



Benefits Guide

Effective January - December 2025

Getting started

Making benefit selections

Enrollment

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.

You must complete your enrollment during your new hire/newly eligible waiting period or annually before open enrollment ends. Please complete your enrollment form in the links below: Please indicate if you are electing the HMO or PPO plan and if you will be enrolling in Dental.

[BCBS Enrollment](#)

[Benemax Enrollment](#)

Who can I add to my coverage?

Note: You the employee must be enrolled in the coverage you wish to enroll a dependent into.

- Legally Married Spouse
- Domestic Partner
- Biological Children
- Stepchildren
- Adopted Children
- Children in your custody for adoption
- Children under your legal guardianship
- Permanently disabled children over plan age restrictions



Mid Year Changes // Qualifying Life Events

You may only enroll in benefits when you are first eligible or make changes to your benefits during open enrollment. However, you can make changes/enroll during the plan year if you experience a qualifying life event:

- Marriage
- Divorce
- New Baby/Adoption
- Death of Dependent
- Your Dependent's Open Enrollment
- You/Dependent lose other coverage
- You/Dependent gain other coverage
- You/Dependent lose Medicaid coverage
- You/Dependent gain Medicaid/Medicare coverage

[See Full Event List Here](#)

If you have a qualifying life event, you must submit your changes within 30 days of the event (60 days for Medicare or Medicaid events), or you must wait until annual open enrollment to make any benefits changes. These events should be entered online through your enrollment platform. You may also be required to provide proof of the event to HR.



Independent Member Advocate

Do you have questions about your benefits or your claims?

Always call Benemax first – your Independent Member Advocate (IMA) can help! You'll get one-on-one access to a local, licensed Benemax team member who will help answer questions you may have regarding your benefits.

This is not a call center, but an extension of your employer's local service team dedicated to helping you.

We can help you to:

Learn how your claims are paid
Understand your covered benefits

Understand pre-tax accounts
Understand and lower costs
Navigate escalated claim issues

Benemax.service@onedigital.com

800-528-1530, prompt 3

Available Monday – Friday, 8:30am – 5pm EST

Be sure to provide your name, employer name, and your question or issue.

Eligibility



Coverage	Who is Eligible	Coverage Starts	Coverage Ends
Medical with Benemax Health Plan®	All employees who work 30+ hours per week.	30 days from date of hire	Date of termination
Dental	All employees who work 30+ hours per week.	First day of the month after date of hire	Date of termination
Life and Disability 403(b)	All employees who work 30+ hours per week.	1 year at anniversary date (must work 20 hours per week)	Date of termination

Pre-Tax Account or Funding Type	Who is Eligible + Details
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Flexible Spending Accounts (FSA)

Set aside pre-tax money to pay for out-of-pocket health costs and/or child and elder care expenses. FSAs are a form of self-insurance.

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 is Benemax.

Questions about COBRA? Contact Benemax now!
800-528-1530 | benemax.service@onedigital.com





MASSACHUSETTS

Medical insurance

Your benefit plan consists of two components: the insurance carrier plan and the Benemax Wrap®. Please refer to your plan documents for **full details** on how these two components work together, what is covered, and when. **Note: on this page all plan coverage shown represents in-network coverage. For out-of-network coverage reference your plan documents.**



- Find a Doctor
- Telemedicine
- Mental Health Support
- Prescription Drug List
- Preventive Care
- Rewards Program
- Pillar Rx
- \$0 Cost Generic Meds
- Medicare Basics

Pillar Rx & \$0 Cost Generic Medication Lists subject to change January 2025

Where to Seek Care
Make the right Call!

