

2021 BENEFITS ORIENTATION

Bi-Weekly Paid Colleagues

Beth Israel Lahey Health 
Lahey Hospital & Medical Center

Your benefits begin on first day of benefits-eligible employment and end on last day of the month or last day of employment in accordance with our documents.

- **Medical**
- **Dental**
- **Vision**
- **Health Care Flexible Spending Account (HCFSA)**
- **Dependent Care Flexible Spending Account (DCFSA)**
- **Parking & Transit FSAs**
- **Employee Life Insurance – Basic, Supplemental, and Accidental Death & Dismemberment (AD&D)**
- **Spouse Life and Child Life**
- **Spouse and Child AD&D Insurance**
- **Hospital Indemnity Insurance**
- **Critical Illness Insurance**
- **Short-Term Disability (STD)**
- **Long-Term Disability (LTD)**
- **Legal Plan**
- **Retirement Savings Plan**
- **Time Off Benefits**
- **Other Miscellaneous Benefits**

Medical Plan Options (Pre-tax payroll deduction)

We offer three medical plan options through Harvard Pilgrim Health Care:

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

- Or, waive coverage
(Must be enrolled in other coverage to elect this option. There is no medical credit for waiving coverage.)



Harvard Pilgrim
Health Care

America's highest rated health plan.

Tier Levels

- 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 from providers you know, 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.
- Lab, x-rays, diagnostic services & high-end radiology (MRI, CT, PET) subject to deductible and co-insurance depending upon plan and tier level. Review Medical Comparison Chart and plan information for more details.
- Children are covered up to age 26. If child lives outside MA, contact Harvard Pilgrim Member Services to have them flagged.

Domestic & Community HMO

- **The Domestic & Community HMO offers two tiers of coverage with the lowest premiums and NO TIER 3 or out-of-network coverage*.**
- **Copays are slightly higher than the HMO Plus and Tiered POS plans.**
- **The Domestic & Community HMO also has an annual deductible and coinsurance for major services for both tiers with modest copays at the doctor's office and pharmacy.**

***Except in the case of a medical emergency**

- **The HMO Plus offers three tiers of coverage, with no annual deductible or inpatient/outpatient charges in Tier 1 and *no out-of-network coverage****.
- **Tiers 2 and 3 have an annual deductible and coinsurance for major services.**
- **The premiums for the HMO Plus are priced between the Domestic & Community HMO and the Tiered POS.**
- **Premiums can be found in Colleague Connection Self Service as well as on Massnet>Benefits Center**

***Except in the case of a medical emergency**

HMO PLUS OUT OF AREA

- For colleagues who currently live 20 or more 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 20 or more miles from a BILH Primary Care Physician (PCP), the plan name will show as HMO Plus OOA in Colleague Connection Self Service. It is very important for this out of area benefit that we always have your most current address which you can update in Colleague Connection self-service at any time.
- 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 (Tier 4)*, with 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.

2021 Medical Plan Comparison Chart



Beth Israel Lahey Health 

2021 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	
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 disorder treatment (group and individual)	\$30 copay		\$25 copay			\$20 copay			Deductible, then 30% coinsurance
Inpatient mental health/substance use disorder treatment	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 (\$40 copay for children up to age 19)	\$35 copay	\$85 copay (\$35 copay for children up to age 19)	\$125 copay	\$30 copay	\$70 copay (\$30 copay for children up to age 19)	\$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
	Children up to age 19: Tier 1 deductible, then 10% coinsurance								

* If you live 20 or more miles from a Tier 1 BILH primary care provider (PCP) and you live within Harvard Pilgrim's enrollment area (MA, ME, NH, CT, and certain areas of RI, VT and NY), you and your covered dependants may participate in the Out of Area version of this plan. Under the HMO Plus Out of Area plan, you can receive services from a Tier 2 hospital, doctor or other clinician and pay the Tier 1 benefit level. To learn more about the HMO Plus Out of Area plan, visit www.harvardpilgrim.org/bilh or contact your organization's benefits department.

