



Incredible Colleague Benefits

Part of Your Total Rewards
at TriNet

2025 Open Enrollment Guide



Introduction

A Message from Catherine Wragg, Chief People Officer

Dear Colleagues,

I want to take a moment to emphasize the importance of health and welfare for each of us. Taking care of ourselves is not just a personal responsibility; it is essential for our collective wellbeing. When we prioritize our health, we are better equipped to support and care for one another, both in and out of the workplace. TriNet provides access to best-in-class healthcare to not only help safeguard the physical health of our colleagues and their families but to support our mental and emotional wellbeing as well. **Your Benefits and Wellness Matter** to TriNet. For the 2025 plan year, we continue to offer equitable benefits in all 50 states, fertility coverage, and no co-pay in-network mental health benefits. This year, we are excited to introduce musculoskeletal (MSK) support for Aetna enrollees and additional prescription savings programs through CVS Caremark. Participation in a customized MSK program could result in less pain, lower rates of surgeries, and savings for you on future medical costs.

We will continue with one national medical carrier, Aetna. Colleagues who live in California and Hawaii will continue to have the option to alternatively elect Kaiser for medical coverage. Aetna will also remain our exclusive carrier for dental and vision coverage. Details around the TriNet USA-sponsored benefit offerings and programs can be found on the following pages of this guide.

Your wellness and prevention continue to remain a critical part of our benefit offerings and an important factor in helping to keep your health care costs down. How you manage your own health has a direct impact on the cost of our program. I'm happy to share that for 2025, we will continue the incentives through our Wellness platform for being proactive with your preventive health care screenings and other healthy activities. For example, you'll be able to earn 33,600 Wellness Points on the TriNet Wellness platform for getting your annual physical—equivalent to a \$200 gift card! Further, if you enroll in the Aetna high-deductible health plan (HDHP), TriNet will contribute \$1,000 for employee-only coverage and \$1,500 for all other coverage levels.

We are also enhancing how you can access PlanSource. You will now be able to log in using your username and password from personal devices, making it easier to manage your benefits on the go.

I encourage you to set aside time to carefully review this guide, which highlights your comprehensive benefit offerings for the 2025 benefits plan year. Every year, it's important that you take an active role in electing your benefits during TriNet's open enrollment period, October 25 through November 8. If you don't actively elect or waive your benefits, your benefit

elections at the end of 2024 will automatically rollover, except for your spending accounts, including FSA, HSA, and commuter. Keep in mind, there may be differences in coverage and rates.

At TriNet, our most important asset and the key to our success is our amazing colleagues. Healthcare is not just about treating illness; it's about fostering a holistic approach to well-being. Your health and wellness are critically important, so please take advantage of open enrollment.

Thank you for all you do for TriNet and our customers. Stay healthy and safe.

Regards,




Benefit Highlights

The following information highlights the comprehensive benefit offerings for the 2025 benefits plan year. Refer to each section of this guide for more details around each benefit.

Rates

For the 2025 plan year, we are continuing to provide rich benefit programs and maintaining our competitive out-of-pocket expense design and employer contribution levels. TriNet subsidizes a large portion of your medical plans with approximately an 88% subsidy for employee-only plans and 79% for all other tiers, on average. Employee contribution increases will be, on average, 7.2% for Kaiser California and 10% for Aetna medical and dental, while vision rates remained relatively flat. Depending on your plan and coverage tier, your rate may be lower or higher than these average rates.

To see the plans available to you and associated rates, visit the PlanSource benefits enrollment site within your People Platform (Oracle).

Benefits Enrollment

Our benefits enrollment platform powered by PlanSource, a third-party site, will take you through a “shopping” experience streamlined with a variety of benefit options.

Medical

Our medical offerings include simplified and curated plan designs to help you elect the plans that are best for you and your family. Our national medical carrier is Aetna, and if you live in California or Hawaii, you also have the option to alternatively select Kaiser for medical coverage.

If you select Aetna as your medical carrier, you can take advantage of the following programs and benefits for 2025:

- Aetna Integrated Health Care
- Aetna Concierge
- CVS Caremark Pharmacy
- Mental Health Benefits
- Infertility and Fertility Benefits
- Travel Benefits
- Hearing Aid Benefits
- Musculoskeletal health (MSK) Program

The details of the medical plans and programs offered by Aetna and Kaiser are described later in the medical section of this guide.

Dental

Our exclusive dental carrier is Aetna. We will offer two plan options: Aetna Dental and Aetna Dental Plus. The details of the dental plans offered by Aetna are described later in the dental section of this guide.

Vision

Our exclusive vision carrier is Aetna. With Aetna Vision, you will have access to a nationwide member-centered network, including the EyeMed network. We will offer two plan options: Aetna Vision and Aetna Vision Plus. Both plans will offer frames, lenses or contact lens coverage every 12 months. The Vision Plus plan has no copay for eye exams and frames.

Important

You must complete benefits enrollment to ensure participation in the various spending accounts in 2025. If you fail to actively elect or waive benefits, most of your current benefits will roll over to the 2025 benefits plan year with the exception of your FSA, HSA, Parking and Transit spending account elections.

Benefit Highlights

Health Savings Account (HSA)

An HSA allows you to set aside pre-tax dollars to pay for eligible health care expenses.

- If you enroll in the Aetna high-deductible health plan (HDHP) during open enrollment, TriNet will automatically contribute \$1,000* for employee-only coverage and \$1,500* for all other coverage levels.
- The maximum HSA single contribution limit for the 2025 calendar year is \$4,300. The maximum HSA family contribution limit for the 2025 calendar year is \$8,550.

UMB is the bank of record, and PlanSource is the administrator for HSA claims administration and support.

* TriNet's contribution is deposited in a lump sum.

Flexible Spending Accounts (FSAs)

An FSA allows you to set aside pre-tax dollars to pay for eligible health care and dependent day care expenses.

- The maximum health care FSA annual contribution limit for the 2025 benefits plan year will increase by \$100 to \$3,300*. The maximum dependent day care FSA annual contribution limit for the 2025 benefits plan year is \$5,000.

PlanSource is the administrator for FSA claims administration and support.

* \$3,300 is the is a projected maximum for 2025. If the official IRS change does not match the projection, your contribution amount will be adjusted to not exceed the IRS maximum.

Life and AD&D Insurance

TriNet provides company-paid basic life and AD&D coverage. You pay the cost of any supplemental life for yourself, spouse, domestic partner or child(ren), and supplemental AD&D coverage you elect.

Disability

TriNet provides company-paid short-term disability (STD) and long-term disability (LTD):

- STD replaces 66% of your weekly earnings to a maximum of \$2,500 per week for up to 26 weeks, following a seven-day elimination period.
- LTD replaces 60% of your monthly earnings to a maximum of \$12,500 per month.



