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# Benefits

*Live Well and Thrive!*

THE  
RMR  
GROUP



# Benefits Overview

## Here is what we will review today

- **What's New, What's Changing for 2024-25**
- Medical
- Health Savings Account (HSA)
- Flexible Spending Accounts (FSA)
- Dental
- Vision
- LiveWell Wellness Program and Wellbeing
- Retirement
- Life and Disability
- Supplemental Health – **NEW!** Hospital Indemnity, Accident, Critical Illness
- Additional Benefits
- Next Steps

# Open Enrollment 2024-2025

WHAT YOU NEED TO KNOW

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# Open Enrollment is March 4th-22nd

- This year will be a **passive enrollment**, which means the majority of employee benefit elections will remain unchanged if you take no action.
- You **must re-enroll** in Flexible Spending Account Plans (FSA) each year
- Update your beneficiaries
- Log into ADP to complete your Open Enrollment at **[workforcenow.adp.com](https://workforcenow.adp.com)**

# RMR Benefits Portal

- Everything you need for Open Enrollment is available on the new Benefits Portal
  - 2024-2025 Benefits Guide
  - Recorded presentation
  - Live Webinars
    - Wednesday, March 13<sup>th</sup> at 3 pm EST
    - Monday, March 18<sup>th</sup> at 1 pm EST
  - Plan summaries, costs, and comparisons

**[www.mymrbenefits.com](http://www.mymrbenefits.com)**

# What's New, What's Changing

## What's New

- Health benefits (medical, dental, vision) deductions will have **four enrollment tiers**:
  - Employee Only
  - Employee + Spouse
  - Employee + Child or Children
  - Family (Employee + Spouse + Child or Children)
- **Dental High plan** orthodontia coverage now has **\$2,000 lifetime maximum**
- New supplemental policy: **voluntary hospital indemnity** coverage through Sun Life

## What's Changing

- Each medical plan design will have changes to avoid a significant cost increase due to trend and inflation
- **PPO Saver (HSA)**
  - Deductible increases to **\$3,200 single / \$6,400 family**
  - ER visit copay **\$200, after deductible**
- **PPO Coinsurance (90/70)**
  - Deductible increases to **\$1,000 single / \$2,000 family**
- **PPO Premium (100/80)**
  - Deductible increases to **\$500 single / \$1,000 family**
  - Office visit copays **\$40**
  - ER visit copay **\$200**
- Contributions will increase for all plans, varying by plan and salary band

# Health

YOUR 2024 HEALTH BENEFITS

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# Medical – BCBS MA

Before we review your medical plan options, let's review some key terms:

|                              |   |
|------------------------------|---|
| <b>Premium</b>               | The amount the insurance provider charges each month for the medical plan. The RMR Group pays a significant percentage of these costs.                      |
| <b>Deductible</b>            | An amount you pay out-of-pocket each year before benefits begin to be paid under the plan. Deductibles reset on our plan year renewal date, which is May 1. |
| <b>Copay</b>                 | A fixed amount you pay for covered services, typically when you receive the service.  |
| <b>Coinsurance</b>           | The percent share of a claim you pay after the deductible has been met.   |
| <b>Out-of-Pocket Maximum</b> | The maximum amount you and your family will pay out-of-pocket for medical expenses in a given plan year.  |



# Medical Benefits

BlueCross BlueShield MA | [bluecrossma.org](http://bluecrossma.org)



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The RMR Group will continue to offer a choice of three medical plan options:

