



2025 BENEFIT REVIEW AND OPEN ENROLLMENT

Agenda

- Introduction & Open Enrollment Overview
- Benefits Overview
- Next Steps
- Member Perks
- Questions



INTRODUCTION & OPEN ENROLLMENT OVERVIEW

HR Knowledge provides Hudson Lock with Benefit support services.

Call us at: (508) 339-1300

Email us at: hrkassist@hilbgroup.com

How we can help:

Benefit Questions

Qualifying Events

Open Enrollment Overview



What is Open Enrollment?

- Open Enrollment is the **one time of year** when benefit-eligible employees can enroll in benefits, make benefit plan changes or make changes to current enrollments.
- Outside of open enrollment, you cannot make any changes to most benefit elections unless you experience a ***qualifying life event*** such as: birth or adoption of a child, marriage/divorce/separation, loss of coverage, gain other coverage, etc.

When is Open Enrollment?

- Our 2025 Open Enrollment period will be held **Wednesday, December 4th– Monday, December 16th**
- All benefit enrollment elections or updates will be effective **January 1st, 2025**
- The Plan Year is **January 1st, 2025 – December 31st, 2025**

BENEFITS OVERVIEW

Medical: Blue Cross Blue Shield of Massachusetts

- BCBS HMO Blue NE \$2,000 with PillarRx – with increased Employer Contribution for Employee Only coverage
- BCBS Preferred Blue PPO \$2,000 with PillarRx
- **NEW!** – Health Reimbursement Arrangement (HRA) with Health Equity – Employer to pay back 50% of deductible!

Dental: Blue Cross Blue Shield of Massachusetts

- BCBS Dental Blue PPO Program 2 \$1,500 – with enhanced benefits

Vision: Blue Cross Blue Shield of Massachusetts

- BCBS Blue 20/20 Exam Plus Standard Insight Plan \$130 – with enhanced benefits for members under age 19

Life/AD&D, STD & LTD: Principal – NEW!! Voluntary Lines

- Life and AD&D: 100% Company paid
- Long-Term Disability: 100% Company Paid with increased monthly maximum
- **NEW!** – Voluntary Life, Voluntary Accident, Voluntary Critical Illness, & Voluntary Hospital Indemnity
- Employee Assistance Program (EAP)

MEDICAL BENEFITS



MASSACHUSETTS



Medical Plan Options:

- BCBS HMO Blue NE \$2,000 with PillarRx
- BCBS Preferred Blue PPO \$2,000 with PillarRx
(only available to Out-of-Area Employees)

Types of Medical Plans Offered



HMO	PPO
An HMO (Health Maintenance Organization) provides for coverage in its service area with doctors and facilities that contract with the HMO and are part of its network.	A PPO (Preferred Provider Organization) combines the advantages of a national network with the option to use physicians and facilities outside of the network, but at a higher cost.
Employees electing the HMO plan must select a Primary Care Physician (PCP) for each member enrolled.	Employees electing the PPO plan are not required to select a Primary Care Physician (PCP); however, it is recommended that you choose one to help manage your care.
All health care will be coordinated by that PCP and members must receive referrals from their PCP before visiting specialists or hospitals.	Those enrolled in the PPO plan do not need referrals for specialist or hospital visits.
HMO plan members will only have coverage when they visit In-Network providers (with the exception of Out-of-Network Emergency Room visits and Out-of-Service Area Urgent Care visits).	PPO plan members have nationwide In-Network coverage, in addition to the ability to choose to visit Out-of-Network providers.

Deductible



The amount of money you pay out of your pocket each plan year before the insurance company pays for services. (Only applies to services subject to a deductible.)

Copay



A fixed amount you pay for covered services like doctor visits. A copay is typically paid at the point of service each time.

Coinsurance



The percentage of costs you pay for certain covered services. As an example, if your plan has 20% coinsurance, the plan will pay 80% of the cost, and you'll be responsible for paying 20% of the cost.

Out-of-Pocket Maximum



This is the most you will have to pay for health care during the plan year, excluding the monthly premium. It protects you from very high medical expenses. Once reached, the plan begins to pay 100% of the allowed amount for covered services.

