

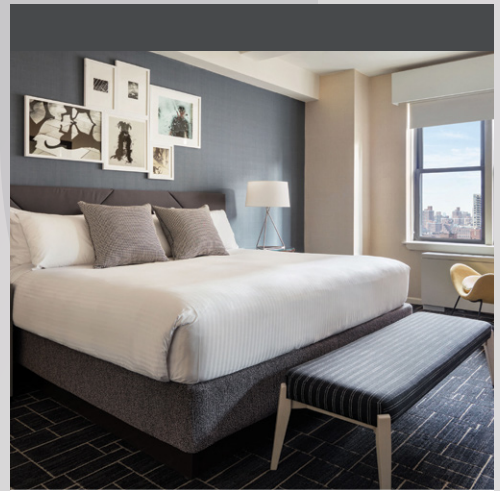
2025–2026 Benefits Guide

Enroll in your benefits in Workday by logging into sonesta.okta.com by April 4 or within 30 days from your start date to make your elections.



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No-Cost Benefits

- Health Advocates
- Medicare Advisors
- Employee Assistance Program
- Business Travel Accident Insurance
- Perks at Work
- Sonesta Hotel Employee Rate
- DailyPay
- Employee Referral Bonus
- Tuition Reimbursement

Commuter Benefits

Sonesta employees are eligible for Commuter Benefits, a pre-tax program that can be used for qualified parking and public transit - including train, subway, bus, ferry, and eligible vanpool. Simply decide how much you would like to contribute up to the allowed monthly limit. Funds are withdrawn from your pay-check for deposit to your account before taxes are deducted. This program is not subject to "use it or lose it".

For more information, please visit www.HealthEquity.com.

Actions As:

Existing Employee

It's time to sign up for your benefits. March 17 – April 4. Now is the time to make any changes, enroll in a Flexible Spending Account (re-enrollment is required), and review all we offer.

Please review your current elections and all offerings for the year. Please note that you must re-enroll in the FSA to participate. Open enrollment runs from March 17 – April 4.

New Hire

Welcome to Sonesta! As part of your onboarding, you'll need to select your benefits in Workday. You have 30 days from date of hire to enroll. You must enroll online during this time in order to receive benefits.

The Sonesta Decision Tool is your virtual benefits Counselor.

It can help you figure out which plan is best for you. It is fast, easy, confidential, and available online 24/7. Scan the QR code for more information.



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WELCOME

We're Happy You're Here!



We are happy that you have chosen to be a part of the Sonesta family. Here at Sonesta we have a Culture of Caring that extends not only to our customers but our team members as well. We take pride in our extensive benefits program and hope you take this opportunity, whether during Open Enrollment or at your initial eligibility, to review the great plans we have available.

We offer a variety of medical plans through Blue Cross Blue Shield of Massachusetts, so you can choose what's best for you. I encourage you to use the tools and resources, such as the Sonesta Benefits Portal and Sonesta Decision Making Tool, to help you with benefit selection. Nationwide dental and vision plans round out our health benefits, but we also provide Basic Life/Accidental Death & Dismemberment (AD&D) insurance to all benefit eligible team members; you are also able to purchase Supplemental Life/AD&D including coverage for your spouse/domestic partner and/or children.

There's more to our benefit program, however. In a benefits survey, our team members requested Accident Insurance, Critical Illness Insurance, and Hospital Indemnity coverage. We were thrilled to be able to add these plans to our offerings in 2024. Finally, we have several "no cost" benefits such as DailyPay and Perks at Work that are available to you. Please review this guide and the Sonesta Benefits Portal to view all available benefits.

We remain committed to transparency in our benefit offerings. This year, rising costs of healthcare services have significantly impacted our overall healthcare expenses. As part of our Culture of Caring, supporting the wellbeing of our team members remains a top priority. Based on your feedback from our recent benefits survey, we understand how important it is to you to maintain the high standard of medical benefits that you and your families depend upon. To uphold these standards, we must adjust team member contributions; we have not adjusted the rates on our Blue Cross Blue Shield Saver or Core plans for the past two years, and we have worked hard to keep this year's adjustment minimal. Thank you for your understanding and continued dedication to our collective wellbeing.

Speaking of wellbeing, we launched Be Well at Sonesta in 2025. You will see newsletters and reminders on different health topics and information on our 401(k) plan with Principal for your financial wellness throughout the year. Finally, we would also like to take this opportunity to remind you of the preventive care available with our medical plans; in-network preventive care is covered at 100%, and you can always use your sick time for appointments (don't forget your preventive care available with our dental and vision plans, too).

If you have any questions regarding enrolling or our benefits, please reach out to your HR partner for assistance. Wishing you good health and a good year!

Jennifer Rausch
Chief People Officer at Sonesta Hotels

GETTING STARTED

in Choosing Your Benefits

Things to Remember for 2025-2026

- Take advantage of free preventive care by scheduling your annual physical and bi-annual dental appointments with no out-of-pocket costs in-network. Remember—you can use Sick Time for your doctor's visits. (See p. 7)
- Want medical advice via phone or video? If you sign up for Sonesta's medical benefits, you can have access to a doctor 24/7 via Telehealth. (See p. 8)
- Plus see all the additional benefits you get from Sonesta at no cost to you:
 - Health Advocates
 - Employee Assistance Program (EAP)
 - Medicare Advisors
 - Business Travel Accident Insurance
 - Perks at Work
 - Sonesta Hotel Discount Program



Sonesta's benefits plan year runs from May 1, 2025 through April 30, 2026.

Key Terms

Premium – The amount the insurance company charges each month for the benefit plan. Sonesta pays a large amount of these costs.

Deductible – An amount you pay out-of-pocket each plan year before benefits begin to be paid under the plan.

Copay – A fixed amount you pay for covered services, typically when you receive the service.

Coinsurance – The percent share of a claim you pay after the deductible has been met.

Out-of-Pocket Maximum – The maximum amount you and your family will pay out-of-pocket for health care expenses in a plan year, excluding bi-weekly premiums.