**PPO Premium Plan**

**PPO Coinsurance Plan**

**PPO Saver with HSA**

*If you enroll in this option, you can open a health savings account (HSA)*



# Medical – BCBS MA

## PPO Premium

| 2023                               |                         |                | 2024                               |                         |                |
|------------------------------------|-------------------------|----------------|------------------------------------|-------------------------|----------------|
|                                    | In Network              | Out of Network |                                    | In Network              | Out of Network |
| <i>Deductible - Ind</i>            | \$250                   | \$500          | <i>Deductible - Ind</i>            | \$500                   | \$1,000        |
| <i>Deductible - Fam</i>            | \$500                   | \$1,000        | <i>Deductible - Fam</i>            | \$1,000                 | \$2,000        |
| <i>Rx Deductible - Ind</i>         |                         | \$100          | <i>Rx Deductible - Ind</i>         |                         | \$100          |
| <i>Rx Deductible - Fam</i>         |                         | \$200          | <i>Rx Deductible - Fam</i>         |                         | \$200          |
| <i>Out of Pocket Maximum - Ind</i> |                         | \$5,000        | <i>Out of Pocket Maximum - Ind</i> |                         | \$5,000        |
| <i>Out of Pocket Maximum - Fam</i> |                         | \$10,000       | <i>Out of Pocket Maximum - Fam</i> |                         | \$10,000       |
| <i>Preventive</i>                  | 100% covered.<br>no ded | Ded., then 20% | <i>Preventive</i>                  | 100% covered.<br>no ded | Ded., then 20% |
| <i>Office Visit</i>                | \$30                    | Ded., then 20% | <i>Office Visit</i>                | \$40                    | Ded., then 20% |
| <i>Specialty Visit</i>             | \$30                    | Ded., then 20% | <i>Specialty Visit</i>             | \$40                    | Ded., then 20% |
| <i>Diagnostic Testing</i>          | Ded., then \$0          | Ded., then 20% | <i>Diagnostic Testing</i>          | Ded., then \$0          | Ded., then 20% |
| <i>Advanced Imaging</i>            | Ded., then \$0          | Ded., then 20% | <i>Advanced Imaging</i>            | Ded., then \$0          | Ded., then 20% |
| <i>Urgent Care</i>                 | \$30                    | Ded., then 20% | <i>Urgent Care</i>                 | \$40                    | Ded., then 20% |
| <i>ER Visit</i>                    |                         | \$150          | <i>ER Visit</i>                    |                         | \$200          |
| <i>Inpatient</i>                   | Ded., then \$500        | Ded., then 20% | <i>Inpatient</i>                   | Ded., then \$500        | Ded., then 20% |
| <i>Outpatient</i>                  | Ded., then \$250        | Ded., then 20% | <i>Outpatient</i>                  | Ded., then \$250        | Ded., then 20% |
| <b>Retail Rx</b>                   |                         |                | <b>Retail Rx</b>                   |                         |                |
| <i>Generic Rx</i>                  | \$15                    | Not covered    | <i>Generic Rx</i>                  | \$15                    | Not covered    |
| <i>Brand Rx</i>                    | \$30                    | Not covered    | <i>Brand Rx</i>                    | \$30                    | Not covered    |
| <i>Non-Preferred Rx</i>            | \$50                    | Not covered    | <i>Non-Preferred Rx</i>            | \$50                    | Not covered    |
| <b>Mail Rx</b>                     |                         |                | <b>Mail Rx</b>                     |                         |                |
| <i>Generic Rx</i>                  | \$30                    | Not covered    | <i>Generic Rx</i>                  | \$30                    | Not covered    |
| <i>Brand Rx</i>                    | \$60                    | Not covered    | <i>Brand Rx</i>                    | \$60                    | Not covered    |
| <i>Non-Preferred Rx</i>            | \$100                   | Not covered    | <i>Non-Preferred Rx</i>            | \$100                   | Not covered    |

# Medical – BCBS MA

## PPO Coinsurance

| 2023                        |                         |                | 2024                        |                         |                |
|-----------------------------|-------------------------|----------------|-----------------------------|-------------------------|----------------|
|                             | In Network              | Out of Network |                             | In Network              | Out of Network |
| Deductible - Ind            |                         | \$500          | Deductible - Ind            |                         | \$1,000        |
| Deductible - Fam            |                         | \$1,000        | Deductible - Fam            |                         | \$2,000        |
| Rx Deductible - Ind         |                         | \$100          | Rx Deductible - Ind         |                         | \$100          |
| Rx Deductible - Fam         |                         | \$200          | Rx Deductible - Fam         |                         | \$200          |
| Out of Pocket Maximum - Ind |                         | \$5,000        | Out of Pocket Maximum - Ind |                         | \$5,000        |
| Out of Pocket Maximum - Fam |                         | \$10,000       | Out of Pocket Maximum - Fam |                         | \$10,000       |
| Preventive                  | 100% covered.<br>no ded | Ded., then 20% | Preventive                  | 100% covered.<br>no ded | Ded., then 20% |
| Office Visit                | Ded., then 10%          | Ded., then 30% | Office Visit                | Ded., then 10%          | Ded., then 30% |
| Specialty Visit             | Ded., then 10%          | Ded., then 30% | Specialty Visit             | Ded., then 10%          | Ded., then 30% |
| Diagnostic Testing          | Ded., then 10%          | Ded., then 30% | Diagnostic Testing          | Ded., then 10%          | Ded., then 30% |
| Advanced Imaging            | Ded., then 10%          | Ded., then 30% | Advanced Imaging            | Ded., then 10%          | Ded., then 30% |
| Urgent Care                 | Ded., then 10%          | Ded., then 30% | Urgent Care                 | Ded., then 10%          | Ded., then 30% |
| ER Visit                    |                         | Ded., then 10% | ER Visit                    |                         | Ded., then 10% |
| Inpatient                   | Ded., then 10%          | Ded., then 30% | Inpatient                   | Ded., then 10%          | Ded., then 30% |
| Outpatient                  | Ded., then 10%          | Ded., then 30% | Outpatient                  | Ded., then 10%          | Ded., then 30% |
| <b>Retail Rx</b>            |                         |                | <b>Retail Rx</b>            |                         |                |
| Generic Rx                  | Ded., then \$15         | Not covered    | Generic Rx                  | Ded., then \$15         | Not covered    |
| Brand Rx                    | Ded., then \$30         | Not covered    | Brand Rx                    | Ded., then \$30         | Not covered    |
| Non-Preferred Rx            | Ded., then \$50         | Not covered    | Non-Preferred Rx            | Ded., then \$50         | Not covered    |
| <b>Mail Rx</b>              |                         |                | <b>Mail Rx</b>              |                         |                |
| Generic Rx                  | \$30                    | Not covered    | Generic Rx                  | \$30                    | Not covered    |
| Brand Rx                    | \$60                    | Not covered    | Brand Rx                    | \$60                    | Not covered    |
| Non-Preferred Rx            | \$100                   | Not covered    | Non-Preferred Rx            | \$100                   | Not covered    |

