

# Benefits Summary 2020

## Beverly Hospital and Addison Gilbert Hospital

Nurses

We are pleased to offer a highly competitive and innovative benefits package to you and your family. The following summary is an overview of your benefits program. For more details, please refer to the benefits section of your local intranet site or contact the Benefits Help Line at 781-744-3539 or [laheybenefits@lahey.org](mailto:laheybenefits@lahey.org).

### Before You Enroll, Log on to Colleague Connection to:

- Verify your personal information (address, date of birth, etc.)
- Verify your dependent information
- Confirm all Social Security numbers
- Add new or update listed beneficiaries

### Dependent Eligibility

Please be aware that you are allowed to enroll dependents in medical, dental and vision plans only if they fit into one of the categories noted below:

- Legal spouse;
- Children and stepchildren to age 26 and disabled dependents to any age; and
- Children of your eligible covered children and stepchildren.

**Note:** Ex-spouses are not eligible for medical coverage regardless of court order.

## Benefits Overview

Colleagues who are regularly scheduled to work 20 hours or more per week are eligible to participate in benefits. New hires are eligible on the first day of employment and colleagues who transfer into a benefits-eligible role are eligible on the effective date of the transfer. You and your eligible dependents have the opportunity to select the benefits and coverage levels that best suit your needs. Please note that colleagues have up to 30 days to enroll in benefits from the date of hire or date of benefits eligibility change.

Page two (2) lists the 2020 per pay period costs for benefits based on your enrollment level and regularly scheduled work hours.

### Medical Insurance

You have a choice of three medical plans administered by Harvard Pilgrim Health Care: Domestic & Community HMO, HMO Plus and the Tiered POS. Please see the medical plan comparison chart for a summary of benefits for the plans. Please note that prescription drug coverage is provided by CVS Caremark and you will receive a separate ID card if you enroll in a employer-sponsored medical plan.

### Dental Insurance

Dental insurance is available through Delta Dental of Massachusetts. We offer you a choice between two PPO Plus Premier plans – High Option and Low Option. Please see the enclosed dental chart for a summary of benefits.

### Vision Insurance

Vision insurance is available through EyeMed with a large choice of vision providers.

### Flexible Spending Accounts

- **Healthcare Spending Account** – Used to pay for eligible out-of-pocket medical, dental and vision care expenses for yourself and your eligible dependent(s). You may contribute in pre-tax dollars up to \$2,700.
- **Dependent Care Spending Account** – 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). You may contribute in pre-tax dollars up to \$5,000 per family (subject to IRS testing).  
**Dependent healthcare expenses are not eligible for reimbursement with this account; those expenses may be covered with a Healthcare FSA.**

**IMPORTANT:** If you want to participate in an FSA, **you must enroll each year (FSA elections do NOT carry over to the next year)** and elect an annual goal amount. You must use the amount you set aside in your account by the deadline (March 15, 2021) or you will lose any remaining funds. If you continue to participate in the FSA, simply keep your Benny card and your new balance will be loaded each year.

## Colleague Bi-Weekly Medical, Dental and Vision Contributions

MEDICAL	35+ Hours	30-34.9 Hours	20-29.9 Hours
<b>Harvard Pilgrim – Domestic and Community HMO</b>			
Individual Only	\$48.12	\$58.44	\$131.85
Individual + Spouse	\$110.44	\$232.14	\$517.42
Individual + Child/ren	\$83.90	\$162.47	\$339.64
Individual + Family	\$154.80	\$268.28	\$540.86
<b>Harvard Pilgrim – HMO Plus</b>			
Individual Only	\$87.59	\$97.91	\$198.36
Individual + Spouse	\$221.82	\$392.56	\$509.66
Individual + Child/ren	\$184.90	\$306.93	\$389.16
Individual + Family	\$281.31	\$432.09	\$572.93
<b>Harvard Pilgrim – Tiered POS</b>			
Individual Only	\$107.67	\$167.37	\$214.50
Individual + Spouse	\$255.72	\$433.71	\$550.81
Individual + Child/ren	\$217.19	\$339.22	\$421.45
Individual + Family	\$323.19	\$480.52	\$621.37
DENTAL	35+ Hours	30-34.9 Hours	20-29.9 Hours
<b>Delta Dental PPO Plus Premier – High Option</b>			
Individual Only	\$10.14	\$13.99	\$17.85
Individual + Spouse	\$17.65	\$24.35	\$31.04
Individual + Child/ren	\$17.55	\$24.12	\$30.68
Individual + Family	\$29.65	\$40.85	\$52.04
<b>Delta Dental PPO Plus Premier – Low Option</b>			
Individual Only	\$3.24	\$5.57	\$7.91
Individual + Spouse	\$5.63	\$9.49	\$13.35
Individual + Child/ren	\$5.25	\$9.18	\$13.11
Individual + Family	\$9.25	\$16.02	\$22.80
VISION	35+ Hours	30-34.9 Hours	20-29.9 Hours
<b>EyeMed</b>			
Individual Only	\$3.05	\$3.05	\$3.05
Individual + Spouse	\$7.32	\$7.32	\$7.32
Individual + Child/ren	\$6.10	\$6.10	\$6.10
Individual + Family	\$8.53	\$8.53	\$8.53