BENEFIT SNAPSHOT

Benefit	Sonesta-Paid	Cost Shared	Voluntary (Employee-Paid)
Basic Life and Accidental Death & Dismemberment (AD&D)	✓		
Short Term Disability	✓		
Long Term Disability	✓		
Business Travel Accident	✓		
Wellness Programs	✓		
Health Advocate	✓		
Medicare Advocates	✓		
Employee Assistance Program	✓		
Sonesta Perks at Work	✓		
Tuition Reimbursement	✓		
Medical (including Prescription Drugs)		✓	
Dental		✓	
Health Savings Account		✓	
401(k) Retirement Savings Plan		✓	
Vision			✓
Flexible Spending Accounts			✓
Accident			✓
Critical Illness			✓
Hospital Indemnity			✓
Optional Employee, Spousal, and Dependent Life and AD&D			✓
Tax Choice Long Term Disability			✓
Commuter Benefits			✓

Eligibility

You are eligible to participate in Sonesta's benefits program if you are a regular full-time employee scheduled to work at least 30 hours per week. For existing employees, coverage will run from May 1 – April 30. If you're a new hire, benefits start on the first of the month following date of hire.

Eligible dependents include:

- Your legally married spouse;
- Domestic Partner*; and
- Your children up to age 26.

*PLEASE NOTE: Domestic Partner coverage is a taxable benefit. Please contact the Benefits Team for further information.

When Can I Make Changes?

IRS regulations restrict your ability to change your elections during the year unless you experience a qualifying life event such as marriage, divorce, birth or adoption of a child, death of a dependent, changes in your or your spouse's employment status or an involuntary loss of coverage under another plan. You have 30 days from the date of the qualifying event to make changes to your coverage as long as the changes are consistent with the qualifying event. Go to Workday to update your benefits or Principal.com to change your 401(k). You can make changes to your 401(k) contributions at any time during the year — you just can't exceed the annual limits.

WHAT YOU NEED TO DO

Checklist

- ☐ Review benefits choices. This information is available in several places. Pick whichever format is easiest for you.
 - Visit the Sonesta Benefits Portal at <https://c2mb.ajg.com/sonestaparent/home/>
 - Visit Sonesta's Virtual Decision Tool
 - Your Workday Benefit Event to see costs; go to sonesta.okta.com
 - Benefits Guide (printed/electronic on the Sonesta Benefits Portal)
- ☐ Select/confirm which plan is right for you
 - ☐ Medical: _____
 - Schedule annual exam
 - ☐ HSA (if you choose the Saver Plan): \$ _____
 - ☐ Flexible Spending amount allocated: \$ _____
 - Health Care (not available if enrolled in HSA)
 - Dependent Care
 - Requires re-enrollment each year.
 - ☐ Dental: _____
 - Schedule bi-annual exam
 - ☐ Vision: _____
 - Schedule annual exam
 - ☐ 401(k) Retirement Savings Plan (review your options and make any elections or changes now or at any time at Principal.com)



Need Help Resetting Your Workday Password?

If you forgot your password, just go to any computer and open a Chrome browser, enter <https://sonesta.okta.com/signin/forgot-password> and follow instructions to reset your password. If you know your password, but accidentally locked yourself out of your account, go to this URL instead: <https://sonesta.okta.com/signin/unlock>.

Enter your UserID and click *Reset via SMS* or *Reset via Email*.

Follow the instructions and your password will be reset. You can then log into Workday with your username and new password.

If you have any issues with this process, contact the Sonesta Help Desk at **617-231-3131** for assistance.

YOUR MEDICAL PLAN OPTIONS

No Plan Design Changes

Blue Cross Blue Shield

How Do the Blue Cross Blue Shield Plans Work?

1. **You pay up to the deductible**—You pay the full cost of your medical treatment until you reach the deductible
2. **Then your plan will kick in**—Your plan pays a majority of the cost, minus any copays and coinsurance
3. **Until your out-of-pocket maximum is reached**—All of your medical and prescription costs will be covered in full once your out-of-pocket is reached; you will still be responsible for your premium payment

For further details, please review the Summary of Benefits & Coverage for each plan, which can be found on the Sonesta Benefits Portal <https://c2mb.ajg.com/sonestaparent/home/>.



- In-network Preventive Care is covered 100% with all 3 plans.
- \$150 fitness reimbursement per calendar year.

In-Network Benefits	Saver	Core	Select
Deductible (Individual / Family)	\$2,800 / \$5,600 (but no more than \$3,300 per member)	\$1,000 / \$2,000	\$500 / \$1,000
Coinsurance	None	20%	15%
Out-of-Pocket Max (Individual / Family)	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000
Preventive Care	No charge for adult physicals, well-child care, and more. Take advantage this year! See Preventive Screening flyer on the Benefits portal for a list of all free exams.		
Office Visit / Specialist	No charge after deductible	20% coinsurance after deductible	15% coinsurance after deductible
Emergency Room	\$100 copay after deductible	20% coinsurance after deductible	15% coinsurance after deductible
Inpatient / Outpatient	No charge after deductible	20% coinsurance after deductible	15% coinsurance after deductible
Imaging / Labs / X-Rays	No charge after deductible	20% coinsurance after deductible	15% coinsurance after deductible
Prescription Drugs			
Deductible (Individual / Family)	Combined with medical	\$100 / \$200	\$100 / \$200
30 Day Retail	\$15 / \$30 / \$50*	\$15 / \$30 / \$50*	\$15 / \$30 / \$50*
90 Day Mail Order	\$30 / \$60 / \$100*	\$30 / \$60 / \$100	\$30 / \$60 / \$100

PREVENTIVE CARE SERVICES

Helping You Get the Care You Need

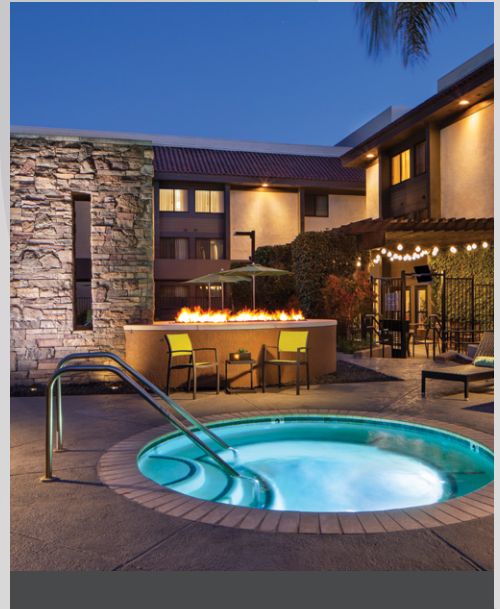
There is no cost if the following services are administered by In-Network providers*:

- Routine adult exams
- Routine GYN exams
- Certain family planning services
- Routine hearing exams
- Routine vision exams
- Certain prenatal services
- Routine pediatric exams
- Physical therapy to prevent falls in community-dwelling adults ages 65 and older
- Routine tests, procedures, and screenings
- Certain counseling services
- Immunizations
- Certain pharmacy services

Women's preventive health services recommended by the Department of Health and Human Services include the following:

- Annual well-woman visits
- Screening for gestational diabetes
- Human papillomavirus (HPV) DNA testing
- Counseling for sexually transmitted infections
- Counseling and screening for human immunodeficiency virus (HIV) infections
- Contraceptive methods and counseling
- Breastfeeding support, supplies, and counseling
- Domestic violence screening

Reminder: Use Sick Time for doctor's visits.



