE > .75		FTE .50 < .75	
Employee Only	\$188	Employee Only	\$290
Employee plus 1	\$482	Employee plus 1	\$665
Family	\$719	Family	\$994

SERVICE DESCRIPTIONS	Coupe Health Provider Rankings			
	🟢 Best	🟡 Better	🔴 OK	Out-of-Network**
Primary Care Office Visit	\$40	\$55	\$90	\$110
Specialist Office Visit	\$80	\$105	\$175	\$210
<b>Advanced Imaging</b>	\$350	\$475	\$790	\$950
<b>MRI, MRA, CAT &amp; PET Scans</b>				
Routine Diagnostic Labs	\$30	\$40	\$70	\$85
Diagnostic Radiology	\$100	\$135	\$225	\$270
Diagnostic Labs	\$100	\$135	\$225	\$270
Urgent Care	\$80	\$105	\$175	\$210
Outpatient Surgery	\$1,150	\$1,540	\$2,570	\$3,100
Emergency Room/Emergency Services			\$650	
Ambulance			\$650	
Outpatient Therapies (PT, OT, ST)	\$80	\$105	\$175	\$210
Inpatient Hospital Stay	\$3,560	\$4,750	\$6,500	\$7,800
Home Health Care	\$80	\$105	\$175	\$210
Hospice	\$385	\$515	\$855	\$1,050
Skilled Nursing Facility	\$3,150	\$4,190	\$6,500	\$7,800
Durable Medical Equipment	\$160	\$215	\$355	\$430

PRESCRIPTIONS	Retail Pharmacy (31-day supply)	90-day supply (including Mail Order)
Generic	\$30	\$60
Preferred Brand	\$60	\$120
Non-Preferred Brand	\$90	\$185
Specialty – Mail Order Only		\$120

\*Out-of-Network Benefits are not subject to the Out-of-Pocket Maximum

This piece is not a contract, but a summary of your benefits. Please refer to your contract (Summary Plan Description or Certificate of Coverage(s) for more detailed information. In case of conflict, your contract will prevail for all claim adjudication.

Note: The Deductible must be met before the Copays apply.

Deductible: Individual	\$3,550
Family	\$7,100

Coinsurance	100%
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Out-Of-Pocket Maximums*	
Individual	\$4,800
Family	\$9,600

### COUPE HDHP MONTHLY PREMIUMS

FTE > .75		FTE .50 < .75	
Employee Only	\$139	Employee Only	\$139
Employee plus 1	\$367	Employee plus 1	\$569
Family	\$549	Family	\$837

### SERVICE DESCRIPTIONS Coupe Health Provider Rankings

	🟢 Best	🟡 Better	🔴 OK	Out-of-Network**
Primary Care Office Visit	\$15	\$20	\$30	\$40
Specialist Office Visit	\$30	40	\$65	\$80
<b>Advanced Imaging</b>	\$140	\$190	\$315	\$400
<b>MRI, MRA, CAT &amp; PET Scans</b>				
Routine Diagnostic Labs	\$10	\$15	\$20	\$30
Diagnostic Radiology	\$40	\$55	\$90	\$110
Diagnostic Labs	\$40	\$55	\$90	\$110
Urgent Care	\$30	\$40	\$65	\$80
Outpatient Surgery	\$465	\$615	\$1,030	\$1,236
Emergency Room/Emergency Services			\$265	
Ambulance			\$265	
Outpatient Therapies (PT, OT, ST)	\$30	\$40	\$65	\$78
Inpatient Hospital Stay	\$1,425	\$1,900	\$3,000	\$3,800
Home Health Care	\$30	\$40	\$65	\$80
Hospice	\$155	\$205	\$345	\$420
Skilled Nursing Facility	\$1,255	\$1,675	\$2,795	\$3,400
Durable Medical Equipment	\$65	\$85	\$140	\$170

PRESCRIPTIONS	Retail Pharmacy (31-day supply)	90-day supply (including Mail Order)
Generic	\$5	\$15
Preferred Brand	\$10	\$25
Non-Preferred Brand	\$15	\$30
Specialty – Mail Order Only		\$10

\*Out-of-Network Benefits are not subject to the Out-of-Pocket Maximum