



2025

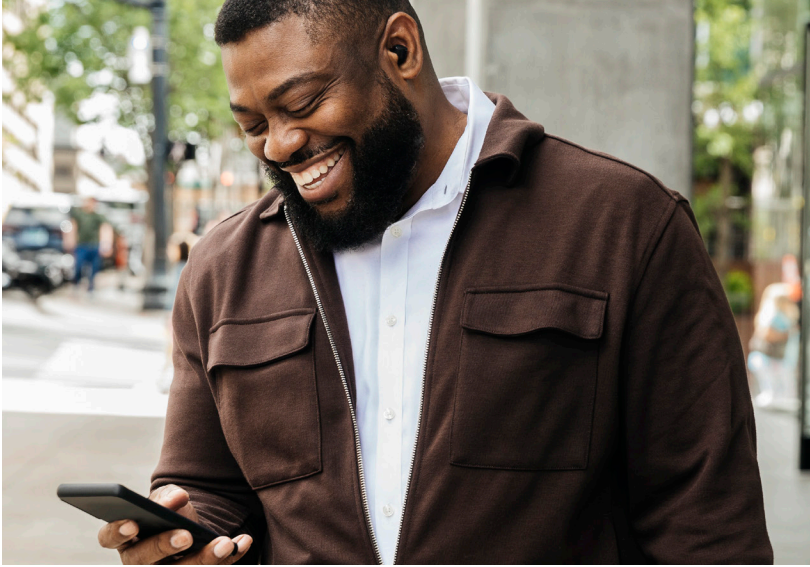
Benefits Guide for Office Staff

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HouseWorks, and our family of companies appreciates your commitment to our success. We're equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefit plans. We understand that you may have questions about annual enrollment, and we'll do our best to help you understand your options and guide you through the process.



Benefit Enrollment Assistance

New England Enrollment Strategies (NEES)
For questions regarding any of your benefit options, please schedule a call with one of our benefit advisors.

Scheduling link:

[Booking-Houseworks \(New Hires\) \(office365.com\)](#)

CONTACTS

| Benefit | Provider | Group # | Phone # | Website/Email |
|--------------------------|---------------------|---------|----------------|--|
| Medical (ICHRA) | Take Command Health | | 214.866.7757 | takecommandhealth.com Email: support@takecommandhealth.com |
| Dental | UnitedHealthcare | 927087 | 1.800.445.9090 | myuhc.com |
| Vision | UnitedHealthcare | 927087 | 1.800.638.3120 | myuhcvision.com |
| Life & AD&D / Disability | UnitedHealthcare | 309932 | 1.888.299.2070 | |
| Voluntary Life and AD&D | Sun Life | 968546 | 1.800.247.6875 | sunlife.com/us |
| Supplemental Health | Sun Life | N/A | 800.247.6875 | sunlife.com/account |
| 401k | ADP | N/A | 1.800.695.7526 | mykplan.com or my.adp.com |

WELCOME TO HOUSEWORKS BENEFITS 2025:

HouseWorks began over 20 years ago with the goal to reimagine aging and caring for seniors at home. The mission of the organization is to make life easier for families and provide the highest level of care to those who invite our team members into their homes, facilities or other care settings. As an employee of the organization, including our family of companies, it is our goal to provide a comprehensive benefits program that allows you and your family the financial security you need. The following information will provide a robust outline of the benefit programs offered through HouseWorks. This begins with your eligibility in the program and when you are able to make changes to your benefits elections.

Enrolling In Benefits

If you want health benefits for yourself and your family, you must enroll in one of the plan options within 30 days of your eligibility date. If you do not do so, you must wait until the next Open Enrollment period unless you have a qualifying life event as defined by the IRS.

Speak with a Benefit Advisor to walk through the right decisions for you and your family. There are advisors available who speak English and Spanish. Scan the QR code or click [here](#) to make an appointment!