Benefit Highlights

Voluntary Benefits

You may enroll in a variety of voluntary benefits, in which you pay 100% of the cost, ranging from critical illness, hospital and accident insurance, legal services, identity theft protection plans, personal excess liability insurance, home and auto insurance and pet insurance. All Aflac plans and the MetLife Legal Plan can only be elected during open enrollment. MetLife Pet, Farmers GroupSelectSM Auto & Home, Chubb Personal Excess Liability insurance and IdentityForce Identity Theft Protection plans can be elected at any time.

Commuter Benefits

Commuter benefits allow you to set aside pre-tax and post-tax dollars from your paycheck to pay for eligible commuter parking or transit expenses. The maximum commuter benefits monthly contribution limit for the 2025 calendar year is projected to be \$325* for both qualified parking and public transit expenses. Commuter benefits can be elected at any time.

PlanSource is the administrator for commuter benefits claims administration and support.

* This is the projected amount for 2025.

Wellness Benefits

TriNet colleagues have access to a variety of wellness benefits to support their physical, mental and financial well-being, including:

- Employee Assistance Program (EAP)
- BrightPlan
- Care. for Business
- TriNet Wellness Platform – GoPivot
- WeightWatchers
- Maven

Review the Wellness and Additional Benefits section in this guide for more details on each of these benefits.

Adoption Assistance

Adoption assistance in the amount of \$10,000 per calendar year, and \$10,000 max per adoption, will be available to all U.S. colleagues. We will offer colleagues tax-favored reimbursements for expenses incurred during the adoption process.



Aetna Medical and Pharmacy

TriNet provides access to three Aetna medical plan options: a PPO, HDHP and EPO. **Note:** The EPO plan has no out-of-network coverage except in an emergency.

BENEFIT	Aetna PPO		Aetna HDHP		Aetna EPO	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual/Calendar Year Deductible (Individual/Family)*	\$750 / \$1,500	\$1,500 / \$3,000	\$2,500 / \$5,000	\$6,000 / \$12,000	\$0 / \$0	N/A
Annual/Calendar Year Out-of-Pocket Maximum (Individual/Family)	\$3,000 / \$6,000	\$8,000 / \$16,000	\$5,000 / \$10,000	\$10,000 / \$20,000	\$2,500 / \$5,000	N/A
Lifetime Maximum	Unlimited except where otherwise indicated.		Unlimited except where otherwise indicated.		Unlimited except where otherwise indicated.	
Coinsurance	20%	40%	10%	30%	100% Covered	N/A
Physician Services						
In-Person Doctor's Office Visit	\$30 copay; deductible waived	40% coinsurance; after deductible	10% coinsurance; after deductible	30% coinsurance; after deductible	\$20 copay	N/A
Telehealth Doctor's Office	\$15 copay; deductible waived	40% coinsurance; after deductible	5% coinsurance; after deductible	30% coinsurance; after deductible	\$10 copay	N/A
In-Person Specialist Office Visit	\$60 copay; deductible waived	40% coinsurance; after deductible	10% coinsurance; after deductible	30% coinsurance; after deductible	\$40 copay	N/A
Telehealth Specialist Office Visit	\$30 copay; deductible waived	40% coinsurance; after deductible	5% coinsurance; after deductible	30% coinsurance; after deductible	\$20 copay	N/A
Preventive Care	Covered 100%	40% coinsurance; after deductible	Covered 100%	30% coinsurance; after deductible	Covered 100%	N/A
Lab & X-ray Services	\$30 copay; deductible waived	40% coinsurance; after deductible	10% coinsurance; after deductible	30% coinsurance; after deductible	100%	N/A
Hospital Services						
Inpatient	20% coinsurance; after deductible	40% coinsurance; after deductible	10% coinsurance; after deductible	30% coinsurance; after deductible	\$250 copay	N/A
Outpatient	20% coinsurance; after deductible	40% coinsurance; after deductible	10% coinsurance; after deductible	30% coinsurance; after deductible	Covered 100%	N/A
Emergency Care	\$400 copay (waived if admitted); deductible waived		10% coinsurance; after deductible		\$400 copay (waived if admitted)	
Urgent Care	\$50 copay; deductible waived	40% coinsurance; after deductible	10% coinsurance; after deductible	30% coinsurance; after deductible	\$50 copay	N/A
Inpatient Maternity Coverage (includes delivery and postpartum care)	20% coinsurance; deductible waived	40% coinsurance; after deductible	10% coinsurance; after deductible	30% coinsurance; after deductible	\$250 copay	N/A
Prenatal Maternity (not including delivery and postpartum)	Covered 100%; deductible waived	40% coinsurance; after deductible	Covered 100%; deductible waived	30% coinsurance; after deductible	Covered 100%	N/A
Infertility and Fertility Benefits	\$25k medical annual maximum / \$10k Rx annual maximum Deductible & coinsurance apply	\$25k medical annual maximum / \$10k Rx annual maximum Deductible & coinsurance apply	\$25k medical annual maximum / \$10k Rx annual maximum Deductible & coinsurance apply	\$25k medical annual maximum / \$10k Rx annual maximum Deductible & coinsurance apply	\$25k medical annual maximum / \$10k Rx annual maximum	N/A
Mental Health Services	Covered 100%; deductible waived	40% coinsurance; after deductible	Covered 100%; after deductible	30% coinsurance; after deductible	Covered 100%	N/A

* Please refer to the SBC for more information on how deductibles work.

Aetna Medical and Pharmacy

TriNet provides access to three Aetna medical plan options: a PPO, HDHP and EPO. **Note:** The EPO plan has no out-of-network coverage except in an emergency.

BENEFIT	Aetna PPO		Aetna HDHP		Aetna EPO	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
PRESCRIPTION DRUGS						
Retail (30-day Supply)						
Preventive Generics		\$0		\$0	\$0	N/A
Non-Preventive Generic/ Preferred Brand		\$10		10% coinsurance; after deductible	\$10	N/A
Non-Preferred Brand		\$30		10% coinsurance; after deductible	\$30	N/A
Specialty		\$50		10% coinsurance; after deductible	\$50	N/A
Mail Order (90-day Supply)						
Preventive Generics		\$0		\$0	\$0	N/A
Non-Preventive Generic/ Preferred Brand		\$20		10% coinsurance; after deductible	\$20	N/A
Non-Preferred Brand		\$60		10% coinsurance; after deductible	\$60	N/A
Specialty (retail only)		\$100		10% coinsurance; after deductible	\$100	N/A

Please note that under the Dispense as Written Policy, if a colleague, covered dependent or physician requests a brand drug when a generic is available, the colleague is responsible for the difference in cost between the brand and generic drug plus the applicable copay.

If there is a medical necessity for a colleague or covered dependent to take a brand medication, the prescribing physician must complete a Brand Penalty Exception Request form on their behalf. Once a Brand Penalty Exception Request is received, it will be reviewed based on the CVS standard medical necessity criteria and guidelines. Both the colleague or covered dependent and prescribing physician will be notified of the approval or denial of the request.