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2021 Medical Plan Comparison Chart

(Page 2)



2021 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	
Day surgery	Deductible, then 10% coinsurance Children up to age 19: Tier 1 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)		\$30 copay	\$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		\$35 copay		\$65 copay	\$30 copay		\$45 copay	Deductible, then 30% coinsurance
Skilled Nursing Facility (100 days per calendar year)	Tier 1 deductible, then 10% coinsurance		No charge			No charge			Deductible, then 30% coinsurance
Lab/X-ray/diagnostic services and High-and 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 Children up to age 19: Tier 1 deductible, then 10% coinsurance	Deductible, then 30% coinsurance		Deductible, then 20% coinsurance (waived for children up to age 19)	Deductible, then 40% coinsurance		Deductible, then 10% coinsurance (waived for children up to age 19)	Deductible, then 20% 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 and Mail Order	\$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.

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company

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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.

Find Your Provider's Tier

- You can search for your providers to learn their tier level in our medical plans. Visit the Harvard Pilgrim site at [harvardpilgrim.org/bilh](https://www.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.

Harvard Pilgrim's Member Advocate Team and MyConnect app

As a Harvard Pilgrim member, how can the Member Advocates and the MyConnect app help me?

- Help find a primary care provider (PCP) within Beth Israel Lahey Health (BILH) which saves you time and money! By using a BILH Tier 1 provider, you lower your out-of-pocket medical costs. ***So, if your PCP is not a BILH provider, consider a switch!***
- Provide improved, integrated and cohesive coordination of care between your BILH Tier 1 PCP and Specialists.
- The MyConnect app provides you with access to the *same* dedicated Member Advocate team. Super convenient! Member advocates can also be reached by calling **(888) 333-4742**.
- Make navigation of health care easier and more accessible.
- Ask about your coverage, copays, deductibles and more with the app. No sifting through your papers or files!

Downloading the app to your smartphone or tablet is free and easy! Need help?

E-mail help@wellframe.com or call **(844) 452-4085**.

Or, visit www.HarvardPilgrim.org/BILH for more information.

Give this personalized and convenient health care connection a try!



Enrollment Levels

- Individual
- Individual + Spouse
- Individual + Child/ren
- Individual + Family
- WAIVE Coverage



Harvard Pilgrim
HealthCare

America's highest rated health plan.

Eligible Family Members Medical, Dental, and Vision Plans

- Legal spouse;
- Children and stepchildren to age 26 and disabled dependents to any age; and
- Children of your eligible covered children and stepchildren
- Dependent verification will be required when adding dependents to your plan
- Periodic dependent verification audits

Note: Ex-Spouses are not eligible for coverage under the medical plans regardless of court order.

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 prescription drug program uses the Advance Control Formulary. Learn more by visiting [caremark.com](https://www.caremark.com)**
- **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.**



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 the pharmacy 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.
- Using a BILH Pharmacy supports the system and saves you money; it's a win-win for us all!
- If you are using a non-preferred maintenance medication, you could save \$620 annually on one drug and receive exceptional customer service!
- To reach out to a BILH Pharmacy with any questions about their services or if you would like to transfer a prescription, contact PharmacyEnrollment@bilh.org or 781-352-6640.
- Save money on prescriptions by asking your doctor to prescribe generic medications, when possible.

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.

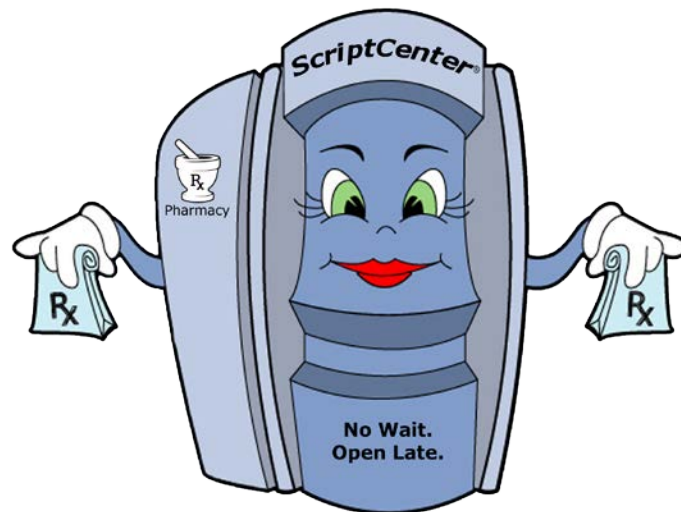
Specialty Medication Copay Assistance Program