Please remember to add your Social Security number and the Social Security numbers of your dependents during enrollment.



Qualifying Life Events

Your coverage under the benefits plans will end if you no longer meet the eligibility requirements, your contributions are discontinued or the Group Insurance Policy is terminated.

Elections are made annually. Based on the pre-tax status of your contributions, you are unable to make an election change in the middle of the plan year unless you experience a "Qualifying Event." These may include, but are not limited to:

- Changes in employment status
- Changes in legal marital status
- Changes in number of dependents
- Taking an unpaid leave of absence
- Dependent satisfies or ceases to satisfy eligibility requirement
- Family Medical Leave Act (FMLA) leave.
- A COBRA-qualifying event
- Entitlement to Medicare or Medicaid
- A change in the place of residence of the employee, resulting in the current carrier not being available
- The IRS requires that you make changes to your coverage within 30 days of your qualifying life event and new hire

The IRS requires that you make changes to your coverage within 30 days of your qualifying life event. You'll need to provide proof of the event, such as a marriage certificate, divorce decree, birth certificate or loss-of-coverage letter.



Eligibility

The following information outlines who is eligible to enroll in HouseWorks benefits during the designated new hire, open enrollment or qualifying event timeframes.

Eligible Employees

You may enroll in the benefits program if you are a regular employee who is actively working a minimum of 30 hours per week. All coverages are effective as of your date of hire.

Dependent eligibility

As you become eligible for benefits, so do your qualified dependents. Below outlines dependent eligible on the HouseWorks plan.

- Your spouse who is not eligible for coverage under their employer's health plan. This includes your legal spouse or domestic partner (same or opposite sex).
- Your children up to the age of 26. This includes your natural children and those of your spouse/ domestic partner, adopted children, stepchildren, foster children, or children obtained through court-appointed legal guardianship. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided to and approved by HR. Additionally, children who have been named in a qualified medical child support order are covered by our plan.
- NOTE: Covering a domestic partner or dependent of a domestic partner does require imputed income taxation of the benefit election.

IMPORTANT NOTE:

If you are newly enrolling your spouse, child(ren), domestic partner (DP) or your DP's child(ren) for your benefit plans, you will be required to provide proof of their eligibility. The following documents are required:

- Spouse – Marriage certificate
- Child(ren) and/or domestic partner child(ren) – Birth certificate, adoption certificate or proof of legal guardianship
- Domestic Partner – Notarized domestic partner affidavit and a bill showing proof of combined residence.

Once you are eligible and decide to enroll, you must provide proof of dependent documents within 30 days. Contact information is below.

HouseWorks Benefits Team

Phone: 617.831.4627

Fax: 312.277.7896

Email: benefits@house-works.com

MAJOR MEDICAL PLANS

HouseWorks and our family of companies is partnering with Take Command Health to offer ICHRA as your option to enroll in a major medical plan for 2025.

What is ICHRA?

An “Individual Coverage Health Reimbursement” (ICHRA) is a new kind of HRA that enables employees to purchase health insurance based on their needs. You have the freedom to choose from multiple options and carriers based on your home zip code. HouseWorks and Care & Help are partnering with Take Command Health to offer the ICHRA plan reimbursement for the 2025 calendar year plan. You will receive a dollar amount by age to provide equal buying power to purchase an individual plan through Take Command’s online plan enrollment tool. Your zip code will determine what carrier partners are available and the types of plans that can be chosen.

Watch for an email from Take Command to take action with next steps.

Step 1: Activate Your Account Online – Login and verify your information and to learn more about your allowance.

Step 2: Purchase Individual Coverage – Shop for the individual insurance plan that best fits your needs and budget.

Step 3: Complete the steps and finalize enrollment – Watch for an email from Take Command to take action with next steps.

Additional Steps: Payment Set Up

Step 1: After choosing your intended plan on the Take Command platform, you'll receive a unique AutoPay payment details (routing & account numbers). Follow the link to the insurance company's site/an exchange to complete enrollment on your own. Enter your specific payment details & select recurring/automatic payments!

