



# ABBINGTON

Assisted Living

## 2025 Employee Benefits Enrollment Guide



# Welcome to Open Enrollment 2024

Elections you make during the open enrollment period will become effective **January 1, 2024**.

Abbington Management Group offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

## Benefit Contacts

**Horstman Insurance - 285 Glenworth Court Powell, OH 43065 - (614) 381-9653**

<b>Meritain Health (Medical Ins)</b>	<b>Customer Service</b>	<b>800-925-2272</b>	<b>www.meritain.com</b>
<b>Anthem (Dental &amp; Life Ins)</b>	<b>Customer Service</b>	<b>877-604-2156</b>	<b>www.anthem.com/mydentalvision</b>
<b>Sara Laws</b>	<b>Abbington HR &amp; Payroll</b>	<b>866-491-5676</b>	<b>hr@abbingtononline.com</b>
<b>Janet L. Horstman</b>	<b>Broker/Sales Executive</b>	<b>614-381-9653</b>	<b>horsehoop@aol.com</b>
<b>J. Michael Haemmerle</b>	<b>Abbington Management</b>	<b>614-799-4447</b>	<b>mike@abbingtononline.com</b>

## - IMPORTANT -

**DETAILED PLAN INFORMATION AND ANNUAL EMPLOYEE NOTICES CAN BE FOUND ONLINE AT ...**

**<https://abbingtononline.com/employee-disclosures/>**





## Who is Eligible?

If you are an employee of an Abbington Assisted Living community and you work 60 hours or more every pay period (2 weeks), you will be eligible for insurance after completing your 90-day introductory period. You and your immediate family members can enroll in the medical and dental plans through Abbington Management Group.

## When to Enroll

Open enrollment is held in November or December each year. Look for an email from Abbington or ask your Executive Director for details. **You must enroll or waive benefits online every year.** The benefits you elect during open enrollment will be effective from **January 1, 2024 through December 31, 2024.**

## How to Enroll

Benefits enrollment is online **through our payroll vendor, Paylocity**. Sign into your Paylocity account to complete online enrollment. You will enroll or waive benefits online every year during the open enrollment period which generally starts mid-November each year.



## How to Make Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status.

## What do you need to do in your OPEN ENROLLMENT Period?

- To maintain your current coverage, you must re-enroll in benefits online.
- If you want to add or change coverage in the medical and dental programs, you must enroll or waive coverages online during the open enrollment period.
- If you are waiving medical and dental coverage, you must waive benefits online during the open enrollment period.

**NOTE:** After the Open Enrollment Period, you cannot make changes to your coverage during the year unless you experience a change in family status, such as loss or gain of coverage through your spouse, loss of eligibility of a covered dependent, death of your covered spouse or child, birth or adoption of a child, marriage, divorce, or legal separation, and switch from part-time to full-time. **You have 30 days from a change in family status to make changes to your current coverage.**

# 2025

## **Your Medical and Dental Plans with Abbington**

**Medical** – Will continue to be offered through **Meritain Health (an Aetna Company), using the Aetna provider network (Aetna Choice POS II)**. The policy year follows the calendar year, with the new policy year effective **January 1, 2025**. Deductibles are also based on the calendar year.

Please visit [www.aetna.com](http://www.aetna.com) for a list of network providers. The plan/network is Aetna Open Access Managed Choice POS.

**HRA** - Our plan has a Health Reimbursement Arrangement (HRA) that reduces your deductible through qualified reimbursement of your deductible costs. To be eligible for the HRA reimbursement, you must use network providers.

**Dental**- Will be offered through **Anthem Blue Cross Blue Shield**. The plan/network name is Dental Complete and network providers can be found at [www.anthem.com](http://www.anthem.com).

## **Important Plan Contact Information:**

For in-network doctor or hospital questions call Meritain Health Customer Service 800-925-2272.

To access your member health portal visit [www.meritain.com](http://www.meritain.com).

The Aetna Choice POS II Provider Network – call Aetna provider line 800-343-3140.

Prescription Drug Benefit Questions – call Meritain Health Pharmacy Solutions 866-475-7589.

Precertification – call Meritain Health Medical Management 800-242-1199.

## **Medical Plan Updates as a result of the Federal Health Care Reform Bill**

### **Health Care Reform 2018**

The Affordable Care Act requires employers to offer minimum essential health coverage. Abbington's coverage meets this definition.

There also may be coverage available to some of you for your children through the state of Ohio. The program is called Healthy Start and Healthy Families and the phone number is 1-800-324-8680 or you can contact your local county office of Job and Family Services.

## [Medical and Prescription Drugs: Meritain Health \(An Aetna Company\)](#)

Our medical and prescription drug benefits are remaining with Aetna for the plan year starting **January 1, 2025 through December 31, 2025**. Our plans allow you the freedom to use providers in and out-of-network. However, better benefits are available when you use an In-Network Provider and you need to use In-Network providers to maximize use of the HRA reimbursement. Aetna offers a broad network of providers throughout Ohio and nationwide.

