

Winchester Hospital

A member of Beth Israel Lahey Health

New Hire Benefits Orientation

Beth Israel Lahey Health 
Winchester Hospital

These slides are intended for benefits-eligible colleagues only. Complete details of the 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. Lahey Health reserves the right to amend, modify or terminate any of the plans in any manner in whole or part, at any time.

Benefits

Your benefits begin on first day of benefits-eligible employment

- Medical
- Dental
- Vision
- Health Care Flexible Spending Account (HCFSA)
- Dependent Care Flexible Spending Account (DCFSA)
- Life Insurance – Basic & Supplemental
- Accidental Death and Dismemberment (AD&D)
- Spouse & Dependent Child Life Insurance
- Short-Term Disability (STD)
- Long-Term Disability (LTD)
- Legal Plan

Winchester Benefits Intranet – “WinNet”

- From home page, click on Benefits Information link under Tools & Resources
- Benefits page opens up, links to all the benefits with summaries, rates, and contact information

WinNet

My Employment ▾

Tools & Resources ▾

Departments ▾

News & Events ▾

🔍 Search for policies, forms, msds, employees, or anything at al

Search

Sign In

Winchester Benefits Intranet – “WinNet”

- You will enroll in your benefits online, through Colleague Connection.
- Link to Colleague Connection is located on WinNet , top right hand section on the home page.

WinNet

[Epic](#) [mytime](#) [WebMail](#) [Remote Access](#) [Public Website](#)
[Colleague Connection](#)

Coverage Levels and Eligibility

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

- Legal spouse

- *Ex-spouses are not eligible to be covered in the medical plans regardless of court order*

- Children and stepchildren to age 26;

- Children of your eligible covered children and stepchildren

- Disabled dependent child of any age with documentation

Dependent verification will be required when adding dependents to your plan

Periodic dependent verification audits

Health Insurance

Medical Plan Options

- Domestic & Community HMO
- HMO Plus
- Tiered POS

Medical Plan Options – Tiering Options

Tiers are categories of participating providers and hospitals. Each provider and hospital falls into a tier, which determines your out of pocket cost.

Receiving services from a lower tiered provider or facility equals less out of pocket cost to you.

Enroll in one medical plan, use any tier of providers within that plan

<i>All three plans offer:</i>		<i>HMO Plus & Tiered POS offer:</i>
Tier 1	Tier 2	Tier 3
<p>All BILH Facilities & Providers</p> <p><u>Lowest out of pocket costs</u></p>	<p>Select Community Hospitals & Affiliated Providers</p> <p><u>Moderate out of pocket costs</u></p>	<p>Select Academic Medical Centers, some Community Hospitals & Affiliated Providers</p> <p><u>Highest out of pocket costs</u></p>

Medical Plan Options

Out of Area Option

HMO Plus only

- For employees who live 20 or more miles from any BILH Primary Care Physician
- Care provided by Tier 2 providers covered as if under Tier 1
- Eligibility based on home zip code; this option will appear in Colleague Connection as an enrollment choice if you are eligible

Domestic & Community HMO and Tiered POS

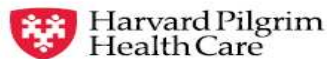
- *These plans do not have an out of area option*

