

# **Benefits**



Live Well and Thrive!





# Open Enrollment is March 3rd-21st

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





## **RMR Benefits Portal**

- Everything you need for Open Enrollment is available on the Benefits Portal:
  - 2025-2026 Benefits Guide
  - A recording of this presentation
  - Plan summaries, costs, and comparisons

www.myrmrbenefits.com





## What's New

- Adding an Adoption Reimbursement Benefit of \$16,000 annually
- Enhancing Paid Parental Leave from 4 weeks to 6 weeks
- Introducing Payactiv, which is a new vendor that will provide early access to earned wages
  - The expected go-live date is May 7th, 2025
  - We will be hosting special Payactiv webinars in April to walk you through all the features and answer any questions you might have. Stay tuned for more details.



# What's Changing

Each **medical plan design** will have minor plan changes:

- PPO Saver (HSA)
  - Deductible increases to \$3,300 single / \$6,600 family
- PPO Coinsurance (80/60)
  - Coinsurance increases to 20% in network / 40% out of network
- PPO Premium (100/80)
  - Deductible increases to \$750 single / \$1,500 family

**Contributions** will change for all plans, varying by plan and salary band (how much you earn per year)

Our dental plans will be moving to Blue Cross Blue Shield of MA

- Plan designs will remain as is
- Our new network is the **Dental Blue Freedom Network**

The **IRS** increased the maximum contributions limits in 2025 for FSA and HSA

- Medical FSA contribution limit is now \$3,300
- HSA contribution limits are now \$4,300 (individual) and \$8,550 (family)

Our **Pet Insurance Offering** through **Nationwide** will be enhancing a bit after 5/1/2025, as they are expanding their plan offerings. More information will be provided closer to that date and Nationwide will be reaching out to all current policyholders.

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# **Health**

YOUR 2025 HEALTH BENEFITS





## Medical – BCBS MA

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

Premium	The amount the insurance provider charges each month for the medical plan. The RMR Group pays a significant percentage of these costs.
Deductible	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.
Сорау	A fixed amount you pay for covered services, typically when you receive the service.
Coinsurance	The percent share of a claim you pay after the deductible has been met.
Out-of-Pocket Maximum	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

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**

	2024	
	In Network	<b>Out of Network</b>
Deductible - Ind	\$500	\$1,000
Deductible - Fam	\$1,000	\$2,000
Rx Deductible - Ind	\$1	00
Rx Deductible - Fam	\$2	200
Out of Pocket Maximum - Ind	\$5,	000
Out of Pocket Maximum - Fam	\$10	,000
Preventive	100% covered. no ded	Ded., then 20%
Office Visit	\$40	Ded., then 20%
Specialty Visit	\$40	Ded., then 20%
Diagnostic Testing	Ded., then \$0	Ded., then 20%
Advanced Imaging	Ded., then \$0	Ded., then 20%
Urgent Care	\$40	Ded., then 20%
ER Visit	\$200	
Inpatient	Ded., then \$500	Ded., then 20%
Outpatient	Ded., then \$250	Ded., then 20%
Retail Rx		
Generic Rx	\$15	Not covered
Brand Rx	\$30	Not covered
Non-Preferred Rx	\$50	Not covered
Mail Rx		
Generic Rx	\$30	Not covered
Brand Rx	\$60	Not covered
Non-Preferred Rx	\$100	Not covered

2025			
	In Network	<b>Out of Network</b>	
Deductible - Ind	<mark>\$750</mark>	\$1,000	
Deductible - Fam	<mark>\$1,500</mark>	\$2,000	
Rx Deductible - Ind	\$1	00	
Rx Deductible - Fam	\$2	200	
Out of Pocket Maximum - Ind	\$5,	000	
Out of Pocket Maximum - Fam	\$10	,000	
Preventive	100% covered. no ded	Ded., then 20%	
Office Visit	\$40	Ded., then 20%	
Specialty Visit	\$40	Ded., then 20%	
Diagnostic Testing	Ded., then \$0	Ded., then 20%	
Advanced Imaging	Ded., then \$0	Ded., then 20%	
Urgent Care	\$40	Ded., then 20%	
ER Visit	\$200		
Inpatient	Ded., then \$500	Ded., then 20%	
Outpatient	Ded., then \$250	Ded., then 20%	
Retail Rx			
Generic Rx	\$15	Not covered	
Brand Rx	\$30	Not covered	
Non-Preferred Rx	\$50	Not covered	
Mail Rx			
Generic Rx	\$30	Not covered	
Brand Rx	\$60	Not covered	
Non-Preferred Rx	\$100	Not covered	



