

Annual Enrollment is coming up November 4 – 15, 2024

Changes to the OnePlus medical coverage options

As part of our commitment to you, we regularly assess our benefit options to ensure they provide the right mix of coverage, cost, and carriers to meet your needs while remaining market competitive. Based on this review, we've made significant changes to our medical coverage lineup. The Bronze option and Silver option will have significant plan design changes in 2025.

The Bronze Plus and Gold coverage options have been updated, and the Gold II and Platinum coverage options will continue to be available. This brochure explains the key medical plan changes for 2025.

During Annual Enrollment, we encourage you to use the tools available to compare your costs and options to make the best decisions for you and your family.



Be sure to enroll by November 15

If you don't enroll during Annual Enrollment, you **will not** have medical coverage through Ricoh next year. To contribute to an HSA or FSA, you **must also make an active election.**

2025 Medical Plan Changes

Although plan names may look similar to past options, some of the 2025 metallic level plan designs have significant changes specifically the Bronze (PPO, non-HSA) and Silver (high-deductible health plan with HSA) plans. You should carefully review all options before selecting your 2025 coverage.

There are three types of plans available to you:

- 1. High-deductible health plan (HDHP):** With this option, you have a higher deductible before your medical and prescription drug coverage kicks in. Once you meet your deductible, you get the protection of a traditional PPO and pay a percentage of ongoing expenses, up to the out-of-pocket maximum. With the HDHP, you have the option to save through an HSA (Health Savings Account).
- 2. Preferred provider organization (PPO):** With the Gold and Platinum PPO options, you pay less out of pocket in copays and coinsurance when you are receiving care, and pay more in payroll deductions. The Gold and Platinum PPO plans also provide lower deductibles than an HDHP. With a PPO, you have the option to contribute to a Health Care Flexible Spending Account (Health Care FSA). The Bronze PPO is a more unique PPO option. You will have the option to enroll in a Bronze plan and pay less in payroll deductions while also being able to pay copays for office visits and prescriptions, but you will have a higher deductible and OOP maximum than the HDHP options.
- 3. Health Maintenance Organization (HMO):** options offer care through a network of doctors and hospitals. All of your care generally must be provided through the HMO network and coordinated through the HMO primary care physician (PCP) you select when you enroll. Except in emergencies, your care is usually covered only if it's coordinated by your PCP. There's no coverage for out-of-network care.

NEW! Bronze (PPO)	NEW! Silver (high-deductible health plan)
The new Bronze plan will no longer have access to an HSA.	The new Silver coverage option will be a high-deductible health plan with access to an HSA.
Although their names may be similar or the same as last year's options, these are very different plans. Please consider all your options carefully before enrolling.	

Updated Bronze Plus Option	Updated Gold Option
This continues to be a high-deductible health plan with access to an HSA. The Bronze Plus deductibles and out-of-pocket maximums will increase slightly.	This continues to be a PPO plan. The updated Gold option will have an increased coinsurance and slightly higher deductible and out-of-pocket maximums.

Gold II	Platinum
This continues to be an HMO.	This continues to be a PPO that offers limited benefits for out-of-network care.*

* For some insurance carriers in CA, CO, DC, GA, MD, OR, and VA, the Platinum coverage level is an HMO option that covers in-network care only.

Comparing your medical plans

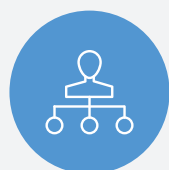
The table below compares your 2025 medical plan options. During the enrollment process, you'll find additional tools and resources to help you choose the coverage level that best fits your needs. **As a reminder, preventive care is covered at 100%, no deductible, with an in-network provider.**