Medical Plan Options - Hospital Comparison Chart

2020 Beth Israel Lahey Health Benefit Comparison

	Domestic & Community HMO Plan		HMO Plus Plan			Tiered POS Plan			Out-of-network (out of HPHC network) What you pay
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 3	In-Network			
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	
Annual deductible	\$500 per member \$1,000 per family	\$1,000 per member \$2,000 per family	None	\$1,000 per member \$2,000 per family	\$1,500 per member \$3,000 per family	None	\$500 per member \$1,000 per family	\$1,000 per member \$2,000 per family	\$2,000 per member \$4,000 per family
Annual medical out-of-pocket maximum	\$3,500 per member \$7,000 per family		\$3,500 per member \$7,000 per family			\$3,000 per member \$6,000 per family			
Annual Rx out-of-pocket maximum	\$3,000 per member \$6,000 per family		\$3,000 per member \$6,000 per family			\$3,000 per member \$6,000 per family			
Total annual out-of-pocket maximum	\$6,500 per member \$13,000 per family		\$6,500 per member \$13,000 per family			\$6,000 per member \$12,000 per family			
Preventive care visits	No charge		No charge			No charge			Deductible, then 30% coinsurance
PCP visits	\$30 copay	\$55 copay (\$30 copay for children up to age 19)	\$25 copay	\$55 copay (\$25 copay for children up to age 19)	\$85 copay	\$20 copay	\$30 copay (\$20 copay for children up to age 19)	\$40 copay	Deductible, then 30% coinsurance
Specialist visits	\$40 copay	\$65 copay (\$40 copay for children up to age 19)	\$35 copay	\$65 copay (\$35 copay for children up to age 19)	\$95 copay	\$30 copay	\$45 copay (\$30 copay for children up to age 19)	\$60 copay	Deductible, then 30% coinsurance
Outpatient mental health/ substance use (group and individual)	\$30 copay		\$25 copay			\$20 copay			Deductible, then 30% coinsurance
Inpatient mental health/ substance use	Tier 1 Deductible, then 10% coinsurance		No charge			No charge			Deductible, then 30% coinsurance
Emergency room (ER) treatment	\$200 copay		\$200 copay			\$150 copay			
Emergency admission	Tier 1 Deductible, then 10% coinsurance		No charge			No charge			
Urgent care (only HPHC participating urgent care centers)	\$40 copay	\$90 copay	\$35 copay	\$85 copay	\$125 copay	\$30 copay	\$70 copay	\$110 copay	Deductible, then 30% coinsurance
Hospital inpatient	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	No charge	Deductible, then 20% coinsurance (waived for children up to age 19)	Deductible, then 40% coinsurance	No charge	Deductible, then 10% coinsurance (waived for children up to age 19)	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance

[continue >](#)



Medical Plan Options - Hospital Comparison Chart

2020 Beth Israel Lahey Health Benefit Comparison

	Domestic & Community HMO Plan		HMO Plus Plan			Tiered POS Plan			Out-of-network (out of HPHC network) What you pay
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 3	In-Network			
						Tier 1	Tier 2	Tier 3	
Day surgery	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	No charge	Deductible, then 20% coinsurance (waived for children up to age 19)	Deductible, then 40% coinsurance	No charge	Deductible, then 10% coinsurance (waived for children up to age 19)	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Routine Eye Exam (one exam every 12 months)	\$40 copay	\$65 copay (\$40 copay for children up to age 19)	\$35 copay	\$65 copay (\$35 copay for children up to age 19)	\$95 copay (\$35 copay for children up to age 19)	\$30 Copay	\$45 copay (\$30 copay for children up to age 19)	\$60 copay (\$30 copay for children up to age 19)	Deductible, then 30% coinsurance
Short-Term Outpatient Therapy (PT/OT) (Hospital and non-hospital affiliated – combined limit of 72 visits per calendar year)	\$40 copay	\$65 copay (\$40 copay for children up to age 19)	\$35 copay	\$65 copay (\$35 copay for children up to age 19)	\$65 copay (\$35 copay for children up to age 19)	\$30 Copay	\$45 copay (\$30 copay for children up to age 19)	\$45 copay (\$30 copay for children up to age 19)	Deductible, then 30% coinsurance
Chiropractic Care (Up to 12 visits per calendar year)	\$40 copay	\$65 copay	\$35 copay	\$65 copay	\$65 copay	\$30 Copay	\$45 copay	\$45 copay	Deductible, then 30% coinsurance
Skilled Nursing Facility (100 days per calendar year)	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	No Charge			No Charge			Deductible, then 30% coinsurance
Lab/X-ray/diagnostic services and High-end radiology (MRI, CT, PET)									
In physician's office or non-hospital affiliated facility	No charge	\$75 copay	No charge	\$75 copay (waived for children up to age 19)	\$75 copay	No charge	\$75 copay (waived for children up to age 19)	\$75 copay	Deductible, then 30% coinsurance
In hospital or hospital affiliated facility	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	No charge	Deductible, then 20% coinsurance (waived for children up to age 19)	Deductible, then 40% coinsurance	No charge	Deductible, then 10% coinsurance (waived for children up to age 19)	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Prescription drugs									
BIDMC Pharmacy, home delivery service, and select Lahey outpatient pharmacies	\$5 (30-day supply), \$10 (90-day supply)								
30-day supply CVS Caremark: In-Network Pharmacies	\$15 (Generic), \$35 (Preferred brand), \$55 (Non-preferred brand)								
90-day supply CVS Caremark: In-Network Pharmacies	\$30 (Generic), \$70 (Preferred brand), \$165 (Non-preferred brand)								