Step 2: Within 24 hours, return to the Take Command platform and confirm the plan you purchased and the respective premium amount. Or indicate if you need more time to enroll.

Step 3: Upload your proof-of-coverage documents on the Take Command platform so recurring payments are successful.

Easy Enroll - Extra Step Plans: Follow instructions sent to you by Take Command and/or the insurance company to finish your enrollment. Examples include entering AutoPay payment details for the initial premium payment, enabling recurring payments, providing signature, etc.

To see what plan options you have – enter your county and state here:

<https://www.takecommandhealth.com/health-insurance-market-snapshot>

To view the window shopping tool prior to your personalized link:

<https://app.takecommandhealth.com/health-plan-search>

Need help?

Schedule time with a Take Command Enrollment Expert dedicated to support you in shopping for coverage that works best for you or your family. You can contact Take Command through the chat feature on their website, by email at support@takecommandhealth.com, or by phone at **214-866-7757**.

PLEASE NOTE:

Take Command's open enrollment will be an ACTIVE enrollment. Even if you are currently enrolled in an ICHRA medical plan, you are still required to re-enroll and submit your election(s).

Some helpful tips as you prepare to review the options available in your zip code.

Identify your needs

- List of preferred doctors & any prescription
- Type of care- preventive, specialty, & planned procedure
- Gather birth dates & SSN for you & dependents Shop for insurance plan
- Look for a “welcome” email from Take Command to create an account
- Narrow plans using our filters and plan tag
- **Need help?** Schedule time with a Take Command Enrollment Expert at: takecommandhealth.com/welcome-to-take-command-health#enrollment-call
- “Easy-Enroll” plans, Take Command will submit application, payment, confirm enrollment
- “Self-Enroll” plans, you complete application, payment, & provide proof of coverage

Key Insurance Terms

| What You Pay | Description | Example |
|-------------------|---|---|
| Premium | The monthly cost of the plan | \$200 a month |
| Copay | A fixed amount of care | \$25 for a doctor visit |
| Deductible | For things without a copay, you have to pay this amount first before insurance pays | If your plan has a \$1,000 deductible, you'll pay the first \$1,000 each year |
| Coinsurance | The percentage you pay after the deductible | If your bill after your deductible is \$100 & your coinsurance is 20%, you pay \$20 |
| Max-out-of-Pocket | The most you'll pay in one year. After you reach this amount, insurance pays everything | If your annual max is \$1,000 and you get a bill for \$1M, you pay \$1,000 & nothing more |

Other Plan Features

- **HDHP:** A High Deductible Health Plan offers lower premiums but has a higher deductible. They are a great way to save money if you're relatively healthy and protect yourself from serious injuries & illnesses.
- **HSA:** A Health Savings Account is a bank account that allows users to pay for medical bills tax-free. HSAs only work with HDHPs.

What doctors are included?

| Types of Networks | PPO | EPO | POS | HMO |
|---------------------------------------|-----|-----------|-----------|-----|
| Primary Care Physician (PCP) required | No | Sometimes | Yes | Yes |
| Referral required to see a specialist | No | No | Sometimes | Yes |
| In-network benefits | Yes | Yes | Yes | Yes |
| Non-emergency out-of-network benefits | Yes | No | Yes | No |
| Emergency coverage | Yes | Yes | Yes | Yes |

DENTAL

Although you can choose any dental provider, when you use an in-network dentist, through UHC, you will generally pay less for treatments because your share of the cost will be based on negotiated discount fees. With out-of-network dentists, the plan will pay the same percentage but the reimbursement will be based on out-of-network rates. You may be billed for the difference. Dental exams can tell your doctor a lot about your overall health. It's important to schedule regular exams and cleanings to help detect significant medical conditions before they become serious.