# Medical – BCBS MA

## PPO Saver (with HSA)

| 2023                        |                         |                  | 2024                        |                         |                  |
|-----------------------------|-------------------------|------------------|-----------------------------|-------------------------|------------------|
|                             | In Network              | Out of Network   |                             | In Network              | Out of Network   |
| Deductible - Ind            |                         | \$2,700          | Deductible - Ind            |                         | \$3,200          |
| Deductible - Fam            |                         | \$5,400          | Deductible - Fam            |                         | \$6,400          |
| Rx Deductible - Ind         |                         | None             | Rx Deductible - Ind         |                         | None             |
| Rx Deductible - Fam         |                         | None             | Rx Deductible - Fam         |                         | None             |
| Out of Pocket Maximum - Ind |                         | \$5,000          | Out of Pocket Maximum - Ind |                         | \$5,000          |
| Out of Pocket Maximum - Fam |                         | \$10,000         | Out of Pocket Maximum - Fam |                         | \$10,000         |
| Preventive                  | 100% covered.<br>no ded | Ded., then 20%   | Preventive                  | 100% covered.<br>no ded | Ded., then 20%   |
| Office Visit                | Ded., then \$0          | Ded., then 20%   | Office Visit                | Ded., then \$0          | Ded., then 20%   |
| Specialty Visit             | Ded., then \$0          | Ded., then 20%   | Specialty Visit             | Ded., then \$0          | Ded., then 20%   |
| Diagnostic Testing          | Ded., then \$0          | Ded., then 20%   | Diagnostic Testing          | Ded., then \$0          | Ded., then 20%   |
| Advanced Imaging            | Ded., then \$0          | Ded., then 20%   | Advanced Imaging            | Ded., then \$0          | Ded., then 20%   |
| Urgent Care                 | Ded., then \$0          | Ded., then 20%   | Urgent Care                 | Ded., then \$0          | Ded., then 20%   |
| ER Visit                    |                         | Ded., then \$100 | ER Visit                    |                         | Ded., then \$200 |
| Inpatient                   | Ded., then \$0          | Ded., then 20%   | Inpatient                   | Ded., then \$0          | Ded., then 20%   |
| Outpatient                  | Ded., then \$0          | Ded., then 20%   | Outpatient                  | Ded., then \$0          | Ded., then 20%   |
| <b>Retail Rx</b>            |                         |                  | <b>Retail Rx</b>            |                         |                  |
| Generic Rx                  | Ded., then \$15         | Ded., then \$30  | Generic Rx                  | Ded., then \$15         | Ded., then \$30  |
| Brand Rx                    | Ded., then \$30         | Ded., then \$60  | Brand Rx                    | Ded., then \$30         | Ded., then \$60  |
| Non-Preferred Rx            | Ded., then \$50         | Ded., then \$100 | Non-Preferred Rx            | Ded., then \$50         | Ded., then \$100 |
| <b>Mail Rx</b>              |                         |                  | <b>Mail Rx</b>              |                         |                  |
| Generic Rx                  | Ded., then \$30         | Ded., then \$30  | Generic Rx                  | Ded., then \$30         | Ded., then \$30  |
| Brand Rx                    | Ded., then \$60         | Ded., then \$60  | Brand Rx                    | Ded., then \$60         | Ded., then \$60  |
| Non-Preferred Rx            | Ded., then \$100        | Ded., then \$100 | Non-Preferred Rx            | Ded., then \$100        | Ded., then \$100 |