Please refer to the Schedule of Benefits and Benefit Handbook for details and a complete list of benefits. The Schedule of Benefits and Benefit Handbook govern in any case in which the information in this document is different.



Medical Plan Options - Hospital Tiering List

BILH Hospitals – Domestic & Community HMO, HMO Plus and Tiered POS Plans

Please use the BILH provider directory at harvardpilgrim.org/bilh to find out whether your PCP and specialists participate in the network and what tier they're in. It's important to note that Tier 3 providers do not participate in the Domestic & Community HMO plan.

<p>Massachusetts – Tier 1 Hospitals</p> <p>Anna Jaques Hospital Beth Israel Deaconess Medical Center Beth Israel Deaconess Hospital-Needham Campus Beth Israel Deaconess Hospital-Milton Beth Israel Deaconess Hospital-Plymouth Lahey Hospital and Medical Center Mount Auburn Hospital New England Baptist Hospital Northeast Hospital Corporation (Addison Gilbert Hospital and Beverly Hospital) Winchester Hospital</p> <p>Massachusetts – Tier 2 Hospitals</p> <p>Athol Memorial Hospital Baystate Franklin Medical Center Baystate Noble Hospital Baystate Wing Hospital Berkshire Medical Center Boston Children's Hospital Boston Medical Center Charlton Memorial Hospital Fairview Hospital Floating Hospital for Children at Tufts Medical Center Harrington Memorial Hospital Health Alliance-Clinton Hospital (Burbank, Leominster & Clinton Campuses) Heywood Hospital Holyoke Medical Center, Inc. Lawrence General Hospital Marlborough Hospital Mercy Medical Center Nashoba Valley Medical Center Saint Vincent Hospital Signature Healthcare Brockton Hospital St. Luke's Hospital Sturdy Memorial Hospital The Cambridge Health Alliance Tobey Hospital</p> <p>Massachusetts – Tier 3 Hospitals</p> <p>Baystate Medical Center Brigham and Women's Hospital* Brigham and Women's Faulkner Hospital Cape Cod Hospital Carney Hospital Cooley Dickinson Hospital Dana-Farber Cancer Institute</p>	<p>Massachusetts – Tier 3 Hospitals (cont.)</p> <p>Emerson Hospital Falmouth Hospital Good Samaritan Medical Center Hallmark Health Systems (Lawrence Memorial Hospital and Melrose Wakefield Hospital) Holy Family Hospital Holy Family Hospital - Merrimack Valley Campus Lowell General Hospital Martha's Vineyard Hospital Massachusetts Eye and Ear Infirmary Massachusetts General Hospital* Metrovest Medical Center (Framingham Union Hospital and Leonard Morse Hospital) Milford Regional Medical Center, Inc. Morton Hospital and Medical Center Nantucket Cottage Hospital Newton Wellesley Hospital Northshore Medical Center (Salem Hospital and Union Hospital) Norwood Hospital Saint Anne's Hospital South Shore Hospital St. Elizabeth's Medical Center The Shriner's Hospital for Children (Boston and Springfield) Tufts Medical Center UMass Memorial Medical Center (Hahnemann, Memorial and University Campuses)</p> <p>Connecticut – Tier 2 Hospitals</p> <p>Bristol Hospital The Charlotte Hungerford Hospital Connecticut Children's Medical Center Danbury Hospital Day Kimball Hospital Griffin Hospital John Dempsey Hospital Johnson Memorial Medical Center Middlesex Hospital Milford Hospital Norwalk Hospital Prospect Manchester Hospital Prospect Rockville Hospital Sharon Hospital Saint Francis Hospital & Medical Center Saint Mary's Hospital St. Vincent's Medical Center Stamford Hospital Waterbury Hospital</p>	<p>Connecticut – Tier 3 Hospitals</p> <p>Bridgeport Hospital Greenwich Hospital Hartford Hospital Lawrence & Memorial Hospital MidState Medical Center The Hospital of Central Connecticut The William W. Backus Hospital Windham Community Hospital Yale-New Haven Hospital</p> <p>Maine – Tier 2 Hospitals</p> <p>Bridgton Hospital Calais Regional Hospital Cary Medical Center Down East Community Hospital Franklin Memorial Hospital Houlton