## Medical - BCBS MA

### **PPO Coinsurance**

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

	2025	
	In Network	Out of Network
Deductible - Ind	\$1,	,000
Deductible - Fam	\$2,	,000
Rx Deductible - Ind	\$1	100
Rx Deductible - Fam	\$2	200
Out of Pocket Maximum - Ind	\$5,	,000
Out of Pocket Maximum - Fam	\$10	),000
	100% covered.	Dod then 40%
Preventive	no ded	Ded., then 40%
Office Visit	Ded., then 20%	Ded., then 40%
Specialty Visit	Ded., then 20%	Ded., then 40%
Diagnostic Testing	Ded., then 20%	Ded., then 40%
Advanced Imaging	Ded., then 20%	Ded., then 40%
Urgent Care	Ded., then 20%	Ded., then 40%
ER Visit	Ded., then 20%	
Inpatient	Ded., then 20%	Ded., then 40%
Outpatient	Ded., then 20%	Ded., then 40%
Retail Rx		
Generic Rx	Ded., then \$15	Not covered
Brand Rx	Ded., then \$30	Not covered
Non-Preferred Rx	Ded., then \$50	Not covered
Mail Rx		
Generic Rx	\$30	Not covered
Brand Rx	\$60	Not covered
Non-Preferred Rx	\$100	Not covered

2025



## Medical - BCBS MA

## **PPO Saver (with HSA)**

	2024	
	In Network	Out of Network
Deductible - Ind	\$3	,200
Deductible - Fam	·	,400
Rx Deductible - Ind	N	one
Rx Deductible - Fam	N	one
Out of Pocket Maximum - Ind	\$5	,000
Out of Pocket Maximum - Fam	\$10	0,000
Preventive	100% covered. no ded	Ded., then 20%
Office Visit	Ded., then \$0	Ded., then 20%
Specialty Visit	Ded., then \$0	Ded., then 20%
Diagnostic Testing	Ded., then \$0	Ded., then 20%
Advanced Imaging	Ded., then \$0	Ded., then 20%
Urgent Care	Ded., then \$0	Ded., then 20%
ER Visit	Ded., then \$200	
Inpatient	Ded., then \$0	Ded., then 20%
Outpatient	Ded., then \$0	Ded., then 20%
Retail Rx		
Generic Rx	Ded., then \$15	Ded., then \$30
Brand Rx	Ded., then \$30	Ded., then \$60
Non-Preferred Rx	Ded., then \$50	Ded., then \$100
Mail Rx		
Generic Rx		Ded., then \$30
Brand Rx	Ded., then \$60	
Non-Preferred Rx	Ded., then \$100	Ded., then \$100

	2025	
	In Network	Out of Network
Deductible - Ind	<b>\$3</b>	<mark>,300</mark>
Deductible - Fam	<mark>\$6</mark>	<mark>,600</mark>
Rx Deductible - Ind	N <sub>1</sub>	one
Rx Deductible - Fam	N <sub>1</sub>	one
Out of Pocket Maximum - Ind	\$5	,000
Out of Pocket Maximum - Fam	\$10	0,000
Preventive	100% covered. no ded	Ded., then 20%
Office Visit	Ded., then \$0	Ded., then 20%
Specialty Visit	Ded., then \$0	Ded., then 20%
Diagnostic Testing	Ded., then \$0	Ded., then 20%
Advanced Imaging	Ded., then \$0	Ded., then 20%
Urgent Care	Ded., then \$0	Ded., then 20%
ER Visit	Ded., th	nen \$200
Inpatient	Ded., then \$0	Ded., then 20%
Outpatient	Ded., then \$0	Ded., then 20%
Retail Rx		
Generic Rx	Ded., then \$15	Ded., then \$30
Brand Rx	Ded., then \$30	Ded., then \$60
Non-Preferred Rx	Ded., then \$50	Ded., then \$100
Mail Rx		
Generic Rx	Ded., then \$30	Ded., then \$30
Brand Rx	Ded., then \$60	Ded., then \$60
Non-Preferred Rx	Ded., then \$100	Ded., then \$100





# 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
2025 IRS Contribution Limits	\$4,300	\$8,550	\$8,550	\$8,550
RMR Annual Contribution	\$500	\$750	\$1,000	\$1,000
Employee Max Annual Contribution	\$3,800	\$7,800	\$7,550	\$7,550





# 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
- 2025 maximum election of \$3,300
- Eligible expenses include deductibles, copayments, coinsurance, and dental and vision care costs
- Only you (employee) contribute

#### **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
- Only you (employee) contribute





## **HSA** versus **FSA**

#### **HSA**

- Pre-tax account for employees in the Saver plan
- 2025 IRS limit: \$4,300 single, \$8,550 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
- 2025 IRS limit: \$3,300
- Can spend full elected amount on day one
- RMR does not contribute to account
- Unused funds at the end of the year are forfeited





# Dental – BCBS MA Dental Blue Freedom Network

## Below are your 2025 Dental Benefits:

Employee contributions will remain unchanged

Benefits	Core Plan	Premium Plan
Deductible - Ind	\$50	\$25
Deductible - Fam	\$100	\$75
Calendar Year Maximum	\$1,000 per Member	\$2,000 per Member
Type 1 Services (preventive/Diagnostic)	Covered 100%	Covered 100%
Type II Services (Minor Restorative)	Covered 80%	Covered 100%
Type III Services (Major Restorative)	Covered 50%	Covered 60%
Orthodontia (Children under 19)	Not covered	Covered 50% with a <b>\$2,000</b> Lifetime Max