## Life Insurance

We provide you with Basic Life Insurance up to one times your annual base pay (maximum benefit \$500,000) at no cost to you. For added protection, you may purchase Supplemental Life Insurance for yourself equal to an additional one to five times your base pay up to \$1,750,000. Accidental Death and Dismemberment (AD&D) Insurance and Dependent Life Insurance for your spouse and/or children are also offered. *If you decline coverage at your initial eligibility window and apply for coverage at a later date, you will be required to submit evidence of insurability (EOI), subject to carrier approval.*

## Coverage Options for Married Colleagues

Coverage options for AD&D and Dependent Life coverage will vary for married colleagues who both work at legacy Lahey Health. Please contact the **Benefits HelpLine** at **781-744-3539** before you or your spouse select an option.

## Disability Insurance

You may purchase Short-Term Disability (STD) insurance coverage, which is based on 60 percent of your weekly base pay, up to a weekly maximum of \$3,000 after a 7-day elimination period. We provide you with Long-Term Disability (LTD) coverage equal to 60 percent of your monthly base pay, up to a monthly maximum of \$10,000. Both Short-Term and Long-Term Disability Insurance protect against loss of income if you are ill or disabled. *If you decline short-term disability coverage at your initial eligibility and apply for coverage at a later date, you will be required to submit statement of health, subject to carrier approval.*

## Lahey Outpatient Pharmacy & BIDMC Retail Pharmacy Benefit

Colleagues and dependents enrolled in one of our medical plans who use the outpatient pharmacies in Burlington and Peabody or the BIDMC retail pharmacy are able to use their CVS Caremark prescription card to pay a small fixed copay for any covered medication.

- Pay just \$5 for a 30-day retail supply
- Pay just \$10 for a 90-day supply through the pharmacy or home delivery

As an added convenience, colleagues can take advantage of ScriptCenter in Burlington's main lobby. ScriptCenter provides automated dispensing for refilled prescriptions of non-controlled drugs and is available 24/7.

## Dental Plan Coverage in 2020

	<b>Delta Dental PPO Plus Premier High Option</b> <i>In-Network Benefit</i>	<b>Delta Dental PPO Plus Premier Low Option</b> <i>In-Network Benefit</i>
<b>Annual Deductible</b>	\$50 Per Individual \$150 Per Family	\$25 Per Individual \$75 Per Family
<b>Calendar Year Maximum</b>	\$5,000 Per Person	\$1,000 Per Person
<b>Preventive Care</b>	100%, no deductible	100%, no deductible
<b>Basic Restorative</b>	80%, after deductible	60%, after deductible
<b>Major Restorative Services</b>	50%, after deductible	Not Covered
<b>Orthodontia Coverage</b> <i>(for dependents to age 19)</i>	Covered at 50% up to a separate Lifetime Maximum of \$1,000	Not Covered
<b>Rollover Benefit</b>	Up to \$750 of unused calendar year maximum expenses may roll into the next Calendar Year*	Not Available

\* To qualify for Rollover Max, you must receive at least one cleaning or oral exam in the calendar year. You must be enrolled for dental coverage before the 4th quarter of the plan year (10/1-12/31) and your paid claims must not exceed \$1,000. The accumulated rollover total cannot exceed \$1,500.

Both plans also provide reimbursement for care received from providers outside the Delta Dental PPO and Delta Dental Premier network. Non-participating providers may balance bill you; see the Dental Plan summary on your local intranet site for more information on out-of-network benefits.