Regional Hospital LincolnHealth MaineGeneral Medical Center Mayo Regional Hospital Mid Coast Hospital Millinocket Regional Hospital Mount Desert Island Hospital Northern Light A.R. Gould Hospital Northern Light Blue Hill Hospital Northern Light C.A. Dean Hospital Northern Light Inland Hospital Northern Light Maine Coast Hospital Northern Light Mercy Hospital Northern Light Sebasticook Valley Hospital Northern Maine Medical Center Penobscot Bay Medical Center Penobscot Valley Hospital Redington-Fairview General Hospital Rumford Hospital Southern Maine Health Care St. Joseph Hospital St. Mary's Regional Medical Center Stephens Memorial Hospital Waldo County General Hospital York Hospital</p> <p>Maine – Tier 3 Hospitals</p> <p>Central Maine Medical Center Northern Light Eastern Maine Medical Center Maine Medical Center</p> <p>New Hampshire – Tier 2 Hospitals</p> <p>Alice Peck Day Memorial Hospital Catholic Medical Center Cottage Hospital Franklin Regional Hospital Frisbie Memorial Hospital</p>	<p>New Hampshire – Tier 2 Hospitals (cont.)</p> <p>Huggins Hospital Monadnock Community Hospital New London Hospital Parkland Medical Center Southern NH Medical Center Speare Memorial Hospital St. Joseph Hospital The Cheshire Medical Center</p> <p>New Hampshire – Tier 3 Hospitals</p> <p>Androscoggin Valley Hospital Concord Hospital Elliot Hospital Exeter Hospital Lakes Region General Hospital Littleton Regional Hospital Portsmouth Regional Hospital Mary Hitchcock Memorial Hospital The Memorial Hospital Upper Connecticut Valley Hospital Valley Regional Hospital Weeks Medical Center Wentworth-Douglass Hospital</p> <p>Rhode Island – Tier 2 Hospitals</p> <p>Newport Hospital Our Lady of Fatima Hospital South County Hospital</p> <p>Rhode Island – Tier 3 Hospitals</p> <p>Kent County Memorial Hospital Miriam Hospital Rhode Island Hospital Roger Williams Medical Center Westerly Hospital Women and Infants Hospital</p> <p>Vermont – Tier 2 Hospitals</p> <p>Brattleboro Memorial Hospital Central Vermont Medical Center Gifford Medical Center Grace Cottage Hospital Mount Ascutney Hospital and Health Center North Country Hospital Northeastern Vermont Regional Hospital Porter Medical Center Springfield Hospital Southwestern Vermont Medical Center University of Vermont Medical Center</p> <p>New York – Tier 2 Hospitals</p> <p>Champlain Valley Physicians Hospital Elizabethtown Community Hospital</p>
---	--	--	---



*Includes satellite facilities and ancillary services.

cc8869 12_19

Medical Plan Options - Additional Things to know

- Medical emergency coverage worldwide under all medical plans
- You must choose a Primary Care Physician (PCP)
 - To find a PCP, or determine Tiers for providers and hospitals, please visit harvardpilgrim.org/bilh and choose “Find a Provider”
 - Please also refer to the Benefits Information link on WinNet to review the [Medical Comparison Chart](#), showing all medical plan designs side-by-side

Prescription Plan

- Enrollment in a medical plan also automatically enrolls you in the prescription benefit through CVS Caremark.
- You may go to **any** pharmacy within the CVS Caremark network, not just CVS pharmacies
- Prescription copays are per enrolled Harvard Pilgrim medical plan, and are shown at the bottom of the Medical Comparison Chart
- BIDMC Pharmacy, home delivery service, and select Lahey outpatient pharmacies pay \$5 (30-day supply)/\$10 (90-day supply)
- Separate CVS Caremark ID Card to be shown at pharmacy

Prescription Plan

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.**
- **You will be eligible to participate in the activities held from August through November 2020 to earn the points toward your 2021 Wellness Incentive (if continued).**

Dental Insurance

Dental Plan Options

- Two dental plan options through Delta Dental PPO Plus Premier.