*Certain limitations may apply. For a complete description of benefits, please refer to your subscriber certificate, account agreement description, or plan materials.

TELEHEALTH

All medical plans come with Telehealth, the future of truly convenient health care. You can now reach a doctor from the convenience of your smartphone, computer, or tablet via real-time video. Available 24/7 every day of the year!

Register now so it's easy to use later.

BCBS: Telehealth via Well Connection is accessed via My Blue Member App.

Telehealth is less expensive than going to the ER or Urgent Care, and faster than making an appointment and driving to the doctor's office. Telehealth doctors can diagnose and prescribe medicine for issues such as:

Medical Convenience Care

Bronchitis
Flu
Pinkeye
Urinary Tract Infections
Fever
Sprains and Strains
Reactions to Medications
Sore Throat
Sinus Infection, and more!

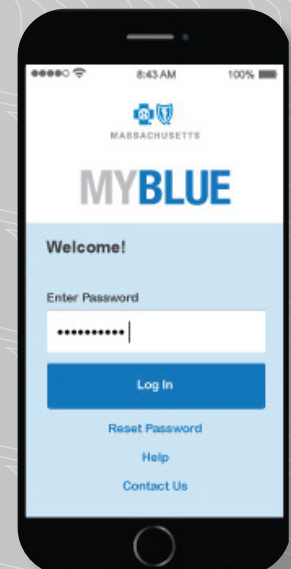
Behavioral Health

Anxiety
Child Behavior Issues
Stress
Mourning a Loss
Couples Therapy
Substance Abuse Disorder
Trauma
Sleep Difficulties, and more!



MEMBER APPS

Look up your personal health care information quickly and easily from the convenience of your mobile device. Just download the My Blue App (BCBS) and register your account using your Member ID.



HEALTH SAVINGS ACCOUNT (HSA)



HealthEquity®

The HSA allows you to put aside pre-tax dollars to help pay for your medical expenses.

For a list of qualified expenses, visit hsastore.com.

How an HSA Works

The Saver medical plan allows you to have a Health Savings Account (HSA) administered by Health Equity. This plan allows you to pay lower premiums in exchange for a higher deductible.

When you enroll in the Saver plan, you may enroll in a Health Savings Account. You must be enrolled in the Saver plan to contribute to an HSA. See eligibility limitations and account details noted below:

Once your account is set up, you can begin making contributions.

- Your funds are available as soon as they are deposited
- Funds contributed to your HSA earn interest, and can be invested—similar to a 401(k)
- HSA Funds rollover every year, and you never lose them, even as far down the road as retirement
- When used to pay eligible expenses, these HSA Funds, including earnings, remain tax-free

You cannot contribute to an HSA if you are enrolled in a general purpose FSA or any other non-qualified medical plan (including Medicare or TRICARE) or if you are claimed as a dependent on someone else's tax return. If you're ineligible and receive contributions from Sonesta to your HSA, Sonesta may take action to recover these funds.

You have two options for using the money in your HSA:

- Pay for out-of-pocket expenses immediately if you receive medical care; or
- Leave the money in your account, which can be invested, grow tax-free and will carry over from year-to-year to help pay for future medical expenses or premiums for medical coverage, even as far down the road as retirement.

Sonesta's contribution is an employer match

- Sonesta will match your annual HSA contribution, dollar for dollar, up to the maximum listed on p. 10
- Contributions are made on a per pay period basis
- If you choose not to contribute to your HSA, you will not receive Sonesta's employer contribution

HEALTH SAVINGS ACCOUNT (HSA) continued

Below are the 2025 maximum contributions allowed with an HSA:

Sonesta's Annual Contribution

Employee Only: Up to \$500
(up to \$19.23 bi-weekly or up to \$9.63 weekly)

Employee + Spouse or Employee + Child(ren):
Up to \$750
(up to \$28.85 bi-weekly or up to \$14.42 weekly)

Family: Up to \$1,000
(up to \$38.46 bi-weekly or up to \$19.23 weekly)

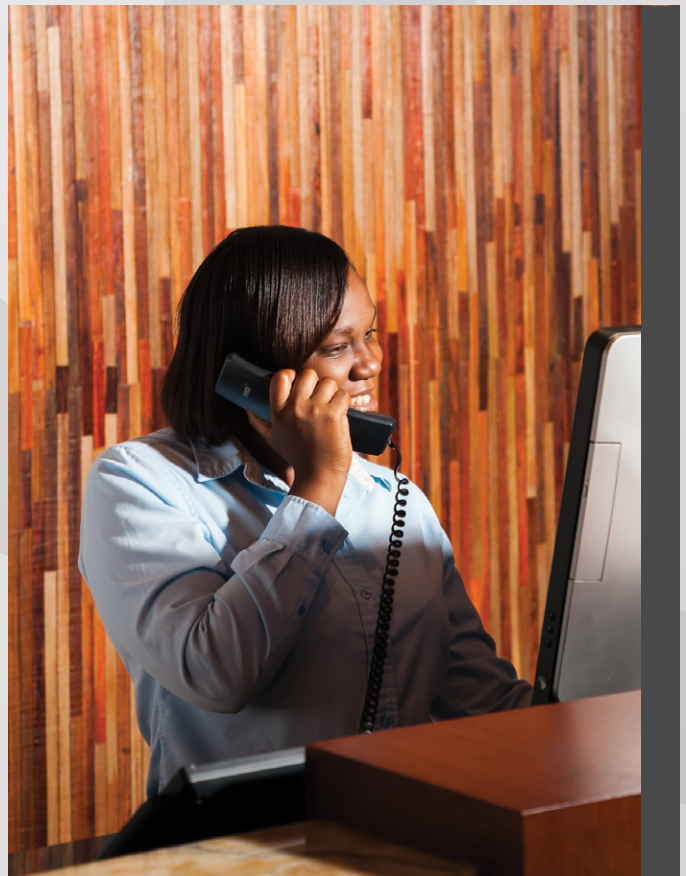
Employee Max Annual Contribution*

Employee Only:
\$3,800

Employee + Spouse or Employee + Child(ren):
\$7,800

Family:
\$7,550

*If you are age 55 or older, you can make additional "catch-up" contributions of up to an annual maximum of \$1,000 per year.

