

Annual Enrollment: Preview of What's Changing for August 1 – December 31

Annual Enrollment is coming up fast: **June 9 through June 27**. But before you enroll, you need to understand what's changing with your current benefits.

The first change you may have already noticed, is simply a name change. Going forward, your medical, dental, vision, and other benefits are being offered through the **Aon Benefit Experience (BenX)**. You will continue to enroll using [NMGbenefits.com](https://www.nmgbenefits.com) and Aight Mobile app.

Most BenX benefits and options are **not** changing significantly in 2025. However, below is an overview of important changes and considerations for 2025. Keep in mind that:

- Many insurance carriers are investing in specially designed programs to help you [feel your best](#); and
- Changes are continuously made to carrier networks, prescription drug formularies, and of course, how much you pay.

What's New	Why It Matters
You will have a shortened benefit plan year.	<p>The elections you choose will only be in effect for five months only—from August 1 through December 31, 2025. Please keep this in mind as you make your elections during Annual Enrollment from June 9 through June 27.</p> <p>Information about your 2026 benefit plan options will become available in the coming months, as we finalize our approach to harmonizing benefits across Saks Global.</p>
Your options could have changed.	<p>You should enroll to make sure you get the coverage you want from August 1 through December 31, 2025. Not only could your needs have changed, but other things could have changed too—including your options and prices, the network of doctors, and how your prescription drugs are covered. It's worth a close look, even if you choose exactly what you have today. Remember to contribute to a health care and/or dependent care flexible spending account (FSA), as you must make an active election each year to participate.</p>
Your cost of coverage has changed.	<p>Because prices can go up or down each year, so carefully review your options and prices to find the right fit for you and your family.</p>
Insurance carrier provider networks could have changed.	<p>Insurance carrier provider networks can change. Seeing out-of-network providers may cost you substantially more than seeing in-network providers. Always double-check the networks of each insurance carrier you're considering before making a decision.</p> <p>When it's time to enroll, see if providers critical to your care are in the network through NMGbenefits.com. You can access this information by clicking Find Doctors when you're selecting your medical plan. For the best results:</p> <ul style="list-style-type: none">• Search for your provider by name—not medical practice.• Check only the office location(s) you are willing to visit.• When searching for a facility, use the complete facility name and confirm whether the specialty of the facility is covered in-network. <p>Important! If you have any uncertainty (for instance, covering out-of-area dependents) or you need the network name, you need to call the insurance carrier.</p>

What's New**Why It Matters**

Medical and Prescription Drug

The Bronze Plus deductibles and out-of-pocket maximums will increase slightly.

The Bronze Plus in-network deductibles are increasing from \$2,450 to \$2,500 for individual coverage, and from \$4,900 to \$5,000 if you cover dependents. The out-of-pocket maximums are increasing from \$3,900 to \$4,500 for individual coverage, and from \$7,800 to \$9,000 if you cover dependents.

The Gold coinsurance will decrease slightly.

If you're covered under the Gold coverage level, your coinsurance for emergency room, inpatient, and outpatient services will decrease from 25% to 20%. Emergency room visits will still be subject to a \$150 copay.

How your medication is classified (and covered) could have changed.

Because your medical insurance carrier's pharmacy benefit manager **can** change how it covers prescription drugs at any time (such as changing coverage tiers), it's strongly recommended that you call Optum Rx or the [insurance carrier](#) before you enroll to see how your medication will be covered in the new plan year.

Other medical benefits **may** have changed.

Medical insurance carriers may offer new or enhanced benefits for 2025. Additional coverage details will be available when you enroll, so be sure to review your options carefully.

Health Savings Account (HSA)

Your HSA contribution limit will be your elected **annual** contribution amount but prorated for the shortened plan year.

If you choose to enroll in an HSA, you will elect a contribution amount based on a full calendar year (up to the 2025 IRS maximum contribution of **\$4,300** if you're covering just yourself, or **\$8,550** if you're covering yourself and family). However, due to the shortened plan year, you will only receive the contributions that were made from August 1 through December 31.

For example, if you elect an **annual amount of \$4,300**, your total HSA contribution from August 1 through December 31 will be approximately:

- \$165.38 per pay period for 11 pay periods for bi-weekly associates
- \$82.69 per pay period for 22 pay periods for weekly associates

The total contribution will be approximately \$1,820 of the \$4,300 election.

If you're age 55 or older (or will turn age 55 during the plan year), you can also make additional "catch-up" contributions to your HSA up to \$1,000 annually (or approximately \$423 prorated from August 1 through December 31).

Flexible Spending Accounts (FSA)

Your FSA contribution limit will be your elected **annual** contribution amount but prorated for the shortened plan year.

If you choose to enroll in an FSA, you will elect an FSA contribution amount based on a full calendar year (up to the 2025 IRS maximum contribution of **\$3,300** for a Health Care and Limited Purpose FSA and **\$5,000** for a Dependent Care FSA). However, due to the shortened plan year, you will only receive the contributions that were made from August 1 through December 31.

For example, if you elect an **annual amount of \$3,300** for a Health Care FSA, your total contribution from August 1 through December 31 will be approximately:

- \$126.92 per pay period for 11 pay periods for bi-weekly associates
- \$63.46 per paid pay period for 22 pay periods for weekly associates

The total contribution will be approximately \$1,396 of the \$3,300 election.

What's New**Why It Matters****Other**

Health Pros will not be available to associates after July 31, 2025.

Health Pros can continue to simplify your health care experience through Annual Enrollment. Beginning August 1, associates will no longer have access to Health Pros. However, any active inquiries as of July 31 will be completed.

Want more information? Once logged on to [NMGbenefits.com](https://www.nmgbenefits.com) beginning June 9, look for the “Need Help?” icon to ask your virtual assistant any questions you may have. For additional support, you can schedule an appointment with a customer service representative through [NMGbenefits.com](https://www.nmgbenefits.com).

This overview of 2025 changes serves as a Summary of Material Modifications (SMM), providing information on various NMG benefit plan changes that take effect August 1, 2025 and end December 31, 2025. It is intended to provide an overview of changes and information about some of the benefits you may be eligible for through NMG. If there is a discrepancy between the information displayed and the official plan documents, the official plan documents will govern.

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.

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