

2021 Bi-Weekly Employee Benefit Contributions

Lahey Hospital & Medical Center

Beth Israel Lahey Health



MEDICAL	30+ Hours	20-29 Hours
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Harvard Pilgrim – Domestic & Community HMO

Employee Only	\$30.31	\$89.54
Employee + Spouse	\$74.84	\$388.92
Employee + Child(ren)	\$64.42	\$265.73
Employee + Family	\$123.80	\$428.07

Harvard Pilgrim – HMO Plus*

Employee Only	\$73.99	\$189.84
Employee + Spouse	\$205.82	\$506.21
Employee + Child(ren)	\$175.86	\$385.30
Employee + Family	\$268.90	\$564.08

Harvard Pilgrim – Tiered POS

Employee Only	\$100.51	\$213.00
Employee + Spouse	\$252.02	\$566.55
Employee + Child(ren)	\$218.75	\$431.64
Employee + Family	\$324.83	\$633.60

Harvard Pilgrim PPO (for currently enrolled plan members only)

Employee Only	\$249.18	\$377.23
Employee + Spouse	\$650.25	\$958.47
Employee + Child(ren)	\$515.86	\$787.48
Employee + Family	\$778.44	\$1,073.69

*Including HMO Plus Out-of-Area Plan

DENTAL	30+ Hours	20-29 Hours
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Delta Dental – Low Option

Employee Only	\$8.22	\$9.48
Employee + Spouse	\$17.63	\$20.07
Employee + Child(ren)	\$17.50	\$18.73
Employee + Family	\$24.79	\$28.98

Delta Dental – High Option

Employee Only	\$19.87	\$21.48
Employee + Spouse	\$41.27	\$44.37
Employee + Child(ren)	\$40.16	\$41.73
Employee + Family	\$59.78	\$65.13

VISION

EyeMed	Low Option	High Option
Employee Only	\$2.05	\$3.96
Employee + Spouse	\$4.06	\$9.52
Employee + Child(ren)	\$4.06	\$7.93
Employee + Family	\$6.07	\$11.10

Questions?

Please contact the BILH Benefits Helpline by calling 888-402-1884 or emailing BILHbenefits@sentinelgroup.com.

Supplemental Life and Voluntary AD&D Contributions and Calculation Instructions

Supplemental Employee & Spouse Life Insurance Rates

Employee or Spouse Age	Bi-Weekly Rate per \$1,000 of Coverage
Under 25	\$0.018
25-29	\$0.023
30-34	\$0.028
35-39	\$0.032
40-44	\$0.037
45-49	\$0.051
50-54	\$0.083
55-59	\$0.150
60-64	\$0.217
65-69	\$0.443
70+	\$0.715

Supplemental Employee & Spouse Life Insurance

Use the steps below to calculate the estimated bi-weekly premium for you and your spouse based on the amount of insurance elected; you can also find your rates on your benefits enrollment site.

Step 1: Enter the rate based on your age:	\$
Step 2: Take the amount of desired insurance coverage and divide it by 1,000: (EXAMPLE: For \$150,000 of coverage, enter \$150)	\$
Step 3: Multiply line 1 and 2 to get your bi-weekly cost:	\$
Step 4: Repeat steps 1-3 for spouse if elected	\$

Voluntary Accidental Death & Dismemberment (AD&D) Insurance Rates

Coverage Levels	Bi-Weekly Rate per \$1,000 of Coverage
Employee	\$0.007
Spouse	\$0.012

Voluntary AD&D Insurance

Use the steps below to calculate the estimated bi-weekly premium for you and your spouse based on the amount of insurance elected; you can also find your rates on your benefits enrollment site.

Step 1: Enter the rate per \$1,000:	\$
Step 2: Take the amount of desired insurance coverage and divide it by 1,000: (EXAMPLE: For \$150,000 of coverage, enter \$150)	\$
Step 3: Multiply line 1 and 2 to get your bi-weekly cost:	\$
Step 4: Repeat steps 1 - 3 if you are covering spouse	\$