Deductible		
	HMO Blue New England \$2,000 with PillarRx*	Preferred Blue PPO \$2,000 with PillarRx*
In-Network (Member/Family)	\$2,000/\$4,000	\$2,000/\$4,000
Out-of-Network (Member/Family)	No Coverage	Combined with In-Network

***The company has established a Health Reimbursement Arrangement that will reimburse you for a portion of In Network Deductible expenses.**

Health Equity Health Reimbursement Arrangement (HRA)

In-Network Deductible

Pay the Participant – Claims Feed with BCBSMA



There is a \$1,000 per member responsibility. The HRA will begin to pay immediately for any member who reaches their \$1,000 deductible responsibility. The maximum HRA reimbursement is \$1,000 per member.



There is a \$1,000 per member responsibility. The HRA will begin to pay immediately for any member who reaches their \$1,000 deductible responsibility. The maximum HRA reimbursement is \$2,000 per family.

<https://www.brainshark.com/hilbgroup/vu?pi=zJezfwNWQzjgtsz0>

In-Network Outpatient Services

	HMO Blue New England \$2,000 with PillarRx	Preferred Blue PPO \$2,000 with PillarRx
Office Visit (Preventive/PCP/Specialist)	\$0 Preventive \$20 Copay for PCP \$35 Copay for Specialist	\$0 Preventive \$15 after Deductible
Mental Health Outpatient Visits	\$20 Copay	\$15 after Deductible
Chiropractor/Acupuncturist Visits*	\$35 Copay	\$15 after Deductible
Rehabilitation Outpatient Visits* (PT/OT/Speech)	\$35 Copay after Deductible	\$15 after Deductible
Urgent Care Visits	\$35 Copay	\$15 after Deductible
Emergency Room Visits	\$150 Copay	\$150 after Deductible

*Visit limits may apply to some services.

In-Network Services

	HMO Blue New England \$2,000 with PillarRx	Preferred Blue PPO \$2,000 with PillarRx
Diagnostic Testing (X-Rays, Lab Work)	Covered in full after Deductible	Covered in full after Deductible
Imaging (CT/PET Scans/MRIs)	Covered in full after Deductible	Covered in full after Deductible
Outpatient Surgery	Covered in full after Deductible	Covered in full after Deductible
Inpatient Hospitalization	Covered in full after Deductible	Covered in full after Deductible

Coinsurance

	HMO Blue New England \$2,000 with PillarRX	Preferred Blue PPO \$2,000 with PillarRX
In-Network	20% after Deductible Applies to Durable Medical Equipment & Prosthetics	20% after Deductible Applies to Durable Medical Equipment & Prosthetics
Out-of-Network	No Coverage	20% after Deductible 40% after Deductible Applies to Durable Medical Equipment & Prosthetics

In-Network Pharmacy Benefits

	HMO Blue New England \$2,000 with PillarRX	Preferred Blue PPO \$2,000 with PillarRX
Retail Prescription Copays (30-day Supply)	<p>Tier 1 – Generic: \$15 Tier 2 – Preferred Brand: \$30 Tier 3 – Non-Preferred Brand: \$50</p> <p>Specialty Medications: Included PillarRx Specialty Drugs: \$0 - \$35 w/PillarRx opt in or 30% Coinsurance without</p> <p>Specialty medications not included in PillarRx program: Applicable Tier Copay Applies</p>	
Mail Order Prescription Copays (90-day Supply)	<p>Tier 1 – Generic: \$30 Tier 2 – Preferred Brand: \$60 Tier 3 – Non-Preferred Brand: \$150</p> <p>Specialty Medications: Mail Order Not Available</p>	

Pharmacy Cost-Share Assistance Program



Enroll in the Program

If you're taking an eligible medication, you'll be contacted by PillarRx Consulting, an independent company who administers the program. Tell them you'd like to enroll.



Fill Your Prescription

When filling your prescription as you normally do, a manufacturer's coupon will automatically be applied at checkout.



Enjoy the Savings

The coupon reduces your out-of-pocket cost to anywhere between \$0 and \$35, depending on the medication.