Aetna Medical and Pharmacy

Aetna Integrated Health Care

If you select Aetna for all of your health benefits, you will have the convenience of one website, one mobile app and one ID card for your medical and vision benefits. All your health providers will have direct connection and information to health claims and pharmacy information. The sharing of information helps to ensure follow-up care and necessary outreach.

Aetna Concierge

With a simple, personalized experience, Aetna concierge connects you to the right programs and resources and makes your lives a little easier. Think of it as a personal health assistant that goes above and beyond. Most questions are resolved on the first call and cover a range of topics such as locating providers, estimating costs, maximizing benefits, real-time claims processing and more. [Click here](#) to learn more.



Mental Health

A Care Advocate takes a 360-degree approach by connecting you with all the specialists, community services and tools you need to achieve your best health or to help you reach your mental health goals. Aetna mental health support services provide you with personalized support to connect you with the right person, whether that person is a psychiatrist, counselor or psychotherapist. The Aetna mental health providers will help you deal with depression, anxiety, eating disorders, bipolar disorders, substance abuse and more, whether you want to discuss in person, on the phone or virtually via telehealth. The Aetna EPO and PPO plans cover in-network mental health services at 100%. The Aetna HDHP covers in-network mental health services at 100%, after the deductible. [Click here](#) to learn more about the comprehensive programs Aetna offers.

Fertility, Infertility and Cryopreservation Benefits

The Infertility benefit includes coverage for Advanced Reproductive Technology-based medical procedures including but not limited to In Vitro Fertilization (IVF) as well as medically necessary Egg Freezing and Embryo Cryopreservation and Transfers.

Infertility Benefits Reimbursement up to \$25,000 per year, plus an additional \$10,000 in related pharmacy cost.

Travel Benefit

If you elect an Aetna medical plan, TriNet will reimburse up to \$4,000 per occurrence for travel costs to obtain covered services for a range of medical procedures that are not available within a certain range of your residence.

Hearing Aids Benefit

Hearing aids are covered in-network in the amount of \$4,800 every 24 months. Over the counter and prescription hearing aids are eligible for coverage if they are cleared by the FDA and prescribed by a qualified health care provider and medical necessity criteria for hearing aids are met.

Aetna Medical and Pharmacy

CVS Caremark® Pharmacy Benefits Manager (PBM)

Aetna partners with [CVS Caremark](#) to meet your pharmacy needs. Depending on the Aetna medical plan you elect, your prescription will fall into one of four tiers, with preventive generic prescriptions covered at no cost to you. With over 66,000 pharmacies in CVS Caremark's national network, you're sure to find a local pharmacy for you and your family. [Click here](#) to search the CVS Caremark network.

Note: You will receive a dedicated CVS Caremark pharmacy card separate from your Aetna medical card.

Also, with CVS Caremark, you have access to MinuteClinic® located in 35 states and D.C., which offers cost-effective, 7 days-per-week walk-in care, including evenings to provide minor illness and injury exams, certain physical exams, vaccinations and other health services. [Click here](#) to learn more.

[CVS Specialty](#) provides specialized care and support along with your medications for complex conditions such as rheumatoid arthritis, multiple sclerosis, HIV and cancer. And their digital tools make it easy to manage your health whenever—and wherever—you like. You can look for saving opportunities, stay on top of your prescriptions and more.

Access these flyers to learn more about CVS Caremark—your new pharmacy benefits:

- [Meet Our Mobile App](#)
- [Contactless Delivery By Mail](#)
- [Save With Generics](#)



CVS Caremark® Maintenance Choice®

Save with 90-day supplies. [Maintenance Choice](#)* helps keep your medication as affordable as possible. Make the change to 90-day supplies to enjoy these savings.

Help keep your copay low. Start filling the medication you take regularly (like medication for asthma or high blood pressure) in 90-day supplies at select participating pharmacies. Choose the option that works best for you — and change it whenever you like.



* **Oklahoma:** Some Oklahoma residents may not be eligible to participate in the Maintenance Choice program. If you have questions about your eligibility, please contact Customer Care at the number on the back of your member ID card.

CVS Caremark® Savings Advisor

You could be paying less for your Rx with the new [Savings Advisor](#) tool. How it works:

1. You'll get an email from CVS Caremark to alert you when savings are available. *If you currently spend \$15 (or more) for your Rx and have the chance to save \$10 (or more), CVS will let you know.*
2. Click on the link provided. Then sign in to your Caremark.com account to view your list of savings opportunities. *This includes options like starting Rx delivery by mail, switching to a 90-day supply or changing to a lower-cost alternative medication.*
3. Share saving options with your doctor. For help deciding what works best for you. *For savings related to starting Rx delivery by mail, simply click "Add to Cart," and CVS will take care of the rest.**

* Not all clients allow their plan members to request a new prescription on Caremark.com. CVS will only enable this capability for eligible members

Aetna Medical and Pharmacy

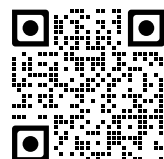


Aetna Health Mobile App

The Aetna Health mobile app is an easy and convenient way to have helpful information at your fingertips, 24/7. When you download the app, you'll be able to:

- Access your ID card whenever you need it
- View your benefits and coverage details specific to your plan
- Track spending and progress toward meeting your deductible
- View and pay claims for you and your family
- Find in-network providers near you and search by location or specialty
- Compare cost estimates for doctor visits and procedures
- Receive personalized reminders to help improve your health

Search for the Aetna Health mobile app in the App Store or Google Play, or simply scan the QR code below (QR code will launch the app from an iPhone or android).



Scan to download the Aetna Health mobile app

You can also text the word Aetna to 90156 to receive a link to download the Aetna Health mobile app.*

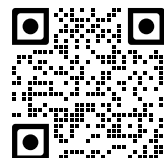
* Message and data rates may apply.

Telehealth

Aetna provides access to telemedicine services through **Teladoc**. Download the Teladoc app so you have convenient access when you need it.

Phone: 855.TELADOC (835.2362)

Teladoc.com



Scan to download the Teladoc mobile app

Aetna Medical Provider Search

- Go to the Aetna website [Aetna.com](https://www.aetna.com)
- Select “Find a doctor”
- Select “Plan from an employer”
- Enter your ZIP code and select your search radius, then click “Search”
- Under Select a Plan, scroll down to Aetna Open Access Plans, then choose one of the following networks
 - For the PPO and HDHP, select “Aetna Choice® POS II (Open Access)”
 - For the EPO, select “Aetna Select® (Open Access)”
- Select provider specialty



Kaiser Medical and Pharmacy

TriNet provides access to an HMO plan in three regions: Northern California, Southern California and Hawaii.

