Benefits
Enrollment
Guide









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The following descriptions of available benefit elections options, are purely informational and have been provided to you for illustrative purposes only. Payment of benefits will vary from claim to claim within a particular benefit option and will be paid at the sole discretion of the applicable insurance provider for each benefit option. The terms and conditions of each applicable policy or certificate of coverage will provide specific details and will govern in all matters relating to each particular benefit option described in this summary. In no case will any information in this summary amend, modify, expand, enhance, improve or otherwise change any term, condition or element of the policies or certificates of coverage that govern the benefit options described in this summary.



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ENROLLMENT AND ELIGIBILITY

Offering a comprehensive and competitive benefits package is one way we recognize your contribution to the success of the organization and our role in helping you and your family to be healthy, feel secure and maintain work/life balance. This enrollment guide has been designed to provide you with information about the benefit choices available to you. Remember, open enrollment is your only opportunity each year to make changes to your elections, unless you or your family members experience an eligible "qualifying event."

How to Enroll in the Plans

Read your materials and make sure you understand all of the options available.

- Locate your enrollment/change forms
- Fill out any necessary personal information.
- Make your benefit choices.
- If you have questions or concerns, please contact your HR department.

Whom Can You Add to Your Plan?

ELIGIBLE:

- · Legally married spouse
- Domestic partner
- Natural or adopted children up to age 26, regardless of student and marital status
- Children under your legal guardianship
- Stepchildren
- Children under a qualified medical child support order
- · Disabled children 19 years or older
- Children placed in your physical custody for adoption

INELIGIBLE:

- Foster children
- Sisters, brothers, parents or in-laws, grandchildren, etc.

Qualifying Events

Generally, you may enroll in the plan, or make changes to your benefits, when you are first eligible. However, you can make changes/enroll during the plan year if you experience a qualifying event. As with a new enrollee, you must submit your paperwork within 30 days of the change.

EXAMPLES OF QUALIFYING EVENTS:

- · You get married, divorced or legally separated
- · You have a baby or adopt a child
- You or your spouse takes an unpaid leave of absence
- You or your spouse has a change in employment status
- Your spouse dies
- You become eligible for or lose Medicaid coverage
- Significant increase or decrease in plan benefits or cost





Open Enrollment is the only chance to make changes, unless you experience a "qualifying event."

ELIGIBILITY



New Hire Enrollment: When Benefits Begin

30 days from Date of Hire	1st day of month after hire date	1 year at anniversary date; (must work 20 hrs per week)
Medical, FSA & DCA	Dental	Life with AD&D Supplemental Voluntary Life with AD&D Disability 403(b) 18 Degrees makes a 3% of wages contribution to the employees 403B after 1 year of service



When Benefits End

ALL Benefits End: Date of Termination

Medical, Dental
FSA,DCA
Life with AD&D | Supplemental Voluntary Life with AD&D | Disability



What options are available to me once my coverage is terminated?

- ▶ COBRA will allow you to continue your current eligible benefits for up to 18 months.
- ► COBRA becomes effective retroactively back to the day after your employment is terminated.
- COBRA Administrator Benemax

PACKAGE OVERVIEW & CONTACT INFORMATION

18 DEGREES offers eligible employees a comprehensive benefit package that provides both financial stability and protection.

Effective January 1, 2023:

- Medical benefit plan with Blue Cross Blue Shield of Massachusetts with Benemax
- Dental benefit plan with Blue Cross Blue Shield of Massachusetts
- Basic Life / AD&D and Supplemental Life /AD&D benefit plans with Mutual of Omaha
- · Long-term Disability plan with Mutual of Omaha
- MA Paid Medical & Family Leave with Mutual of Omaha

After you have enrolled in insurance coverage, you will receive additional information in the mail from Benemax. This information will contain your Benemax identification cards. In the meantime, you can look up providers for your plans on the internet: www.bluecrossma.com/findadoctor

WHO SHOULD YOU CALL?