To see a current provider directory, please visit myuhc.com for the Options PPO Network, or call 1.800.445.9090.

| | Dental PPO Base Plan | Dental PPO Buy-Up Plan |
|---|--|--|
| Network | | |
| Annual Plan Maximum | \$1,000 per member | \$1,500 per member |
| Deductible (Individual / Family) Does not Apply to Diagnostic & Preventive | \$50/\$150 | \$25/\$75 |
| Diagnostic and Preventive | | |
| Exams / Cleanings / Sealants / Space Maintainers | 100% | 100% |
| Basic Services | | |
| Restorations / Emergency Treatment / Simple Extractions / Oral Surgery / Periodontics / Endodontics | 80% | 80% |
| Major Services | | |
| Inlays / Onlays / Crowns / Dentures and removable prosthetics / fixed partial dentures (bridges) / Implants | 50% | 50% |
| Orthodontia | N/A | 50% (Adult and Child) Orthodontia Lifetime Maximum: \$1,500 per member |
| Consumer MaxMultiplier | If your total annual claims are less than \$500 you will earn a reward of \$250 toward your next year maximum. Plus, if you incur all claims in-network, you will receive an extra \$100. Maximum amount rolled over cannot exceed \$1,000. | If your total annual claims are less than \$750 you will earn a reward of \$400 toward your next year maximum. Plus, if you incur all claims in-network, you will receive an extra \$100. Maximum amount rolled over cannot exceed \$1,500. |

Employee Contributions

| | Dental PPO Base Plan | Dental PPO Buy-Up Plan |
|----------|----------------------|------------------------|
| Employee | \$8.01 | \$10.30 |
| Family | \$22.28 | \$28.68 |

- You can elect the UHC dental plan regardless of whether you are enrolled in the medical or vision plan.
- You will not receive a dental ID card because you typically do not need to present one when visiting your dentist. Your dentist can confirm coverage through your SSN or member number. If you wish to print an ID card, log into your myuhc.com account. To print an ID card, log in to myuhc.com. NOTE: If you are also enrolled in the medical plan, your member ID and information will be the same.

VISION

UHC's vision care benefits include coverage for eye exams, standard lenses and frames, and contact lenses and discounts for laser surgery. The vision plan is built around a network of eye care providers, with better benefits at a lower cost to you when you use providers who belong to the UHC network. When you use an out-of-network provider, you will have to pay more for vision services.

Eye exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

Visit: myuhcvision.com and click on FIND A VISION PROVIDER for Employer Plan and search by people, places or zip code or call 1.800.638.3120.

| | Voluntary Vision Plan | |
|--|--|--|
| Network | You Pay (In-Network) | You are Reimbursed (Out-of-Network) |
| Eye Exam | \$10 Copay | Up to \$40 |
| Materials Copay | \$25 Copay | See Below |
| Services Frequency | | |
| Exams / Lenses / Frames / Contacts | 12 / 12 / 12 / 12 | |
| Lenses | | |
| Single Vision | Covered 100% after copay | |
| Bifocal | Covered 100% after copay | |
| Trifocal | Covered 100% after copay | |
| Lenticular | Covered 100% after copay | |
| Frames | | |
| Retail Frame Allowance | Up to \$130 | Up to \$45 |
| Discount with Participating Providers (coverage) | 30% | N/A |
| Contact Lenses | | |
| Lens Allowance in lieu of glasses | Up to \$130 | Up to \$105 |
| Contact Lens Fitting and Evaluation Allowance | Up to \$60 | \$0 |
| Necessary Contact Lens (Medically) | Covered at 100% | Up to \$210 |
| Additional Benefits | | |
| Laser vision | 35% off national average of LASIK | |
| Additional Materials | 20% discount on additional pair of eyeglasses or contact lenses | |
| Hearing Aids | Discounts for hearing aids available. Visit UHChearing.com, use promo code MYVISION to receive a discount. | |

