Benefits Summary 2020

Lahey Hospital & Medical Center

Executives and Physicians

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.

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 Monthly Medical, Dental and Vision Contributions

MEDICAL

35+

Hours

30-34.9

Hours

20-29.9

Hours

Harvard Pilgrim – Domestic and Community HMO			
Individual Only	\$99.01	\$99.01	\$227.33
Individual + Spouse	\$212.16	\$386.04	\$892.67
Individual + Child/ren	\$172.91	\$290.71	\$609.07
Individual + Family	\$318.24	\$486.06	\$977.49
Harvard Pilgrim – HMO Plus			
Individual Only	\$193.64	\$193.64	\$444.65
Individual + Spouse	\$495.94	\$902.40	\$1,146.79
Individual + Child/ren	\$414.37	\$696.69	\$868.15
Individual + Family	\$632.61	\$966.21	\$1,272.17
Harvard Pilgrim – Tiered PC	S		
Individual Only	\$251.11	\$386.39	\$494.83
Individual + Spouse	\$596.05	\$1,017.58	\$1,277.52
Individual + Child/ren	\$507.28	\$785.08	\$968.56
Individual + Family	\$753.80	\$1,100.07	\$1,422.79
DENTAL	\$753.80 35+ Hours	\$1,100.07 30-34.9 Hours	\$1,422.79 20-29.9 Hours
	35+ Hours	30-34.9 Hours	20-29.9
DENTAL	35+ Hours	30-34.9 Hours	20-29.9
DENTAL Delta Dental PPO Plus Prem	35+ Hours nier – High O	30-34.9 Hours	20-29.9 Hours
DENTAL Delta Dental PPO Plus Prem Individual Only	35+ Hours nier – High O \$35.16	30-34.9 Hours ption \$38.66	20-29.9 Hours \$42.14
DENTAL Delta Dental PPO Plus Prem Individual Only Individual + Spouse	35+ Hours nier – High O \$35.16 \$76.91	30-34.9 Hours ption \$38.66 \$83.63	20-29.9 Hours \$42.14 \$90.37
DENTAL Delta Dental PPO Plus Prem Individual Only Individual + Spouse Individual + Child/ren	35+ Hours ier – High O \$35.16 \$76.91 \$77.20 \$106.20	30-34.9 Hours ption \$38.66 \$83.63 \$78.65 \$117.79	\$42.14 \$90.37 \$84.00
DENTAL Delta Dental PPO Plus Prem Individual Only Individual + Spouse Individual + Child/ren Individual + Family	35+ Hours ier – High O \$35.16 \$76.91 \$77.20 \$106.20	30-34.9 Hours ption \$38.66 \$83.63 \$78.65 \$117.79	\$42.14 \$90.37 \$84.00
DENTAL Delta Dental PPO Plus Prem Individual Only Individual + Spouse Individual + Child/ren Individual + Family Delta Dental PPO Plus Prem	35+ Hours sier – High O \$35.16 \$76.91 \$77.20 \$106.20 sier – Low Op	30-34.9 Hours ption \$38.66 \$83.63 \$78.65 \$117.79	\$42.14 \$90.37 \$84.00 \$129.36
DENTAL Delta Dental PPO Plus Prem Individual Only Individual + Spouse Individual + Child/ren Individual + Family Delta Dental PPO Plus Prem Individual Only	35+ Hours sier – High O \$35.16 \$76.91 \$77.20 \$106.20 sier – Low O _I	30-34.9 Hours ption \$38.66 \$83.63 \$78.65 \$117.79 ption \$14.37	\$42.14 \$90.37 \$84.00 \$129.36
DENTAL Delta Dental PPO Plus Prem Individual Only Individual + Spouse Individual + Child/ren Individual + Family Delta Dental PPO Plus Prem Individual Only Individual + Spouse	35+ Hours sier – High O \$35.16 \$76.91 \$77.20 \$106.20 sier – Low Op \$11.64 \$28.41	30-34.9 Hours ption \$38.66 \$83.63 \$78.65 \$117.79 ption \$14.37 \$33.68	\$42.14 \$90.37 \$84.00 \$129.36 \$17.10 \$38.96

VISION	35+ Hours	30-34.9 Hours	20-29.9 Hours
EyeMed			
Individual Only	\$6.60	\$6.60	\$6.60
Individual + Spouse	\$15.85	\$15.85	\$15.85
Individual + Child/ren	\$13.21	\$13.21	\$13.21
Individual + Family	\$18.49	\$18.49	\$18.49

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.