Human Resources		
John Cadiz	Director of Human Resources	<u>jcadiz@18degreesma.org</u> 413-448-8281 ext. 220
Paula McDermott	Human Resources Administrator	pmcdermott@18degreesma.org 413-448-8281 ext. 214
Program	Vendor	Contact Information
Medical/Rx	BCBSMA with Benemax	Nora Jarboe benemax.service@onedigital.com 508-242-6127
FSA/DCA	Benemax	Nora Jarboe benemax.service@onedigital.com 508-242-6127
Dental	Benemax	Nora Jarboe benemax.service@onedigital.com 508-242-6127
Basic Life/AD&D Supplemental Life, LTD	Mutual of Omaha	Claims Service: 800-769-7159
MA Paid Medical & Family Leave	Mutual of Omaha	Claims Service: 833-928-2179
403(b) Plans	Mutual of America	860-659-3610
Benefits Consultant	OneDigital	Sue Durocher sdurocher@onedigital.com 413-652-4312

How Your ID Cards Work

Your **Primary** Insurance: BCBSMA



Present your provider with BOTH insurance cards; BCBSMA & Benemax. Be sure the provider's office takes copies of BOTH cards. *Please let your provider know that Benemax is your secondary insurance and pays for much of your BCBSMA deductible.

BCBSMA pays first, Benemax pays second, you pay your copays, deductibles and co-insurance.

Your **Secondary** Insurance: Benemax



If there are any questions about coverage call BENEMAX FIRST.

18 Degrees has an Independent Member Advocate, Nora Jarboe: 508-242-6127 or 800-528-1530, prompt 3 or

benemax.service@onedigital.com

Your **RX** & **FSA** (if applicable)



All BCBSMA approved prescriptions are covered at 100% by using the Benemax benefit card to pay for your RX. If enrolled in the FSA (flex spending account), this card is used for FSA expenses. You can pay your copays, deductibles, coinsurance as well as dental and vision with FSA dollars.

Using the Benemax Debit Card:

Click Here







The BCBS medical Summaries of Benefits Coverage (SBCs) shown within the E-Kit link are the base plan benefits *prior* to the Supplemental Benemax Wrap. Below is a brief reference of frequently used services and your final cost after your claims have been processed by both BCBS and Benemax. Refer to the Benemax Summary and SBC's which outline the benefits and coverage in detail.

Carrier Name: Blue Cross Blue Shield of Massachusetts (BCBSMA)		
Name of Plan	HMO Blue NE Basic Copayment with Benemax Wrap	
Type of Plan	НМО	
HMO SBC	Click here	
Benemax Summary HMO	<u>Click here</u>	
BCBSMA E-Kit	<u>Click here</u>	

CATEGORY	HMO (In Network Only)	
Office Visits		
Preventive visits, immunizations & tests	No Cost	
Primary visits or behavioral health	\$20	
Specialist/Urgent Care	\$30	
Chiropractor (12 visits per year)	Deductible then \$20 co-pay	
Physical Therapy (60 visits per year)	Deductible then \$30 co-pay	
Pharmacy (no out of network)	BCBS approved prescriptions only	
Generic Drugs	\$0	
Preferred brand drugs	\$0	
Non-Preferred brand drugs	\$0	
Specialty Drugs	\$0	
Common Services		
Diagnostic Test (x-ray and blood work)	X-Ray - \$0 after deductible Lab - \$ 0	
Imaging (CT/PET scans, MRIs) \$75 <i>after</i> Deductible		
In-Patient Facility	\$0 <i>after</i> Deductible	
Out-Patient Facility	\$0 <i>after</i> Deductible	
Emergency Room	\$250	
Annual Deductible	\$750 individual / \$1,500 family	
Annual Out of Pocket	Deductible & Copays	



For a list of participating providers, visit www.bluecrossma.com/findadoctor, call the number on your BCBS ID card or call Benemax at 800-528-1530, prompt 3 for assistance.





The BCBS medical Summaries of Benefits Coverage (SBCs) shown within the E-Kit link are the base plan benefits *prior* to the Supplemental Benemax Wrap. Below is a brief reference of frequently used services and your final cost after your claims have been processed by both BCBS and Benemax. Refer to the Benemax Summary and SBC's which outline the benefits and coverage in detail.