# Medical – BCBS MA Contributions

| PPO Saver (HSA) Plan  |             |                 |               |             |
|-----------------------|-------------|-----------------|---------------|-------------|
|                       | Under \$75k | \$75k-\$124,999 | \$125k-\$200k | Over \$200k |
| Employee Only         | \$42.30     | \$42.30         | \$42.30       | \$42.30     |
| Employee + Spouse     | \$147.82    | \$147.82        | \$147.82      | \$147.82    |
| Employee + Child(ren) | \$132.64    | \$132.64        | \$132.64      | \$132.64    |
| Employee + Family     | \$240.55    | \$240.55        | \$240.55      | \$240.55    |

| PPO Coinsurance (90/70) Plan |             |                 |               |             |
|------------------------------|-------------|-----------------|---------------|-------------|
|                              | Under \$75k | \$75k-\$124,999 | \$125k-\$200k | Over \$200k |
| Employee Only                | \$60.02     | \$60.02         | \$60.02       | \$60.02     |
| Employee + Spouse            | \$186.69    | \$223.40        | \$246.65      | \$281.89    |
| Employee + Child(ren)        | \$167.52    | \$200.46        | \$221.32      | \$252.94    |
| Employee + Family            | \$243.72    | \$337.83        | \$373.00      | \$426.29    |

| PPO Premium (100/80) Plan |             |                 |               |             |
|---------------------------|-------------|-----------------|---------------|-------------|
|                           | Under \$75k | \$75k-\$124,999 | \$125k-\$200k | Over \$200k |
| Employee Only             | \$104.39    | \$106.32        | \$108.26      | \$110.19    |
| Employee + Spouse         | \$232.18    | \$302.27        | \$323.90      | \$362.59    |
| Employee + Child(ren)     | \$208.64    | \$271.22        | \$290.64      | \$325.36    |
| Employee + Family         | \$315.92    | \$440.37        | \$489.82      | \$548.33    |

# Medical – BCBS MA

## PillarRx Prescription Cost Assistance Program

### Enrollment

- Members taking an eligible, high-cost specialty medication will be contacted by Pillar Rx
- Pillar Rx will explain the program and help the member enroll

### Savings

- When members fill their prescription, a manufacturer's coupon will automatically be applied at checkout
- Coupon reduces members out-of-pocket costs to between \$0 and \$35 depending on the medication
- Members can look up out-of-pocket costs by referring to the Cost-Share Assistance Program Medication List

### Support

- Pillar Rx will monitor member claims monthly and provide support as needed

# Medical – BCBS MA Resources

## The Blue Cross Blue Shield Website / Member App:

On the Blue Cross Blue Shield website, you can:

- **See coverage details** (copays, deductibles, out-of-pocket maximums, etc.)
- **Review your claims activity and history**
- **Print a temporary ID card or order a new ID card**
- **See frequently asked questions (FAQs)**
- **Access registered nurses who are available to provide immediate assistance and advice on medical treatment**

## The Blue Cross Blue Shield Microsite:

<https://planinfo.bluecrossma.com/customblue/2024/thermrgroupllc#>

GET THE MOST OUT OF YOUR PLAN



VIEW EKIT



VISIT MYBLUE



FIND A DOCTOR



MEDICATION  
LOOK UP



CONTACT US



SAVE WITH  
BLUE365®



GET THE  
MYBLUE APP



UNDERSTANDING  
YOUR PLAN AND  
BENEFITS

# Medical – BCBS MA Resources

## Telehealth

- Reach a doctor from the convenience of your smartphone, computer, or tablet via real-time video visits that is available 24/7/365
  - Typically less expensive than the ER or Urgent Care
  - Faster than making an appointment and driving to the doctor's office
- Telehealth doctors can diagnose and prescribe medications for common issues such as flu, fevers and reaction. They also support with behavioral health such as anxiety, depression, child behavior issues and more.

## Fitness AND Weight Loss Reimbursements

- Receive **up to \$150** reimbursement for your fitness fees, home gym equipment, AND for participation in selected weight loss programs.
- Reimbursement forms can be found at [www.bcbsma.com](http://www.bcbsma.com), and on the Benefits Portal.
- Reminder: 2023 reimbursement request deadline: **March 31<sup>st</sup> 2024**

## Health Discounts

- Visit [www.blue365deals.com](http://www.blue365deals.com) for discounts on health gear, resorts, and even clothing.