BENEFIT	Northern California	Southern California	Hawaii
	Kaiser HMO	Kaiser HMO	Kaiser HMO
Plan Deductible (Individual / Family)	None	None	None
Drug Deductible	None	None	None
Out-of-Pocket Maximum (Individual/Family)	\$1,500/\$3,000	\$1,500/\$3,000	\$2,500/\$7,500
Physician Services			
Primary Care	\$20	\$20	\$15
Specialist	\$35	\$35	\$15
Well-Child Preventive Care Visits (18 Months and Younger)	No charge	No charge	No charge
Scheduled Prenatal Care and First Postpartum Visit	No charge	No charge	No charge
X-rays and Lab Tests	No charge	No charge	10% coinsurance
Hospital Services			
Services Rendered While Hospitalized	\$250 per admit	\$250 per admit	\$75/day
Urgent Care	\$20	\$20	\$15
Outpatient Surgery	\$35	\$35	\$15
Emergency Department Visits	\$100	\$100	\$75
Ambulance Services	\$50 per trip	\$50 per trip	20% coinsurance per trip
Outpatient Prescription Drugs			
Pharmacy	\$10 gen / \$35 brand / 20% specialty (up to \$150 max)	\$10 gen / \$35 brand / 20% specialty (up to \$150 max)	\$10 gen / \$35 brand / \$200 specialty
Mail Order	\$20 gen / \$70 brand	\$20 gen / \$70 brand	\$20 gen / \$70 brand
Day Supply	30 retail / 100 mail	30 retail / 100 mail	30 retail / 90 mail
Mental Health Services / Chemical Dependency			
Inpatient Psychiatric Care	\$250 per admit	\$250 per admit	\$75 per day
Outpatient Individual Therapy Visits	\$20	\$20	\$15
Outpatient Group Therapy Visits	\$10	\$10	\$15
Infertility Services			
Covered Services Related to the Diagnosis and Treatment of Infertility	50% coinsurance	50% coinsurance	20% coinsurance
Additional Benefits			
Durable Medical Equipment	20% coinsurance	20% coinsurance	20% coinsurance
Home and Hospice Care	No charge	No charge	No charge
Chiropractic Services	\$15 per visit (up to 20 visits per year)	\$15 per visit (up to 20 visits per year)	\$15 per visit (up to 20 visits per year)

Kaiser Medical and Pharmacy

When you enroll in Kaiser, you receive integrated health coverage and care delivery resulting in a coordinated experience.

Mental Health and Wellness Resources

Your mind and body are connected. You deserve care that supports your total health — mind, body, and spirit. If you need help with depression, anxiety, addiction and recovery, or other mental or emotional issues that interfere with your daily life, Kaiser is here to help. Get quick access to resources such as:

- [Mental health services](#)
- [Learn about mental health care](#)
- [Take the depression self-assessment](#)
- [Self-care apps](#)
- [Youth mental health](#)

Telehealth

Visit kp.org and sign up for Virtual Visits. When you download The Kaiser Health mobile app, you can get your regional contact phone number, and then you'll be all set to virtually meet with your doctor.

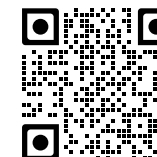


Kaiser Permanente Health Mobile App

Kaiser's mobile app is an easy and convenient way to have helpful information at your fingertips, 24/7. When you download the app, you'll be able to:

- Access your ID card whenever you need it
- View your benefits and coverage details specific to your plan
- Track spending and progress toward meeting your deductible
- Find in-network providers near you and search by location or specialty
- Compare cost estimates for doctor visits and procedures
- Receive personalized reminders to help improve your health
- Check most lab results
- Refill most prescriptions
- Email your doctor's office with nonurgent questions
- Schedule or cancel routine appointments

Download the Kaiser Permanente mobile app in the App Store or Google Play, or simply scan the QR code below (QR code will launch the app from an iPhone or android).



Scan to download the Kaiser Permanente Health mobile app

Kaiser Medical Provider Search

- Northern California Provider Search: [Click here](#)
- Southern California Provider Search: [Click here](#)
- Hawaii Provider Search: [Click here](#)

Understanding Your Plan Options

	EPO (Exclusive Provider Organization)	HDHP (High-Deductible Health Plan)	PPO (Preferred Provider Organization)	HMO (Health Maintenance Organization)
Amount You Pay Per Pay Period for Coverage	Higher	Lower	Generally higher	Lower
How You Pay for Health Care Services	Copay after deductible, up to out-of-pocket maximum	Coinsurance after deductible, up to out-of-pocket maximum	Generally copay or coinsurance after deductible, up to out-of-pocket maximum	Generally copay or coinsurance after deductible, up to out-of-pocket maximum
Network Size	Smaller	Larger	Larger	Smaller
Availability of Out-of-Network Coverage	Only in emergencies	Available, but more costly than in-network care	Available, but more costly than in-network care	Only in emergencies
Selecting a Primary Care Physician	Not required	Not required	Not required	Required or recommended, depending on the plan
Referrals	Not required	Not required	Not required	Required
Available Health Care Spending Accounts	FSA	HSA and limited purpose FSA	FSA	FSA
Carriers (based on geographic region)	Aetna	Aetna	Aetna	Kaiser (CA and HI only)
Why this Type of Plan Might Be a Good Fit	<ul style="list-style-type: none"> • Low out-of-pocket maximum is more important to you than flexibility • Your providers are within the EPO network already 	<ul style="list-style-type: none"> • You would prefer to pay lower rates each pay period and more when you receive care • You want the flexibility to use out-of-network providers 	<ul style="list-style-type: none"> • You want the flexibility to use out-of-network providers 	<ul style="list-style-type: none"> • Low cost is more important to you than flexibility • Your providers are within the HMO network already



See the following page for Aetna Plan Comparison Hypotheticals.

Understanding Your Plan Options

Aetna Plan Comparison Hypotheticals

HDHP with an HSA: Offset out-of-pocket costs with an HSA and lower monthly payroll deductions.

Robin, 27, is single and living at home with her parents, while she pays off her college loans. She's relatively healthy and has only been to the doctor for her preventive annual exams. When it's time to enroll in one of her employer's health plans, she chooses the HDHP because it costs the least for her situation. This will help her keep expenses down and pay off her debt faster. Of the three plan options, the HDHP has the lowest monthly deductions. With the employer funding of the HSA in the amount of \$1,000, effective January 1, it more than covers her copay for her couple visits a year to the doctor, with money left over to spend on other health care expenses. The high in-network deductible and out-of-pocket maximum as compared to the other plans doesn't bother Robin as she is confident that she won't come close to reaching those levels. An added bonus is that on the HDHP, any cost share applies to both the deductible and out-of-pocket maximum. Unlike the PPO, where any copays only apply to the out-of-pocket maximum. [Click here](#) to learn how an HDHP and an HSA make the perfect pair.

PPO: An affordable plan with out-of-network coverage.