## EyeMed Vision Plan Coverage in 2020

	<b>EyeMed Vision Plan</b> <i>In-Network Benefit**</i>	<b>Frequency</b>
<b>Routine Eye Exam</b>	Covered in Full	12 months
<b>Standard Lenses</b>	Covered in Full	12 months
<b>Frames</b>	\$175 Allowance 20% discount on amount over allowance	24 months
<b>Contact Lenses</b>	\$175 Allowance 15% discount on amount over allowance	12 months
– <b>Conventional</b>	\$175 Allowance 15% discount on amount over allowance	12 months
– <b>Medically Necessary</b>	Covered in Full	12 months

\*\* The plan also provides reimbursement for care received from out-of-network providers according to a schedule found on [www.eyemed.com](http://www.eyemed.com).

You can access in-network vision coverage at the two Lahey Optical Shops in Burlington and Peabody.

# Retirement Benefits

## 403(b) Retirement Savings Plan

Colleagues are eligible to voluntarily enroll in the 403(b) Plan upon hire. The 403(b) Retirement Savings Plan is administered by Fidelity and allows you to defer taxes on contributions and earnings as you save for retirement.

You may elect to contribute up to the annual IRS contribution limit, with an additional catch-up contribution permitted if you are age 50 or older. If you have made contributions to a retirement plan with a prior employer in the same year, you will be responsible for adjusting your deferrals based on the IRS contribution limits.

**Enrollment:** Assistance is available by calling Fidelity Customer Service at 800-343-0860 or [www.fidelity.com/atwork/](http://www.fidelity.com/atwork/).

**Note: Transferring from within any Beth Israel Lahey Health affiliate does not allow access to your vested account balance; you must terminate all employment with Beth Israel Lahey Health or be over age 59 1/2 to have access to your vested account.**

## Defined Benefit Pension Plan

Beverly Hospital, Addison Gilbert Hospital, Northeast Medical Practice and The Lahey OutPatient Center Danvers provide a Defined Benefit Pension Plan for its colleagues. The plan is a Cash Balance Plan and is offered for all new colleagues. Colleagues must be 21 years of age and work at least 1,000 hours within their first 12 months of employment or within a calendar year to become a participant in the plan. Colleagues become vested after three years of participation in the plan.

**Note: Transferring from within any Beth Israel Lahey Health affiliate does not allow access to your vested account balance; you must terminate all employment with Beth Israel Lahey Health or be over age 59 1/2 to have access to your vested account.**

## Earned Time Accrual Schedule\*

Regularly Scheduled Weekly Hours	Bi-weekly Accrual ET Hours	Annual Accrual ET Hours	Maximum Accrual ET Hours
<b>NHC Union</b>			
40.00	9.23	240	400
38.75	8.94	233	400
36.00	8.31	216	400
32.00	7.38	192	400
30.00	6.92	180	400
24.00	5.54	144	400
20.00	4.62	120	400

\*These accrual rates are for new colleagues. The accrual rates increase with greater years of service.

## Additional Benefits

**Employee Assistance Program (EAP)** — Our EAP, through GuidanceResources®, delivers confidential support, resources and information for personal and work-life issues.

**Legal Plan** — You can elect to participate in the MetLaw Legal Plan administered by Hyatt Legal Plans, a MetLife® Company. You'll have access to a network of attorneys who provide a wide array of legal services for you, your spouse and/or your eligible dependent children.

**METPAY** — MetLife's Auto & Home METPAY program offers a personal property insurance program that allows colleagues to obtain auto, home, boat and renter's insurance at a discounted rate. Enrollment in the METPAY program allows you to pay for your insurance(s) through convenient payroll deductions.

**Pet Insurance** — You may purchase pet insurance coverage through Veterinary Pet Insurance (VPI) at a discount.

**Travel Accident Insurance** — We provide a travel accident insurance policy with limits up to \$500,000. This coverage is for accidental death or dismemberment while away on any company business anywhere in the world.

**Tuition Assistance** — If you are regularly scheduled to work 24 hours or more per week and have satisfactorily completed 120 days of continuous employment from your most recent date of hire, Northeast Hospital Corporation ("NHC") will reimburse up to a total reimbursement of \$2,000 per calendar year, per RN. Please see MNA Collective Bargaining Agreement.

## Colleague Time Away

**Paid Time Off** — You are eligible for Paid Time Off (PTO) if you are regularly scheduled to work 20 or more hours per week. PTO is accrued bi-weekly based on your hours worked up to 40 hours, years of service and position. You may use PTO when you are away from work for vacations, holidays, illnesses or personal reasons. Newly benefits-eligible colleagues begin accruing PTO on their date of hire and may start using it following 90 days of employment. If a holiday occurs within the first 90 days, you will be paid from your PTO bank.