# Health Savings Account (HSA) – Health Equity

Employees enrolled in the PPO Saver plan may contribute to an HSA

- Funds can be used to pay for qualified health care expenses, including copays, deductibles and other out-of-pocket costs
- You must have funds available in the HSA to use them for qualified expenses
- Participants who have an HSA account balance upon retirement can use those funds to pay for Medicare premiums

| HSA Contribution                        | Employee Only  | Employee + Spouse | Employee + Child or Children | Family         |
|---|----------------|-------------------|------------------------------|----------------|
| 2024 IRS Contribution Limits            | \$4,150        | \$8,300           | \$8,300                      | \$8,300        |
| RMR Annual Contribution                 | \$500          | \$750             | \$1,000                      | \$1,000        |
| <b>Employee Max Annual Contribution</b> | <b>\$3,650</b> | <b>\$7,550</b>    | <b>\$7,300</b>               | <b>\$7,300</b> |

# Health Savings Account (HSA) – Health Equity

## Eligibility Rules

- Must be enrolled in the BCBS MA PPO Saver Plan
- Cannot be enrolled in Medicare while contributing to an HSA
- Cannot be enrolled in a spouse's non-qualified health plan, including FSA
- Cannot be claimed as a dependent on another's tax return

# Health Savings Account (HSA) – Health Equity

## Uses and Perks

- You can use your HSA on qualified medical, dental and vision expenses
- You can use your HSA funds on tax dependents
- This money is yours – it stays with you, even if you enroll in another plan, leave the company or retire
- Once you have reached \$2,000 in savings in your account, you can invest your money
- You can use your funds now on eligible expenses or you can save it for retirement

# Flexible Spending Account (FSA) – Optum

## Health Care FSA

- Pay for medical, dental and vision expenses not paid for by insurance
- 2024 maximum election of **\$3,200**
- Eligible expenses include deductibles, copayments, coinsurance, and dental and vision care costs

## Dependent Care FSA

- Pay for dependent care services that allow you and your spouse (if applicable) to work as normal
- Maximum election of **\$5,000** per year
- May be used for children under age 13, or disabled children of any age, or elderly dependents who live with you
- Eligible expenses include nursery school, day-care, or after school programs

# HSA versus FSA

## HSA

- Pre-tax account for employees in the Saver plan
- 2024 IRS limit: \$4,150 single, \$8,300 family
- Can only use funds once they're in the account
- RMR contributes to account
- Unused funds rollover from year to year

## Health Care FSA

- Pre-tax account for employees in the Premium or Coinsurance plan
- 2024 IRS limit: \$3,200
- Can spend full elected amount on day one
- RMR does not contribute
- Unused funds at the end of the year are forfeited

# Dental – Delta Dental

## PPO Plus Premier Network

Below are your 2024 Dental Benefits

| Benefits   | Core Plan          | Premium Plan                                   |
|--|--------------------|--|
| <i>Deductible - Ind</i>                            | \$50               | \$25   |
| <i>Deductible - Fam</i>                            | \$10 0             | \$75   |
| <i>Calendar Year Maximum</i>                       | \$1,000 per Member | \$2,000 per Member                             |
| <i>Type I Services<br/>(preventive/Diagnostic)</i> | Covered 100%       | Covered 100%                                   |
| <i>Type II Services<br/>(Minor Restorative)</i>    | Covered 80%        | Covered 100%                                   |
| <i>Type III Services<br/>(Major Restorative)</i>   | Covered 50%        | Covered 60%                                    |
| <i>Orthodontia<br/>(Children under 19)</i>         | Not covered        | Covered 50% with a <b>\$2,000</b> Lifetime Max |
| 2024-2025 Bi-Weekly Contributions (Per Paycheck)   |                    |  |
| <i>Employee Only</i>                               | \$4.16             | \$5.83   |
| <i>Employee + Spouse</i>                           | \$8.27             | \$12.74  |
| <i>Employee + Child(ren)</i>                       | \$6.49             | \$10.26  |
| <i>Employee + Family</i>                           | \$11.03            | \$17.37  |

# Dental – Delta Dental

## Rollover Max

- You may be able to rollover part of your unused dental benefits into the next plan year
- Rollover max is easy and automatic:
  - You must receive one cleaning or oral exam in the calendar year
  - Your claims cannot exceed the maximum amounts:

| Benefits  | Core Plan | Premium Plan |
|---|-----------|--------------|
| If your total yearly claims don't exceed this amount:           | \$500     | \$800        |
| Then you can roll over this amount to use next year and beyond: | \$350     | \$600        |
| Your accumulated rollover total is capped at this amount:       | \$1,000   | \$1,500      |

# Vision – VSP

Below are your 2024 Vision Benefits through VSP.

