

2020 Benefits Orientation

These slides are intended for benefits-eligible colleagues only. Complete details of the Beth Israel Lahey Health benefit plans are included in the official plan documents. If there is any difference between the information presented in these slides and the official plan documents, the plan documents will govern. This statement does not constitute an employment contract, nor does it provide guarantee of future employment. Beth Israel Lahey Health reserves the right to amend, modify or terminate any of the plans in any manner in whole or part, at any time.

Beth Israel Lahey Health
Beverly Hospital



Benefits

Your benefits begin on the first day of benefit eligible employment

- ✓ Medical
- ✓ Dental
- ✓ Vision
- ✓ Flexible Spending Accounts
- ✓ Retirement
- ✓ Basic Life Insurance
- ✓ Supplemental Life Insurance
- ✓ Spouse & Child Life Insurance
- ✓ Short-Term Disability
- ✓ Long-Term Disability
- ✓ Time Off

You have 30 days from your hire date to enroll. Enrollment and associated payroll deductions are retroactive to your hire date.

Enrollment

When enrolling in the benefit plans, choose one of four levels:

- Individual
- Individual + Legal Spouse
- Individual + Child/ren
- Family

Eligible Family Members

- Legal spouse (*ex-spouses not eligible regardless of court order*)
- Children and stepchildren to age 26;
- Children of your eligible covered children and stepchildren
- Disabled dependent child

Dependent verification will be required when adding dependents to your plan

Beverly Benefits Intranet – “NIC”

Employee Corner on NIC



You will enroll in your benefits online, (except for the Retirement plan), through Colleague Connection.

Colleague Connection will show all payroll deductions as you enroll

NIC Northeast Intranet Community

Saturday, January 04, 2020

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BLS Skills

EMPLOYEE CORNER

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- » [Behavioral Services Intranet \(StaffMatter\)](#)
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- » [Earned Sick Time Law - MA](#)
- » [Earned Sick Time: Notice of Employee Rights](#)
- » [Employee Assistance Program](#)
- » [Employee Benefits - \(781\) 744.3539](#)
- » [Employee Orientation](#)
- » [Facilities & Maintenance Service Request](#)
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- » [Voucher Check](#)

Health Insurance

We offer three medical plan options through Harvard Pilgrim Health Care

- Domestic and Community HMO
- HMO Plus
- Tiered POS (Point of Service)

You choose one of these plans to enroll in, then access care within that plan according to provider “tiers”, explained on next slide.



Provider Tier Levels

Tiers 1, 2, and 3

- You (and our system) will pay less when you see a Tier 1 provider.
- All Beth Israel Lahey Health providers and sites are Tier 1. By utilizing our system, you will receive high-quality care while paying the lowest copays and deductibles based on the plan
- Copays and annual deductibles at Tier 2 or Tier 3 providers will be higher
- Coinsurance will apply at Tier 2 and Tier 3 for the HMO Plus and Tiered POS plans.
- Coinsurance will apply at Tier 1 & Tier 2 for the Domestic & Community HMO plan. There is no Tier 3 coverage on this plan.
- Review the Medical Comparison Chart for Pediatric Coverage by Tier Level for Children up to Age 19.
- Children are covered up to age 26. If child lives outside MA, contact Harvard Pilgrim Member Services to have them flagged as an out of area dependent.

Domestic & Community HMO

- **The Domestic & Community HMO offers two tiers of coverage with the lowest payroll premiums.**
- **Copays and coinsurance are slightly higher than the HMO Plus and Tiered POS plans.**
- **There is NO TIER 3 coverage in this plan.**
- **No out-of-network coverage *except* in the case of a medical emergency**
- **Primary Care Physician (PCP) and referrals to specialists required**

HMO Plus

- **The HMO Plus offers three tiers of coverage**
- **The premiums for the HMO Plus are priced between the Domestic & Community HMO and the Tiered POS.**
- **There are no annual deductibles or inpatient/outpatient charges in Tier 1**
- **Tiers 2 and 3 have an annual deductible and coinsurance for major services.**
- **There is no out of network coverage except for medical emergencies**
- **PCP and referrals to specialists required**