Services		Aetna Open Access Managed Choice POS	OH OAMC 2000 80/60 RX2
Deductible (Single/Family)	<b>In Network</b> Non Network	<b>\$3,000 / \$6,000</b> \$6,000 / \$12,000	<b>Health Reimbursement Arrangement (HRA) Plan limits your deductible to \$750 / \$1,500</b>
Out of Pocket Max (Single/Family) (Includes Deductible)	<b>In Network</b> Non Network	\$5,000 / \$10,000 \$10,000 / \$20,000	
Coinsurance	<b>In Network</b> Non Network	80% / 20% 60% / 40%	
Lifetime Maximum	<b>In Network</b> Non Network	Unlimited	
Office Visit Copay	<b>In Network</b> Non Network	\$25 PC / \$50 SP Deductible & Co-Insurance	
Preventative Care*	<b>In Network</b> Non Network	100% Deductible & Co-Insurance	
Pharmacy Retail	<b>In Network</b>	\$10 / \$45 / \$70	
Pharmacy- Mail Order	<b>30 Day supply</b>	\$25 / \$112.50 / \$175	
Specialty Medications	<b>90 Day supply</b>	30% Copay with max of \$250	
Inpatient Hospital	<b>Network</b> Non Network	Deductible & Coinsurance Deductible & Coinsurance	
Emergency Rm Copay	<b>In Network</b> Non Network	\$200 Deductible & Co-Insurance	
Urgent Care Copay	<b>In Network</b> Non Network	\$50 Deductible & Co-Insurance	
<b>CVS Minute Clinics</b>	<b>In Network</b>	<b>No Cost</b>	
Outpatient Hospital	<b>In Network</b> Non Network	Deductible & Co-Insurance Deductible & Co-Insurance	
Lab & X-Ray	<b>In Network</b> Non Network	Deductible & Co-Insurance Deductible & Co-Insurance	

\*Preventative Care includes, but not limited to: Yearly exam, Pap Test, Mammogram, PSA, Cholesterol, Colon Cancer Screening, Bone Density Test, EKG Chest X-ray, Comprehensive Metabolic Panel, Urinalysis, CBC, and some Immunizations.

## Your Cost in 2025

EMPLOYEE PER PAY DEDUCTIONS				
	Single	Employee & Spouse	Employee & Children	Employee & Family
	\$42.00	\$575.00	\$525.00	\$625.00

## [Dental Insurance: Anthem Dental](#)

<b>Anthem Dental Complete</b>	<b>In-Network</b>	<b>Non-Network</b>
<b>Deductible</b>	None	None
<b>Diagnostic and Preventive Services</b> – Includes exams, cleanings, fluoride, space maintainers, x-rays, brush biopsy	100%	100%
<b>Basic Services</b> – Restoration, emergency treatment, simple extractions, and endodontics	50%	50%
<b>Major Services</b> – Oral surgery, periodontics, crowns, dentures, and bridges	50%	50%
<b>Annual Maximum</b>	\$700	\$700
<b>Non-Network Reimbursement</b>	N/A	90 <sup>th</sup> Percentile

There is no contribution for employee, single dental coverage.

## [Life Insurance: Anthem Life](#)

All full-time employees have an Anthem \$25,000 Life and AD&D insurance policy paid by your employer.

## **Required Notifications**

### **Health Care Reform:**

Abbington Assisted Living believes this plan is a “non-grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act).

**Lifetime Limit** on the dollar value of benefits no longer applies.

### **Summary of Benefits and Coverage (SBC):**

Abbington Assisted Living is required to continue to distribute a new document, called the Summary of Benefits and Coverage (SBC). The purpose of the SBC is to give members information about their health insurance plan’s benefits in plain language, so they can make informed choices about their healthcare coverage. This document includes basic coverage information and claim examples. The SBC is distributed to eligible employees via email shortly after their hire date.

### **Dependent Age Extension:**

A dependent child is eligible for the medical and dental coverage to the end of the month in which they attain age 26 under Federal Law.

# Important Notice from Abbington Assisted Living About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Abbington, Liberty Village and Windsorwood Place and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan (if you are eligible). If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Abbington has determined that the prescription drug coverage offered by the Abbington Management Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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## When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current American Health Foundation coverage will (or will not) be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current American Health Foundation coverage, be aware that you and your dependents will not be able to get this coverage back until next year's open enrollment.

## When Will You Pay A Higher Premium (Penalty) To Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with and don't join a American Health Foundation Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **PLEASE NOTE:** You will get this notice each year at open enrollment. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Abbington changes. You may also request a copy of this notice at any time.

## For More Information about Your Options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. If you are Medicare eligible, you will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

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*The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact the Executive Director at your community.*

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