- No plan design changes for 2024-2025
- 4-tier contributions

| <b>Benefit</b>  | <b>Cost</b>   | <b>Frequency</b> |
|---|---|------------------|
| <i>Eye Exam</i>   | \$10 copay  | Every plan year  |
| <i>Lenses (Single, bifocal, trifocal)</i>               | \$25 copay  | Every plan year  |
| <i>Frame Allowance</i>                                  | Up to \$150 allowance with 20% savings on amount over allowance   | Every plan year  |
| <i>Contact Lens Exam</i>                                | Up to \$60  | Every plan year  |
| <i>Contact Allowance</i>                                | Up to \$130 allowance   | Every plan year  |
| <i>Laser Vision Correction</i>                          | Average 15% off the regular price or 5% off the promotional price |                  |
| <b>2024-2025 Bi-Weekly Contributions (Per Paycheck)</b> |   |                  |
| <i>Employee Only</i>                                    |   | \$1.80           |
| <i>Employee + Spouse</i>                                |   | \$2.61           |
| <i>Employee + Child(ren)</i>                            |   | \$2.87           |
| <i>Employee + Family</i>                                |   | \$4.69           |



# Wellness

YOUR 2024 WELLNESS BENEFITS

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# Wellness – LiveWell

- All employees may participate in our wellness program **LiveWell** even if not enrolled in a BCBS MA medical plan
- How to participate:
  - Sign up at [www.livewellrmr.com](http://www.livewellrmr.com)
  - Download the WeSpire app
  - Participate in bi-monthly competitions, campaigns, and webinars to improve your health and wellbeing!

# aHealthyMe Rewards

## HERE'S HOW IT WORKS



# 1.

### GET STARTED

Sign up at [ahealthymerewards.com](https://ahealthymerewards.com), and get a Max Buzz™ Activity Tracker at no cost. Then, download the Virgin Pulse® app and connect your activity tracker to your profile.

# 2.

### EARN POINTS

Log your steps, complete wellness journeys, and track other healthy habits to earn points daily.

# 3.

### GET REWARDED

As you earn points, you get rewarded. The best part? You can use them right away!



SHOP THE  
VIRGIN PULSE  
STORE



GET GIFT  
CARDS



DONATE TO  
CHARITY



PUT IT IN  
THE BANK

# Wellbeing Resources

## Learn to Live Program

- Personalized online experience to assess and explore your feelings, thoughts, emotions and mind
- Access the 7 minute assessment by signing into MyBlue
- Click on “Online Mental Health Tool” (under My Plan and Claims)
- No cost to members
- Confidential, self-guided, easy to use

## Personalized Care with Behavioral Health Case Management

- Programs designed to support the care you receive from your doctor available at no cost
- BCBSMA Case managers work together with your doctor to ensure you get the care you need
- Eligible for behavioral health case management program? Call **1-888-883-8970**, Mon-Thu 8:30am to 8pm and Fri 8:30am to 4:30 pm ET

# Financial Protection

YOUR 2024 FINANCIAL BENEFITS

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# Retirement - Principal

## Traditional 401(k)

- Investments are **pre-tax**
- No taxes are paid until you retire and withdrawals begin at 59½
- Required distributions at age 73
- Best fit if you will be in a lower tax bracket at retirement, and have minimal current savings or personal assets

## Roth 401(k)

- Investments are **post-tax**
- To make withdrawals, account must be at least 5 years old and participant must be 59½ or disabled
- Avoid age 73 minimum distributions
- Best fit if you will be in a similar or higher tax bracket at retirement

# Retirement - Principal

## Contributions

- You are able to change your contribution at any time
- Up to 100% of your annual earnings
- Annual Maximum of \$23,000 in 2024
- Catch-up over the age of 50 of \$7,500 in 2024

## Employer Match

- The RMR Group's employer match is 100% of employee contributions up to 3% of pay and an additional 50% of the next 2% of pay with immediate vesting of RMR contributions

## Other Features

- You can join the plan or change your contributions at any point in time at [www.principal.com](http://www.principal.com)
- Loans
- Hardship withdrawals
- Investment options (including Traditional and Roth options)

# Employer Paid: Life and AD&D, Short-Term & Long-Term Disability - SunLife

## Life and AD&D

- Life Benefit: 1x Basic Annual Earnings
- Maximum Benefit: \$500,000

## Short-Term Disability

- Weekly benefit: 66.67% of weekly salary, up to \$2,500 maximum
- Benefits begin after 2 weeks of continued disability and last for up to 11 weeks

## Long-Term Disability

- Monthly benefit: 66.67% of monthly salary up to \$10,000 maximum
- Benefits begin after 90 days of disability, and continue as long as you remain disabled up to your Social Security Normal Retirement Age



# Employee Paid: Voluntary Life and Voluntary AD&D\* – SunLife

**\*Please note that voluntary life and voluntary AD&D are separate policies and must be separately elected – electing voluntary life does not mean you have elected voluntary AD&D. You may elect different amounts for voluntary life and voluntary AD&D benefits.**