Service	High Option	Low Option
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 Insurance

Vision Plan

- Lahey Select Vision Plan through EyeMed
- Plan benefits include:
 - Routine eye exams
 - Frames and lenses
 - Contact lenses in lieu of glasses
 - Refer to the EyeMed summary on the Benefits Information link on WinNet

Vision Plan

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

Flexible Spending Accounts

Flexible Spending Account Plan Options

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.**

Both plans have the following rules:

- **Use it or lose it**
- **Must re-elect each year at Open Enrollment**

Life Insurance

Basic Life Insurance Plan

- **Coverage through Voya**
- **Automatically enrolled at one times annual base pay**
- **Maximum benefit - \$500,000**
- **Beneficiary Information added during benefits enrollment. May be updated throughout the year.**
- **Has conversion option to guarantee issue non-group policy & rates within 31 days of termination of employment.**

Supplemental Life Insurance Plan

- **Coverage through Voya**
 - 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.

Accidental Death & Dismemberment Insurance Plan

- **Coverage through Voya**
- **Coverage for you and/or your covered dependents**
 - **\$ 50,000**
 - **\$100,000**
 - **\$150,000**
 - **\$250,000**
 - **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 as shown in next slide**
- **Beneficiary Information added during enrollment via Self-Service Colleague Connection.**

Spouse Life Insurance Plan

- **Coverage through Voya**
- **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 Plan

- **Coverage through Voya**
- **Choose from three levels of coverage**
 - **\$ 5,000**
 - **\$10,000**
 - **\$15,000**
- **No Evidence of Insurability required**

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.**

Disability Insurance

Short Term Disability Plan

- Coverage through MetLife
- Provides protection against loss of income in the event that you are unable to work due to illness, injury or childbirth
- Up to 67% (you may choose a flat amount based on your basic monthly pay), which would cover you up to 26 weeks
 - Maximum benefit of \$750.00 per week
 - There is a 30-day waiting period before claim can be paid
- 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.
- Waive coverage: *If you choose to waive STD during your new hire enrollment window and wish to enroll at a future Open Enrollment, you may be required to complete Evidence of Insurability through the insurance carrier. Coverage could be denied by the insurance carrier at that time.*

Long Term Disability Plan

- Coverage through MetLife
- If ill or disabled and unable to work indefinitely, ensures you receive part of your income following 180 days
- Automatically Enrolled - 60% of your basic monthly pay*
- Full time colleagues only
- Since Lahey Health pays 100 percent of your Basic Long Term Disability coverage, you will be taxed on any disability benefits paid to you.
 - *Up to age 65, or no longer disabled. Maximum benefit of \$15,000 per month.
- Pre-existing condition clause may apply

Legal Plan Insurance

Legal Plan

- Coverage through Hyatt (Metlife)
- Access to attorneys who provide a wide array of legal services for you, your spouse, and/or your eligible dependent children.

Representation for services such as:

- Estate Planning Documents, Real Estate, Financial Matters, Family Law, Immigration Assistance, Elder Law Matters and more.
- Plan information and list of participating attorneys can be found on WinNet

Retirement Plan

403(b) Retirement Savings Plan

- Fidelity Investments
- Long-term savings/retirement
- Tax deferred contributions and earnings
- Through payroll deduction, you may contribute between 1% and 100% of your eligible pay on a pre-tax basis.
- Maximum 2020 colleague contribution of \$19,500; plus \$6,500 “catch up” contribution if age 50 or over for a total of \$26,000

403(b) Retirement Savings Plan

- 403(b) Retirement Savings Plan
 - If you are age 21 or older, and a regular full-time or, regular part-time or a per diem employee you can get started making your own contributions anytime— there is no waiting period.
- Matching and Discretionary Core Contributions
 - Winchester Hospital helps your retirement savings grow by matching your contributions. Winchester Hospital will match \$.50 per \$1.00 you contribute to the Plan up to 4% of your annual salary. If you are an eligible employee scheduled to work at least 20 hours per week and have completed one year of service, you will receive a matching contribution each payroll period
 - In addition, even if you do not actively enroll in the Plan, Winchester Hospital may provide a discretionary Core contribution, if you are scheduled to work at least 20 hours per week and have completed one year of service, provided you are employed on the last day of the year. The Core contribution is 2% of your eligible pay.

