

**Benefits Annual Enrollment: What's Changing for 2025** 

# **Annual Enrollment Preview** of What's Changing for 2025

Annual Enrollment is coming soon: November 4 through November 18. But before you enroll, you need to understand what's changing with your current benefits. Many changes have occurred in health care in recent years, they're occurring right now, and they'll continue to occur in the future.

Below is an overview of important changes and considerations for 2025.

**Rising healthcare costs.** Healthcare costs continue to rise and are impacting the cost of medical plans including ours. Please see the 'Your Cost of Coverage' section below for more details.

- Specially designed programs. Many insurance carriers are investing in specially designed programs to help you feel your best.
- Plan changes. Changes are continuously made to carrier networks and the prescription drug formulary plan. In addition to changes to the cost of coverage, some of the out of pocket medical plan costs will change as well.
- 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 Tetra Tech Benefits Site and the Alight Mobile app.

What's New	Why It MattersAnnual Enrollment will occur November 4 through November 18. Make sure you enroll by November 18. If you don't enroll, you will <b>not</b> have medical, dental, vision, Health Savings Account (HSA), or flexible spending account (FSA) coverage through Tetra Tech next year. Keep in mind, if you don't elect medical coverage, you won't have prescription drug coverage, either.	
You must enroll.		
Your cost of coverage has changed.	Tetra Tech shares the cost of the medical and dental benefits with employees. Your share, or employee contribution, will vary based on the plan, insurance carrier, your location, and your coverage tier election.	
	Because 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.	
	As you are aware, healthcare costs have been rising steadily due to a variety of factors, including advancements in medical technology, increasing prices for services and prescription medications, and broader economic trends affecting the healthcare industry. Unfortunately, these factors have led to a significant increase in the cost of medical benefits including ours. You will be able to see the cost of your medical plan options when you use the healthcare cost calculator tool that will be available next week, prior to annual enrollment.	



#### What's New

#### Why It Matters

Your cost of coverage has changed. *(continued)* 

Our team has been working diligently to manage these changes and to minimize their impact on you. However, despite our best efforts, we are facing a situation where the costs are unavoidably higher than before. We understand that this news is not ideal and may cause concern. We want to share with you some of the key reasons behind the rising costs:

- **Healthcare Inflation:** Medical services are becoming more expensive everywhere, and these costs are being passed down to us.
- **Rising cost of Prescriptions:** Although many new prescription medications are available to treat a variety of conditions, the cost of new drugs can be expensive. It may take several years before less expensive generic equivalents are available.
- Advancements in Technology: While new medical technologies can improve care, they often come with higher costs.
- Increased Utilization: With more members seeking care and more complex treatments being used, costs naturally rise.
- **Economic Factors:** Broader economic issues, such as inflation that has increased the cost of supplies, facilities, and staffing, are also contributing to higher healthcare expenses.

We are committed to transparency and want to assure you that we are exploring all possible options to manage these increases and continue to sponsor a flexible and affordable benefits package to meet your and your family's needs.

Please keep in mind things within your control that may help reduce your health care expenses including:

- Prevention: Use preventive services to stay healthy and detect issues early.
- Lifestyle Choices: Eat a nutritional diet, maintain a healthy weight, stay active, and stop smoking.
- **Prescriptions:** Take medications as directed. Talk to your doctor about medications that are less expensive and treat the condition.
- **Choose the Right Plan:** During the upcoming annual enrollment, use the "Help Me Choose" decision tool to choose the right plan for you. If you or a family member has health problems and need regular care, you may want to choose a plan with higher premiums so that more of your health care costs are covered. If you need less medical care and utilize mostly preventive care, you may want to choose a plan with lower premiums.

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'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 **Tetra Tech Benefits Site**. 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.

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



## What's New Why It Matters

# Medical and Prescription Drug

The Bronze Plus deductibles and out- of-pocket maximums will increase slightly.	The Bronze Plus in-network deductibles are increasing to \$2,500 for individual coverage, and to \$5,000 if you cover dependents. The out-of-pocket maximums are increasing to \$4,500 for individual coverage, and 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 to \$1,700 for individual coverage, and to \$3,400 if you cover dependents. The out-of-pocket maximums are increasing to \$4,250 for individual coverage, and to \$8,500 if you cover dependents.		
You'll have a new Gold coverage option	The current Gold coverage option will be replaced. The new Gold coverage option will be different from the current option, so you need to consider all of your options carefully before enrolling.		
You'll have a new Platinum coverage option.	The current Platinum coverage option will be replaced. The new Platinum coverage option will have a deductible, coinsurance for certain services, and a higher in-network out-of-pocket maximum. This will be different from the current option, so you need to consider all of your options carefully before enrolling.		
How your medication is classified (and covered) could have changed.	Because your medical insurance carrier's pharmacy benefit manager <b>can</b> 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. If you're considering coverage under Aetna, Anthem, Cigna, or United Healthcare, the pharmacy benefits manager is CVS Caremark.		
How your medication is classified (and covered) could have changed.	These are the changes to the CVS Caremark plan:		
	Maintenance medications	Maintenance medications for ongoing conditions such as blood pressure or cholesterol will be filled for a 90-day supply at a CVS pharmacy or CVS mail order pharmacy only.	
	Generics filled, when available	Generic medications will be filled, when available. If the brand version is filled, you will pay the copay or coinsurance amount plus the cost difference between the brand and generic.	
	Weight loss only medications	Medications that treat weight loss only will be excluded from coverage.	
	HIV prevention medication and related lab tests	HIV prevention medications and related lab tests will be covered through a CVS program that includes virtual physician visits and at-home lab kits. The generic will be prescribed based on clinical appropriateness. Information and registration will be mailed to patients soon.	
	Over-the-counter naloxone	Once naloxone is available as over the counter, the medication will no longer be covered.	



### What's New Why It Matters

Medical and Prescription Drug (continued)

### Health Care Flexible Spending Account (FSA)

The IRS has not yet<br/>released the 2025<br/>contribution limitsPresently the contribution limits for the Health Care FSA is \$3,200 and the Dependent Care FSA<br/>is \$5,000. Once the IRS releases the 2025 contribution limits, you will be able to enroll up to the<br/>2025 maximum allowed.

### Health Savings Account (HSA)

The IRS has updated the 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 14, find the details about all your coverage options on the Make It Yours website at <u>tetratech.makeityoursource.com</u>.

Once logged on to the Tetra Tech Benefits Site beginning November 4, 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 Tetra Tech Benefits Site.

This overview of 2025 changes serves as a Summary of Material Modifications (SMM), providing information on various Tetra Tech 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 Tetra Tech. If there is a discrepancy between the information displayed and the official plan documents, the official plan documents will govern.

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



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