Out of Area

- For colleagues who currently live more than 20 miles from a Beth Israel Lahey Health (BILH) Primary Care Physician (PCP), there is an Out-of-Area version of the HMO Plus plan
- Any care received from Tier 2 providers – at a hospital or with a doctor or other clinician – will be paid at the Tier 1 level. Care received from Tier 3 providers will remain at the Tier 3 cost sharing. There will be no coverage for out-of-network providers except for emergency care.
- If your zip code has been recognized as being more than 20 miles from a BILH Primary Care Physician (PCP), the plan name will show as HMO Plus OOA in Colleague Connection Self Service.
- The Domestic & Community HMO and the Tiered POS plans do not have Out-of-Area versions.
- You can learn more about the Out-of-Area plan online at www.harvardpilgrim.org/bilh.

Tiered Point of Service (POS)

- The Tiered POS offers three tiers of coverage *plus out-of-network coverage*.
- No annual deductible or inpatient/outpatient charges in Tier 1 and the lowest copays.
- Tiers 2 and 3 have an annual deductible and coinsurance for major services.
- The premiums for the Tiered POS are *higher* than the two HMOs.
- PCP and referrals to specialists required, except for out of network.

Medical Plan Highlights

Things to Consider

	Domestic & Community HMO	HMO Plus	Tiered POS
Plan Highlights	<ul style="list-style-type: none"> • Deductible and coinsurance required for Tier 1 and Tier 2 providers. • 2-tier plan. • Higher copays for care than the other plan options. • No coverage for Tier 3 or out-of-network providers unless for emergency. 	<ul style="list-style-type: none"> • No deductible or coinsurance for Tier 1 providers. • Deductible and coinsurance required for Tier 2 and Tier 3 providers. • 3-tier plan. • No out-of-network coverage unless for emergency. 	<ul style="list-style-type: none"> • No deductible or coinsurance for Tier 1 providers. • 4-tier plan. • Lowest copays. • Coverage for out-of-network providers.
You may want to choose this plan if...	<ul style="list-style-type: none"> • You mostly use Tier 1 providers and only occasionally Tier 2 providers. • You do not anticipate major medical services. • You want a plan with the lowest premium contribution. • You would rather pay more for care when received and a lower premium from your paycheck. 	<ul style="list-style-type: none"> • You want access to Tier 1, Tier 2 and Tier 3 providers. • You prefer to pay a medium (not highest, not lowest) premium from your paycheck. 	<ul style="list-style-type: none"> • You want to receive coverage for in- and out-of-network providers. • You are willing to pay higher premiums from your paycheck.

Note: Prescription drug coverage is the same for all three medical plan options.

How to Find PCP Tiering

You can search for your providers to learn their tier level in our medical plans. Visit the Harvard Pilgrim site at harvardpilgrim.org/bilh

- Click on the “Find a Provider” tab
- Under Employer Specific Plans, choose the BILH Domestic, HMO Plus, or Tiered POS network
- Search by Name, Facility, or Specialty.
- Use the “*Provider ID*” listed to enter into Self Service Colleague Connection, not the provider’s name.

Prescription Benefit

- Enrollment in a medical plan also enrolls you in the prescription benefit. The premium for the prescription coverage is included in your medical plan premium.
- Program managed by CVS Caremark
- Separate CVS Caremark ID Card
- Prescription copay amount based on type of drug -- Generic, Preferred, or Non-Preferred
- The CVS Caremark pharmacy network includes many pharmacies such as CVS, Walgreens, Target, Walmart, and more. Visit [Caremark.com](https://www.caremark.com) for a complete list of participating pharmacies.



Prescription Benefit

Save Money When Using Beth Israel Lahey Health Pharmacies

- **If you use one of our eligible pharmacies (BIDMC retail pharmacy or outpatient pharmacy at Burlington or Peabody), you will pay a small fixed copay for any covered medication.**
- **Prescriptions filled at these eligible pharmacies will be \$5 for a 30-day supply and \$10 for a 90-day supply through home delivery or at the retail pharmacy – no matter the prescription type.**
- **Save money on prescriptions by asking your doctor to prescribe generic medications, when possible.**
- **Prescription copays at pharmacies not listed above are shown on next slide**

