



# 2025 Benefits Open Enrollment!

Open Enrollment will be held from January 6th to January 17th!



We are pleased to announce that the **Benefits Open Enrollment Period** will begin on **Monday, January 6th** and will end on **Friday, January 17th**. The annual open enrollment period is an important time to consider enrolling or making changes to your current benefit elections for the upcoming year. Please note, you will not have another opportunity to make changes during the year, unless you experience a Qualifying Life Event (QLE). We will be having a semi-active open enrollment, which means you are not required to log into your benefits portal to make your elections and/or waive coverage but we highly encourage you to review your current elections and beneficiary information. We want to ensure you have the opportunity to review and select the best options for you and your family!

Here are some of the highlights you can look forward to:

- Medical Plans: No carrier changes
  - PPO 2500: Lab, X-ray, and Advanced Imaging moving to copay rather than coinsurance
    - **NEW PPO HRA Garner Incentive:**  
Incentive: Individual - \$2,500 / Family - \$5,000
  - HSA 5500: Out of pocket maximum moving from \$9,000 Individual / \$18,000 Family to \$8,000 Individual / \$16,000 Family
    - **New HSA HRA Garner Incentive:**  
Incentive: Individual - \$4,000 / Family - \$8,000
- Ancillary: No carrier, plan, or rate changes

This flyer highlights the main features of the Sonsray benefit offerings effective February 1, 2025 to January 31, 2026. For additional details of the plan benefits, please refer to your applicable Evidence of Coverage booklet, benefits guide and/or your recorded benefits presentation:



#### Benefit Guide

Scan or visit  
<https://online.flippingbook.com/view/451260822/>



#### Webinar

Scan or visit  
<https://www.brainshark.com/imacorp/2025sonsray>

# 2025 BENEFITS OVERVIEW

Sonsray recognizes the importance of having a comprehensive benefits program. Our program is designed to provide you and your family a variety of plans with tools that promote health and wellness. We are committed to making every effort to provide benefits that support the lifestyles and needs of our employees.

## Benefit Highlights



### Medical

Choice of PPO and HDHP (HSA) medical plans through UHC.

	UHC In-Network PPO Plan	UHC Out-of-Network PPO Plan	UHC Garner HRA Plan
Annual Deductible Individual/Family	\$2,500 / \$5,000	\$7,500 / \$15,000	None
Annual Out-of-Pocket Maximum	\$5,000 / \$10,000	\$21,000 / \$42,000	\$2,500 / \$5,000
Office Visits (PCP/Specialist)	\$20 Copay / \$40 Copay	50% after deductible	\$0 until HRA exhausts
X-ray & Lab	\$20 Copay	50% after deductible	\$0 until HRA exhausts
Hospital	20% after deductible	50% after deductible	\$0 until HRA exhausts
Urgent Care	\$50 Copay	50% after deductible	\$50 Copay
Emergency Room (copay waived if admitted)	\$150 Copay	\$150 Copay	\$150 Copay

  

	UHC In-Network HSA \$5,500	UHC Out-of-Network HSA \$5,500	UHC Garner HRA Plan
Annual Deductible Individual/Family	\$5,500 / \$11,000	\$11,000 / \$22,000	\$1,650 / \$3,300
Annual Out-of-Pocket Maximum	\$8,000 / \$16,000	\$13,000 / \$26,000	\$4,000 / \$8,000
Office Visits (PCP/Specialist)	20% after deductible	50% after deductible	\$0 Copay after deductible
X-Ray & Lab	20% after deductible	50% after deductible	\$0 Copay after deductible
Hospital	20% after deductible	50% after deductible	\$0 Copay after deductible
Urgent Care	\$50 Copay after deductible	50% after deductible	\$50 Copay after deductible
Emergency Room (copay waived if admitted)	\$150 Copay after deductible	\$150 Copay after deductible	\$150 Copay after deductible



### Dental

Dental PPO plan option to fit you and your family's needs from UnitedHealthcare.

	UnitedHealthcare In-Network Dental PPO Plan	UnitedHealthcare Out-of-Network Dental PPO Plan
Annual Deductible Individual/Family	\$50 / \$150	\$50 / \$150
Annual Maximum Benefit Per Member Enrolled	\$2,000	\$2,000
Orthodontic Benefit (Child(ren)/Adult)	Plan 50%; You 50% Lifetime Maximum Benefit: \$1,000	Plan 50%; You 50% Lifetime Maximum Benefit: \$1,000
Services	Preventive & Diagnostic Services: Plan 100%; You 0% Basic Services: Plan 80%; You 20% Major Services: Plan 50%; You 50%	Preventive & Diagnostic Services: Plan 100%; You 0% Basic Services: Plan 80%; You 20% Major Services: Plan 50%; You 50%



### Vision

Comprehensive vision plan available through UnitedHealthcare.

	UnitedHealthcare In-Network Vision Plan
Basic Eye Exam	\$25 Copay
Frames	\$130 Allowance + 20% off the remaining balance
Contacts	Medically Necessary: Covered 100%; Elective Disposable: \$130 Allowance
Lenses	Single: \$0 Copay Bifocal: \$0 Copay Trifocal: \$0 Copay

### Additional benefits include:

- Basic Life and AD&D coverage
- Voluntary Life and AD&D coverage
- Long-Term Disability coverage
- Travel Assistance
- Employee Assistance Program (EAP)
- 401(k)

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