Questions about your benefits or claims? **Contact Benemax now!**
800-528-1530 | benemax.service@onedigital.com

BCBS Access Basic Saver 2 with Benemax Wrap (HMO)

In-network care

Medical Network Name:	HMO Blue New England
Deductible (DED)	\$750 Employee Only \$1,500 Family
Out-of-pocket maximum	\$7,000 Employee Only \$14,000 Family
Preventive care	100% covered (No Cost)
Primary care visit	\$20 copay
Specialist visit	\$30 copay
Urgent care	\$30 copay
Emergency room	\$250 copay
Outpatient hospital care	\$0 after deductible
Inpatient hospital care	\$0 after deductible
Pharmacy	BCBS approved prescriptions only
Prescription drugs	(30 days / 90 days)
Generic	\$0
Preferred brand	\$0
Non-preferred brand	\$0
Specialty	\$0
Out-of-network care available?	Emergencies only
Your cost for coverage	Bi-Weekly
Employee only	\$ 100.11
Employee + Spouse	\$ 336.74
Employee + Child(ren)	\$ 319.45
Employee + Family	\$ 477.80

- HMO SBC
- Benemax HMO Summary
- BCBSMA e-Kit

i Cost Share Program (Pillar Rx) – if you or a dependent are taking an eligible specialty medication, you will be asked to enroll. If you do not enroll, Pillar Rx will contact you to assist in your enrollment. **Important!** Make sure you enroll; if you decline to enroll, you will be required to pay 30% of the cost of the medication.

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Where to Seek Care
Make the right Call!

In-network care

BCBS PPO Basic Saver with Benemax Wrap

Medical Network Name:	PPO
Deductible (DED)	\$750 Employee Only \$1,500 Family
Out-of-pocket maximum	\$6,450 Employee Only \$12,900 Family
Preventive care	100% covered (No Cost)
Primary care visit	\$20 copay
Specialist visit	\$30 copay
Urgent care	\$30 copay
Emergency room	\$250
Outpatient hospital care	\$0 after deductible
Inpatient hospital care	\$0 after deductible
Pharmacy	BCBS approved prescriptions only
Prescription drugs	(30 days / 90 days)
Generic	\$0
Preferred brand	\$0
Non-preferred brand	\$0
Specialty	\$0
Out-of-network care available?	Yes - Employee pays deductible then 20% - 40% coinsurance
Your cost for coverage	Bi-Weekly
Employee only	\$ 157.55
Employee + Spouse	\$ 451.60
Employee + Child(ren)	\$ 422.82
Employee + Family	\$ 650.10

- PPO SBC
- Benemax PPO Summary
- BCBSMA e-Kit

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Understanding Your Medical Plan +



Who pays for what and when?

1. You or a member of your family visits your **provider** (doctor/hospital) and shows both their BCBS ID card and their Benemax Card.
2. **Your provider will bill BCBS.**
3. BCBS will process your claim, notify your **provider**, and send a Claims Summary to you and your provider.
4. Benemax receives a report of your claims from your BCBS.
5. **Benemax reviews your claim and (if applicable) makes additional payments on behalf of your employer.**
6. Benemax posts a Benemax Explanation of Benefits (EOB) on your [Claims Connection](#) portal. You are responsible to pay the amount due to your provider as shown.

If your provider needs help understanding how both layers of coverage work together, you can share with them this letter.

[Provider Letter](#)

Do not make a payment to your provider until you have reviewed your claim responsibility amount on your Benemax Claims Connection portal.



[Learn More Here](#)

[Sample EOB](#)

Claims Submission

There is a weekly automatic claims feed from your medical carrier to Benemax. Members and providers may also submit claims using any method below.

- Email: benemax.claims@onedigital.com
- Fax: 508-242-6198
- Mail: Benemax , POBox 950, Medfield, MA, 02052

You should include an EOB or Claims Summary and a copy of the Provider Bill. **Click here to access [Claims Connection](#)**

Cards

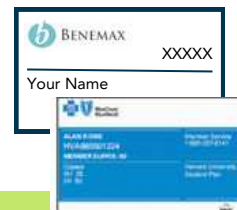
Present your provider with both your BCBS card AND your Benemax card. Be sure your provider's office takes copies of BOTH cards. Ensure your provider knows Benemax is your secondary payer.