Vision weekly employee payroll contributions

Effective January 1

| | |
|-----------------------|--------|
| Employee | \$1.44 |
| Employee + spouse | \$2.89 |
| Employee + child(ren) | \$2.45 |
| Family | \$4.04 |

- You can elect the UHC vision plan regardless of whether you are enrolled in the medical or dental plan

VOLUNTARY LIFE AND AD&D

You have the opportunity to purchase voluntary life and AD&D insurance for yourself, your spouse and/or your dependent children. Your cost for this coverage is based on the amount you elect and your age. You must purchase voluntary life and AD&D insurance for yourself in order to purchase spouse and/or dependent child(ren) coverage. If you do not enroll in this coverage when you are first eligible, you will be subject to medical underwriting.

| Coverage Amounts | | | |
|------------------|---------------------------------|---|-------------------------------------|
| Voluntary Life | Employee | Spouse | Child |
| Benefit Amount | \$10,000 Increments | \$5,000 Increments | \$1,000 Increments |
| Guarantee Issue | \$50,000 | \$25,000 | \$5,000 |
| Maximum Amount | \$100,000 or 3x Annual Earnings | Up to 50% of employee's coverage amount | Lesser of current amount or \$5,000 |

| Voluntary Life Rate (Monthly) | Age Band | Employee (Per \$1,000 of Coverage) | Spouse (Per \$1,000 of Coverage) |
|-------------------------------|--------------|---------------------------------------|-------------------------------------|
| | Under age 20 | \$0.050 | \$0.050 |
| | 20-24 | \$0.050 | \$0.050 |
| | 25-29 | \$0.050 | \$0.050 |
| | 30-34 | \$0.050 | \$0.050 |
| | 35-39 | \$0.070 | \$0.070 |
| | 40-44 | \$0.100 | \$0.100 |
| | 45-49 | \$0.180 | \$0.180 |
| | 50-54 | \$0.290 | \$0.290 |
| | 55-59 | \$0.460 | \$0.460 |
| | 60-64 | \$0.710 | \$0.710 |
| | 65-69 | \$1.280 | \$1.280 |
| | 70-74 | \$2.280 | N/A |
| | 75-79 | \$3.770 | N/A |
| | 80-84 | \$7.630 | N/A |
| | 85 AND OVER | \$7.630 | N/A |

| AD&D Monthly Rates Per \$1,000 of Coverage | |
|--|---------|
| Employee Voluntary AD&D | \$0.030 |
| Spouse Voluntary AD&D | \$0.030 |
| Child Voluntary AD&D | \$0.040 |

Example: A 41 year old employee elects \$40,000 of coverage:

$$\begin{array}{ccccccc}
 \frac{(\$40,000)}{\text{Elected Benefits Amount}} & / & \$1,000 & \times & \$0.145 & = & \$5.80 \\
 & & & & \text{Monthly Rate} & & \text{Total}
 \end{array}$$



LIFE AND DISABILITY BENEFITS

HouseWorks and Care and Help provides the following benefits for you at no cost through UHC.

Life and Accidental Death & Dismemberment (AD&D) Insurance Coverage (for you)

Life insurance is an important part of your financial security, especially if others depend on you for support. HouseWorks offers life and accidental death and dismemberment coverage on an employer paid basis. Plans are administered by UnitedHealthcare or UHC.

- Coverage amount: 1x your base earnings to a maximum of \$300,000
- In the event of an accidental death, the benefit pays 2x the life insurance benefit
- To avoid gross up taxation, you have the option to limit the Basic Life Insurance coverage to \$50,000

Disability Insurance Coverage

The goal of the disability plan is to provide you with income replacement should you become disabled and unable to work due to a non-work-related illness or injury. HouseWorks provides eligible employees with disability income benefits at NO cost through UHC.

Short-Term Disability

- Benefits begin after 14 days of accident or illness. STD benefits pay 60% of salary up to a maximum of \$2,000 per week for a maximum of 24 weeks.