**2020 Earned Time Cash-In at Open Enrollment** — The 2020 Earned Time (ET) Cash-In will be offered at open enrollment in Colleague Connection for all NHC bi-weekly paid colleagues. Eligible bi-weekly colleagues may elect a cash-in with the option of two (2) pay-out dates in 2020: April and/or October.

**The maximum amount of ET allowed to cash-in is as follows:**

- Two (2) weeks in April, or
- Two (2) weeks in April and two (2) weeks in October, or
- Four (4) weeks in October

You must have a minimum balance of 40 hours remaining in the ET bank after cash-in. The amount of ET cashed must be a minimum of eight (8) hours. For any questions with Earned Time, please contact the **Benefits Helpline** at **781-744-3539, prompt 6**.

**Family & Medical Leave (FMLA)** — After completing 12 months of employment and having worked at least 1,250 hours in the past 12 months, you may be eligible for up to 12 weeks of job-protected, unpaid leave in a rolling 12-month period. Reasons for leave include birth/care of a child, adoption/foster care, care of an immediate family member with a serious health condition, your own serious health condition, care for an injured service member or a qualifying exigency (up to 26 weeks benefit).

# Resources

Contact the Benefits Help Line at 781-744-3539 for questions regarding enrollment deadlines.

	Carrier	Contact Information
<b>Benefits Department</b>	Benefits HelpLine	781-744-3539 <a href="mailto:laheybenefits@lahey.org">laheybenefits@lahey.org</a>
<b>Medical</b>	Harvard Pilgrim Health Care	888-333-4742 <a href="http://harvardpilgrim.org/bilh">harvardpilgrim.org/bilh</a>
<b>Prescription Drug</b>	CVS Caremark  Lahey Outpatient Pharmacies  BIDMC Pharmacy	866-329-3056 <a href="http://caremark.com">caremark.com</a>  Burlington: Peabody: 781-744-8658 P 978-538-4150 P 781-744-5259 F 978-538-4700 F  617-667-6200 <a href="http://bidmc.org/pharmacy">bidmc.org/pharmacy</a>
<b>Dental</b>	Delta Dental	800-872-0500 <a href="http://deltadentalma.com">deltadentalma.com</a>
<b>Vision</b>	EyeMed	866-939-3633 <a href="http://eyemedvisioncare.com">eyemedvisioncare.com</a>
<b>Life Insurance</b>	Voya	800-955-7736
<b>Disability</b>	MetLife	866-729-9201 <a href="http://metlife.com/mybenefits">metlife.com/mybenefits</a>
<b>Leave of Absence</b>	FMLASource	844-587-1700 <a href="http://fmlasource.com">fmlasource.com</a>
<b>Retirement</b>	Fidelity	800-343-0860 <a href="http://fidelity.com/atwork">fidelity.com/atwork</a>
<b>Flexible Spending Accounts</b>	Sentinel Benefits	800-292-9387 <a href="http://sentinelgroup.com/lahey">sentinelgroup.com/lahey</a>
<b>Group Legal</b>	MetLaw (Hyatt Legal)	800-821-6400 <a href="http://info.legalplans.com">info.legalplans.com</a> Access Code: 6770010
<b>Auto &amp; Home Insurance</b>	METPAY (MetLife)	800-438-6388 <a href="http://metlife.com/auto">metlife.com/auto</a>
<b>Pet Insurance</b>	VPI	877-738-7874 <a href="http://petsvpi.com">petsvpi.com</a>
<b>Tuition Assistance</b>	Sentinel Benefits	800-292-9387 <a href="http://www.sentinelgroup.com/lahey">www.sentinelgroup.com/lahey</a>
<b>Employee Assistance Program</b>	GuidanceResources	844-266-0704 <a href="http://guidanceresources.com">guidanceresources.com</a> WebID: LAHEYHEALTH
<b>Colleague Discounts</b>	Working Advantage Discount Program	800-565-3712 <a href="http://workingadvantage.com/laheyhealth">workingadvantage.com/laheyhealth</a>

This guide is intended for benefits-eligible colleagues only. Complete details of our benefit plans are included in the official plan documents. If there is any difference between the information presented in this summary 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. We reserve the right to amend, modify or terminate any of the plans in any manner in whole or part, at any time.