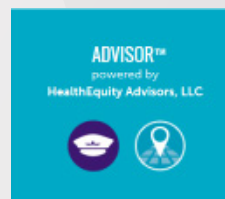
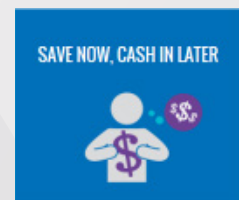


*Employee Maximum Annual Contribution is the maximum you can contribute, considering Sonesta's contribution.

HSA TOOLS & RESOURCES

HSAs are an easy win in today's complex health care system! Health Equity has a number of helpful tools and resources for you to use. Including a 24/7 Specialized HSA Assistance line at **866.346.5800** and a mobile app for you to have on-the-go access to your account history and balance.

Along with many other resources that can be found at www.healthequity.com, there is a step-by-step guide at www.healthequity.com/hsamemberguide.



FLEXIBLE SPENDING ACCOUNTS (FSAs)

Sonesta offers two types of FSA through Discovery Benefits/WEX:

- Healthcare FSA
- Dependent Care FSA

FSA funds are “use it or lose it,” meaning any funds that are not used on qualified expenses that are incurred between May 1, 2025 and July 15, 2026 and submitted by July 31, 2026 will be lost. Our plan includes a grace period allowing claims to be incurred through July 15th following the end of the plan year. Note that active employees have 90 days run out to request reimbursement for eligible claims incurred in the plan year. (Terminated employees must file claims within 60 days of termination.) For a list of qualified expenses, visit fsastore.com. Below are the maximum annual contributions:

Healthcare FSA: \$3,300

Maximum Annual Employee Contribution

Description of Covered Expenses:

Qualified medical expenses, such as copays, deductibles, dental, vision, etc. for you and your eligible dependents

Dependent Care FSA: \$5,000*

Maximum Annual Employee Contribution

Description of Covered Expenses:

Qualified expenses for child** and elder care while you are at work, such as day care, nursery school, etc.

*Remember, if you are married and filing a joint tax return, your combined annual contribution for Dependent Care FSA cannot exceed \$5,000

**Eligible children up to the age of 13

Please note that both FSA plans are subject to non-discrimination testing, which may reduce your election amount.

Can I Have a Healthcare FSA and an HSA?

No. The HSA covers the same costs as the Healthcare FSA, which is why if you enroll in the HSA you cannot enroll in the Healthcare FSA too.



DENTAL BENEFITS



Delta Dental

The covered services and in-network benefits available to you through Delta Dental are highlighted below. Questions can be directed to Delta Dental Member Services at **800-872-0500**.

PLEASE NOTE: The dental plan deductible and maximum run on a calendar year, from January 1 through December 31. Your dental plan covers up to two cleanings/preventative exams per year, up to your Calendar Year Maximum.

Make sure you schedule bi-annual cleanings – it's covered at 100% under your plan (in-network) up to the Calendar Year Maximum.

In-Network Benefits	Dental Plan
Annual Deductible (Individual / Family)	\$50 / \$150
Calendar Year Maximum	\$1,500 per Member
Type I Services (Preventive/Diagnostic – oral exam/cleaning/x-ray)	Covered 100%
Type II Services (Minor Restorative – fillings, root canal, replacement crowns)	Covered 80%
Type III Services (Major Restorative – implants, bridges, crowns, dentures)	Covered 50%
Orthodontia (Children under 19 only)	Covered 50% with \$1,500 Lifetime Max

Rollover Max

Your Delta Dental plan allows you to rollover part of your unused spending to increase your benefits for the following year and beyond. Rollover Max is easy and automatic!

- To qualify for Rollover Max, you must receive at least one cleaning or one oral exam in the calendar year
- Your maximum claims must not exceed the maximum amounts outlined at right
- Once you qualify, your unused portion of the annual maximum benefit dollars will roll over automatically for use in the next plan year and beyond
- Annual maximum dollars are used first, and the Rollover Max dollars are used after the annual maximum is met

If your total yearly claims don't exceed this amount:
\$700

Then you can rollover this amount to use next year and beyond:
\$500

Your accumulated rollover total is capped at this amount:
\$1,250

VISION BENEFITS



VSP Vision Care

The in-network benefits are shown in the table below. Questions can be directed to VSP Member Services at **800-877-7195**.

PLEASE NOTE: VSP does not provide physical member ID Cards. Your VSP provider will verify your coverage with VSP at the time of your visit.

Seeing is believing. Schedule your annual eye exam. It's covered under the vision plan with a \$10 copay for standard exam and \$60 for a contact lens exam (in-network).

In-Network Benefits	Cost	Frequency
Eye Exam	One standard eye-exam a year (covered) with \$10 copay	Every plan year
Lenses Single, lined bifocal, lined trifocal and tints	\$25 copay	Every plan year
Frame Allowance	\$200 allowance with 20% savings on amount over your allowance	Every other plan year
Contact Lens Exam	Up to \$60	Every plan year
Contact Allowance	\$165 allowance	Every plan year
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price	



VSP has partnered with TruHearing to offer its members up to 60% off of hearing aids.

Here's how it works:

Contact TruHearing.

Call **877.396.7194**. You and your family members must mention VSP.

Schedule exam.

TruHearing will answer your questions and schedule a hearing exam with a local provider.

Attend appointment.

The provider will perform a hearing exam, make a recommendation, order the hearing aids through TruHearing, and fit them for you.

401(k) RETIREMENT SAVINGS PLAN

The Sonesta 401(k) plan was established to give employees the ability to save and invest for retirement.

The limit for 2025 is \$23,500 with an additional \$7,500 catch up amount allowed for participants who are 50 years of age or older in 2025.

If you are an eligible employee, you may begin to make 401(k) contributions on the first of January, April, July or October after your completion of three months of service. Sonesta offers both Traditional 401(k) as well as Roth 401(k) investment options.

77% of all Americans are saving for retirement. Are you contributing to your 401(k)? Can you increase your contribution to help you save?