Plan Design	Bronze PPO	Bronze Plus High-deductible with HSA	Silver High-deductible with HSA	Gold PPO	Gold II (CA) In-network only; HMO	Platinum PPO
Annual Deductible (individual/family)	In-Network: \$4,900/\$9,800	In-Network: \$2,500/\$5,000	In-Network: \$1,700/\$3,400	In-Network: \$1,000/\$2,000	In-Network: None	In-Network: \$250/\$500
	Out-of-Network: \$9,800/\$19,600	Out-of-Network: \$2,500/\$5,000	Out-of-Network: \$1,700/\$3,400	Out-of-Network: \$2,000/\$4,000	Out-of-Network: (not applicable)	Out-of-Network: \$5,000/\$10,000
What You Pay for In-Network Prescription Drugs and Office Visits	Prescription \$15/\$60/\$80 (Tier 1/2/3) Primary Care/ Specialist \$30/\$60 copay	Prescription You pay 25% after deductible is met. (Tier 1/2/3) Primary Care/ Specialist You pay 25% after deductible is met.	Prescription You pay 25% after deductible is met. (Tier 1/2/3) Primary Care/ Specialist You pay 25% after deductible is met.	Prescription \$12/\$50/\$70 (Tier 1/2/3) Primary Care/ Specialist \$30/\$50 copay	Prescription \$12/\$50/\$70 (Tier 1/2/3) Primary Care/ Specialist \$30/\$50 copay	Prescription \$8/\$30/\$50 (Tier 1/2/3) Primary Care/ Specialist \$25/\$40 copay
Annual Out-of-Pocket Maximum (individual/family)	In-Network: \$7,000/\$14,000	In-Network: \$4,500/\$9,000	In-Network: \$4,250/\$8,500	In-Network: \$4,250/\$8,500	In-Network: \$5,400/\$10,800	In-Network: \$2,300/\$4,600
	Out-of-Network: \$14,000/\$28,000	Out-of-Network: \$11,500/\$23,000	Out-of-Network: \$8,500/\$17,000	Out-of-Network: \$8,500/\$17,000	Out-of-Network: (not applicable)	Out-of-Network: \$11,500/\$23,000

- The **deductible** is what you pay out of pocket **before** your insurance starts paying its share of your medical costs.
- The **out-of-pocket maximum** is the most you and your covered family members would pay annually for medical costs.
- **Coinsurance** is the percentage of costs you pay for eligible expenses after you meet the deductible.
- **Copay** is a fixed amount you pay for a covered service or prescription.

Tools you can use to compare options

Based on the medical plan and carrier you choose, 2025 premiums will vary. As a result, it is important to carefully review your options and pricing to find the right fit for you and your family.



Make It Yours

Beginning October 14, access plan details, **Your Carrier Connection** with carrier-specific resources, and more by visiting the **Make It Yours website** at <https://ricoh.makeityoursource.com/your-carrier-connection>.



Compare Your Costs

Beginning October 14, take advantage of the **Compare Your Costs tool** on the **Make It Yours website** under the **Helpful Documents** tab at <https://ricoh.makeityoursource.com>. Here, you can compare costs of your health care options.



Help Me Choose

During Annual Enrollment (November 4 – 15), the **Help Me Choose tool**, available on the **Your Benefits Resources™** portal, asks a series of questions about you and your covered dependents, medical and financial preferences, doctors, and prescriptions. To help you find which options and coverage may best meet your needs, it also provides a personalized plan score and each medical option's total cost.



Be sure to enroll by November 15

If you don't actively enroll during Annual Enrollment:

- You **will NOT** have Ricoh medical coverage in 2025. You must actively enroll in medical coverage to have medical coverage in 2025.
- To contribute to a Health Savings Account (HSA) (if eligible) or to a flexible spending account (FSA), you must make an active election.
- To participate in the Vacation Purchase Plan (VPP) you must make an election.

What coverages automatically carry over into 2025?

- Your current dental and vision coverage will continue at 2025 prices.
- Your elections for life and disability coverages will carry over into 2025.
- Your elections for accident, critical illness, and hospital indemnity coverages will carry over into 2025.
- Your elections for Identity Theft Protection and Group Legal Plan will carry over into 2025.

Have questions?

Schedule an appointment with a Benefits Express representative call 1.800.953.2526 from 8:00 a.m. to 4:00 p.m. CT, Monday through Friday or log into the Your Benefits Resources website at <https://digital.alight.com/rus/>.



The 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.

RICOH
imagine. change