## Employee Voluntary Life, Voluntary AD&D

- Purchase up to \$1,000,000, or 5x your annual salary, whichever is less. Up to \$320,000 is guaranteed
- New elections or increases to benefits will be subject to Evidence of Insurability (EOI)

## Spouse Voluntary Life, Voluntary AD&D

- Purchase up to 100% of the employee-elected coverage amount to a maximum of \$250,000. Up to \$30,000 is guaranteed
- New elections or increases to benefits will be subject to medical questioning

## Child Voluntary Life, Voluntary AD&D

- Life insurance available for flat \$5,000 or \$10,000 – cannot exceed 50% of employee coverage amount

# Tax Choice LTD – SunLife

The RMR Group provides employees with two choices for their LTD coverage:

1. Elect to have The RMR Group pay the full premium (biweekly cost) for your LTD coverage.
  - The benefit will be taxed if it is paid out.
  - You will receive 66.67% of your monthly earnings up to \$10,000, minus the taxes owed.
2. Pay for the LTD premium yourself and receive non-taxable benefits.
  - If you become disabled and receive long term disability benefit payments, they will not be subject to income tax.

The table below is an example of what the LTD benefit would look like for someone who makes \$80,000 and chooses the Employee Paid Tax-Choice LTD instead of the Employer Paid Group LTD.

|                                      | Employer Paid LTD Benefit | Employee Paid Tax Choice Benefit |
|--------------------------------------|---------------------------|----------------------------------|
| Salary                               | \$80,000                  | \$80,000                         |
| LTD Benefit (66.67% of salary)       | \$4,445                   | \$4,445                          |
| Tax taken from Benefit (if received) | \$1,156                   | \$0                              |
| <b>Total Benefit Received</b>        | <b>\$3,289</b>            | <b>\$4,445</b>                   |

# NEW! Voluntary Hospital – SunLife

Hospital Indemnity pays a lump-sum cash benefit for the first night you're admitted to the hospital, and a daily cash benefit for up to 15 consecutive days after

|  | Hospital/ICU Admission | Daily Hospital Confinement | Daily ICU Confinement |
|--|------------------------|----------------------------|-----------------------|
| Cash Benefit                                     | \$1,500                | \$400 per day              | \$400 per day         |
| Duration   | First night            | 15 days                    | 15 days               |
| 2024-2025 Bi-Weekly Contributions (Per Paycheck) |                        |                            |                       |
| Employee   |                        | \$10.86                    |                       |
| Employee + Spouse                                |                        | \$18.28                    |                       |
| Employee + Child(ren)                            |                        | \$15.50                    |                       |
| Family   |                        | \$27.48                    |                       |

# Voluntary Accident and Critical Illness

## – SunLife

**Accident** insurance pays you a tax-free lump sum for unexpected injuries off the job

- Can be used for medical bills, lost wages, groceries, rent, or anything you need financial assistance with

| 2024-2025 Bi-Weekly Contributions (Per Paycheck) |        |
|--|--------|
| Employee   | \$3.75 |
| Employee + Spouse                                | \$5.96 |
| Employee + Child(ren)                            | \$6.20 |
| Family   | \$8.41 |

**Critical Illness** insurance pays a tax-free lump-sum benefit if you or a covered family member are diagnosed with a covered illness

- Covers a range of illnesses including heart attack, stroke, major organ failure, cancer, and more
- Employee: \$10k or \$20k benefit
- Spouse: \$5k or \$10k benefit, must be 50% of employee
- Child: \$5k or \$10k benefit, must be 50% of employee
  - Rates are based on age and can be found in your benefits guide

# Additional Benefits

EMPLOYER AND EMPLOYEE PAID

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# Other Benefits – RMR Paid

| Plan                               | Overview of Coverage   |
|------------------------------------|--|
| <b>Health Advocate</b>             | <ul style="list-style-type: none"> <li>This benefit helps employees and family members navigate the health care system and maximize health care benefits. Health Advocate will help with issues involving medical, hospital, vision, dental, pharmacy and other health care needs.</li> </ul>  |
| <b>Employee Assistance Program</b> | <ul style="list-style-type: none"> <li>The ComPsych employee assistance program (EAP) provides free and confidential access to a range of professional services for child or elder care issues, legal and financial concerns, family or marriage problems, grief, stress, and depression.</li> </ul>   |
| <b>Travel Assistance</b>           | <ul style="list-style-type: none"> <li>On-Call Worldwide Travel Assistance Services are available as part of our relationship with Sun Life Financial(Assist America). The program gives you and your dependents 24-hour, toll-free access to emergency assistance when you travel 100 miles or more from home and includes emergency medical assistance, medical repatriation and arrangements for a visit in the event that you are hospitalized.</li> </ul> |
| <b>Medicare Advice</b>             | <ul style="list-style-type: none"> <li>Malloy Advisors is here to help you and your loved one solve the Medicare puzzle.</li> <li>No obligation to enroll in Medicare! Licensed agents are available at 800.933.8129 or malloymedicare.com.</li> </ul>   |