Get Personalized, Ongoing Support

PillarRx will monitor your claims every month to make sure you're receiving the correct savings. They'll also provide additional support as needed.

YOU MUST ENROLL TO GET THE SAVINGS

If you don't, you'll be charged 30% co-insurance.

Enrollment is optional. However, if you're eligible for the program and choose not to participate, your out-of-pocket costs will be higher because you'll be responsible for paying 30% of the eligible medication's full cost when filling your prescription. A Care Team Coordinator from PillarRx will be happy to help you enroll, so you can avoid the 30% co-insurance.

**New Blue Cross enrollees must contact PillarRx to enroll in the program on or after plan start date!
Please call: 636-614-3128**

Out-of-Pocket Maximum

	HMO Blue New England \$2,000 with PillarRx	Preferred Blue PPO \$2,000 with PillarRx
In-Network (Member/Family)	Medical: \$5,450/\$10,900 Pharmacy: \$1,000/\$2,000	Medical: \$5,450/\$10,900 Pharmacy: \$1,000/\$2,000
Out-of-Network (Member/Family)	No Coverage	Combined with In-Network

Medical Plans: Employee Cost Per Pay Period



HMO Blue New England \$2,000 Plan with PillarRx

Enrollment Tier	Current Cost	New Cost
Employee	\$68.11	\$57.78
Employee + 1	\$128.52	\$127.19
Family	\$232.83	\$230.42

Preferred Blue PPO \$2,000 with PillarRx – Out of Area Employees Only

Enrollment Tier	Current Cost	New Cost
Employee	\$83.94	\$69.00
Employee + 1	\$168.38	\$130.19
Family	\$286.69	\$235.85

BLUE CROSS BLUE SHIELD MAXIMIZE YOUR HEALTH PLAN

Know Your Care Options



WHEN TO SEE YOUR PRIMARY CARE PHYSICIAN (PCP)?

For **non-urgent** needs like a physical, immunizations, or ongoing conditions.

WHEN TO USE TELEHEALTH?

Telehealth doctors are available 24/7 by phone or mobile app. You can request a virtual visit for **non-emergency conditions** such as upper respiratory infections or skin rashes.

WHEN TO VISIT AN URGENT CARE CENTER?

Conditions that **need to be treated right away but are not considered true emergencies**. Examples include minor burns or cuts that may require stitches.

WHEN TO VISIT THE EMERGENCY ROOM?

When your **medical situation is urgent** such as chest pain, difficulty breathing or head injuries, you should always call 911 or go to the nearest Emergency Room.



Your Blue Cross plan includes a number of value-added benefits:

- WellConnection – Telehealth
- \$0 copay Virtual Primary Care
- Maven Clinic
- Mental Health Resources
- Sempre Health Medication Adherence
- Fitness & Weight Loss Reimbursement
- Pet Plan Discount Program
- Blue365 Discount Program
- GradFin Student Loan Counseling
- myBlue Member Portal & Mobile App

Click the link below to view a short presentation to learn more:

<https://www.brainshark.com/hilbgroup/vu?pi=zHozFM9b5zjgtsz0>

DENTAL BENEFITS

	In-Network	Out-of-Network
Calendar Year Deductible	\$50 Member/\$150 Family (Waived for Type I)	
Calendar Year Maximum	\$1,500 per Member	
Out-of-Pocket Maximum	Not Applicable	
Preventive (I)	Covered at 100%	Covered at 100%*
Basic Restorative (II)	Covered at 80% after Deductible	Covered at 80% after Deductible*
Major Restorative (III)	Covered at 80% after Deductible	Covered at 80% after Deductible*

* When obtaining services from an Out of Network provider, you may be responsible for any difference between the BCBSMA allowed charges and the Out of Network dentist's billed charges. To avoid balanced billing, obtain services with an In Network provider.