Sam, 40, is in sales, and has asthma, and usually sees his specialist a couple of times a year. Also, with four boys at home who are all in competitive sports, accidents can and do occur. Because he travels a lot on business, Sam chose a PPO with a large national network as well as out-of-network coverage as he has had asthma attacks while traveling and he doesn't always have time to find in-network providers. Further, with all four children going to college in the next four years, budgeting is key. He likes the peace of mind he gets with the mid-range annual deductible, out-of-pocket maximum and monthly payroll deductions. He could have also gone with the lower cost EPO, but out-of-network coverage was important to him, and the EPO only has limited out-of-network coverage. The HDHP was attractive with the HSA employer contribution, but without being able to predict how high his medical costs could be in any given year, it was important to have a lower annual family deductible and out-of-pocket maximum as compared to the HDHP.

EPO: An affordable plan with limited out-of-network coverage.

Henry, 60, has recently had a range of health issues, from high blood pressure to weakened kidneys, and he is determined to get things back on track—and that means keeping up with regular doctor visits. He is also pleased with his current doctors, and they all happen to be in-network. Last year, he had a dozen office visits and urgent care visits and he expects it to remain the same this year due to his unresolved health issues. With that in mind, he switches to an EPO. Even though the EPO has the largest costs deducted from his paycheck, his doctor visits and urgent care copays are the lowest out of the three plan options. In addition, the EPO has no deductible, and his annual out-of-pocket maximum is the lowest of the three plan options at \$2,500. As Henry saves for retirement, it is important to keep his annual out-of-pocket maximum low, even if that is partially offset by the higher monthly payroll deductions.



Decision Support Resources

DecisionIQ

DecisionIQ is a voluntary decision support tool available within the new benefits enrollment site to give you real-time guidance as you're shopping for your benefits. By answering some basic questions, coupled with your profile information, DecisionIQ incorporates your personal preferences to provide “best match” plan recommendations to help guide your decisions in electing plans that will meet the needs of you and your family.

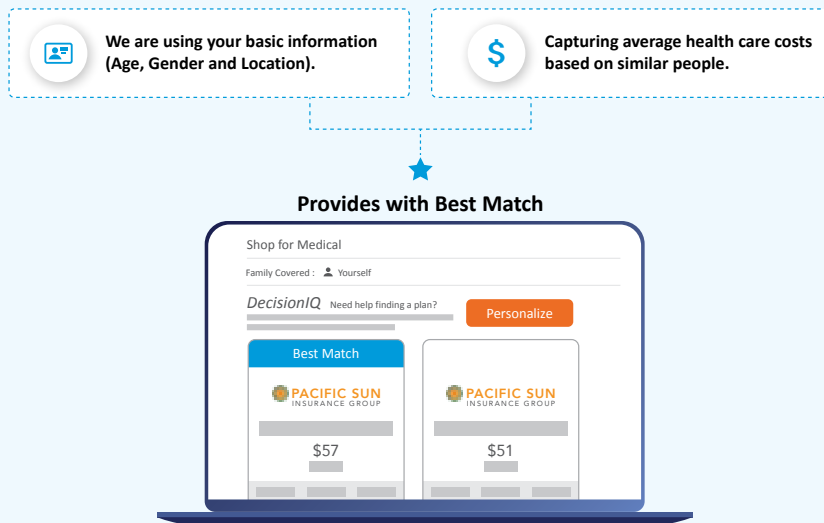
What is DecisionIQ?

We know that enrolling in benefits can be an overwhelming process. **DecisionIQ is here to help.**

We leverage a large health care cost dataset from Milliman, a trusted data company that compares millions of health care costs. We return insights and a best match based on how people like you use their health care.

We do this to give you personal, trustworthy and accurate insights. **Helping you choose the best benefits for you and your family.**

Note: Participation in DecisionIQ is optional and no additional information is required beyond your demographic information that is already prepopulated. You are not required to use DecisionIQ nor choose the suggested benefits.



HealthAdvocate

If you are a U.S.-based colleague and enrolled in a company-sponsored medical plan, TriNet provides access to HealthAdvocate.

Here are some ways HealthAdvocate may help you:

- Review CDC COVID-19 recommendations
- Find the right in-network doctors and coordinate care
- Review medical bills to find errors or duplicate charges
- Resolve complicated claims and billing issues
- Learn more about your benefits and coverage
- Save money on prescriptions

[Download the mobile app for easy access.](#)



Aetna Dental

TriNet offers access to dental coverage through Aetna with two options available.

Dental Benefits

BENEFIT	Aetna Dental	
	IN-NETWORK	OUT-OF-NETWORK
Annual/Calendar Year Benefit Maximum	\$1,000	\$1,000
Annual/Calendar Year Deductible (Individual/Family)	\$100/\$300	\$150/\$450
Preventive Services	100% Covered	100% Covered
Basic Services	70% Covered	50% Covered
Major Services	50% Covered	50% Covered
Orthodontia Lifetime Maximum	Not Covered	Not Covered

BENEFIT	Aetna Dental Plus	
	IN-NETWORK	OUT-OF-NETWORK
Annual/Calendar Year Benefit Maximum	\$2,000	\$2,000
Annual/Calendar Year Deductible (Individual/Family)	\$50/\$150	\$100/\$300
Preventive Services	100% Covered	100% Covered
Basic Services	90% Covered	80% Covered
Major Services	60% Covered	50% Covered
Orthodontia Lifetime Maximum (Adult and Child)	\$3,500	\$3,500
Orthodontia Coinsurance (Adult and Child)	50%	50%
Orthodontia Deductible (Adult and Child)	\$50	\$50

Aetna Dental Provider Search

- Go to the Aetna website [Aetna.com](https://www.aetna.com)
- Select “Find a doctor”
- Select “Plan from an employer”
- Enter your ZIP code and select your search radius, then click “Search”
- Under Select a Plan, scroll down to Dental PPO/PDN with PPO II and Extend Network
- Select “Dental PPO/PDN with PPO II and ExtendSM”
- Select provider specialty



Aetna Vision

TriNet offers access to vision coverage through Aetna with two options available.

Vision Benefits

BENEFIT	Aetna Vision	
Benefit Frequency (Exam/Lens/Frames)	12/12/12	
	IN-NETWORK	OUT-OF-NETWORK
Exam	\$10 copay	\$45 Reimbursement
Lenses	\$25 copay	\$45 Reimbursement
Frames	\$0 copay, \$130 allowance and 20% discount over allowance	\$47 Reimbursement
Contact Lenses Instead of Glasses		
Conventional/Disposable	\$0 copay, \$130 allowance and 15% discount over allowance	\$105 Reimbursement
Medically Necessary	Covered 100%	\$150 Reimbursement

BENEFIT	Aetna Vision Plus	
Benefit Frequency (Exam/Lens/Frames)	12/12/12	
	IN-NETWORK	OUT-OF-NETWORK
Exam	\$0 copay	\$50 Reimbursement
Lenses	\$20 copay	\$50 Reimbursement
Frames	\$0 copay, \$150 allowance and 20% discount over allowance	\$75 Reimbursement
Contact Lenses Instead of Glasses		
Conventional/Disposable	\$0 copay, \$200 allowance and 15% discount over allowance	\$200 Reimbursement
Medically Necessary	Covered 100%	\$210 Reimbursement

Aetna Vision Provider Search

- Go to the Aetna website Aetna.com
- Select “Find a doctor”
- Select “Plan from an employer”
- Enter your ZIP code and select your search radius, then click “Search”
- Under Select a Plan, scroll down to Vision
- Select “Aetna VisionSM Preferred”



Flexible Spending Accounts

TriNet offers access to health care and dependent day care flexible spending accounts (FSAs). The maximum health care FSA annual contribution limit for the 2025 benefits plan year will increase by \$100 to \$3,300*. The maximum dependent day care FSA annual contribution limit for the 2025 benefits plan year is \$5,000. TriNet has engaged PlanSource for FSA claims administration and support.