Long-Term Disability

- Replaces 60% of your earnings after Short Term Disability (or 180 days) until you are no longer continuously disabled; this is insured by UHC.
- Benefits under Long Term Disability pay 60% of salary up to \$10,500 per month.
- The maximum duration of benefits for LTD are Social Security Normal Retirement Age.

SUPPLEMENTAL HEALTH

Our medical plans offer coverage for many common healthcare services you may require, but you still have to pay out of pocket for deductibles, copays, and other costs that may be related to an injury or sickness. We make Critical Illness, Accident and Hospital Indemnity Insurance plans available to you as supplemental insurance coverages that can help fill important gaps in standard medical plans. These supplemental benefits are available to our employees to purchase direct from Sun Life. If you have questions on the plans and how they work or are wondering if they are a good choice for you, contact the New England Enrollment Strategies team at: outlook.office365.com/book/Booking-Houseworks@nationalenrollmentpartners.com/.

Critical Illness

No one plans to get seriously ill, but the reality is people do. Critical Illness Insurance provides lump-sum payments if you or your spouse or dependent is unfortunately diagnosed with a covered critical condition – such as cancer, heart attack or stroke. The policy is designed to assist with the cost of treating and recovering from serious conditions requiring expensive treatment and procedures by paying for costs not covered by your medical plan.

How does Critical Illness Insurance work?

A woman is diagnosed with breast cancer in January. She has an HSA in place, but she'd intended to use the HSA funds to pay for her daughter's braces. As treatment for the breast cancer proceeds, the HSA is quickly drained. The woman needs to see a specialist in another city and, although her medical plan pays for her treatments, she and her husband have to live in an apartment for three weeks—a cost the medical plan doesn't cover. In May, she needs surgery, and her husband takes family medical leave for a month, without pay, to help her recuperate.

SCENARIO 1 – The family must raise the funds to pay for the costs that the woman's medical plan does not cover.

SCENARIO 2 – She purchases Critical Illness insurance through her employer that pays a \$15,000 lump sum benefit. They use the \$15,000 to cover the extra expenses of staying in the apartment for three weeks, so when the husband is deciding to take time off from work, expense is no longer a factor. They even use some of the funds to pay for their daughter's braces.

FIVE YEARS LATER: The woman has a clean bill of health. Under Scenario 1, the family is still paying off their debt. Under Scenario 2, they have no unfunded liabilities and are able to add to their savings.

Employee / Spouse / Child: \$15,000 Benefit

Note: Spouse rates are based on employee age.
Rates are age banded.

See benefit summary for listing of covered conditions and occurrence details. Critical Illness rates are age banded per \$10,000 based on elected benefit and employee age.

| Critical Illness Sample Costs (\$15,000 EE ONLY) | |
|--|---------|
| TIER | Weekly |
| AGE 29 | \$1.52 |
| AGE 35 | \$3.01 |
| AGE 43 | \$4.33 |
| AGE 51 | \$9.10 |
| AGE 59 | \$12.08 |

Accident Insurance

Accidents happen every 2 seconds at home and every 9 seconds on the road. Accidents can be expensive—even with medical coverage additional expenses can add up quickly. Accident insurance is an extra layer of protection that pays a lump sum when you suffer an unexpected, qualifying accident. You can use the money to cover any extra, out-of-pocket expenses associated with your injury, such as emergency treatment, hospital stays, medical exams, copays and deductibles, as well as other expenses you may face such as transportation and lodging needs, mortgage or rent, utility bills, and other daily expenses.

How Does Accident Insurance work?

A teenager breaks his leg mountain biking. He requires an ambulance to transport him to an emergency room, where he receives treatment and is released to his parents.

SCENARIO 1 – The teen’s parents must pay for the costs that their medical plan does not cover out of their savings.