Traditional 401(k)

- Allows employees to invest pre-tax money among mutual funds
- No taxes are paid until you retire and withdrawals begin at 59½ years old
- If you reach age 73 in 2024, you must take your first Required Mandatory Distribution by April 1, 2025 and the second by December 31, 2025. If you were born after 1960, Required Mandatory Distributions begin after age 75

Roth 401(k)

- Allows employees to invest money that has already been taxed among mutual funds
- To make withdrawals, account must be at least five years old and participant must be 59½, disabled, or passed
- If you reach age 73 in 2024, you must take your first Required Mandatory Distribution by April 1, 2025 and the second by December 31, 2025. If you were born after 1960, Required Mandatory Distributions begin after age 75

Employer Match

If you are contributing to Sonesta's 401(k) plan, Sonesta will match 100% of the employee contribution up to 3% of pay, and an additional 50% of the next 2% of pay. You will begin to receive matching contributions on the first of January, April, July, or October following your completion of eleven months of service. All contributions are immediately vested.




Visit **Principal.com**,
download the app
or call **1-800-986-3343**.

Other Features

You can roll 401(k) funds from your previous employer into your Sonesta 401(k). Loans and hardship withdrawals are also available.

REMEMBER!



Principal®

Ready to take control of your future?

Attend a personalized, 1 on 1 retirement education meeting tailored to you—at no additional cost.

Work toward your personal retirement goals with an experienced retirement professional.

Get started today



- > Meet with a Principal Retire Secure™ professional.
- > Schedule your virtual meeting at principal.com/Virtual1on1.

During your meeting, you'll work together to accomplish the following:

- > Determine personal goals and needs
- > Recognize savings gaps
- > Talk about ways to help protect your income and assets in retirement
- > Create a personalized action plan to help you stay on track

Retirement professionals provide education, which may be helpful in making personal retirement decisions. Responsibility for those decisions is assumed by the participant, not Principal®. Participants should regularly review their savings progress and post-retirement needs.

This review is limited only to those financial concerns you expressed and is not intended to be a financial plan or investment advice from any of the member companies of the Principal Financial Group. These are only general guidelines which may be helpful in making personal financial decisions. Responsibility for those decisions is assumed by you, not the Principal Financial Group.

Insurance products and plan administrative services provided through Principal Life Insurance Company® Securities offered through Principal Securities, Inc., member SIPC and/or independent broker-dealers. Referenced companies are members of the Principal Financial Group®, Des Moines, IA 50392.

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HEALTH ADVOCATE

Health Advocate is available 24/7/365 in multiple languages to help you make the best benefits decisions for you and your family. You can also visit their website at www.HealthAdvocate.com/sonesta.

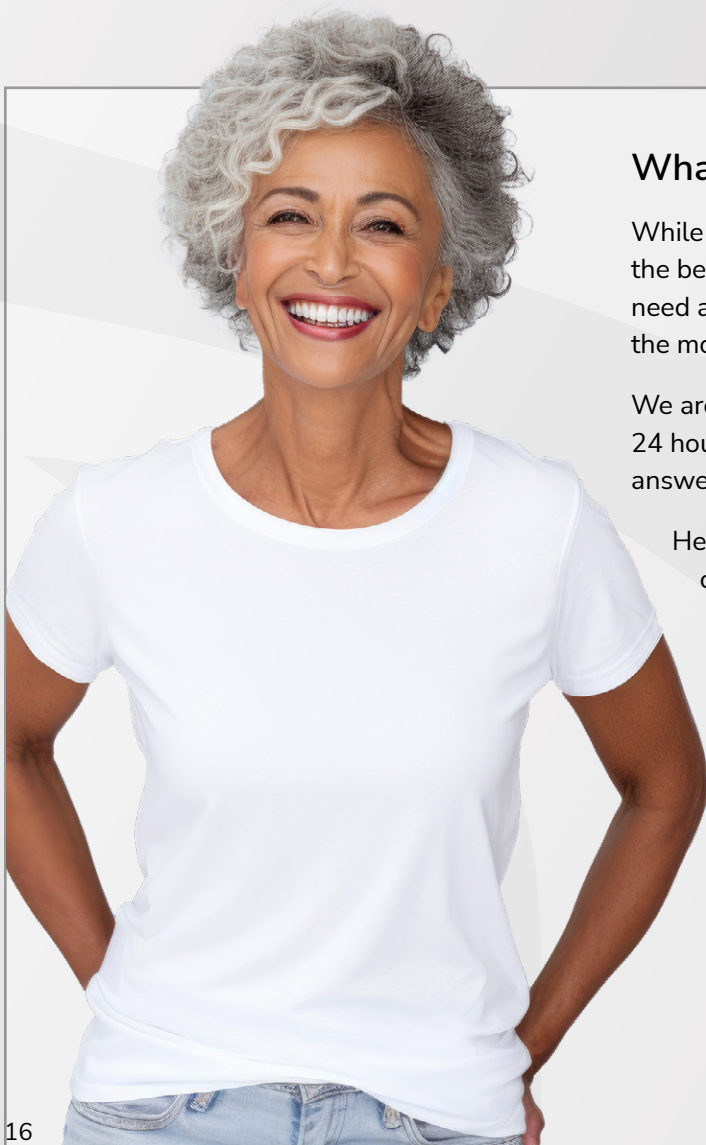
Which Plan Is Right for Me?

Choosing what benefits are right for you and your family can be confusing. For that reason, Sonesta has partnered with Health Advocate to provide you with one on one benefits consultation.

Help is only a phone call away! Call **866.695.8622** today. Your Health Advocate benefit is being paid for by Sonesta at no additional cost to you.

5 Simple Ways that Health Advocate Can Help You

1. Find the Right Doctor
2. Schedule Appointments
3. Assist in the Transfer of Medical Records
4. Work with Insurance Companies
5. Help with Eldercare



What About After I Choose?

While choosing a plan is key, we understand that this is only the beginning. Throughout the year we know that you also need assistance with how to best use your benefits to save the most money and get the best coverage.

We are pleased to offer employees access to Health Advocate 24 hours a day, 365 days a year to assist with claims issues, answer questions, and resolve benefits issues.

Health Advocate not only covers eligible employees, it also covers their spouses, dependent children, parents, and even parents-in-law.



MEDICARE ADVISORS

What About Medicare?

Sonesta understands that whether it be for yourself or a loved one, navigating Medicare can be confusing and time consuming. To help you and your loved ones better understand your Medicare options Gallagher is here to help! Our advisor provides assistance at no cost. And there is no obligation to enroll in Medicare! For more information, open a Benefits Ticket through At Your Service.

