Overview of Benefit Contributions

Contributions Effective January 1, 2025, per Pay Period



Cigna Medical Premiums			
Coverage Level	Traditional Plan	HDHP 3500	HDHP 4500
Employee Only	\$80.23	\$65.99	\$51.52
Employee + Spouse	\$194.78	\$158.59	\$126.70
Employee + Child(ren)	\$162.47	\$132.29	\$104.46
Family	\$257.76	\$209.82	\$166.12



Delta Dental Premiums		
Coverage Level	Standard Low Plan	Premier High Plan
Employee Only	\$12.32	\$18.03
Employee + Spouse	\$26.18	\$38.34
Employee + Child(ren)	\$26.71	\$36.16
Family	\$40.89	\$56.63



VSP Vision Premiums		
Coverage Level	26 Biweekly Pay Periods	
Employee Only	\$3.72	
Employee + Spouse	\$7.44	
Employee + Child(ren)	\$7.97	
Family	\$8.71	



Coverage Level	26 Biweekly Pay Periods
Basic Life/AD&D (1x salary)	No cost to eligible employee
Short-Term Disability	No cost to eligible employee
Long-Term Disability	No cost to eligible employee
Voluntary Life/AD&D	Employee pays 100% of cost
Critical Illness/Accident	Employee pays 100% of cost



2025 Medical Benefit Overview



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	Traditional Plan	HDHP 3500 (HSA)	HDHP 4500 (HSA)
	All plan information provided below is for IN-Network Providers.		
Deductible	Embedded	Embedded	Embedded
Single	\$1,500	\$3,500	\$4,500
Family	\$3,000	\$7,000	\$9,000
Coinsurance	20%	20%	20%
Out-of-Pocket Maximum	Embedded	Embedded	Embedded
Single	\$5,000	\$5,000	\$6,000
Family	\$10,000	\$10,000	\$12,000
Preventive Care	100% Coverage	100% Coverage	100% Coverage
Physician Office Visit	\$25 Copay	20% after deductible	20% after deductible
Specialist Office Visit	\$40 Copay	20% after deductible	20% after deductible
/irtual Care - MDLIVE	\$25 Copay	20% after deductible	20% after deductible
/irtual Specialist Visit	\$40 Copay	20% after deductible	20% after deductible
Jrgent Care Centers	\$50 Copay	20% after deductible	20% after deductible
R Services	\$300 Copay	20% after deductible	20% after deductible
Hospital Services	20% after deductible	20% after deductible	20% after deductible
Out-Patient Services	20% after deductible	20% after deductible	20% after deductible
Maternity Services	20% after deductible	20% after deductible	20% after deductible
Lab and Radiology	20% after deductible	20% after deductible	20% after deductible
	Preventive RX - Free		
		Retail Pharmacy	
Generic	\$10 Copay	20% after deductible	20% after deductible
Preferred	\$50 Copay	20% after deductible	20% after deductible
Non-Preferred	\$90 Copay	20% after deductible	20% after deductible
Non-Preferred	40% to \$250 Copay	20% after deductible	20% after deductible
	Mail Order Pharmacy		
Generic	\$25 Copay	20% after deductible	20% after deductible
Preferred	\$125 Copay	20% after deductible	20% after deductible
Non-Preferred	\$225 Copay	20% after deductible	20% after deductible
Specialty Rx	40% to \$250 Copay	20% after deductible	20% after deductible

^{*}Embedded Deductible — Each family member has an individual deductible within the overall family deductible. Meaning if an individual in the family reaches his or her deductible before the family deductible is reached, that person will start paying coinsurance.