SCENARIO 2 – The teen’s parents are covered under an Accident policy purchased through work. The policy is designed to pay their out-of-pocket costs associated with the teen’s ambulance and ER visit.

| Weekly Contributions | |
|----------------------|--------|
| Employee | \$2.29 |
| Spouse | \$3.92 |
| Child(ren) | \$4.83 |
| Family | \$6.46 |

Hospital Indemnity Insurance

Hospital indemnity insurance is designed to pay for the costs of hospital admission that may not be covered by other insurance, such as deductibles and copays. The plan covers your costs when you are admitted to a hospital or ICU for a covered sickness or injury. More than half of Hospital Indemnity Insurance claims involve deductible costs associated with maternity.

| Weekly Contributions | | |
|----------------------|---------|---------|
| TIER | HIGH | LOW |
| EE | \$6.73 | \$4.00 |
| SP | \$14.32 | \$8.47 |
| CH | \$11.09 | \$6.72 |
| FAM | \$18.68 | \$11.19 |

| Feature | HIGH | LOW |
|----------------------|------------------------------|------------------------------|
| Hospital Admission | \$2,000 per day (1 per year) | \$1,000 per day (1 per year) |
| Hospital Confinement | \$100 per day (30 days) | \$100 per day (30 days) |
| ICU Confinement | \$100 per day (15 days)* | \$100 per day (15 days)* |

ICU Confinement paid with hospital confinement
Normal pregnancy included with no waiting period
Newborn care included with complications ONLY – payable under Hospital or ICU confinement

How Does Hospital Indemnity Insurance Work?

An employee’s spouse is admitted to the hospital for childbirth and spends three days.

SCENARIO 1 – The employee’s medical plan has a \$2,500 deductible. The employee is responsible for paying the full \$2,500 deductible before the medical plan begins covering any costs.

SCENARIO 2 – The employee & spouse are covered under a Hospital Indemnity policy. The plan pays \$1,000 towards the \$2,500 medical plan deductible, plus an additional \$100 for 3 days in the hospital. This means the hospital plan pays a total of \$1,300 towards the \$2,500 medical deductible. The employee is then responsible for the remaining \$1,200.

NOTE: See benefit summaries for plan details and costs. Rates are based on enrollment tier - Employee Only, Employee + Spouse, Employee + Child(ren) and Family.

OTHER BENEFITS

EAP Services for those eligible for STD/LTD plans:

- ▲ 3 free face-to-face counseling sessions
- ▲ 1 free legal consultation for 30 mins
- ▲ 1 free financial consultation for 60 mins
- ▲ Eligible for employees and household family members
- ▲ Confidential sessions with master's level specialists
- ▲ Available 24/7

Visit: liveandworkwell.com (use code: FP3EAP) or call 1-877-660-3806 to get started!

Available to those that are enrolled in the disability plans.



401K

Who Is Eligible for the Plan

All* employees of HouseWorks, Care and Help and other affiliates are eligible to participate in the HouseWorks LLC 401k Plan.

How Do I Enroll?

All you must do is visit: mykplan.com. Follow the New User Create Account and you should be able to access your ADP account. You can take an active part in your financial wellness by contributing as much as you can to your retirement account. Your contribution option(s) are listed below:

- Before-tax: 1% to 90%.
- Roth 401(k): 1% to 90%.
- The total maximum amount you may contribute to the Plan is 90%.
- If you are considered a Highly Compensated Employee, the total maximum amount you may contribute to the Plan may be limited.
- In 2025, the total dollar amount you may contribute to the Plan is \$23,500.
- Catch-up Contributions: If you're 50 years of age or older, you may also make a catch-up contribution in excess of Internal Revenue Code or Plan Limits. This year, you can save an additional \$7,500.