Health Care FSA

Used to pay for eligible health care-related expenses on a pre-tax basis, up to \$3,300* per benefits plan year.

OR

Limited-Use Health Care FSA

Available if you are enrolled in a high-deductible health plan (HDHP) with a health savings account (HSA). Eligible expenses include dental and vision expenses, but exclude HSA-eligible medical expenses.

Dependent Day Care FSA

Used to pay for eligible expenses on a pre-tax basis related to the care of a child or eligible dependent, up to \$5,000, per benefits plan year.

The minimum annual contribution required for dependent day care FSA is \$200.

FSA Key Dates

2024 Flexible Spending Account (FSA) Dates

March 15, 2025**	This is the last day of the grace period to incur (or make) eligible health care and dependent day care FSA expenses that can be paid from your 2024 plan year accounts.
April 30, 2025	This is the last day claims can be submitted for eligible expenses incurred for the 2024 plan year for both the health care and dependent day care FSAs.

2025 Flexible Spending Account (FSA) Dates

March 15, 2026**	This is the last day of the grace period to incur (or make) eligible health care and dependent day care FSA expenses that can be paid from your 2025 plan year accounts.
April 30, 2026	This is the last day claims can be submitted for eligible expenses incurred for the 2025 plan year for both the health care and dependent day care FSAs.

* \$3,300 is a projected maximum for 2025. If the official IRS change does not match the projection, your contribution amount will be adjusted to not exceed the IRS maximum.

** Applicable only if you are an active participant on the last day of the plan year.

If your participation ends during the plan year:

- You have until the end of the month in which your participation ends to incur (or make) eligible health care and dependent day care FSA purchases.
- You have 4 months from the end of the plan year to submit claims for eligible expenses incurred for the previous plan year.

If you enroll in an FSA, you will receive a welcome email from PlanSource, noreply@plansource.com, which will provide instructions for registering on the PlanSource Participant Portal. Once registered, you will have access to useful tools and resources to help you:

- Manage personal information and communication preferences
- View plan details, including key dates and deadlines
- Access account balance and transaction history
- Create new claims, upload receipt documentation and track claim status
- Update direct deposit information to speed reimbursements

Download the mobile app for “on-the-go” convenience. Simply search for “MyBenefitsAccounts” in the Apple App Store or on Google Play.

Health Savings Account

TriNet offers access to a health savings account (HSA) through UMB bank, if you are enrolled in the Aetna high-deductible health plan (HDHP). The maximum HSA single contribution limit for the 2025 calendar year is \$4,300. The maximum HSA family contribution limit for the 2025 calendar year is \$8,550. For the 2025 calendar year, **TriNet will contribute \$1,000 for employee-only coverage and \$1,500 for all other coverage levels.** TriNet has engaged PlanSource for HSA claims administration and support.

Health Savings Account (HSA)

HOW MUCH CAN YOU CONTRIBUTE?	2025 IRS CONTRIBUTION LIMIT	TRINET CONTRIBUTION*	YOUR MAXIMUM CONTRIBUTION AMOUNT
Employee-Only Coverage	\$4,300	\$1,000	\$3,300 (\$100 minimum)
All Other Coverage Levels	\$8,550	\$1,500	\$7,050 (\$100 minimum)

* The TriNet HSA contribution amount will be pro-rated if enrollment is made after January 1, 2025.

HSA Key Dates

2025 HSA Dates	
January 1, 2025	New HSA elections start on the first pay date following January 1, 2025
January 1-December 31, 2025	HSA contributions count toward IRS 2025 calendar year contribution limits

If you enroll in an HSA, you will receive a welcome email from PlanSource, noreply@plansource.com, which will provide instructions for registering on the PlanSource Participant Portal. Once registered, you will have access to useful tools and resources to help you:

- Manage personal information and communication preferences
- View plan details, including key dates and deadlines
- Access account balance and transaction history
- Create new claims, upload receipt documentation and track claim status
- Update direct deposit information to speed reimbursements

Download the mobile app for “on-the-go” convenience. Simply search for “MyBenefitsAccounts” in the Apple App Store or on Google Play.

Income Protection Benefits

You have access to a variety of company-sponsored life and disability benefits designed to provide financial protection if the unexpected occurs. The company provides basic life, accidental death and dismemberment (AD&D) and short- and long-term disability coverage at no cost to you. You pay the cost of any supplemental life or supplemental AD&D coverage you elect.

Life and Accidental Death and Dismemberment (AD&D)

Benefit	Coverage Amount
Basic Life and AD&D	
Basic Employee Life and AD&D Coverage	<ul style="list-style-type: none"> 2 times your base annual earnings, with minimum coverage of \$100,000 and maximum coverage of \$1,000,000 – no age reduction
Supplemental Life	
Supplemental Employee Life	<ul style="list-style-type: none"> 1 to 8 times your base annual earnings Up to a maximum of \$2,500,000 Non-Medical Issue Amount*: \$450,000 – no age reduction
Spouse or Domestic Partner Life	<ul style="list-style-type: none"> Increments of \$10,000 Up to the lesser of 100% of the employee amount or \$250,000 Non-Medical Issue Amount*: \$30,000 – no age reduction
Dependent Child Life	<ul style="list-style-type: none"> \$10,000
Supplemental AD&D	
Employee Plan	<ul style="list-style-type: none"> Option 1: \$25,000 Option 2: \$50,000 Option 3: \$100,000 Option 4: \$250,000 Option 5: \$500,000 Option 6: \$750,000
Employee & Family Plan	<ul style="list-style-type: none"> Spouse or Domestic Partner Only: 50% of your coverage amount Child(ren) Only: 10% of your coverage amount

* Non-Medical Issue amounts apply when coverage is elected upon initial benefits eligibility. Otherwise, coverage amounts newly elected or increased above one level, or above the Non-Medical Issue amount, during open enrollment are subject to statement of health (SOH) and are not effective until approved by the insurance carrier. Refer to the TriNet USA, Inc. Benefits Guidebook and Summary Plan Description and the Carrier Certificates for more details.