Carrier Name: Blue Cross Blue Shield of Massachusetts (BCBSMA)

Name of Plan	PPO Preferred Blue PPO Basic Copay with Benemax Wrap
Type of Plan	PPO
PPO SBC	<u>Click here</u>
Benemax Summary PPO	Click here
BCBSMA E-Kit	Click here
DEDSWA E-RIC	<u>CHERTICIC</u>
CATEGORY	PPO (In/Out of Network) Out of Network benefits; Employee Pays Deductible then 20% coinsurance
Office Visits	
Preventive visits, immunizations & tests Primary visits or behavioral health	No Cost \$20
Specialist/Urgent Care	\$30
Chiropractor (12 visits per year) Physical Therapy (60 visits per year)	Deductible then \$20 co-pay Deductible then \$30 co-pay
Pharmacy (no out of network)	BCBS approved prescriptions only
Generic Drugs	\$0
Preferred brand drugs	\$0
Non-Preferred brand drugs	\$0
Specialty Drugs	\$0
Common Services	
Diagnostic Test (x-ray and blood work)	X-Ray - \$0, <i>after deductible</i> Lab - \$0
Imaging (CT/PET scans, MRIs)	\$75 <i>after</i> Deductible
In-Patient Facility	\$0 <i>after</i> Deductible
Out-Patient Facility	\$0 <i>after</i> Deductible
Emergency Room	\$250
Annual Deductible	\$750 individual / \$1,500 family
Annual In Network Out of Pocket Annual Out of Network Out of Pocket	Deductible & Copays \$10,000/\$20,000



For a list of participating providers, visit www.bluecrossma.com/findadoctor, call the number on your BCBS ID card or call Benemax at 800-528-1530, prompt 3 for assistance.



HOW YOUR HEALTH PLAN WORKS

The Benemax Health Plan® integrates a fully insured component from Blue Cross Blue Shield of Massachusetts (BCBS) and an employer-funded component from 18 Degrees into a single benefit package.

Your Family visits your provider (doctor/hospital) and shows both their BCBS ID card and their Benemax Card. If your provider has questions, please provide the letter found here!

Your Doctor or Provider will bill BCBS.

BCBS will process your claim, notify your provider, and send a Claims Summary to you and your provider.

Benemax receives a report of your claims from BCBS. Benemax reviews your claim and makes additional payments on behalf of your employer.

Benemax notifies you of payment via a Benemax Explanation of Benefits (EOB). You are responsible to pay the amount due to your provider as shown on the Benemax EOB. Click here to view a sample

You can visit the Benemax website for a tutorial on how your plan works. Go to www.mybenemax.com and enter company keyword: 18degrees Click on the "Health" tab and then click on "Learn How Your Plan Works".

NEED HELP?



Our designated Independent Member Advocate (IMA) is **Nora Jarboe**. Her direct line is **508-242-6127** and her e-mail is

<u>benemax.service@onedigital.com</u> However, all of our IMAs can handle your benefit questions and claims issues.

Best of all, our advocates work for you—not the insurance company—so your interests are our only priority. Simply call **800-528-1530** and press prompt 3, or email **benemax.service@onedigital.com**

CLAIMS SUBMISSION

Please remember there is a weekly automatic claims feed from BCBS of MA. Members and providers may also submit claims using any method below.

- Send Benemax an EOB or Claims Summary and a copy of the Provider Bill.
- You may also upload an electronic claims submission, email benemax.claims@onedigital.com
- fax 508-242-6198, or mail to: Benemax, PO Box 950, Medfield, MA, 02052



BENEMAX

VIRTUAL BENEFITS MANAGER ®

Benemax's Virtual Benefits Manager® (VBM) offers online customer service and information. You can access your company's VBM website by visiting www.mybenemax.com, and entering your company's keyword, 18degrees.

- View summaries of your plans on your company's customized website
- Access wellness information, health information and healthcare tools
- · Link to BCBS's website

- Track your benefits online at Benemax Claims Connection™
- · Check status of a claim
- Print a Benemax EOB

BENEMAX CLAIMS CONNECTION ™

Plan members can track their claims history through the Benemax Claims Connection™ link on our company's VBM page. Benemax Claims Connection ™ is a secure portal that lets plan members track both claims activity and spending!