LIFE INSURANCE BENEFITS

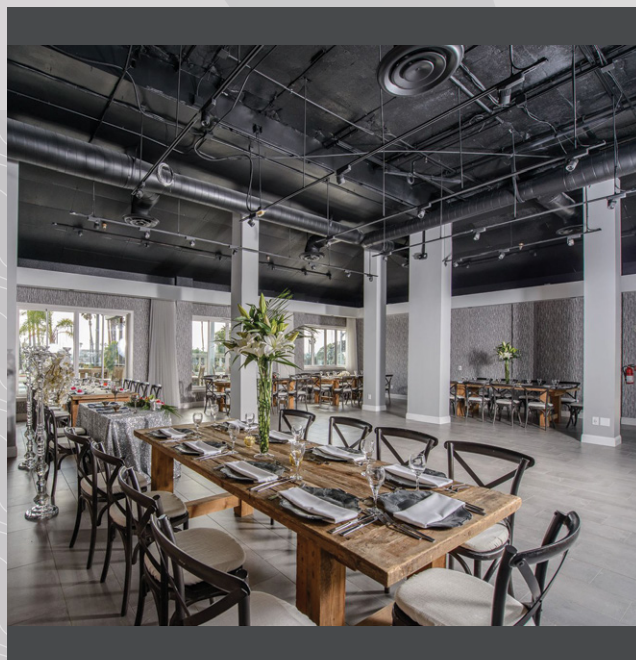
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance

(Paid 100% by Sonesta)

Sonesta provides Basic Group Term Life and Accidental Death & Dismemberment (AD&D) Insurance to benefit eligible employees through Reliance Standard Life Insurance Company. Both benefits pay one times annual earnings up to \$300,000.

Optional Life and AD&D Insurance

Employees may purchase Optional Life or AD&D Insurance coverage of up to five times their salary to a maximum of \$1 million in \$10,000 increments through Reliance Standard Life Insurance Company (amounts over \$320,000 require Evidence of Insurability (EOI)). Employees may also purchase Spousal coverage in \$10,000 increments up to 100% of the employees' coverage or a maximum of \$250,000. Spousal optional life coverage above \$50,000 requires Evidence of Insurability (EOI). Child life insurance may be purchased at \$2,500 or \$5,000. Optional Life and AD&D or Spousal Life/AD&D insurance rates are available as you are going through your Workday benefits enrollment process. If you do not elect Optional Life insurance when you are first eligible, Evidence of Insurability (EOI) will be required. You can increase existing amounts by \$10,000 up to Guarantee Issue at Open Enrollment without an EOI.

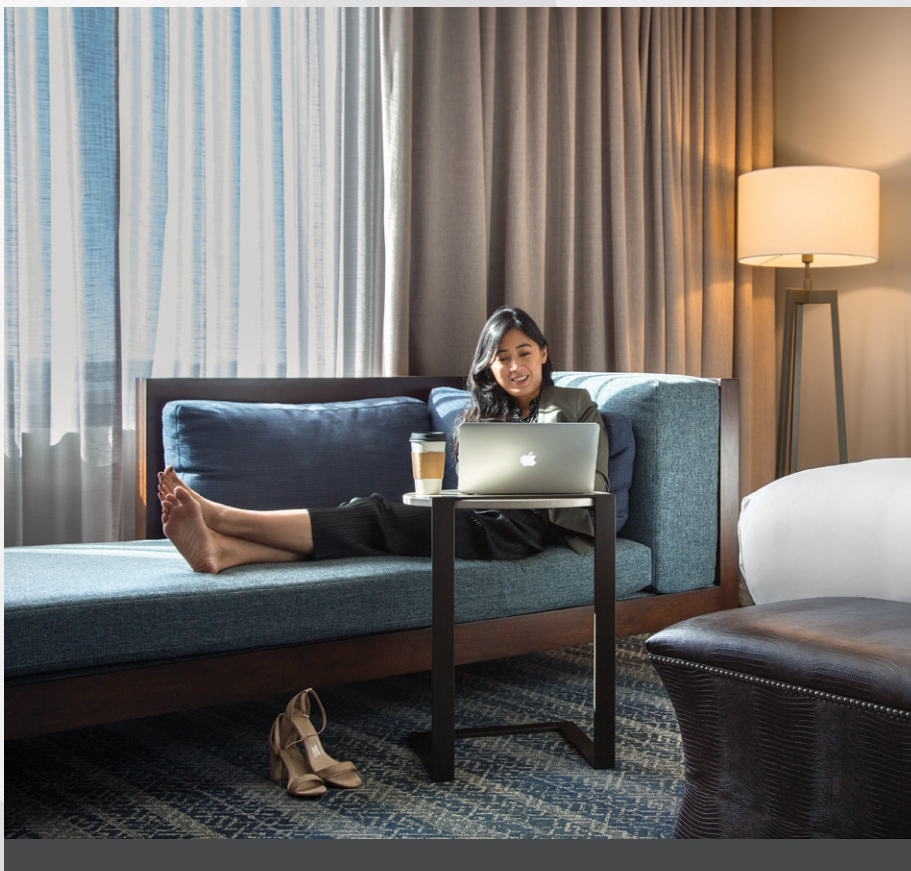


RELIANCE STANDARD
LIFE INSURANCE COMPANY

Life Insurance protects your loved ones financially if something happens to you.

An EOI is a simple medical questionnaire sent to you by Reliance Standard Life Insurance Company.

DISABILITY BENEFITS



RELIANCE STANDARD
LIFE INSURANCE COMPANY

Sonesta allows employees to choose whether to pay the LTD premium themselves or to have Sonesta pay their LTD premium for them. When employees pay their own LTD premium, the LTD payout is non-taxable.

Short-Term Disability

(Paid 100% by Sonesta)

Short-Term Disability (STD) Insurance provides partial income replacement if you are disabled for up to 90 days. Sonesta provides this coverage for benefits eligible employees through Reliance Standard Life Insurance Company. The benefit pays 60% of pre-disability pay up to a maximum of \$1,500 per week after a two week waiting period.

