

| Medical – BCBS MA | Saver (HSA) In-Network | Coinsurance In-Network | Premium In-Network |
|--|-------------------------------|---------------------------|-----------------------|
| Coinsurance (Member pays) | 0% | 10% | 0% |
| Deductible | | | |
| - Individual | \$3,200 | \$1,000 | \$500 |
| - Family | \$6,400 | \$2,000 | \$1,000 |
| Out-of-Pocket Maximum (Deductible included) | | | |
| - Individual | \$5,000 | \$5,000 | \$5,000 |
| - Family | \$10,000 | \$10,000 | \$10,000 |
| Office Visit | | | |
| - Primary | \$0 after Ded. | 10% after Ded. | \$40 Copay |
| - Specialist | \$0 after Ded. | 10% after Ded. | \$40 Copay |
| Preventive Visits | 100% Covered | 100% Covered | 100% Covered |
| Inpatient Services | \$0 after Ded. | 10% after Ded. | \$500 after Ded. |
| Outpatient Services | \$0 after Ded. | 10% after Ded. | \$250 after Ded. |
| Emergency Room Services (Copay waived if admitted) | \$200 after Ded. | 10% after Ded. | \$200 Copay |
| Urgent Care | \$0 after Ded. | 10% after Ded. | \$40 Copay |
| Lifetime Maximum Benefits | Unlimited | Unlimited | Unlimited |
| Prescription Coverage – BCBSMA (30 Day Supply) | In-Network | In-Network | In-Network |
| Deductible | Subject to Medical Deductible | \$100/\$200 | \$100/\$200 |
| Generic | \$15 Copay after Ded. | \$15 Copay after Ded. | \$15 Copay after Ded. |
| Preferred Brand | \$30 Copay after Ded. | \$30 Copay after Ded. | \$30 Copay after Ded. |
| Non-Preferred Brand | \$50 Copay after Ded. | \$50 Copay after Ded. | \$50 Copay after Ded. |
| Employee Rates (Per Pay Period) | | | |
| Employee | \$43.38 | \$66.00 | \$103.38 |
| Employee + Spouse | \$270.00 | \$304.62 | \$373.85 |
| Employee + Child(ren) | \$219.23 | \$253.85 | \$313.85 |
| Family | \$347.54 | \$415.38 | \$509.08 |

Employee Assistance Program (EAP) – ComPsych through SunLife (Employer Paid)

The RMR Group is excited to offer an Employee Assistance Program (EAP) to all RMR employees. The EAP gives 24/7 access to free and confidential help with personal, family and work issues. There are features to help you search for elder care, childcare, attorneys, college/universities and counselors. The EAP also gives wellness, relationship, financial, legal, lifestyle and home and auto advice. This program includes 3 free consultations.

Health Savings Account (HSA) – Health Equity

The RMR Group is contributing \$500 for those enrolled in employee only coverage, \$750 for those enrolled in employee + spouse coverage and \$1,000 for those enrolled in employee + child(ren)/family. Must be enrolled in the Saver High Deductible Health Plan to be eligible for Health Savings Account.

IRS Annual Contribution Maximums:

Individual \$4,150
Employee + Spouse/Child(ren)/Family \$8,300

ID Theft Coverage - PrivacyArmor through InfoArmor

When you enroll, InfoArmor will monitor, alert, restore and reimburse any consequences of identity theft. The cost per pay period is \$4.59 for employee only and \$8.28 for employee plus dependents.

Legal Coverage – ARAG

RMR offers two legal plans through ARAG – Ultimate Advisor and Ultimate Advisor Plus. Both include family law support, financial services, and will & estate planning assistance, but Ultimate Advisor Plus also offers financial planning, and child custody & visitation support. The cost per pay period is \$9.58 for the Ultimate Advisor Plan and \$10.73 for the Ultimate Advisor Plus Plan.

Pet Insurance – Nationwide

My Pet Protection is a voluntary insurance plan RMR offers to give your pet superior protection, through 24/7 access to a veterinary professional. With this coverage, you get 50%-70% back on vet bills when you visit any vet anywhere after a \$250 deductible, covering a maximum of \$7,500 in expenses per year.

Accident Coverage – Sun Life

Accident Coverage is a guaranteed issue benefit that works to provide a predetermined benefit based on the injury incurred from a covered accident. This plan also includes a hospital admission benefit.

Critical Illness Coverage – SunLife

Critical Illness Insurance will pay the insured a lump sum benefit upon diagnosis of cancer, heart attack, stroke, end stage renal failure, major organ transplant, as well as other covered illnesses.