Account Resources

You can access your retirement savings account anytime, make changes and perform transaction through:

- ADP Mobile Solutions App.
- [My.ADP.com](https://my.adp.com)
- 1-800-695-7526

The ADP Mobile Solutions App and the website allow you to:

- Check account balances.
- Enroll and make account changes.
- Research plan investments and request investment changes.
- Access retirement planning tools and calculators.
- Get prospectuses

Quarterly Account Statement

Stay informed about your progress. Your statement has details about your account, investment performance, and account activity for the period and is located in the My Account section once you have logged into your account. Naming a beneficiary for your retirement account is important. In the event of your death, your account will be passed to the person(s) you name. If you are single or married and want to name your spouse as your sole primary beneficiary, you can designate your beneficiary online.

If you are married and want to designate someone other than your spouse or significant other you must print the form available online and follow the instructions to complete it. You will need the names and birth dates of your beneficiary(ies) and each Social Security Number. If you do not have all of this information, you can always log into your account and add it later.

**excludes leased employees, residents of Puerto Rico and non-resident aliens with no income.*

BASIC INSURANCE TERMS

COINSURANCE: Coinsurance is your share of the costs of a covered healthcare service, calculated as a percent (for example, 20%) of the allowed amount for the service. Your coinsurance will begin after you have met your deductible. For example, if the health plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health plan pays the rest of the allowed amount.

COPAY: A copay is a fixed dollar amount you pay for a healthcare service. The amount can vary by the type of service. Your copays will not count toward your deductible but will count toward your out-of-pocket maximum.

DEDUCTIBLE: The deductible is the amount you owe for covered healthcare services before your plan begins to pay benefits. For example, if your deductible is \$2,800, your plan won't pay anything until you've met your \$2,800 deductible for covered healthcare services subject to the deductible. Preventive care is not subject to the deductible as it is covered 100% by any medical plan option.

EMBEDDED DEDUCTIBLE: If you are on a family medical plan with an embedded deductible, your plan contains two components: an individual deductible and a family deductible. Having two components to the deductible allows each member of your family to have your insurance policy cover their medical bills prior to the entire dollar amount of the family deductible being met. The individual deductible is embedded in the family deductible.

EXPLANATION OF BENEFITS (EOB): An EOB is a statement from the insurance company showing how claims were processed. The EOB tells you what portion of the claim was paid to the healthcare provider and what portion of the payment, if any, you are responsible for.

INDIVIDUAL MANDATE: Federal health reform mandates most U.S. citizens have health insurance for themselves and their dependents. HouseWorks helps you stay insured by offering affordable healthcare for all employees who work at least 30 hours each week. Coverage is effective the first of the month following 60 days of full-time employment and allows you to cover your spouse and children.

IN-NETWORK VS. OUT-OF-NETWORK: A network is composed of all contracted providers. Networks request providers to participate in their network, and in return, providers agree to offer discounted services to their patients. If you pick an out-of-network provider, your claims will be higher because you will not receive the discounts the in-network providers offer.

OUT-OF-POCKET MAXIMUM: The out-of-pocket maximum is designed to protect you in the event of a catastrophic illness or injury. Your out-of-pocket maximum includes your deductible, coinsurance and copays that come out of your pocket. After you have paid the specified out-of-pocket amount during a policy year, the plan pays the remaining covered services at 100%.

PREVENTIVE CARE: Routine healthcare services can minimize the risk of certain illnesses or chronic conditions. Examples of preventive care services include but are not limited to physical exams, mammograms, flu vaccines, prostate tests and smoking cessation.

REASONABLE AND CUSTOMARY: The amount of money a health plan determines is the normal or acceptable range of charges for a specific health-related service or medical procedure. If your healthcare provider submits higher charges than what the health plan considers normal or acceptable, you may have to pay the difference.



Questions?

Contact New England Enrollment Strategies (NEES) to speak with a Benefits Advisor about any of the benefits we offer, or for assistance enrolling in coverage.

Click [here](#) or scan the QR code to schedule a comprehensive and convenient appointment.



*Contact Your Benefits Team:
Monday - Friday, 8:30AM - 5:00PM EST.*

*Phone: 617.831.4627
Email: benefits@house-works.com*