For members under age 13, dental benefits are covered in full up to the calendar-year benefit maximum and are not subject to the deductible

Find a provider at: www.bluecrossma.com

Dental Plan: Employee Cost Per Pay Period



BCBSMA Dental Blue PPO Program 2 \$1,500

Enrollment Tier	Current Cost	New Cost
Employee	\$3.89	\$3.93
Employee + 1	\$8.03	\$8.11
Family	\$11.65	\$11.77

VISION BENEFITS

Frequency of Services	
Exam	Once every 12 months (twice for members under age 19)
Lenses or Contacts	Once every 12 months
Frames	Once every 24 months
In-Network	
Copay	\$10 Exams (\$0 copay for members under age 19) \$25 Materials
Exams	Covered in full after Copay
Lenses	Covered in full after Copay (non-progressive)
Contact Lenses	Disposable: \$130 Allowance Conventional: \$130 Allowance, plus 15% discount on amount over Allowance
Frames	\$130 Allowance, plus 20% discount on amount over the Allowance
Out-of-Network	
Reimbursement up to plan allowance amount for specific service. See Summary Plan Description for details.	

Find a Provider in the Insight Network at www.blue2020ma.com

Vision Plan: Employee Cost Per Pay Period



Blue 20/20 Exam Plus Standard Insight Plan

Enrollment Tier	Current Cost	New Cost
Employee	\$1.71	
Employee & Spouse	\$2.90	
Employee & Child(ren)	\$2.99	
Family	\$4.70	

This is a Voluntary Benefit that is 100% paid by the Employee

DISABILITY AND LIFE/AD&D BENEFITS

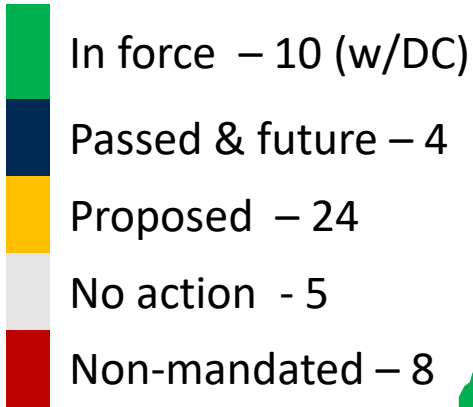
Disability Insurance – Principal



Disability insurance protects your ability to earn an income. If you are unable to work for a long period of time due to a disability, Long-term Disability insurance replaces a portion of your monthly income.

Long-term Disability (LTD)* <i>*Salaried Employees only</i>	
Maximum Benefit	60% of your Basic Monthly Earnings (BME) up to a maximum of \$10,000 per Month
Benefit Offset	Other income sources like state disability or salary continuance
Elimination Period	180 Days
Maximum Benefit Duration	To age 65/SSNRA
Is benefit taxable?	Yes, the benefit is taxable. The benefit premiums are 100% company paid.

The Company contributes 100% toward the cost of this benefit



Life/AD&D Insurance – Principal Life



Group Term Life insurance will pay a financial benefit to your beneficiaries in the event of your death. Group Term Life coverage includes Accidental Death & Dismemberment (AD&D) benefits when you are in a covered accident that causes death or specific serious injuries such as the loss of a limb, paralysis, or blindness.

Group Term Life and AD&D Insurance	
Maximum Benefit	1.5x your Basic Annual Earnings (BAE) up to a maximum of \$100,000 (Evidence of Insurability (EOI) is not required)
Benefit Reduction	35% reduction at age 65 with an additional 15% reduction at age 70
Imputed Income	This is a 100% company-paid benefit. However, you will be taxed on the premium for any benefit over \$50,000 subject to a standard IRS imputed income table.
AD&D Benefit	AD&D benefit amounts vary depending on the covered loss.

The Company contributes 100% toward the cost of this benefit

Voluntary Life/AD&D Insurance



	BENEFIT AMOUNT	NON-MEDICAL MAXIMUM
Employee (Employee must enroll in order to elect Spouse or Child benefits)	\$10,000 - \$500,000	\$150,000 under age 70, \$10,000 age 70+
Spouse	\$5,000 - \$150,000 Up to 100% of employee amount	\$30,000 under age 70 \$10,000 age 70+
Dependents (Age 14 days - 26 years)	\$10,000 Up to 100% of employee amount	\$10,000
Benefit Reduction	35% reduction of benefits at age 65; an additional 15% at age 70	
Enrollment outside of Initial Eligibility	All amounts subject to proof of good health.	
Portability	Employees may continue coverage for themselves and dependents. Exclusions may apply.	