403(b) Retirement Savings Plan

- Winchester Hospital offers you a range of options to help you meet your investment goals. You can select a mix of investment options that best suits your goals, time horizon, and risk tolerance. Descriptions of the Plan's investment options and their performance are available online at www.netbenefits.com.
- Although your plan account is intended for the future, you may borrow from your account for any reason. To learn more about or request a loan, log onto www.netbenefits.com or call the Fidelity Retirement Service Center at 1-800-343-0860.
- You are immediately 100% vested in your own contributions to the 403(b) Retirement Plan. You will be 100% vested in Winchester's discretionary core and matching contributions after three years of vesting service
- You may at anytime transfer funds from a former employer qualified retirement plan into your 403(b) Plan.
- It's important to designate a beneficiary for your Plan account. Log on to www.netbenefits.com. Choose *Plan Information & Documents* from the *Quick Links* dropdown to download the form. Print, complete and mail the form back to Fidelity Investments at the address provided.

Please contact Fidelity if you have contributed to another employer plan in 2020

Earned Time Off

Earned Time Off – Win Time Bank

Winchester recognizes earned time as a valuable benefit and offers a generous and flexible WinTime program.

- Colleagues accrue on a biweekly basis based on:
 - Exempt or non-exempt status
 - 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 earned time.

WinTime can be used for a variety of planned needs, such as:

- Vacations
- Holidays
- Scheduled Personal Appointments
- Illnesses
- Care for a family member

Balance and time taken appear at the bottom of your paycheck.

Earned Time Off – Win Time Bank

- Colleagues may accumulate a total WinTime balance of one (1) times their annual calendar year accrual.
- WinTime accrual charts can be viewed on WinNet.
- Earned time maximum accruals appear at the bottom section of paychecks.
- Any subsequent accruals over the maximum are converted into the Extended Sick Leave bank (ESL).

Extended Sick Leave Bank

- Accrue 5 days per year, accruals are biweekly.
- Part-time employees accrue on a pro-rated basis.
- ESL may be used after being out one (1) week on an approved leave of absence for yourself.
- May be used to supplement STD.
- Accruals over WinTime maximum flow into the ESL bank.

WinTime Exchange

Winchester offers the option to exchange your WinTime hours for a medical insurance credit.

- Colleagues must elect at open enrollment.
- You must be enrolled in the medical insurance plan.
- Credit will be applied evenly over 26 pay periods.
- Non-managers may exchange up to 2 weeks.
- Managers may exchange up to 1 week.
- Minimum balance of 2 weeks is required after exchange.

Other Benefits

WinTime Exchange

Tuition Reimbursement (Administered by Sentinel Benefits)

- Eligibility after 6 months of employment
- Reimbursement maximums per academic year (September 1 - August 31) are based on regularly scheduled hours:
 - Full-time employees: - \$1,500.00
 - Part-time employees: (minimum of 20 hours per week) – \$750.00
- Tuition Reimbursement forms are found on WinNet.
- Must submit signed application to Sentinel Benefits prior to start date of course

Miscellaneous Benefits

- Metro Credit Union
- Employee Assistance Program
- Cafeteria & Employee Pharmacy Deduction Program
- Pet Insurance

Enrollment

How to Enroll

- You have **30 days** from your benefit eligibility date to enroll in your benefits and make any changes
- 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

Qualifying Event

You will have 30 days from the life status change effective date to make changes, 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 or open enrollment period for Massachusetts Health Connector

Assistance

Lahey Benefits Helpline

781-744-3539

laheybenefits@lahey.org

Review information under Employee Benefits link on WinNet