Prescription Benefit

Prescription Drug Coverage for All Medical Plan Options		
	30-day Supply	90-day Supply
BIDMC Retail Pharmacy/ Home Delivery Service and Select Lahey Outpatient Pharmacies*	\$5, regardless of prescription type	\$10, regardless of prescription type
CVS Caremark National Network	In-Network Pharmacies (30-day Supply)	CVS Retail Pharmacy or CVS Mail-Order (90-day Supply)
Generic	\$15 copay	\$30 copay
Preferred Brand	\$35 copay	\$70 copay
Non-Preferred Brand	\$55 copay	\$165 copay
Out-of-Pocket Maximum	\$3,000 member/ \$6,000 family	

* You will have access to the BIDMC retail pharmacy and home delivery services. You may have access to the Winchester Hospital Employee Pharmacy if you are an employee of Winchester Hospital.

Live Better Wellness Program

- **Voluntary wellness program administered by Harvard Pilgrim Health Care for all colleagues which focuses on health awareness and improvement**
- **Earn points for prevention and wellness activities, including walking challenges, online activities, completing an annual preventive visit and more.**
- **Colleagues and spouses who participate can receive an earnings credit to offset a portion of the medical plan premium, if covered by one of our employer-sponsored medical plans.**
- **Whether enrolled in one of our employer-sponsored medical plans or not, you can participate in this free program.**
- **Since the activities to earn the 2020 incentive have already taken place, you will automatically receive the 2020 Wellness Incentive. It will appear in the earnings section of your paystub each pay period.**

Dental Insurance

- Two dental plan options through Delta Dental PPO Plus Premier
- High Option and Low Option Plans
- Use of Delta Dental's PPO and Premier Network Providers for lower costs when you visit your dentist
- Both plans also provide reimbursement for care received from providers outside the Delta Dental PPO or Premier network. Non-participating providers may balance bill you. See Dental Plan Summary for more information on out-of-network benefits.



Dental High and Low Plans

	High Plan	Low Plan
Annual Deductible	\$50 individual \$150 family	\$25 individual \$75 family
Preventive Care	100%, no deductible	100%, no deductible
Basic Restorative Services	80%, after deductible	60%, after deductible
Major Restorative Services	50%, after deductible	Not covered
Orthodontia Coverage (for dependents to age 19)	50% to \$1,000 lifetime maximum	Not covered
Calendar Year Maximum	\$5,000	\$1,000
Rollover Benefit	\$750/year up to \$1,500 if annual claims are less than \$1,000	Not available

- 96% of dentists in MA participate in the plan

Vision Plan

- **Select Vision Plan**
- **Plan benefits include:**
 - **Routine eye exams**
 - **Frames and lenses**
 - **Contact lenses in lieu of glasses**
 - **More details shown on next slide**



Vision Plan (continued)

BENEFITS SNAPSHOT	With EyeMed	Out-of-Network Reimbursement
Exam with dilation as necessary (once every calendar year)	\$0 Co-pay	Up to \$50
Frames (once every two calendar years)	\$0 Co-pay, \$175 Allowance; 20% off balance over \$175	Up to \$140
Single Vision Lenses (once every calendar year)	\$0 Co-pay	Up to \$42
OR		
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	\$0 Co-pay, \$175 Allowance, 15% off balance over \$175	Up to \$140
Disposable	\$0 Co-pay, \$175 Allowance, plus balance over \$175	Up to \$140
Medically Necessary	\$0 Co-pay, paid-in-full	Up to \$210

- Once enrolled, you can print your Member ID card by creating an account online at eyemedvisioncare.com and select Member Login.

Flexible Spending Account Plans

Health Care Flexible Spending Account

Maximum annual contribution - \$2,700

Incurred period 01/01/2020 (or Date of Hire) – 03/15/2021

With enrollment you will receive two “Benny” cards from vendor, Sentinel Benefits

Used to pay for eligible out-of-pocket medical, dental and vision care expenses for yourself and your eligible dependent(s).

Dependent Care Flexible Spending Account

Household maximum annual contribution - \$5,000

Incurred period 01/01/2020 (or Date of Hire) – 03/15/2021

Used to pay for eligible expenses for the care of a dependent child under age 13 or a dependent adult (i.e. – preschool, child/ elder day care)

Dependent healthcare expenses are not eligible for reimbursement with this account; those expenses may be covered with a Healthcare FSA.