Supplemental Employee Life Insurance

You are required to complete and submit a short health survey, often referred to as a statement of health (SOH), also known as evidence of insurability (EOI), to the insurance carrier, MetLife, if you elect coverage that either exceeds the guaranteed issue amount or is elected after your initial eligibility. During the enrollment process you will be informed if all or a portion of your election requires you to complete the health survey. The amount of coverage that is subject to the health survey is not effective until approved by MetLife.

Supplemental Spouse/Domestic Partner Life Insurance

Your spouse or domestic partner is required to complete and submit a short health survey, often referred to as a statement of health (SOH), also known as evidence of insurability (EOI), to the insurance carrier, MetLife, if you elect coverage that either exceeds the guaranteed issue amount or is elected after initial eligibility. During the enrollment process you will be informed if all or a portion of your election requires your spouse or domestic partner to complete the health survey. The amount of coverage that is subject to the health survey is not effective until approved by MetLife.

Income Protection Benefits

Disability

Disability benefits provide financial assistance should you become unable to work for a prolonged period of time due to illness or injury.

- **Short-Term Disability (STD)** replaces 66% of your weekly earnings to a maximum of \$2,500 per week for up to 26 weeks, following a seven-day elimination period.

- **Long-Term Disability (LTD)** replaces 60% of your monthly earnings to a maximum of \$12,500 per month. LTD takes effect if you are disabled for more than 26 weeks, and continues up to the Maximum Benefits Period, as defined in the Carrier Certificate. You can choose to include or exclude the cost the company pays for your LTD coverage from your gross income. If excluded, any LTD benefits you receive under the plan will be taxable; if included, any LTD benefits will be non-taxable.

See LTD tax choice examples below.

Under LTD you have the choice to pay the tax now or later. The small amount of taxable income added to your paycheck now with this option means a tax-free benefit if you file a claim and receive disability benefits. Why does this matter? These examples will help explain.

Long Term Disability – Company Paid	
Eligibility	All full-time colleagues working 30 or more hours per week
Monthly Benefit	60% of monthly earnings to a maximum of \$12,500
Elimination Period	180 days
Duration	Greater of Social Security Normal Retirement Age or Maximum Benefit Period
Tax Choice	<ul style="list-style-type: none"> • Elect to not include the cost of coverage in your gross income, any LTD benefits you receive under the plan will be taxable • Elect to include the cost of coverage in your gross income, any LTD benefits you receive under the plan will be non-taxable

Tax Choice Examples	
Base annual earnings: \$60,000 LTD benefit is 60% of base annual earnings = \$36,000 annual; \$3,000 per month	If you elected to have the tax-free benefit , meaning you are paying taxes on the cost, you would receive that full benefit of \$36,000 per year/\$3,000 per month.
	If you did not elect the tax-free benefit , then you would be subject to income taxes on the benefit at the time of claim. Depending on your tax bracket this could significantly reduce your disability income. For example, if you were subject to 20% tax, that would reduce your benefit to \$28,800 per year/\$2,400 per month.
Base annual earnings: \$120,000 LTD benefit is 60% of base annual earnings = \$72,000 annual; \$6,000 per month	If you elected to have the tax-free benefit , meaning you are paying taxes on the cost, you would receive that full benefit of \$72,000 per year/\$6,000 per month.
	If you did not elect the tax-free benefit , then you would be subject to income taxes on the benefit at the time of claim. Depending on your tax bracket this could significantly reduce your disability income. For example, if you were subject to 20% tax, that would reduce your benefit to \$57,600 per year/\$4,800 per month.

The above are examples only. Your actual benefit will be dependent upon your personal taxes.

Voluntary Benefits

Voluntary Benefit Plans

During open enrollment, you'll have the opportunity to enroll in the voluntary benefit plans administered by Aflac, Chubb, Farmers GroupSelectSM, IdentityForce and MetLife. Voluntary benefit plans can help you manage the different parts of your life and may help offset the rising costs of health care. With the exception of personal excess liability insurance and the identity theft protection plans, you pay the full cost of these plans through convenient payroll deductions. Payments for Chubb Personal Excess Liability insurance and IdentityForce Identity Theft Protection plans must be made to the carriers directly.

All Aflac plans and the MetLife Legal Plan can only be elected during open enrollment. MetLife Pet, Farmers GroupSelectSM Auto & Home, Chubb Personal Excess Liability insurance and IdentityForce Identity Theft Protection plans can be elected at any time.

Several features of the Aflac voluntary benefits have been enhanced to provide greater coverage, as outlined [here](#).

To learn more:

Visit the Colleague Benefits & Wellness Hub located on The Source.



Voluntary Benefit Plans

Aflac	Chubb	Farmers GroupSelect SM	IdentityForce	MetLife
Critical Illness Insurance*	Personal Excess Liability Insurance	Auto & Home Insurance	Identity Theft Protection Plan	Legal Plan*
Hospital Indemnity Insurance*				Pet Insurance
Accident Insurance*				

* Available only during open enrollment.

Wellness and Additional Benefits

YOUR BENEFITS AND WELLNESS MATTER



TriNet supports your overall well-being with programs designed to help you achieve your wellness goals.

At the core of TriNet's wellness offerings is our annual incentive-based program, which allows you to earn points for completing wellness-related activities and challenges. These points can be redeemed for a wide array of rewards, including gift cards and fitness trackers.

Access wellness resources, join challenges, claim and cash in wellness points and more on the TriNet wellness site, powered by GoPivot, at trinet-wellness.com. First time users can follow the instructions below:

- Click: "New to GoPivot? Register."
- Enter your company email address.
- Your initial password is your Employee ID, which can be found on your pay stub, with no leading zeros.
- You will be prompted to create a new username and password, which you will use to log in to the site going forward.
- If you register for the first time via the Mobile App, use the code: TRI-FIT.

Maven

Support for every path to parenthood and beyond, Maven is with you. Get free access to top-rated providers via 24/7 virtual appointments, messaging, classes, and education—anytime you need it. For you and your partner, Maven offers support across:

- Fertility & Family Building
- Pregnancy & Postpartum
- Menopause

Your Maven membership includes:

- 24/7 video chat and messaging with 35+ specialists
- Personalized guidance and your own Care Advocate
- Trusted resources, such as provider-vetted classes and articles

BrightPlan

BrightPlan is a financial wellness benefit available to all colleagues for free. BrightPlan helps you master your money with:

- A sophisticated financial planning application to bring all your finances together
- Advice on existing investments such as a 401(k), etc.
- Unlimited meetings with a Financial Advisor
- An automated Smart Budget and Spending Analysis
- Financial education tailored to your company-sponsored benefits

Enroll at brightplan.com/trinet or download the BrightPlan app.