Track Claims Activity

Review Benefits

Submit FSA and DCA Claims

Print Explanation of Benefit (EOB) copies

Review Elections and Balances







Our BCBS plan also includes coverage for certain medical and behavioral health services via telehealth online video visits. You can access medical professional consultations, 24/7/365, and convenient scheduling of behavioral health visits right from your mobile device or home computer.

These services are for conditions that can be treated through video visits such as bronchitis, sinus infections, pinkeye, or for behavioral health issues such as depression, anxiety, sleep difficulties and more. To access BCBS's national telehealth service, download the Well Connection App and register through your mobile application or go to www.wellconnection.com.



healthyactions°

REWARDS PROGRAM

The wellness program that pays to be healthy. Click here for the summary of this program

Healthy Actions from BCBSMA — is an easy way for you to get motivated about getting and staying healthy—and earn up to \$300. Once you are enrolled with the BCBS HMO Plan, you'll receive a welcome letter in the mail that will include how to register for Healthy Actions and begin to earn your reward. New members enrolling after 7 months from start of the plan year are not eligible for Healthy Actions until the following plan year, if offered. More information and the rules of the program are available at the Benemax Virtual Benefit Manager under the health tab.

To register for "healthyactions" Rewards, visit: http://www.healthy-actions.com



BENEMAX WELLNESS

Benemax Wellness puts everything you need to get fit, stay healthy and use health care wisely right at your fingertips. Simply log on to www.mybenemax.com, enter your company's keyword 18degrees and click on the Wellness tab.

With Benemax Wellness, you can check your symptoms, find the right doctor, get a free medical second opinion, learn how to make informed healthcare decisions, track your diet and exercise, record results of an exercise or eating program, and find steps to stop smoking.

TAX-ADVANTAGED ACCOUNTS



Who is Eligible and When

All Full-Time Employees working at least 30 hours each week. Please check with your HR representative for specific eligibility requirements

Benefits You Receive

FSAs provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pretax basis. By anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.

HEALTHCARE FSA

This program lets employees pay for certain IRS-approved medical care expenses and prescriptions not covered by their insurance plan with pretax dollars. There are limits on salary reduction contributions to a health FSA offered under a cafeteria plan and is applicable to both grandfathered and non-grandfathered health FSAs. This limit will be indexed for cost-of-living adjustments. For **2023**, the Maximum FSA election is **\$3,050**. Some examples of eligible expenses include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Over-the-counter medications

For more information, please click on the icon to access your FSA plan document!



You will receive a debit card pre-loaded with your FSA money to use at a doctor's office or pharmacy. *Dependent care is not loaded to a debit card.*

DEPENDENT CARE FSA

The Dependent Care FSA lets employees use pre-tax dollars toward qualified dependent care such as caring for children under the age 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year. Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)







DENTAL PLAN

Your dental benefit will pay up to \$1,000 per calendar year, per covered individual. Dependent children who are enrolled on the plan are eligible for benefits to age 26.

Carrier Name: Blue Cross Blue Shield (BCBSMA)

Type of Benefit Voluntary Dental Benefits

Dental Summary Click here

BCBS E-Kit Click here

Preventative	100%
Basic	80%
Major	50%
Maximum Annual Benefit	\$1,000
Deductible (Calendar Year)	\$50/\$150
Rollover Benefit	Yes

What's a Rollover Benefit?

A dental benefit that will allow you to roll over a portion of your unused dental benefits from year to year. This means that you can accumulate benefit dollars to help offset higher out-of-pocket costs for complex procedures. This benefit applies to you automatically if you:

- Receive at least one service during the benefit period
- Remain a member of the plan throughout the benefit period
- Do not exceed the claim payment threshold in the benefit period

More information about this program and limits can be found in the BCBS E-Kit link above



QUESTIONS?

All of our Independent Member Advocates (IMAs) can handle your benefit questions and claims issues. Simply call 800-528-1530 and press prompt 3, or email benemax.service@onedigital.com





Did you knon?

You may use any dentist you choose, in-network or out-of-network.