Salary Continuation

If you are unable to work due to your own illness, injury or a combination of illnesses, you may be eligible for paid sick leave in the amount of your regular salary up to a maximum of 26 weeks, within a rolling 24-month period. After 26 weeks of disability, your Long-Term Disability Insurance coverage would begin. Please refer to the Physician and Executive Time Away Guidelines on your local intranet site.

Disability Insurance

We provide you with Basic Long-Term Disability (LTD) Insurance coverage equal to 60 percent of your weekly base pay (maximum of \$10,000 monthly benefit, less other disability income benefits), which protects against loss of income if you are ill or disabled. For added protection, you may also purchase Buy-up Long-Term Disability for coverage equal to 70 percent of your monthly base pay (Combined Basic and Buy-up Long-Term Disability coverage will have a maximum of \$27,040 monthly benefit, less other disability income benefits). If you decline 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

	Delta Dental PPO Plus Premier High Option In-Network Benefit	Delta Dental PPO Plus Premier Low Option In-Network Benefit
Annual Deductible	\$50 Per Individual \$150 Per Family	\$25 Per Individual \$75 Per Family
Calendar Year Maximum	\$5,000 Per Person	\$1,000 Per Person
Preventive Care	100%, no deductible	100%, no deductible
Basic Restorative	80%, after deductible	60%, after deductible
Major Restorative Services	50%, after deductible	Not Covered
Orthodontia Coverage (for dependents to age 19)	Covered at 50% up to a separate Lifetime Maximum of \$1,000	Not Covered
Rollover Benefit	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

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

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

Retirement Benefits

403(b) Retirement Savings Plan

We provide retirement savings through a defined contribution plan. The 403(b) Retirement Savings Plan, administered by Fidelity Investments, allows you to defer taxes on contributions and earnings as you save for your retirement.

Also available is the Roth 403(b) feature which allows you to make after-tax contributions and take any associated earnings completely tax-free at retirement – as long as the distribution is a qualified one.

Enrollment: Assistance is available by calling Fidelity Customer Service at 800-343-0860 or www.fidelity.com/atwork/.

You may elect to contribute a percentage of your pay on a pre-tax basis to the 403(b) Plan anytime upon hire. Eligible new hires are automatically enrolled at 4 percent of pay after 30 days of employment, unless you choose to opt out. Newly eligible colleagues are not automatically enrolled and are required to call Fidelity.

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.

THERE ARE TWO COMPONENTS TO THIS PLAN:

- 1. Colleague voluntary contributions. Colleagues may elect to contribute a percentage of their pay on a pre-tax basis to the 403(b) Plan anytime upon hire; those who do not make an election will be auto-enrolled at 4 percent. Newly eligible colleagues must contact Fidelity. Also available is the Roth 403(b) feature which allows you to make after-tax contributions and take any associated earnings completely tax-free at retirement as long as the distribution is a qualified one. 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.
- **2. Employer Provided contributions.** Subject to eligibility and vesting requirements, we make contributions on behalf of colleagues to the 403(b) Plan.
 - Matching contributions If you make elective contributions, we will contribute \$0.50 for every dollar you defer, up to the first 4 percent of pay.
 - Non-elective core contributions Each year, we will automatically contribute a percentage of your pay based on your age as of January 1 of the plan year and is generally paid in the first quarter of the following year. A participant shall be deemed to be fully vested upon completion of three consecutive years with 1,000 hours. You must be employed on Dec. 31 for this contribution.

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.

457(b) Non-Qualified Deferred Compensation Plan

Subject to certain requirements, you may be eligible to participate in the 457(b) Non-Qualified Deferred Compensation Plan through Fidelity Investments. Your deferrals to the 457(b) Non-Qualified Deferred Compensation Plan would be in addition to the deferrals made to the 403(b) Retirement Savings Plan. Before you enroll in the 457(b) Plan, you should consider the amount you are contributing to the Lahey 403(b) Retirement Savings Plan. Thus, in 2020 you may be eligible to defer up to the IRS limit in your 457(b) account, in addition to the contributions you make to your 403(b) account. The IRS requires that all compensation deferred under the plan remain part of Beth Israel Lahey Health general assets and, therefore, is subject to certain risks.

A complete description of the Plan's crediting investment options and their performance, as well as planning tools to help you choose an appropriate mix, are available online at Fidelity NetBenefits or by contacting Lahey's onsite representative, Retirement Planner, Ken Kirwin, CFP® at 401-450-6206.

