

## **Annual Enrollment is here!**

### November 6 to November 20

Annual Enrollment is coming soon: **November 6 through November 20**. We will continue to use the Mr. Cooper Group Benefits Marketplace through the Aon Benefit Experience (BenX) for benefit selections this year. While many things are the same, there are a few changes. Before you begin enrolling, we want to make sure you are informed and can prepare in advance for what's changing for 2025.

Over the course of a year, there are often changes made to carrier networks, prescription drug formularies and how much you pay. Our goal is to provide you with all the information you need in advance so that you are able to make the best benefits decisions for you and your family.

#### **Active Annual Enrollment**

# This is an active enrollment period—meaning you must enroll if you want benefits coverage through Mr. Cooper Group.

- If you do not enroll, you will **not** have medical, dental, or vision coverage through Mr. Cooper Group in 2025. Keep in mind, if you do not elect medical coverage, you will not have prescription drug coverage, either.
- To contribute to a Health Savings Account (HSA), if eligible, or flexible spending account, you must make an active election and designate the amount you would like to contribute, as well.
- If you do not take action you will keep any elections you had in 2024 for **voluntary benefits** such as supplemental life, accidental death and dismemberment (AD&D), universal life with long term care, critical illness, accident and hospital indemnity insurance, as well as legal services (which includes identity theft protection).

### **Wellness Credits**

If you secured your 2025 Wellness Credit by October 10, you'll see that credit applied when you enroll. If you are a non-smoker, you will attest to that during Annual Enrollment to earn the Non-Tobacco Credit.

### Below is an overview of important considerations for 2025:

MARKETPLACE UPDATES		
What's New	Why It Matters	
Aon Benefit Experience (BenX)	The first change, you may have already noticed, is simply a name change. Going forward, your medical, dental, vision, and some of the other voluntary benefits are being offered through the <b>Aon Benefit Experience (BenX)</b> . You will continue to enroll by logging on to the Mr. Cooper Group Benefits Marketplace at <a href="https://www.mrcoopergroupbenefits.com">www.mrcoopergroupbenefits.com</a> (click the <b>Team Members</b> tile) or the Alight Mobile app.	
	Most BenX benefits and options are <b>not</b> changing significantly in 2025. However, this chart provides you an overview of important changes and considerations for 2025. Keep in mind that:	
	<ul> <li>Many insurance carriers are investing in <u>specially</u> <u>designed programs</u> to help you feel your best; and</li> </ul>	
	<ul> <li>Changes are continuously made to carrier networks, prescription drug formularies and, of course, how much you pay.</li> </ul>	
Your cost of coverage may have changed.	The #1 question each year is, "How much will my coverage cost?" The short answer is, that's ultimately up to you. Your current coverage may not be what is best for you and your family in 2025; not only can prices change, but your care needs may be different. The good news is, the Benefits Marketplace gives team members many options to choose from, allowing them to move between plans and carriers to find the best plan to meet their health care needs and control their paycheck deductions and out-of-pocket costs. Keep in mind, there are many drivers of cost, including the health of our population, how well our team members utilize the Mr. Cooper Group plan, and the lifestyle choices you make.	
	During enrollment, carefully review your options and per-pay- period costs to find the right fit for you and your family. Don't forget, the <b>Help Me Choose</b> tool is available to guide you to the plans that best meet your needs and save you money.	

Here are a few ways we all can help keep our future costs low:

- Know where to go for care! We continue to see an increase in our emergency room visits, and many Coopers and Xomies could have had a better and lower cost experience if they had sought care at an urgent care or their primary care physician's office or utilized virtual care.
- Our mental health and substance abuse claims increased 26%. Taking advantage of the resources Mr. Cooper provides FOR FREE to get the support you need is a great way to save money and control our costs (Mr. Cooper / Xome).
- Musculoskeletal conditions are among our top three cost drivers. Check out <u>Wellbeing360</u> for resources to improve <u>back health</u>.

Good news...Coopers and Xomies get an A+ for the following items, so keep up the great work and continue:

- Scheduling your recommended preventive care visits each year
- Being smart about your prescriptions, using generics, and taking advantage of 90-day prescriptions
- Using in-network providers and services—be sure to download your carrier app after enrollment for quick access to searches!

# Insurance carrier provider networks could have changed.

Insurance carrier provider networks can change. Seeing out-ofnetwork providers may cost you substantially more than seeing in-network providers. Always double-check the networks of each insurance carrier you're considering before making a decision.

**Kudos Moment:** 98% of Coopers and Xomies are using innetwork providers and services on average—keep up the great work!

**Tips:** When it's time to enroll, see if providers critical to your care are in the network of the insurance carrier you are considering by entering them into the **Help Me Choose** tool. For the best results, search for your provider by name—not medical practice—and check for only the office location(s) where you are willing to visit. When searching for a facility, use the complete facility name and confirm whether the specialty of the facility is covered in-network.

**Important!** If you have **any** uncertainty (for instance, you will cover out-of-area dependents) or you need the network name, you should call the **insurance carrier**.