- However, when you use an In Network provider your out-ofpocket expenses are less.
- Out-of-Network providers:
 You will be responsible for any
 difference between the dentist's
 actual charge & the allowed
 charges. Always ask
 for pre-estimates.
- To find a provider in this network, go to <u>www.bcbsma.com</u> then, click on "Find A Doctor".
- Search within the Dental Blue Network

LIFE AND DISABILITY INSURANCE



Carrier Name: Mutual Of Omaha| Plan Type: Life and Disability

Basic Life and AD&D Summary Click here

Additional Voluntary Life and AD&D Summary Click here

Long Term Disability Summary Click here

Basic Life and AD&D	100% Employer Paid
Life Benefit	1 X salary rounded to nearest \$1,000 up to \$130,000
Accidental Death and Dismemberment	Equal to your amount of Life
Benefit Reductions	65% at age 70 50% @ age 75
Additional Voluntary Life and AD&D	100% Employee Paid
Employee Life and AD&D Benefit	\$300,000, in increments of \$10,000, but no more than 5 times annual salary GI: 5 times annual salary, up to \$100,000
Spouse Life and AD&D Benefit	100% of employee's benefit, up to \$50,000 GI: 100% of employee's benefit, up to \$25,000
Child(ren) Life and AD&D Benefit	100% of employee's benefit, up to \$10,000 GI: 100% of employee's benefit
Long-Term Disability	100% Employer Paid
Benefit	60% of monthly earnings
Maximum Monthly Benefit	\$6,000
Elimination Period	180 Days
Duration of Benefits	SSNRA
Pre-Existing Limitation	3/12 months
Survivor Benefit	3 times last monthly payment

You have EAP, Travel Assistance, Will Prep through your Mutual of Omaha coverage!

Employee Assistance Program (EAP) – confidential solutions at your fingertips! The program is available to you, your spouse, dependents, parents and parents-in-law for help when you need it most:

- Stress / Depression
- Addiction
- Childcare
- Elder Care

Online 24/7/365 Access:

www.mutualofomaha.com/eap

Toll Free: 800-316-2796

Click Here



Whenever you travel 100 miles or more from home to another country or just another city, be sure to pack your travel assistance phone number! Click here



Within the U.S. call toll free: 800-856-9947 Outside the U.S. call collect: 1-312- 935-3658

Will Prep

Creating a will is an important investment in your future. Find out how Mutual of Omaha can help! Click Here





EMPLOYEE DEDUCTIONS

18 DEGREES contributes to the cost of the medical plan for you.

Employee Payroll Deductions Bi-Weekly			
	Me	dical	
Coverage Tier	нмо		PPO
Employee Only	\$82.20		\$110.76
Employee + Spouse	\$298.92		\$356.02
Employee + Child(ren)	\$309.38		\$360.77
Family	\$414.75		\$500.41
Dental			
Employee Only			\$20.14
Family \$58.53		\$58.53	
Group Life and AD&D		100% Employer Paid	
LTD		100% Employer Paid	
Additional Voluntary Life and AD&D		100% Employee Paid	

The rates shown in this guide are illustrative only. To the extent the rates contained herein differ from those in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the rates in the underlying insurance documents will govern in all cases.

MASSACHUSETTS PAID MEDICAL AND FAMILY LEAVE



What is MA Paid Family and Medical Leave?

It's a statutory benefit for anyone who works in **Massachusetts** and is eligible to take up to 26 weeks of **paid leave** for **medical** or **family** reasons.



Who Is My Benefits Carrier?





When Do Benefits Begin?

January 2021	July 2021
 Medical Leave: (your own serious medical condition) 	Family Leave to care for a family member with
 Bonding Leave: (to bond with a newborn, adopted child or foster child) 	a serious health condition



What Are My Benefits?

Benefit	2023 Max Benefit	Wait Period
The portion of your Average Weekly Wage that is equal to or less than 50% of the State Average weekly wage is paid at a rate of 80%	\$1,129.82/week	7 Days



How Do I Apply For Benefits?

MA PFML benefits will be requested and paid through Mutual of Omaha via:

- Telephonically: 833-928-2179
- Paper claim form submitted either by:
- Email, scanned to: submitgroupPFML@mutualofomaha.com
- Fax 402-997-1878

^{*}more information is available from HR. "All Leave of Absence request require prior approval from HR. A request should be submitted with 30 days notices or as soon as possible."