Use it or lose it

Must re-elect each year at Open Enrollment

Basic Life Insurance

- Employer-Paid – No Employee Contributions
- Automatically enrolled at one times annual base pay
- Maximum benefit - \$500,000
- May convert to an individual policy within 31 days of end of employment



Supplemental Life Insurance

- 1 times pay
- 2 times pay
- 3 times pay
- 4 times pay
- 5 times pay
- Maximum benefit - \$1,750,000
 - **Requires Evidence of Insurability for coverage over \$500,000; medical exam may be required.**
 - **If you choose to waive Supplemental Life at this time and wish to enroll at Open Enrollment, you may be required to complete Evidence of Insurability. Coverage could be denied at that time.**
 - **Beneficiary Information added during enrollment via Self-Service Colleague Connection.**
 - **Portability option to port up to \$750,000 of coverage at group rates within 31 days of employment termination date.**



Spousal and Child Life Insurance

Spousal Life Insurance

Elect from \$25,000 to \$300,000 in \$25,000 increments

- Evidence of Insurability required over \$50,000
- If you choose to waive Spousal Life at this time and wish to enroll at Open Enrollment, you may be required to complete Evidence of Insurability for any increment. Coverage could be denied at that time.

Child Life Insurance

Choose from three levels of coverage

- \$ 5,000
- \$10,000
- \$15,000
- No Evidence of Insurability required



Accidental Death & Dismemberment (AD&D)

Coverage for you

- \$ 50,000
- \$100,000
- \$150,000
- \$250,000
- Waive coverage



Coverage for you and your family

- Eligible dependents include your legal spouse; children and stepchildren to age 26.
- Dependent coverage is a percent of your benefit based upon make-up of your family

Life Insurance Coverage Options for Married Colleagues

Coverage options for Accidental Death & Dismemberment (AD&D) and Dependent Life (Spousal & Child Life) coverage will vary for married colleagues who both work at legacy Lahey Health.

- Since both have access to Basic & Supplemental Life and can name each other as beneficiaries, cannot insure each other for Spousal Life.
- Only one can insure Children on Child Life and AD&D
- Please contact the Benefits Helpline with any questions before you elect coverage for you or your dependents.

Short Term Disability (STD)

- Provides protection against loss of income in the event that you are unable to work due to illness, injury or childbirth
- 60% of your base pay for duration of medically certified disability, to a maximum of 12 weeks (less a one week unpaid waiting period)
- Maximum benefit of \$3,000 per week
- The cost of coverage is fully paid by you and is based on your annual base pay. Since you pay 100 percent of your coverage, you will not be taxed on any disability benefits paid to you.
- If you elect coverage within 30 days of your hire date, you do not have to complete Evidence of Insurability
- *If you choose to waive STD during your new hire enrollment window and wish to enroll at a future Open Enrollment, you will be required to complete Evidence of Insurability with the insurance carrier. No automatic approval by carrier; coverage could be denied by the insurance carrier at that time.*



Long Term Disability (LTD)

- **Employer Paid – No Employee Contributions**
- **If ill or disabled and unable to work indefinitely, ensures you receive part of your income following 90 days**
- **Automatically Enrolled - 60% of your basic monthly pay**
- **Taxable benefit**
- **Up to age 65 or no longer disabled. Maximum benefit of \$10,000 per month.**
- **Pre-existing condition clause may apply**



Paid Time Off – Earned Time

We offer a generous Paid Time Off benefit. PTO may be used for vacations, holidays, scheduled personal appointments, illnesses, or care for a family member.

Colleagues accrue on a biweekly basis based on:

- ✓ Position level
- ✓ Length of service
- ✓ Regularly scheduled hours

Accruals for new colleagues begin on hire date and can be used after 90 days of employment.

If a holiday occurs within the first 90 days, colleagues may “borrow” their paid time off.

PTO balances and time taken appear at the bottom of your pay stub.

Using PTO – Maximum Accrual

Colleagues may accumulate and carry over up to a maximum of 400 paid time off hours.

Paid time off maximum accruals appear at the bottom section of biweekly paychecks.