Wellness and Additional Benefits

Employee Assistance Program (EAP)

TriNet offers access to an EAP through FEI. The EAP can help you and your eligible dependents with issues like family and marital conflicts, substance abuse, depression and anxiety, and can also offer assistance in navigating life stages such as caring for aging parents, child care selection, adoption, educational resources and pre-retirement planning. EAP services are provided by credentialed professionals, at no cost to you. For details, visit the Colleague Benefits & Wellness Hub on The Source.

Health Advocate

Understanding your medical benefits can be complex, but Health Advocate simplifies it for you. This service helps with medical bills, finding in-network doctors, and resolving claim issues at no cost. Available to all TriNet colleagues and their dependents in a TriNet USA-sponsored medical plan. Health Advocate is dedicated to enhancing your healthcare experience.

WeightWatchers

TriNet has teamed up with WeightWatchers to bring you a program that gives you real-life solutions to get healthier, all at no cost.* WeightWatchers provides access to more than 9,000 recipes, food tracking, video workouts through obe Fitness, mindset strategies through sleep tracking with personalized bedtime advice right at your fingertips. To sign up, visit WW.com/us/TriNet.

* Your participation in WeightWatchers will be subject to applicable tax reporting and withholding by TriNet.



Care.

Care. for Business is part of the suite of TriNet's Total Rewards that support colleagues' physical, mental and financial well-being. Care.com can help you search for a range of providers in connection with family care, pet sitting and household responsibilities. They include:

- For children: Babysitters, nannies, au pairs, special needs caregivers and tutors
- For adults and seniors: Senior caregivers, home health aides and special needs caregivers
- For pets: Dog walkers and pet sitters
- For home: Housekeepers and providers for errands, house sitting and more

Your Care. for Business benefit also includes:

- A free premium membership to Care.com, which includes unlimited access to the world's largest network of caregivers.
- Up to 10 days per year of reimbursed or subsidized child or pet care services (in some cases, subject to a copay).
- Access to a Tuition Discount Program at participating institutions.

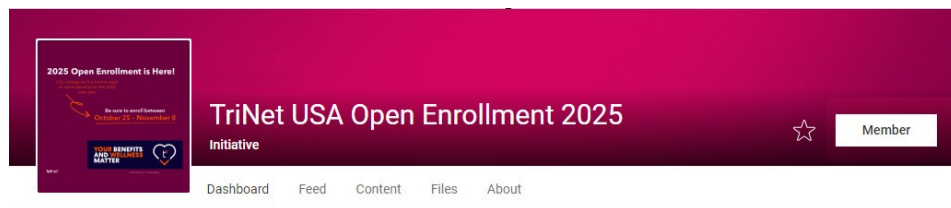
To enroll, visit trinet.care.com or download the app. Use your colleague ID to verify your eligibility.*

* Your participation in Care. for Business will be subject to applicable tax reporting and withholding by TriNet.

Adoption Assistance

Adoption assistance supports eligible U.S. colleagues who wish to expand their immediate families through adoption. Navigating the adoption process can be challenging, and cost is among the many factors that families need to consider as they make the decision to adopt. The Colleague Adoption Assistance Plan will provide for a maximum benefit for qualified expenses for the primary purpose of adoption of up to \$10,000 per calendar year, and \$10,000 max per adoption, per eligible colleague.

Resources



Check out [TriNet USA Open Enrollment 2025](#) to access all of the information you need to make informed decisions around your benefit choices for the new plan year.

This site is your one-stop-shop to help you understand your offerings, stay informed about what's new and easily access what you need—not just during open enrollment—but year-round, with convenient access to:

- Plan summaries
- Carrier Certificates
- Guidebooks
- Carrier resources
- Benefit Contact Tree
- Benefit forms...and much more!

Dependent Website

We also realize that electing the right benefits for you and your family is a big decision. That's why we've created a website with key benefit resources that you can share with your spouse, domestic partner or other eligible dependents so they can take part in the decision-making process. **Do not forward this document;** instead, you can provide this URL, <https://www.trinet.com/oe/trinet-colleague>, to your eligible dependents. **This website is solely for use by TriNet colleagues and their eligible dependents for educational purposes only and should not be circulated beyond the intended audience.**



Enrolling Through the Benefits Enrollment Site

4 Easy Steps to Enroll

- 1** Learn about the new benefits and carriers using the resources and planning tools.
- 2** Navigate to The Source, select the “Apps” dropdown menu in the right-hand corner of the homepage, select your “People Platform (Oracle)” app, then click the orange “Benefits Enrollment Site” button.
- 3** Once you have accessed the benefits enrollment site, shop for benefits.
- 4** Submit your benefit elections by the **November 8** deadline.

You can change your elections as often as you want during open enrollment. But the last election you submit before the **November 8** deadline will be considered final. You'll have an opportunity to download a copy of your confirmation statement each time you submit benefit elections.

Review your confirmation statement to ensure you will have the coverage you want for the 2025 benefits plan year (January 1–December 31, 2025).



Enrolling Through the Benefits Enrollment Site

What Happens if You Don't Elect Benefits

We recommend that you review and actively elect or waive benefits during this open enrollment period because not all of your benefits will roll over. Additionally, there may be plan design or cost changes you need to be aware of to determine whether you want to make any modifications to your benefit elections. If you elected benefits for the 2024 plan year, and you do not make an active election during open enrollment, your coverage will be as follows effective January 1, 2025:


If you don't actively elect...	Then...
Medical, dental and vision coverage	You'll be automatically enrolled in similar benefit plans at your current coverage level. These plans may have differences in coverage and higher rates* and out-of-pocket expenses.
HSA participation	Your account remains active; however, you will no longer be contributing to your HSA through pre-tax payroll deductions.
FSA participation	Your participation will end on the last day of the current benefits plan year.
Commuter participation	Your account will no longer be active, and you will no longer be contributing to your transit or parking program through pre-tax payroll deductions.
Basic life, basic AD&D and disability coverage	Company-paid benefits will continue.
Supplemental life, dependent life and AD&D	Your current coverage will continue.
Voluntary benefits only offered during open enrollment or a life status change event: <ul style="list-style-type: none"> • Critical Illness • Hospital Indemnity • Accident • Legal Plan 	Your current coverage will continue.
Voluntary benefits that allow enrollment anytime during the year: <ul style="list-style-type: none"> • Pet insurance • Personal excess liability • Identity theft protection • Home & auto insurance 	Your current coverage will continue.

* You won't be able to change your benefit elections or add or change your dependents until the next TriNet open enrollment period for the following benefits plan year, unless you experience a life status change event that allows you to make a change, and you report it timely.

Questions?

Access the Colleague Benefits & Wellness Hub on The Source to locate the appropriate contact for your specific question.



A grayscale photograph of two men in a guitar workshop. The man on the right has his arm around the shoulder of the man on the left. The man on the right is holding a guitar. In the background, there are racks of guitar bodies and various tools on a workbench.

TriNet's Notice of Privacy Practices is posted on the Colleague Benefits & Wellness Hub on The Source.

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