Colleague Time Away

Physicians and Executives are given access to the entire year's allotment of vacation time as of each January 1st. (Newly hired Physicians and Executives are given access to their pro-rated allotments for the calendar year of hire as of date of hire.) A year's allotment may be used at any time during the year, even if it has not yet been accrued, provided proper approval has been given. Physicians and Executives are encouraged to use a minimum of 15 vacation days each calendar year. If less than 15 days are used, they are automatically forfeited. (Note: Required annual use of all holidays is in addition to this requirement for 15 vacation days). Physicians and Executives hired after March 31st of a year may carryover all unused vacation days into the following calendar year. The maximum amount of vacation days that may be carried over annually is as follows: Physicians and Executives allotted four (4) weeks per year may carry over up to five (5) weeks; allotted five (5) or six (6) weeks per year may carry over up to eight (8) weeks.

Sale of Vacation Time — During open enrollment, Physicians and Executives regularly scheduled to work at least 20 hours per week will have the opportunity to irrevocably elect to sell an amount of vacation time that they are expected to accrue above the minimum usage requirement in the following calendar year. Of the following year's accrual, they may elect to sell up to one (1) week and a minimum of one (1) day. Payment for the sale of vacation time will occur in April 2020. For any questions regarding the sale of vacation time, please contact the Benefits Helpline at 781-744-3539, prompt 6.

Paid Holidays — You receive 10 paid holidays per year, pro-rated for those who work part-time schedules. Some of these are fixed and some are floating, depending on your work site. Floating holidays not taken within the calendar year are forfeited.

Professional Time — Full-time Physicians and Defined Medical Staff have the opportunity to take up to 20 days of professional time each year, pro-rated for part-time colleagues and those hired during the year. Professional time consists of Professional Educational time and Professional Participatory time:

- Each colleague is allotted \$2,500 per year for CMEs.
- Full-time colleagues may take up to seven (7) days of Educational time for programs that offer at least four (4) continuing medical education units per meeting day.
- Colleagues are also allowed to take up to 13 days of Participatory time for meetings where the colleague has a formal role that is greater than "attendee", such as presenter of papers, featured speaker, panelist or officer at a medical society meeting.

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).

Vacation Accrual Schedule*				
Regularly Scheduled Weekly Hours	Monthly Accrual VAC Hours	Annual Accrual VAC Hours	Maximum Carryover Hours	
Monthly 4 Week's Vacation	Monthly 4 Week's Vacation			
40.00	13.33	160	200	
38.75	12.92	155	193.75	
36.00	12.00	144	180	
32.00	10.67	128	160	
30.00	10.00	120	150	
24.00	8.00	96	120	
20.00	6.67	80	100	
Monthly 5 Week's Vacation				
40.00	16.67	200	320	
38.75	16.15	194	310	
36.00	15.00	180	288	
32.00	13.33	160	256	
30.00	12.50	150	240	
24.00	10.00	120	192	
20.00	8.33	100	160	

^{*}Please refer to the Physician Time Away Guidelines, posted on MassNet, for more details regarding the Vacation Accrual Schedule.

Additional Benefits

Adoption Reimbursement — We provide reimbursement for your eligible adoption-related expenses, up to \$6,000 per child.

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.

License Fees* — Initial and renewal fees for Massachusetts medical registration and narcotic licenses are paid.

Malpractice Insurance — We provide malpractice insurance. Coverage is extended for professional services of a medical nature performed anywhere in the world, while acting within the scope of your professional responsibilities for the organization, provided the original suit is brought in the USA, its territories or possessions, Canada or Bermuda.

Medical Education — We support continuing medical education by offering educational programs with Continuing Medical Education credits.

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.

Professional Dues° — We recognize the need for you to participate in various professional societies. Dues will be paid for the societies chosen by your department chair and approved by the Board of Governors, if applicable, up to a maximum of \$1,000.

Specialty Certification Board Examination® — Appointment to the senior staff is ordinarily dependent upon obtaining specialty or subspecialty board certification. We will, therefore, provide time off, fees, travel, hotel and per diem for the initial sitting of the specialty and/or subspecialty board examination. Application fees paid prior to your joining the organization will not be reimbursed. Five (5) working days of allowed education time may be utilized for review prior to the initial examination. We will support the expense of the recertification examination.

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 — Receive tuition assistance for approved undergraduate and graduate courses that begin after employment. Maximum reimbursement per academic year (Sept. 1 to Aug. 31), for courses in which you receive a grade of C or better for undergraduate or B or better for graduate, varies according to your regularly scheduled hours: 36 to 40 hours per week: up to \$2,000; 30 to 35 hours per week: up to \$1,600 and 20 to 29 hours per week: up to \$1,000.

*Physician Benefit

Benefits Summary 2020

Resources

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

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

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.