This is a Voluntary Benefit that is 100% paid by the Employee

Accidents happen. Accident Insurance can help them hurt a little less!

Accident Insurance is a supplemental policy that pays you a benefit when you experience an accidental injury. Payments are made according to the schedule of payments based on the type of injury and services received.

Cost Per Pay Period	
Employee Only	\$2.29
Employee & Spouse	\$3.53
Employee & Child(ren)	\$3.95
Employee & Family	\$6.09



This is a Voluntary Benefit that is 100% paid by the Employee

It takes a lot to beat a serious illness. Unfortunately, it can also cost a lot!

Critical Illness insurance is a supplemental policy for people who already have health insurance. Covered critical illnesses include strokes, heart attacks, Parkinson's Disease, cancer and many other major illnesses.

Available Critical Illness Insurance Benefits

Employee:	Benefit amounts available in \$5,000 increments up to a maximum benefit of \$20,000.
Spouse:	Benefit amounts available in \$2,500 increments up to a maximum benefit of \$10,000. Not to exceed 50% of Employee benefit amount. Spouse rate based on Spouse's age.
Child(ren):	Benefit amount is 25% of Employee Benefit. Covers children up to age 26.



Employee must enroll in order to elect Spouse or Child benefits.

This is a Voluntary Benefit that is 100% paid by the Employee

Voluntary Hospital Indemnity Insurance



If you are admitted to a hospital for a covered sickness or injury, you can receive payments that can be used for any purpose, such as high deductibles and copays, travel and childcare.

Principal's Hospital Indemnity insurance helps supplement core benefits like medical and disability coverage to help handle expenses related to hospitalization and treatment due to a sickness or injury. While medical insurance helps pay for medical expenses, it doesn't always cover all of the costs associated with treatment.

Benefit	Benefit Payable	# of Days Payable
First Day of Hospital Confinement	\$1,000	1
Daily Hospital Confinement	\$100	30
First Day of Intensive Care Unit (ICU) Confinement	\$2,000	1
Daily ICU Confinement	\$200	30
Newborn Nursery Confinement	\$100	1

	Cost Per Pay Period (26 pay periods)	Cost Per Pay Period (22 pay periods)
Employee Only	\$10.45	\$12.35
Employee & Spouse	\$20.01	\$23.65
Employee & Child(ren)	\$15.51	\$18.33
Employee & Family	\$26.02	\$30.75

Employee must enroll in order to elect Spouse or Child benefits.

This is a Voluntary Benefit that is 100% paid by the Employee

Principal Wellness/Health Screening Benefit



- \$50 per calendar year for each covered family member as part of your accident coverage, hospital indemnity coverage and/or critical illness coverage.
- Examples of eligible exams/tests include: Annual physical, Immunization, Vision testing, Cancer screenings and more.
- Submit one wellness/health screening claim and receive benefits from each coverage.
- Submit a claim online—information will be prefilled for you.
- Go to principal.com and **log in** to your account. If you're a new user, select **create an account** and enter the requested information. If you're unable to submit your claim online, complete the [claim form](#) and mail, email, or fax it to the address on the form.

Click the video link to learn more: [new wellness/health screening video](#)

Principal / Magellan Employee Assistance Program (EAP)



**Life can be unpredictable. And it's not always easy.
So, it's a big deal to know there's help available when you need it.**

- Unlimited free telephonic consultation with an EAP counselor available 24/7
- Referrals to local counselors - up to 3 face-to-face meetings can be arranged free of charge
- Website featuring helpful articles on a variety of topics
- Live Chat is staffed daily from 8:00 a.m. to 6:30 p.m. ET