Learn why [CLICK HERE](#)

For any questions, contact:

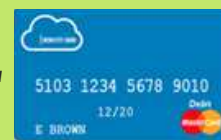
800-528-1530

benemax.service@onedigital.com



All BCBS approved prescriptions are covered at 100% by using your Benemax debit card. If you already have the Rx card, it will be reactivated for the new plan year. Hand your pharmacist your BCBS card to make sure your prescription is covered, then use your Benemax debit card to pay once confirmed.

You should **ONLY** use the card for expenses covered by your plan. The card will allow other expenses, but you *will be required to repay any non-qualified expenses you charge.*



Virtual Benefit Manager (VBM)

Benemax's Virtual Benefit Manager® (VBM) offers online customer service and information. View:

- Submit a benefit question
- Review educational videos
- Access your [Claims Connection](#)
- Check you claims status
- Download a Benemax Explanation of Benefits (EOB)
- Link to your medical carrier website

www.mybenemax.com

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Value-Added benefits

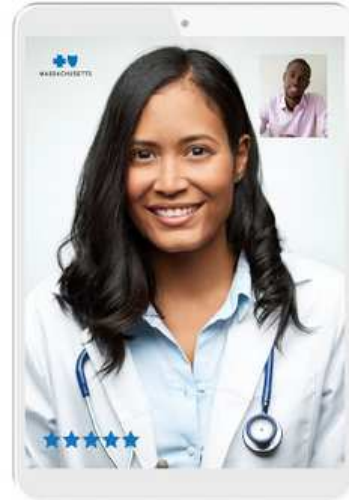
Additional benefit plans are a great way to customize your benefits package.

Doctors On Call - Telehealth Services

Telehealth

Our BCBS plan also includes coverage for certain medical and behavioral health services via telehealth online video visits. Get convenient access to telehealth care by using Well Connection. Sign in to MyBlue, or create an account, then click Well Connection Video Visit under My Care.

- Get medical care 24/7
- Therapy that comes to you
- Highly experienced, Highly rated providers



Fitness/Weight Loss Reimbursement

Reimbursement Program

Save up to

\$150

Get rewarded for healthy habits. Receive up to \$150 when you participate in a qualified weight loss or fitness program.



Questions about your benefits or claims? **Contact Benemax now!**
800-528-1530 | benemax.service@onedigital.com

Flexible Spending Accounts (FSAs)

FSA Handbook

Set aside pre-tax dollars to pay for qualified expenses.

Flexible Spending Account is a blanket term that covers a number of pre-tax savings options. Flexible Spending Accounts are a form of self-insurance and follow the same laws as other types of pre-tax benefits (like medical or dental). Once elected, you must have a qualifying life event to stop or change your deduction amount. If you do not elect when eligible/available, you cannot newly enroll without a qualifying life event.

Full Purpose FSA

Enrollment Form

Eligible expenses

Allowed Expenses	Medical, Dental, and Vision
2025 IRS maximum contribution	\$3,300
Annual rollover amount	\$660
Runout	90 days
Balance Availability	Full annual election available day one
Special Considerations	You cannot also contribute to an HSA

Dependent Care Account (DCA)

Eligible expenses

Allowed Expenses	Childcare or adult daycare
2025 IRS maximum contribution	\$5,000
Annual rollover amount	Rollover not allowed by the IRS. You will have a period of time when the plan year ends to submit prior year claims.
Balance Availability	Funds available as they are deposited
Special Considerations	Funds can only be spent on tax dependents and are to be used so you (and your spouse if applicable) can go to work. Funds are forfeited if you leave employment.

Using the Benemax Debit Card

Benemax Debit Card

Enrolled in medical and elected the Full Purpose FSA? The Benemax debit card is used for prescription copays and eligible flexible spending items. You must purchase your prescriptions separately from any FSA eligible items. Click the button above to learn more.

Dependent Care funds are not loaded to a debit card.



Where did my money go?
Budget for success!

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Dental insurance

Your dental insurance comes with a lot of different resources to help you save money, make good health choices, and better understand your health. Access the resources below to make the most of your coverage.