2025 HSA



A Health Savings Account (HSA) is a consumer-oriented, tax-advantaged savings account that is always combined with a High Deductible Health Plan (HDHP). It is an interest-accruing account, like an Individual Retirement Account (IRA), which provides financial control over how you spend your health care dollars and can be used to pay for your out-of-pocket medical expenses. HSA earnings grow tax-deferred and qualified withdrawals are tax-free without "use it or lose it" provisions found with a Flexible Spending Account (FSA). Money not used in your Health Savings Account can be rolled over to the following year. HSA funds can be used for all qualified medical expenses, including medical services, as well as eyeglasses, dental procedures, prescription drug coverage and over-the-counter medications provided you submit a prescription from your provider. See IRS Publication 969 for more information and a listing of Qualified Eliqible Expenses at www.irs.gov.

Employer Annual HSA Contributions

If you enroll in the HDHP plan for January 1, 2025, Inotiv contributes to your HSA based on the tier of coverage you are enrolled in. **The annual amount is contributed on a per pay basis**.

In order to get the employer contribution to the HSA, you must **Select** the HSA benefit plan even if you choose to contribute zero dollars yourself. If you choose **Waive**, you will not get the employer contribution **To contribute to an HSA account, you cannot be enrolled in Medicare, Medicaid or Tricare.**

Employer Annual HSA Contributions		
Employee Only	\$500	
Employee+1 or more Dependents	\$1000	

IRS 2025 Maximum Contributions – includes both employee and employer contributions

	2025 IRS Max Contributions	IRS Age 55 "Catch-up"
Employee	\$4,300	\$1,000
Family	\$8,550	\$1,000

If You Will Be Turning 65

Active employees turning 65 have the option to accept or decline enrollment in Medicare, including Medicare Part A.

- Employees who accept enrollment in any part of Medicare are no longer eligible to make or receive contributions to an HSA.
- If you elect Medicare at age 65, your maximum HSA contribution for the year you elect will be prorated by the number of months you were not enrolled in Medicare.
- Employees who decline enrollment may continue to make and receive contributions to an HSA.
- Qualified distributions remain tax free regardless of your eligibility to contribute.
- Non-qualified distributions are taxable but no longer carry a 20% penalty after age 65.
- Medicare Part(s) A, B, D and Medicare HMO premiums may be paid or reimbursed with tax-free HSA dollars. You cannot use your HSA to pay for Medigap premiums.

Bank of America allows you to choose investment options once your account balance is over \$1,000. This is comparable to how you can manage your 401k retirement savings today.



Flexible Spending Accounts (FSA)

Inotiv has chosen to sponsor Flexible Spending accounts, or "FSA's" as part of your insurance benefits. An FSA is an IRS-approved method of paying for your 'out-of-pocket' expenses for health, dental, vision, qualified over-the-counter, and dependent care expenses with pre-tax dollars.

You have three plan options for 2025:

Healthcare Flexible Spending Account: If you enroll in the Traditional Plan, you may elect this plan.

Annual Maximum Benefit	\$3,300
FSA Debit Card	Included
Carryover	None

Limited Purpose Flexible Spending Account: Also, an FSA but is limited to paying for qualified dental and vision care costs only.

Only HSA enrollees may elect this FSA plan.

Annual Maximum Benefit	\$3,300
FSA Debit Card	Included
Carryover	None

FSA Reminders:

- FSA dollars remaining in your healthcare, limited purpose and dependent care account at the end of the plan year are forfeited.
- Claims must be submitted to the plan in a timely manner or FSA dollars will be forfeited.
- If you separate from the company, you have 90 days from separation to file for reimbursement.

Bank of America is your FSA administrator.

You have 24/7 access to your flexible sending accounts.



Dependent Care Expense Account: Available to all employees regardless of other benefit plan elections.

Annual Maximum Benefit	
Married, filing jointly	\$5,000
Single, or married filing separate	\$2,500

A Dependent Care FSA (DCFSA) is a pre-tax benefit account used to pay for eligible dependent care services, such as preschool, summer day camp, before or after school programs, and child or adult daycare. It's a smart, simple way to save money while taking care of your loved ones so that you can continue to work.