Long-Term Disability/Tax Choice LTD

(Paid 100% by Sonesta – Taxable Benefit – OR –
Paid 100% by Employees – Tax Free Benefit)

Long-Term Disability (LTD) Insurance provides partial income replacement if you are disabled for more than 90 days. This coverage is provided by Sonesta for benefits eligible employees through Reliance Standard Life Insurance Company or you can choose the Tax Choice plan, paid for entirely by you, for a tax-free benefit. The benefit pays 60% of pre-disability pay up to a maximum benefit amount of \$7,500 per month for both the Sonesta-paid plan and the Employee-paid Tax Choice plan.

Long-Term Disability Buy Up

(Paid 100% by Employee)

Sonesta's Long Term Disability buy-up plan is no longer available to new enrollees. For those currently enrolled, you will remain covered under the plan.

VOLUNTARY BENEFITS

Voluntary Group Critical Illness

(Paid 100% by Employee)

Voluntary group critical illness provides a fixed, lump-sum benefit upon diagnosis of critical illness, which can include heart attack, stroke, paralysis and more.

Employees can elect a benefit of \$10,000 to a maximum of \$30,000 in \$10,000 increments.

Group Voluntary Accident

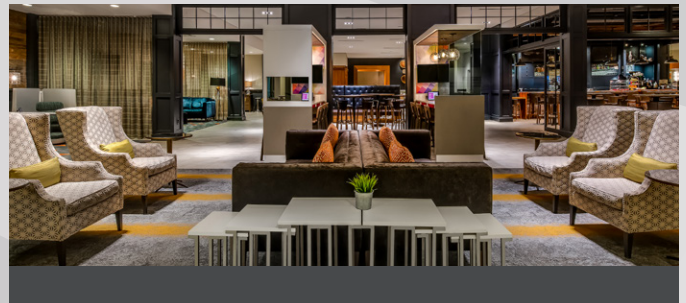
(Paid 100% by Employee)

Voluntary group accident insurance provides a range of fixed, lump-sum benefits for injuries resulting from a covered accident, or for accidental death and dismemberment. Benefits can be used towards deductibles, prescriptions, transportation, and childcare.

Group Hospital Indemnity

(Paid 100% by Employee)

Voluntary group hospital indemnity insurance provides a range of fixed, lump-sum daily benefits to help cover costs associated with a hospital admission, including room and board costs. This plan is Guarantee Issue, with no medical questions asked and no pre-existing condition exclusions.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Employees have 24/7 access to a free confidential service through Reliance Standard Life Insurance Company. The EAP is provided to help employees address personal issues that they and / or their dependents are facing. They offer short-term counseling, as well as assistance with financial and legal services. Below lists some of the items they provide assistance with:

Legal/Financial Services

Mediation Services,
Wills and Trust
Preparation, Identity Theft
Consultation,
Tax Consultation

Life Essentials

Social Work Services,
End-of-Life Support,
Healthy Living Discount
Program, Funeral
Planning Services

Short Term Counseling

Stress and Anxiety,
Grief, Alcohol and Drug
Abuse, Depression,
Relationship Difficulties

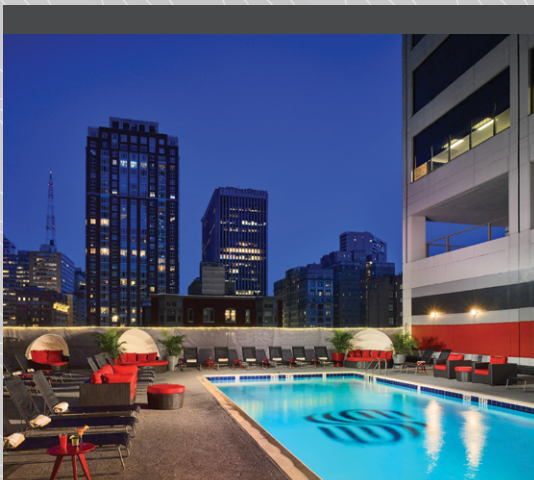
Worklife Resources

Adoption, Household
Services, Veterinarian and
Pet Care, School Searches,
Child/Eldercare Searches

RELIANCE STANDARD
LIFE INSURANCE COMPANY

Call **855.RSL.HELP**
(855.775.4357) or visit
Rsli.acieap.com.

Code: RSLI859



EMPLOYEES, FRIENDS + FAMILY: DISCOVER SONESTA FOR LESS

Nauticus Sonesta Miami Beach

Sonesta Resort Hilton Head Island

The Allegro Royal Sonesta Chicago

Sonesta 105 Suites San Francisco Airport Oyster Pointe Waterfront

Washington DC Capitol Hill

Make the most out of every moment with a getaway personalized to you. There's no time like the present to plan an adventure. And when it comes to finding the ideal destination, Sonesta has you covered.

NOW ALL EMPLOYEES EARN TRAVEL PASS POINTS ON EMPLOYEE RATES!

Sonesta Employee Rate are now eligible to immediate family including parents, parents-in-law, children, siblings of Sonesta employees

Sonesta Employee Rate & Sonesta Friends & Family Rate are now eligible for RMR employees and their immediate families

Friends & Family Rate will require verification letter effective 1/1/24

See Sonesta Rate Program SOP for details

BOOK TODAY!

EMPLOYEE RATE
DISCOUNT
BASED ON HOTEL & ROOM
Employee promo code
SER

FRIENDS & FAMILY RATE
25% OFF
BEST FLEXIBLE RATE
Friends & Family promo code
SONFAF

The Employee Rate is available to Sonesta employees, RMR Group employees, and their immediate families. The rate must be booked online at Sonesta.com using promo code SER and guaranteed to a personal credit card. An employee and/or immediate family may book up to two rooms at the employee rate and must show proof of employment at check-in. Employees and their families are also eligible for a 20% discount on food & beverage, excluding alcohol and leased operations. The Friends & Family rate is available to anyone who is related to or knows a Sonesta or RMR Group employee. They receive a 25% discount off the Best Flexible Rate. If the employee rate is not available, employees may book at the friends and family rate, if available. The rate must be booked online at Sonesta.com using promo code SONFAF and guaranteed to a personal credit card. Friends & Family Rate will require verification letter effective 1/1/24. All hotels are required to participate in the Employee Rate & Friends & Family Rate programs, though may place restrictions on availability at times. The rates are not available via the Sonesta Call Center nor at the hotel directly. See Sonesta Rate Program Policy or contact your Human Resources representative for details.

BUSINESS TRAVEL ACCIDENT (BTA)

BTA covers all methods of travel, even travel by foot. The coverage also includes non-business related travel or activities undertaken incidentally while traveling on business (up to 250 miles away for up to five days). This coverage is provided to all benefits eligible employees through Nationwide.