Hospital Indemnity – SunLife

Hospital Indemnity Coverage can help cover unexpected out-of-pocket expenses such as copays, deductibles, and out-of-network charges, as well as everyday living expenses. Benefit is paid directly to you for hospital stays regardless of your treatment costs or other insurance coverage you might have.

This summary reflects in-network benefits only. Refer to your plan documents for out-of-network coverage.

This document is intended as a convenient summary of the major points of benefit plans. This document does not cover all provisions, limitations and exclusions.

The official plan documents, policies and certificates of insurance govern in all cases and are available for your inspection at any time.

| Dental – Delta Dental of MA | Core Plan In-Network | Premium Plan In-Network |
|---|----------------------|-------------------------|
| Deductible Individual | \$50 | \$25 |
| Deductible Family | \$150 | \$75 |
| Preventive Services Basic | 100% | 100% |
| Preventive Services Major | 80% | 100% |
| | 50% | 60% |
| Orthodontic Services | N/A | 50% |
| Orthodontia Lifetime Maximum (Up to Age 19) | N/A | \$2,000 |
| Annual Plan Maximum | \$1,000 | \$2,000 |
| Out-of-Network Benefits | 20% less coverage | 20% less coverage |

| Employee Rates (Per Pay Period) | | |
|---------------------------------|---------|---------|
| Employee | \$4.16 | \$5.83 |
| Employee + Spouse | \$8.27 | \$12.74 |
| Employee + Child(ren) | \$6.49 | \$10.26 |
| Family | \$11.03 | \$17.37 |

| Vision – VSP | In-Network | Out-of-Network Reimbursement |
|-----------------------------------|-----------------|------------------------------|
| Exam | \$10 Copay | Up to \$45 |
| Lenses | | |
| Single Vision | \$25 Copay | Up to \$30 |
| Bifocal | \$25 Copay | Up to \$50 |
| Trifocal | \$25 Copay | Up to \$65 |
| Progressive (Standard) | \$0 Copay | Up to \$50 |
| Frames | \$150 Allowance | Up to \$70 |
| Contact Lenses | | |
| Conventional/Disposable | \$130 Allowance | Up to \$105 |
| Frequency of Services | | |
| Exam/Lenses/Frames/Contact Lenses | Every Plan Year | |

| Employee Rates (Per Pay Period) | |
|---------------------------------|--------|
| Employee | \$1.80 |
| Employee + Spouse | \$2.61 |
| Employee + Child(ren) | \$2.87 |
| Family | \$4.69 |

Basic Life and AD&D – SunLife (Employer Paid)

Life Benefit Amount: One times your annual earnings up to \$500,000

AD&D Benefit Amount Matches the life benefit

Voluntary Life and AD&D* – SunLife

| | |
|------------------------|---|
| Employee | \$10,000 to \$1,000,000 in increments of \$10,000 (up to five times salary) |
| Guarantee Issue | \$320,000 |
| Spouse | \$10,000 to \$250,000 in increments of \$10,000 up to 100% of employee amount |
| Guarantee Issue | \$30,000 |
| Child(ren) | \$5,000 or \$10,000 |

Short Term Disability – SunLife (Employer paid)

| | |
|--------------------------|-------------------------|
| Benefit Percentage | 66.67% |
| Maximum Weekly Benefit | \$2,500 |
| Maximum Benefit Duration | 90 Days |
| Elimination Period | Two week waiting period |

Long Term Disability (LTD) – SunLife (Employer Paid or Tax Choice)

| | |
|--------------------------|-------------------------|
| Benefit Percentage | 66.67% |
| Maximum Monthly Benefit | \$10,000 |
| Maximum Benefit Duration | Details on plan summary |
| Elimination Period | 90 Days |

Employees have two choices for their LTD coverage:

- 1. Employer Paid:** Elect to have RMR pay the full premium (biweekly cost) for your LTD coverage. Your LTD benefits will be taxed if it is paid out.
- 2. Tax Choice:** You pay for the LTD premium yourself. Your LTD benefits will not be subject to income tax if it is paid out.

Contact Information

Benefit Advisor – Health Advocate
866.695.8622
Members.HealthAdvocate.com

Medical – BCBS MA
800.358.2227
Bluecrossma.org

Vision – VSP
800.877.7195
VSP.com

ID Theft – PrivacyArmor by InfoArmor
800.789.2720
myinfoarmor.com

HSA – Health Equity
866.346.5800
Healthequity.com

Life, Disability, Accident, Critical Illness, and Hospital Indemnity – SunLife
800.247.6875
sunlife.com/us

Legal – ARAG
800.247.4184
araglegal.com

Dental – Delta Dental
800.872.0500
deltadentalma.com

EAP – ComPsych with SunLife
877.595.5281
guidanceresources.com

Pet – Nationwide
877.738.7874
petinsurance.com/rmrgroup