# Other Benefits – RMR Paid

| Plan                                      | Overview of Coverage  |
|---|---|
| <b>Tuition Assistance</b>                 | <ul style="list-style-type: none"> <li>RMR offers tuition reimbursement up to \$20,000 a year to eligible employees.</li> </ul>   |
| <b>Employee Referral Program</b>          | <ul style="list-style-type: none"> <li>RMR provides a referral bonus for each referral that is hired by RMR.</li> </ul>   |
| <b>Matching Gift Program</b>              | <ul style="list-style-type: none"> <li>RMR matches up to \$1,000 a year in charitable donations or volunteer work.</li> </ul>   |
| <b>Care.com</b>                           | <ul style="list-style-type: none"> <li>RMR provides membership to Care.com, which is a resource that connect families with child/senior care, special needs care, tutoring, etc.</li> </ul> |
| <b>RMR Discount on Sonesta Hotel Rate</b> | <ul style="list-style-type: none"> <li>Visit the Discounts Directory on SharePoint for more information.</li> </ul>   |
| <b>Spartan Discount</b>                   | <ul style="list-style-type: none"> <li>Receive a 20% discount for Spartan events using code RMR20.</li> </ul>   |
| <b>Working Advantage</b>                  | <ul style="list-style-type: none"> <li>Exclusive savings on movie tickets, theme parks, hotels, Broadway and Vegas shows, shopping partners &amp; more.</li> </ul>                          |

# Other Benefits – Employee Paid

| Plan  | Vendor  | Overview of Coverage   |
|---|---|--|
| <b>Identity Theft and Credit Protection</b> | <ul style="list-style-type: none"><li>AllState</li></ul>        | <ul style="list-style-type: none"><li>Includes services to help you correct any issues if your Identity is stolen or credit is compromised.</li></ul>  |
| <b>Legal Plan</b>                           | <ul style="list-style-type: none"><li>ARAG</li></ul>            | <ul style="list-style-type: none"><li>Gives employees who enroll access to over 18,000 attorneys for legal or financial needs.</li></ul>   |
| <b>Pet Insurance</b>                        | <ul style="list-style-type: none"><li>Nationwide</li></ul>      | <ul style="list-style-type: none"><li>Our partnership through Nationwide provides a 10% discount for employees and allows coverage for pets for accidents and illness.</li><li>Can be elected or dropped at any time during the plan year</li></ul>              |
| <b>Commuter Benefits</b>                    | <ul style="list-style-type: none"><li>Optum Financial</li></ul> | <ul style="list-style-type: none"><li>Commuter accounts allow you to set aside money to pay for travel expenses as part of your daily commute to and from work, on a pre-tax basis.</li><li>Can be elected or dropped at any time during the plan year</li></ul> |



# Next Steps

IMPORTANT ENROLLMENT REMINDERS AND ACTIONS

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# What Happens Next

- Open enrollment is March 4<sup>th</sup> – 22<sup>nd</sup>
- All elections must be in ADP by 11:59 PM EST on Friday, March 22
  - No changes will be allowed after March 22<sup>nd</sup> unless you have a qualifying life event (i.e., marriage, birth of a child, loss of coverage)
  - Changes to your HSA can be made at any time during the year by logging into ADP
- Join one of our live webinars if you are able, so you can ask any questions you may have live, with one our team members and benefit professionals
- Log into ADP Workforce Now to confirm, elect, or revise your benefits
- Review and update your personal information
- Review and update your beneficiaries for life insurance policies
- **Print and carefully review your enrollment confirmation statement!**

# Questions?

If you have any questions on your benefits, or the ADP Workforce Now enrollment process, please contact:

- Justin Buckner: 617-231-3034 or [jbuckner@rmrgroup.com](mailto:jbuckner@rmrgroup.com)
- Tracey Harriette: 617-219-1448 or [tharriette@rmrgroup.com](mailto:tharriette@rmrgroup.com)
- Satenik Karapetyan: 617-796-8379 or [skarapetyan@rmrgroup.com](mailto:skarapetyan@rmrgroup.com)

For help choosing a plan that is right for you, contact  
**Health Advocate – 24/7 Benefits Support at  
866-695-8622**



THE  
RMR  
GROUP



Thank you!

Open Enrollment Ends March 22<sup>nd</sup>