Any subsequent accruals over the 400 hours are transferred into an extended sick leave (ESL) bank. *Please Note: This does not apply to union registered nurses – refer to MNA contract for details*

The ESL bank may be used after being out for 32 hours (pro-rated for part-time) due to an illness or injury.

Paid Time Off Cash-In

Each year you may cash-in PTO hours.

Employees may elect a cash-in at Open Enrollment to be paid out the following April and/or October:

- up to 2 weeks of PTO in April or
- Up to 2 weeks in April & 2 weeks in October or
- Up to 4 weeks in October.

Minimum balance of 40 hours is required after cash-in.

Retirement Benefits

Two separate savings options:

- **Pension Plan**
 - *automatically covered once eligible*

and

- **403(b) Plan through Fidelity**
 - *must enroll if you wish to participate*

Pension Plan – Employer Contributions

Automatically covered once eligibility requirements are met:

- **Age 21**
- **Must work 1,000 hours within first 12 months of employment,**

No employee contributions, fully employer funded

Annual employer contribution made to your account based on age and years of service . You are 100% vested in account after three years of participation

Pension Plan – Employer Contributions

Annual Pay Credits based on compensation as defined in plan

Add Your Age + Years of Service	Your Annual Credit
Age + Service = Less than 30	2.00%
Age + Service = 30 - 39	2.50%
Age + Service = 40 - 49	3.00%
Age + Service = 50 - 59	3.50%
Age + Service = 60+	4.00%

Pension Services representatives 855-213-9789 weekdays 9 a.m. - 6 p.m.

403(b) Retirement Savings Plan – Fidelity

For long-term savings/retirement; tax deferred contributions and earnings

Defer a pre-tax percentage of pay, through payroll deduction, up to the maximum allowed by the IRS for the 2020 plan year:

- colleague contribution of \$19,500;
- plus \$6,500 “catch up” contribution if age 50 or over for a total of \$26,000
- please contact Fidelity if you have contributed to another employer plan in 2020

Change your deferral amount and/or fund allocation at any time; you may borrow from your account for any reason.

Rollovers: You may at anytime transfer funds from a former employer qualified retirement plan into your 403(b) Plan.

To enroll or find out more information about the 403(b) plan

- After you receive your first paycheck, contact Fidelity directly at 1-800-343-0860, or [fidelity.com/atwork](https://www.fidelity.com/atwork).

Other Benefits

- **Tuition Reimbursement (Administered by Sentinel Benefits)**
 - reimburses 55% of tuition cost based on grade
 - maximums are per academic year and based on regularly scheduled hours:
 - Full-time employees: \$2,000 maximum, prorated for 30+ hour employees as defined in policy
 - Must submit signed application to Sentinel Benefits prior to course start date for pre-approval.

Call 800-292-9387 for tuition reimbursement policy, form and instructions

- **Hyatt Legal Plan**
 - Access to attorneys who provide a wide array of legal services for you, your spouse, and/or your eligible dependent children, such as:
 - Real Estate, Financial, Family Law, Immigration Assistance, Elder Law
 - Plan information and list of participating attorneys can be found on NIC

Benefit Enrollment Process

30 days from your benefit eligibility date to enroll in your benefits

Enroll electronically through Colleague Connection and print a confirmation statement upon completion

After 30 days have passed since your eligibility, you are restricted from making changes to your benefit elections until the next annual Open Enrollment period, held in November, unless you have a qualifying life event during the year as defined on next slide.

If you do not enroll within 30 days, you will only be covered under the basic life insurance and long-term disability plans.

Qualifying Life Events

Changing Your Elections outside of Open Enrollment

You must notify us within **30** days of family status change/qualifying event except as noted below

- Marriage
- Divorce
- Birth or adoption of a child
- Death of your spouse or dependent child
- Gain or loss of coverage through another source
- Spouse's open enrollment
- Gain or loss of eligibility for subsidy from MassHealth or CHIP (within 60 days)
- Gain or loss of coverage through MassHealth or CHIP (within 60 days)
- Eligibility for Medicare
- Eligibility for special enrollment period for Massachusetts Health Connector

Need assistance?

For benefit questions and information:

- Contact our Benefits Helpline:
 - Phone: [781-744-3539](tel:781-744-3539)
 - Email: LaheyBenefits@Lahey.org

- Refer to NIC for Benefit Summaries and information