BTA Insurance provides Life and AD&D coverage for employees who are traveling for business.

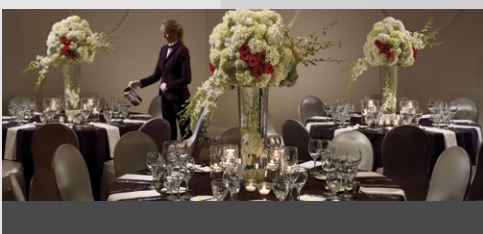


For more information, visit the Sonesta Benefits Portal at <https://c2mb.ajg.com/sonestaparent/home/>.

PERKS AT WORK

Enjoy corporate rates on everything from everyday purchases (groceries, restaurants, movie tickets, cell phone monthly rates, pets, medical, household and flexible spending items) to big ticket items (travel, rental cars, and computers).

WOWPoints loyalty program: Most purchases on Sonesta Perks at Work earn you WOWPoints, which can be redeemed for additional discounts. It is a great way to earn and give to yourself and others.



Sonesta Perks at Work is a FREE one-stop shop for employee discounts and personal savings which will be available to you and up to five of your friends or family members!

IMPORTANT FEDERAL NOTICES

Women's Health and Cancer Rights Act of 1998 (WHCRA)

The Women's Health and Cancer Rights Act of 1998 requires that all health insurance plans that cover mastectomy also cover the following medical care:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce symmetrical appearance;
- Treatment of physical complications in all stages of mastectomy, including lymphedema; and
- Mastectomy bras and external prostheses limited to the lowest cost alternative available that meets the patient's physical needs.

Call HMSA at **800-776-46723** for more information.

Michelle's Law

Michelle's Law requires all health plans to allow a covered college student with a "serious illness or injury" to remain eligible for active dependent coverage for 12 months, even if he or she no longer qualifies as a full-time student.

To be eligible under Michelle's Law, the student must meet the following requirements:

- be covered as a full-time student, as defined by the Plan, at a post-secondary educational institution immediately before any serious illness or injury occurs;
- experience a "serious illness or injury" that requires a medically necessary leave of absence or a medically necessary change in enrollment status from full- time to part-time;
- have the illness or injury verified by a physician in writing and certified that the leave of absence or change in enrollment status is medically necessary.

Coverage will be continued until the earlier of the following: 1) 12 months from the start of the medically necessary leave of absence, or 2) the date on which the coverage would otherwise terminate under the terms of the Plan (i.e. parent's termination of employment or the student exceeding the Plan's age limit).

Note: Above law also applies to eligible dependent grandchildren.

HIPAA Special Enrollment Rights

Sonesta International Hotel Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Sonesta International Hotel Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction). A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

IMPORTANT FEDERAL NOTICES continued

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program)

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Jennifer Rosado – Benefits Manager at **617-618-5524** or jennifer.rosado@sonesta.com.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

IMPORTANT FEDERAL NOTICES continued

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Sonesta International Hotel is committed to the privacy of your health information. The administrators of the Sonesta International Hotel Health Plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Jennifer Rosado – Benefits Manager at **617-618-5524** or jennifer.rosado@sonesta.com.

Newborn & Mother’s Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Reminder: If you want to cover your newborn on your benefits, complete a Change Benefits Event in Workday within 30 days of their date of birth.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

IMPORTANT FEDERAL NOTICES continued

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

IMPORTANT FEDERAL NOTICES continued

GEORGIA – Medicaid	LOUISIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1</p> <p>GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
INDIANA – Medicaid	MAINE – Medicaid
<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479</p> <p>All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584</p>	<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>
IOWA – Medicaid and CHIP (Hawki)	MASSACHUSETTS – Medicaid and CHIP
<p>Medicaid Website: https://dhs.iowa.gov/ime/membersMedicaid Phone: 1-800-338-8366</p> <p>Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563</p> <p>HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
KANSAS – Medicaid	MINNESOTA – Medicaid
<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>	<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
KENTUCKY – Medicaid	MISSOURI – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIP.PPROGRAM@ky.gov</p> <p>KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>

IMPORTANT FEDERAL NOTICES continued

MONTANA – Medicaid	NORTH DAKOTA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
NEBRASKA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
NEVADA – Medicaid	OREGON – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
NEW HAMPSHIRE – Medicaid	PENNSYLVANIA – Medicaid
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218	Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
NEW JERSEY – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
NEW YORK – Medicaid	SOUTH CAROLINA – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NORTH CAROLINA – Medicaid	SOUTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://dss.sd.gov Phone: 1-888-828-0059

IMPORTANT FEDERAL NOTICES continued

TEXAS – Medicaid	WASHINGTON – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
UTAH – Medicaid and CHIP	WEST VIRGINIA – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://dhhr.wv.gov/bms/http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
VERMONT – Medicaid	WISCONSIN – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
VIRGINIA – Medicaid and CHIP	WYOMING – Medicaid
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Employee
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

IMPORTANT FEDERAL NOTICES continued

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

CONTACT INFORMATION

Below you will find the contact information for all carriers and resources:

Medical Insurance

Blue Cross Blue Shield of Massachusetts

www.bcbsma.com

800-358-2227

Dental Insurance

Delta Dental

www.deltadentalma.com

800-872-0500

Vision Insurance

VSP

www.vsp.com

800-877-7195

Leave of Absence and Disability

Reliance Standard life Insurance Company

www.matrixabsence.com

877-202-0055

Life Insurance

Reliance Standard life Insurance Company

www.reliancematrix.com

800-351-7500

Flexible Spending Account

Discovery Benefits, a Wex Company

www.wexinc.com/discovery-benefits/

866-451-3399

401(k) Retirement Saving Account

Principal

www.principal.com

800-547-7754

Benefit Advisors

Health Advocate

Healthadvocate.com/Sonesta

866-695-8622

Employee Assistance Program

Reliance Standard Life Insurance Company

Rslf.acieap.com

855-RSL- HELP (855-775-4357)

Code: RSLI859

Voluntary Benefits

Reliance Standard Life Insurance Company

www.matrixabsence.com

877-202-0055

Business Travel Accident & Travel Assistance

Nationwide

<http://starline-group.cc.oncallinternational.com>

Username: OnCall

Password: Assistance

Within U.S.: 877-935-3704

Outside U.S.: 312-935-3704

Sonesta Benefits Team: Open a Benefits Ticket through At Your Service