To visit, go to: www.magellanascend.com Enter Company Name: Principal Core

NEXT STEPS

ONLINE OPEN ENROLLMENT

What Every Employee Needs To Do



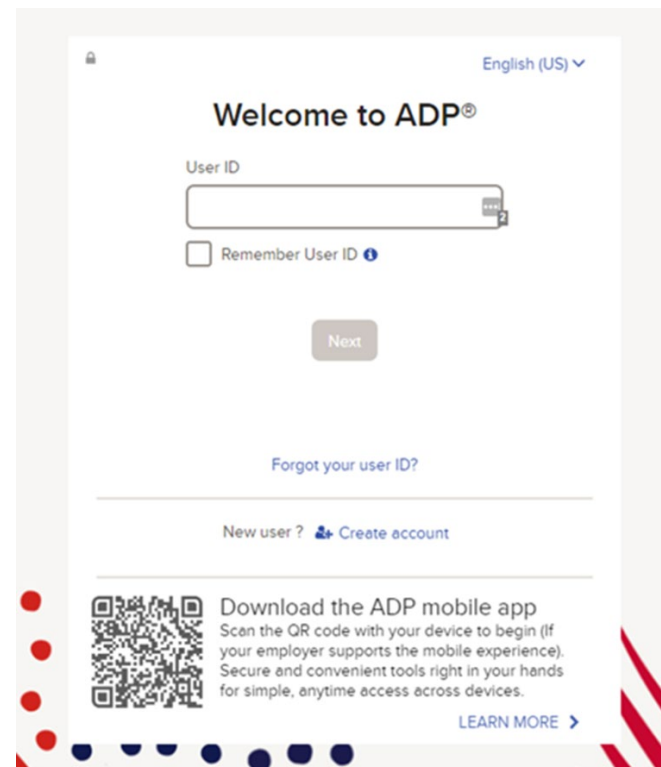
Benefits Enrollment Portal

Everyone must login and either enroll or waive coverage and acknowledge policies if required.

Our portal address is:

<https://workforcenow.adp.com>

Enrollment Deadline is December 16th, 2024



Acknowledge Company Policies



The screenshot shows the HRK portal interface. A red arrow points to the 'Resources' dropdown menu in the top navigation bar. A yellow arrow points to the 'Open Enrollment' section in the 'My Benefits' widget.

Things to Do

- Policy Acknowledgement
2 Pending

Benefits Enrollment Information

Your Benefit Details

Looking for a summary of all company offered benefit plans? View the Benefits Guide for plan coverages, premiums, and deductibles.

What Would You Like to Do?

- Update Tax Withholdings
- Update Payment Options
- Update Profile
- Enroll In Wisely®

My Pay

Compensation

•• TAKE HOME \$X.XX
GROSS PAY \$X.XX

My Time Off

Balances as of 07/18/2023

Request time off

My Benefits

Open Enrollment

9 Days

Start enrollment

As of 7/18/2023 at 10:09 AM

Medical

Blue Cross Blue Shield of Massachusetts

Dental

Blue Cross Blue Shield of Massachusetts

Vision

Blue Cross Blue Shield of Massachusetts

Employee Life

The Hartford

Long Term Disability

My Retirement

We are unable to retrieve your data at this time. We apologize for the inconvenience.

If this problem persists, please contact us.

HR Knowledge Resources

Who Do I Contact?

HRKnowledge
A Hilti Group Company

For any HR, Payroll, and Benefits questions, please reach out to Denise Whitworth at 508-508-276-2557 or via email at hr@acceler@talent.com.

Helpful Links

- Company Policies
- Tools/References
- Forms Library
- Salary Paycheck Calculator
- Hourly Paycheck Calculator
- Tax Withholding Estimator

ADP Mobile App

Features of ADP® Mobile Solutions



Imagine a world where critical information about your job was available at your fingertips: time tracking, benefits and payroll information, company news and contacts. Now stop imagining, and start using ADP Mobile Solutions.



Access and print pay and W2 statements easily.

- ✓ Access pay statements
- ✓ View net pay and gross year-to-date pay
- ✓ Review earnings, deductions, and direct deposits

Access to ADP Mobile
Solutions starts here.



Download the Free Mobile App



MEMBER PERKS



Any questions...



Email us at: hrkassist@hilbgroup.com

Login to <https://workforcenow.adp.com>

- If you need assistance registering for ADP, please contact HRK Assist at hrkassist@hilbgroup.com

Thank you!