## **Dental - BCBS MA**

### 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 2025 Vision Benefits through VSP:

- No plan design changes for 2025-2026
- Employee contributions will remain unchanged

Benefit	Cost	Frequency
Eye Exam	\$10 copay	Every plan year
Lenses (Single, bifocal, trifocal)	\$25 copay	Every plan year
Frame Allowance	Up to \$150 allowance with 20% savings on amount over allowance	Every plan year
Contact Lens Exam	Up to \$60	Every plan year
Contact Allowance	Up to \$130 allowance	Every plan year
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price	



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# **2025 Benefits**





# Core Benefits (Employee and RMR Paid)

Plan	Vendor	Overview of Coverage
Medical	BCBS MA	We offer three medical plans, through Blue Cross Blue Shield of MA. All three plans utilize the BCBS National PPO network.  • Saver (HSA)  • Coinsurance  • Premium
Dental	BCBS MA	The BCBS MA dental plans utilize the Dental Blue Freedom Network which is the National Dental PPO network. We offer two plans to choose from.  • Core Plan  • Premium Plan
Vision	VSP	We are part of the VSP Choice Network, offering robust national coverage.
Life & Disability	SunLife	<ul> <li>Short Term Disability</li> <li>Long Term Disability - Core</li> <li>Long Term Disability - Tax Choice</li> <li>Employer Paid Life and AD&amp;D</li> <li>Employee Paid Optional Life and AD&amp;D</li> </ul>
Supplemental Health	SunLife	<ul><li>Accident</li><li>Critical Illness</li><li>Hospital Indemnity</li></ul>
HSA	Health Equity	Enrolling in the Saver (HSA) Plan allows you to make contributions to a Health Savings Account (HSA). RMR also contributes to your account.
FSA	Optum Financial	<ul><li>Health Care FSA</li><li>Dependent Care FSA</li></ul>





# Other Benefits - Employee Paid

Plan	Vendor	Overview of Coverage
Identity Theft and Credit Protection	AllState	<ul> <li>Includes services to help you correct any issues if your Identity is stolen or credit is compromised.</li> </ul>
Legal Plan	ARAG	Gives employees who enroll access to over 18,000 attorneys for legal or financial needs.
Pet Insurance	Nationwide	<ul> <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>
Commuter Benefits	Optum Financial	<ul> <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>



## Other Benefits - RMR Paid

Plan	Overview of Coverage	
Health Advocate	<ul> <li>This benefit helps employees and family members navigate the health care system and maximize health care benefits.</li> <li>Health Advocate will help with issues involving medical, hospital, vision, dental, pharmacy and other health care needs.</li> </ul>	
Employee Assistance Program	<ul> <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>	
Travel Assistance	<ul> <li>On-Call Worldwide Travel Assistance Services gives you and your dependents 24-hour, toll-free access to emergency assistance when you travel 100 miles or more from home.</li> </ul>	
Medicare Advice	<ul> <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>	
401(k)	<ul> <li>The accounts are immediately vested, and you are eligible to contribute after you first paycheck. Both Pre-tax and Roth plans options available. 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.</li> </ul>	



## Other Benefits - RMR Paid

Plan	Overview of Coverage
Payactiv	<ul> <li>Our Payactiv benefit gives you access to a percentage of the money you worked for but haven't been paid yet.</li> </ul>
Adoption Assistance	<ul> <li>RMR offers adoption assistance of up to \$16,000 per adoption to eligible employees.</li> </ul>
Tuition Assistance	<ul> <li>RMR offers tuition reimbursement up to \$20,000 a year to eligible employees.</li> </ul>
Employee Referral Program	RMR provides a referral bonus for each referral that is hired by RMR.
Matching Gift Program	<ul> <li>RMR matches up to \$1,000 a year in charitable donations or volunteer work.</li> </ul>
Care.com	<ul> <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>
RMR Discount on Sonesta Hotel Rate	Visit the Discounts Directory on SharePoint for more information.
Spartan Discount	Receive a 20% discount for Spartan events using code RMR20.
Working Advantage	<ul> <li>Exclusive savings on movie tickets, theme parks, hotels, Broadway and Vegas shows, shopping partners &amp; more.</li> </ul>





# What Happens Next

- Open enrollment is March 3<sup>rd</sup> 21<sup>st</sup>
- All elections must be in ADP by 11:59 PM EST on Friday, March 21
  - No changes will be allowed after March 21<sup>st</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
- Watch a longer, pre-recorded version of this presentation that outlines all details of our benefit plan offerings.
- 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
- Tracey Harriette: 617-219-1448 or <a href="mailto:thearriette@rmrgroup.com">tharriette@rmrgroup.com</a>
- Satenik Karapetyan: 617-796-8379 or <u>skarapetyan@rmrgroup.com</u>
- Laila Salman: 404-902-6391 or <u>laila.salman@rmrgroup.com</u>

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









# Thank you!

Open Enrollment Ends March 21st