SUPPLEMENTAL INFORMATION FOR EMPLOYEES

403(b) Plans: Thrift Plan Employer Contribution		
Effective Date	1st day of the month coinciding with or immediately following one year of service providing all eligibility requirements are met	
Eligibility Requirements	21 years of age; must complete at least 1,000 hours during the first 12 months of service	
Employer Contribution	18 Degrees contributes 3% of annual compensation into the plan	
Vesting	After 3 years of service	

403(b) Plans : Payroll Deduction				
Effective Date	Date of Hire			
Eligibility Requirements	None			
Mutual Fund Provider	Mutual of America			
Employer Contribution	None			
Employee Contribution	IRS Limit of \$19,500			
Vesting	100% Vested day 1			
*If age 50 or older, you may contribute an additional				

After 3 years of service	\$6,500 above maximum as catch-up money.	

Sick Days/Personal Days

- FT staff accrue 10 sick days per year (Max 90-day accrual)
- 3 Personal Days per year [Use or lose by June 30th]
- Part time hourly employees are not eligible for the 10 sick day bank.
- Part-time employees will accrue one hour of sick time for every 30 hours worked.

Vacation					
0-2 Years	2 weeks				
2-5 Years	3 weeks				
5+ Years	4 weeks				

Accrual rate for FT staff [Max. accrual of 30 Days]

New for 2022:

18 Degrees is running a 2-year pilot program on a Vacation Cash Out policy. If you have excess vacation time that you would like to cash out, please contact the HR Department.



SUPPLEMENTAL INFORMATION FOR EMPLOYEES



Health Insurance Premium Assistance				
Who's eligible for MassHealth Premium Assistance (PA)?	MassHealth members on Standard, CommonHealth, Family Assistance, and CarePlus who have access to private employer-sponsored insurance (ESI) from a job may be able to get help paying for part of their premium.			
Contact Information	Call the MassHealth PA Unit at (800) 862-4840 or visit https://www.mass.gov/info-details/masshealth-premium-assistance-pa to see if you qualify			

Greylock Safety Net Loans:

We partnered with Greylock Federal Credit Union to be able to offer "Safety Net Loans" to our staff to pay for unexpected emergencies and who do not have the funds available, or access to an affordable loan. Emergencies include but are not limited to: auto repairs, home repairs, medical expenses, vet bills, and other unexpected bills.

Some	KPV	points:
	116	pomits.

- Rate is 7.99% APR. [Subject to change]
- The pay-back term is 12 to 24 months. (\$1,500 and below is 12 months max term).

Maximum amount of the loan is \$3,000.

- The loan has to be paid via direct deposit from your payroll.
- You need to contact 18 Degrees Human
 Resource Department in order to get an
 appointment for the loan because this a
 Community Partnership Program you cannot
 just apply directly at Greylock It is only open to
 organizations like ours that want to offer this
 added benefit to their staff.
- An initial financial wellness consultation will occur at Greylock (we can offer coaching sessions in-person, by Zoom or by phone) to help you meet this current financial emergency and also help you to prepare for the next one.

The benefits of this program:

- It helps you to address your current emergency, so you don't have added stress in your life.
- It is paid as part of your payroll cycle, so you will never be late.
- Greylock reports to all 3 credit bureaus, so you're on-time payments will help to improve your credit score, which ultimately saves you money because good credit equals better rates.
- If you do not stop the payments after the loan is paid in full – the money that used to pay for your loan can now be redirected to a savings account, so you can build your own "emergency fund".

SUPPLEMENTAL INFORMATION FOR EMPLOYEES



Educational and Development Opportunities at 18 Degrees

18 Degrees values its staff and is committed to their ongoing growth. Ask your supervisor for a copy of the 18 Degrees Training and Development Handbook. This resource is full of information and opportunities to develop yourself and career. Find out about our Relias Learning Management System, Continuing Education Credits, Tuition Remissions at MA State Schools, licensure support and other development opportunities.

Learning is for life!

Mileage and Travel Reimbursement:

Ask your supervisor about Mileage and Travel reimbursement for your work on the road. Forms and instructions are available on ADP.

PSLF:

18 Degrees is a qualified Non-profit organization where your years of service can be credited towards Public Student Loan Forgiveness programs. Visit this website to learn more https://studentaid.gov/manage-loans/forgiveness-cancellation/public-service