MEDICAL UPDATES		
What's New	Why It Matters	
You'll have a new Bronze coverage option.	The current Bronze coverage option will be replaced. The new Bronze coverage option will be a preferred provider organization (PPO) with medical and prescription drug copays. Note: This plan will not have the option to contribute to an HSA. This will be <b>significantly different</b> from the current option, so you need to consider all of your options carefully before enrolling.	
	View full coverage details here.	
	The new Bronze option may be a good fit if you like the convenience of paying a flat fee for prescriptions and when seeing a doctor, and don't expect to have a lot of medical expenses for the year. We know life isn't always expected, so having emergency savings in place to cover the plan deductibles is important to help cover costs for the unexpected. You may also want to consider a Health Care Flexible Spending Account (Health Care FSA) to set aside pre-tax dollars to help pay for out-of-pocket expenses.	
	<b>Note:</b> If you elect the new Bronze coverage option, you won't be able to make HSA contributions, but any money left in your HSA will still be available to use toward qualified medical, dental, and vision expenses.	
	And remember, copays do not count toward the deductible.	
The Bronze Plus deductibles and out- of-pocket maximums will increase slightly.	The Bronze Plus in-network deductibles are increasing from \$2,450 to \$2,500 for individual coverage, and from \$4,900 to \$5,000 if you cover dependents. The out-of-pocket maximums are increasing from \$3,900 to \$4,500 for individual coverage, and from \$7,800 to \$9,000 if you cover dependents.	
	View full coverage details here.	
The Gold coinsurance will decrease slightly.	If you're covered under the Gold coverage level, your coinsurance for emergency room, inpatient, and outpatient services will decrease from 25% to 20%. Emergency room visits will still be subject to a \$150 copay before coinsurance.	
	View full coverage details here.	

VOLUNTARY COVERAGE UPDATES		
What's New	Why It Matters	
Voluntary Accidental Death & Dismemberment (AD&D) coverage levels have increased.	For 2025, you'll have the option to enroll in Voluntary AD&D coverage up to a new maximum of \$1 million, increased from a prior maximum of \$500,000.  Assess your coverage level needs with <b>Benefit Scout</b> .	
PRESCRIPTION DRUG UPDATES		
What's New	Why It Matters	
How your medication is classified (and covered) could have changed.	Because your medical insurance carrier's pharmacy benefit manager <b>can</b> change how it covers prescription drugs at any time (such as changing coverage tiers), it's strongly recommended that you call the <b>insurance carrier(s)</b> you are considering before you enroll to see how your medication would be covered in the new plan year. Carriers will have the most up-to-date information. Use the <b>list of prescription drug questions</b> on the Make It Yours website to help you focus on key points when you call the carrier(s).	
Other medical and prescription drug benefits may have changed.	Medical insurance carriers may offer new or enhanced benefits for 2025. Additional coverage details will be available when you enroll, so be sure to review your options carefully.	

SPENDING ACCOUNT UPDATES		
What's New	Why It Matters	
IRS limits on HSA and	Health Savings Account (HSA)	
FSA contributions	If eligible, for 2025, you can save up to \$4,300 if you cover just yourself, or \$8,550 if you cover yourself and your family. If you're age 55 or older (or will turn age 55 during the plan year), you can also make additional "catch-up" contributions to your HSA up to \$1,000. Don't forget! If you want to grow your HSA more quickly, you can invest your HSA balance once it reaches \$1,000, kind of like a 401(k) nest egg for health care. <b>Note:</b> You must enroll in the Bronze Plus option to contribute to the HSA.	
	Health Care Flexible Spending Account (Health Care FSA)	
	The 2024 annual IRS contribution limit is \$3,200 for a Health Care Flexible Spending Account (Health Care FSA). The 2025 IRS contribution limit has not yet been released. Mr. Cooper Group will honor any increase to the 2025 IRS contribution limit after release.	
	Dependent Care Flexible Spending Account (DCFSA)	
	The 2025 annual IRS contribution limits remain the same as 2024 at \$5,000 for joint tax filers and \$2,500 for single or separate tax filers.	

Visit these sections below in the Make It Yours website for additional direction to help you make the best choices for 2025 based on your needs:

- Choosing the Right "Metallic" Coverage Level for You
- How to Get the Right Medical Option
- Taking Full Advantage of Your Health Savings Account (HSA)
- Taking Full Advantage of Your Flexible Spendings Account (FSA)

You can also find additional resources through the Annual Enrollment Resource page on the Mr. Cooper Group Benefits Marketplace at **mrcoopergroupbenefits.com** by clicking the **Team Members** tile.

This overview of 2025 changes serves as a Summary of Material Modifications (SMM), providing information on various Mr. Cooper Group benefit plan changes that take effect January 1, 2025. It is intended to provide an overview of changes and information about some of the benefits you may be eligible for through Mr. Cooper Group. If there is a discrepancy between the information displayed and the official plan documents, the official plan documents will govern.

Information contained herein is not intended as legal, tax or other professional advice. You should not act upon any such information without first seeking a qualified professional on your specific matter.

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