[Find a Provider](#)

[Rollover Benefit](#)

Questions about your benefits or claims? **Contact Benemax now!**
800-528-1530 | benemax.service@onedigital.com



Don't sacrifice your smile!
4 ways to save on dental

[Dental Summary](#)




[BCBS e-Kit](#)

Dental Blue

	In-network
Annual Deductible (DED)	\$50 per person \$150 family max
Annual maximum benefit	\$1,000 per person
Preventive care	100% covered
Basic care	80% covered
Major care	50% covered
Rollover Benefit?	Yes

Your cost for coverage

	Bi-Weekly
Employee Only	\$ 20.82
Family	\$ 60.52

-  For members under age 13, benefits are covered in full up to the calendar-year benefit maximum and are not subject to the deductible.
-  Search within the Dental Blue network when looking for a provider.
-  **Stay in-network to avoid balance billing** (the difference between what an out-of-network provider charges and the amount your insurance pays).

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Life and AD&D insurance

Financial peace of mind.

Life insurance pays a benefit if you pass away while you're covered. Accidental Death and Dismemberment (AD&D) insurance pays an additional benefit if you pass away or are seriously injured due to an accident.

Basic life and AD&D insurance

Plan Documents

This coverage is no cost to you.

	Basic life	Basic AD&D
Coverage	1x salary to \$130,000	Equal to amount of Life
Benefit Reductions	65% at age 70 / 50% at age 75	

What's AD&D?

Accidental death and dismemberment (AD&D) insurance may pay:

- **your beneficiary** if you pass away due to an accident
- **you** a partial benefit due to the loss, or the loss of use, of body parts or functions such as limbs, speech, eyesight, and hearing

Voluntary life and AD&D insurance

Plan Documents

Purchase additional coverage for you, your spouse, and your child(ren).

	Employee	Spouse	Child(ren)
Coverage increments	\$10,000	\$5,000	\$2,000
Guarantee Issue	5x salary, up to \$100,000	\$25,000	\$10,000
Maximum	\$300,000, but no more than 5x salary	\$50,000	\$10,000

You, the employee, must enroll/be approved for coverage for your spouse and/or child(ren) to also enroll.

Electing an amount over the Guarantee Issue (GI)? Are you a late enrollee (declined coverage when first eligible)?

If you answered yes to either or both questions, you must complete an Evidence of Insurability (EOI) form. If you are newly eligible and electing coverage over the GI, you will not be approved for coverage over the GI until your EOI form has been approved. If you are a late enrollee, the GI does not apply and any amount you apply for will not go into effect until your EOI is approved.

EOI Form

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How much life insurance do I need?

Questions about your benefits or claims?

Contact Benemax now!

800-528-1530

benemax.service@onedigital.com



A beneficiary is the person, persons, or organization who would receive your benefit in the event you lose your life.

Make sure your beneficiaries are up to date – you can change them at any time!

Disability insurance

Disability coverage insures your paycheck, replacing a portion of your income if you're unable to work due to a covered illness or injury.

Long-term disability

Plan Documents

Long-term disability coverage can provide lasting income protection if you remain unable to work.

This coverage is no cost to you.

Plan Type	Employer Funded Coverage
Monthly Covered Income	60% of your income to \$6,000 maximum
Benefit Begins	After 180 Days of Disability
Maximum Duration of Benefits	SSNRA

Pre-existing condition limitations

Check your plan details to see how pre-existing condition limitations might impact your coverage.

Duration of Benefits

The maximum is the longest length your disability will be covered. Most disabilities are shorter than the maximum and the length is determined by standardized measurements and medical advice.



Understanding Disability, FMLA, and the ADA

Questions about your benefits or claims?
Contact Benemax now!
 800-528-1530
benemax.service@onedigital.com

Worldwide Travel and ID Theft Assistance: by AXA Assistance USA, Inc.