Child Life and AD&D Insurance Bi-Weekly Rates

Coverage Amount	Life	AD&D
\$10,000	\$0.550	\$0.120
\$15,000	\$0.825	\$0.180

Disability Contributions and Calculation Instructions

Voluntary Short-Term Disability Rates - Per \$10 Total Bi-Weekly Benefit

	60% of Pay			75% of Pay
	7-Day Elimination Period	14-Day Elimination Period	30-Day Elimination Period	7-Day Elimination Period
Under 25	\$0.06	\$0.05	\$0.04	\$0.07
25-29	\$0.15	\$0.13	\$0.11	\$0.18
30-34	\$0.28	\$0.25	\$0.20	\$0.35
35-39	\$0.21	\$0.19	\$0.15	\$0.26
40-44	\$0.14	\$0.12	\$0.11	\$0.18
45-49	\$0.14	\$0.12	\$0.11	\$0.17
50-54	\$0.18	\$0.15	\$0.13	\$0.22
55-59	\$0.21	\$0.20	\$0.20	\$0.25
60-64	\$0.28	\$0.28	\$0.27	\$0.35
65-69	\$0.34	\$0.33	\$0.32	\$0.42
70+	\$0.34	\$0.33	\$0.32	\$0.42

Voluntary Short-Term Disability

You may purchase Short-Term Disability (STD) insurance coverage, which is based on either 60% or 75% of your bi-weekly base pay, up to a weekly maximum of \$3,000. To calculate your estimated cost:

Step 1: Divide your annual salary by 52 and then divide by 10, then multiply by 0.6 or .75 to get the base benefit amount:

\$

Step 2: Enter the rate from the table above for the amount of coverage and your age:

\$

Step 3: Multiply line 1 and 2 to get your bi-weekly cost:

\$

Long-Term Disability Buy-Up Rates - Per \$100 Bi-Weekly Covered Payroll

Under 25	\$0.02
25-29	\$0.03
30-34	\$0.05
35-39	\$0.08
40-44	\$0.12
45-49	\$0.17
50-54	\$0.20
55-59	\$0.24
60-64	\$0.21
65-69	\$0.13
70+	\$0.08

Long-Term Disability

You may purchase Long-Term Disability (LTD) buy-up insurance coverage (in addition to the BILH-provided Basic LTD coverage), which provides a benefit of 66 2/3% of your monthly base pay, up to a monthly maximum of \$15,000. To calculate your estimated cost:

Step 1: Divide your annual salary by 12 and then divide by 100 to get the base benefit amount (For example, For \$5,000 monthly earnings, enter \$50):

\$

Step 2: Enter the rate from the table above:

\$

Step 3: Multiply line 1 and 2 to get your cost per paycheck:

\$

Voluntary Insurance Contributions

Critical Illness Low Plan

Age	EE Only	EE + Spouse	EE + Child	Family
Under 25	\$2.73	\$6.36	\$3.81	\$7.44
25-29	\$2.87	\$6.71	\$3.95	\$7.79
30-34	\$3.15	\$7.26	\$4.22	\$8.34
35-39	\$3.70	\$8.37	\$4.78	\$9.45
40-44	\$4.88	\$11.07	\$5.95	\$12.15
45-49	\$7.23	\$16.96	\$8.31	\$18.03
50-54	\$10.69	\$26.10	\$11.77	\$27.17
55-59	\$16.51	\$40.91	\$17.58	\$41.99
60-64	\$23.16	\$57.73	\$24.23	\$58.81
65-69	\$30.84	\$76.50	\$31.92	\$77.57
70+	\$42.82	\$102.66	\$43.89	\$103.74

Critical Illness High Plan

Age	EE Only	EE + Spouse	EE + Child	Family
Under 25	\$4.60	\$11.00	\$6.75	\$13.15
25-29	\$4.88	\$11.70	\$7.02	\$13.84
30-34	\$5.43	\$12.80	\$7.58	\$14.95
35-39	\$6.54	\$15.02	\$8.69	\$17.16
40-44	\$8.89	\$20.42	\$11.04	\$22.56
45-49	\$13.60	\$32.19	\$15.75	\$34.33
50-54	\$20.52	\$50.46	\$22.67	\$52.61
55-59	\$32.16	\$80.10	\$34.30	\$82.24
60-64	\$45.45	\$113.74	\$47.59	\$115.89
65-69	\$60.82	\$151.26	\$62.96	\$153.41
70+	\$84.77	\$203.60	\$86.92	\$205.75

Hospital Indemnity

EE Only

EE + Spouse

EE + Child

Family

\$5.58

\$9.55

\$8.94

\$12.90

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