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](#)



Mutual of Omaha Travel Assist



Mutual of Omaha Will Preparation

Disability insurance

Disability coverage insures your paycheck, replacing a portion of your income if you're unable to work due to a covered illness or injury.

Massachusetts Paid Family Medical Leave (MA PFML)

Available to anyone who works in **Massachusetts** is eligible to take up to 26 weeks of **paid leave** for **medical** or **family** reasons. **These benefits are administered through the State of Massachusetts.**

What conditions apply?

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

Benefit

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%

Current 2024 Benefit	2025 Benefit
Max Benefit: \$1,140.90 / week	Max Benefit: \$1,170.64 / week
Wait Period: 7 days	

How do I apply for benefits?

MA PFML will be requested and paid through Massachusetts Department of Family & Medical Leave:

- Telephone: 833-344-7365
- Online: <https://paidleave.mass.gov/oauth-start/>

***more information is available from HR.**

Learn more about this benefit with the [Employee Toolkit for Paid Family & Medical Leave](#)



Understanding Disability, FMLA, and the ADA

Questions about your benefits or claims?

Contact Benemax now!

800-528-1530

benemax.service@onedigital.com

Employee Assistance Program (EAP)

Care for your mind – and your life.

Plan Documents

Everyone needs support sometimes (even superheroes)

Our Employee Assistance Program (EAP) is a confidential service with access to guidance and resources at no cost for:

- Depression & anxiety – and other mental health concerns
- Family relationships and parenting
- Addiction and substance abuse
- Financial issues
- Legal problems
- Childcare and eldercare
- Grief and loss

Essentially, if it's part of your life, our EAP is here for you.

EAP FAQs

Will anyone know I contacted the EAP?

The EAP is confidential. No one will know you called or what was discussed.

Who can use the EAP?

Your spouse and children all have access to the EAP and it's services.



24/7/365 access to care.

1-800-316-2796

www.mutualofomaha.com/eap

National Crisis Helplines

Suicide and Crisis: 988

Sexual Assault: 800-656-4673

Domestic Violence: 800-799-7233

Child Abuse: 800-422-4453

Substance Abuse: 800-662-4357

Trevor Project: 866-488-7386



Find a full list of
helplines here



Retirement

Set your future self up for financial stability.

With our company match, we'll help you along the way.



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 \$23,500
Vesting	100% Vested day 1

* If age 50 or older, you may contribute an additional \$7,500 above maximum as catch-up money. If age 60 to 63, you may contribute an additional \$11,250 above maximum as catch-up money.



Learn how investing and saving actually works – and can work for you.



Access the Financial Academy

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Supplemental Information

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]

18 Degrees has a vacation cash out policy. If you have more than 3 weeks of Vacation time and you would like to cash out up to 37.5 hours. Please contact the HR Department.

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.

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 key points:

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

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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-premiumassistance-pa> to see if you qualify

Educational and Developmental 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.

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>

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".

Helpful terms



We've removed as much jargon as possible.

But you'll probably still encounter some terms as you enroll in and use your benefits, and we want you to be prepared!

In-network

Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service. In-network care is always your lowest-cost option. Out-of-network provider can charge you whatever amount they deem fair – typically much higher than in network.

Out-of-pocket maximum

The most you'll pay for covered medical and pharmacy care in a year. This includes your deductible and any coinsurance or copays. The out-of-pocket maximum does not include your premium (the amount you pay for coverage) and non-covered expenses.

Primary care physician

A primary care physician (PCP) is your main medical doctor – usually a general practitioner (GP), family doctor, internal medicine, or pediatrician (for children).

Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts sharing in the cost of your medical and pharmacy (if applicable) expenses.

Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Referral/pre-authorization

Some specialty medical providers/services and prescriptions require additional supporting information from your doctor. Examples include – but are not limited to – inpatient or outpatient surgical procedures, brand name medications, or specialty medications.

Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Balance billing

When you use an out-of-network provider, they may bill you the difference between what they charge and the amount your insurance pays.

Annual Required Notices

[CLICK HERE](#)