- Beth Israel Lahey Health (BILH) uses PillarRx Copay Assistance Program to reduce out-of-pocket costs incurred by members of our employer-sponsored health insurance plans for certain high-cost medications called, “***specialty medications.***”
- You and/or your covered dependents will be contacted by PillarRx if you take a qualifying specialty medication.
- You can also call PillarRx at 636-614-3126 to confirm if your specialty medication is eligible for financial support through this program.



In-house Pharmacy Enhancements

As an added convenience, colleagues and dependents can also sign up to use the **ScriptCenter kiosk** located adjacent to the Burlington Outpatient Pharmacy location. Stop by the pharmacy to ask any questions and to sign up or call our Burlington pharmacy at 781.744.8658. ScriptCenter is a free service that provides automated dispensing for refilled prescriptions of non-controlled, non-refrigerated drugs at our Burlington Outpatient Pharmacy location and is available **24 hours a day, seven days a week!**



Transfer your prescriptions from your current pharmacy to Lahey Hospital & Medical Center pharmacy by filling out a transfer form or by calling 781.744.8658.

Importance of Well-Being

- **BILH and Harvard Pilgrim are committed to ensuring that you have a wide range of tools and resources to guide you and your family on your path to well-being.**
- **There are a variety of resources available at no cost to you through Harvard's Living Well Program.**
- **You can take advantage of many of the resources even if you are not enrolled in one of our employer-sponsored medical plans.**
- **There are virtual wellness classes and webinars and recorded sessions are available 24/7! Visit www.harvardpilgrim.org/livingwellathome to access all live and recorded classes and webinars.**
- **You can choose from Yoga, Zumba and barre, or guided mindfulness sessions or health & wellness webinars focused on healthy eating, stress relief, sleeping better and more!**
- **Other resources to support your and your household members' well-being include our Employee Assistance Program for services such as counseling, career support, eldercare resources, parenting resources and so much more!**
- **Watch for details throughout the year on programs that will support the physical, emotional, financial, and social well-being of our colleagues.**

Dental Plan Options (Pre-Tax payroll deduction)



- Two dental plan options, High and Low Option plans, through Delta Dental PPO Plus Premier which are highlighted on next slide.
- The Low Option offers lower premiums and a lower annual deductible, but does not cover Type 3 (major restorative) services or orthodontia, and does not allow you to roll over unused claim dollars from one year to the next.
- The High Option has higher premiums and provides a higher level of coverage, including Type 3 (major restorative) services and orthodontia (for dependents up to age 19), and allows you to roll over some of your unused claim dollars from one year to the next.
- 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.
- Dentists often change networks. For more information or to see if your dentist is in the Delta Dental PPO or Premier network, visit deltadentalma.com (and click on the Delta Dental PPO Premium link) or download their app.

Dental High and Low Plans In-Network Benefit

Delta Dental Low Option and High Option

What you pay

Type of Service	Low Option	High Option
Annual Deductible (amount you pay each year before the plan begins to pay)	\$25 individual/\$75 family Type 2 only	\$50 individual/\$150 family Type 2 & 3 only
Type 1: Preventive (oral exams, cleanings, full-mouth, bitewing and single-tooth x-rays, fluoride treatments, space maintainers and sealants)	\$0 (covered in full; includes 2 yearly exams with cleanings)	\$0 (covered in full; includes 2 yearly exams with cleanings)
Type 2: Basic Restorative Services (white fillings, extractions, oral surgery, periodontal surgery, root canal therapy, anesthesia, bridge or denture repair)	40% coinsurance, after deductible	20% coinsurance, after deductible
Type 3: Major Restorative Services (fixed bridges and crowns, implants, dentures, onlays)	Not Covered	50% coinsurance, after deductible
Type 4: Orthodontia Coverage (complete exam and active orthodontic treatment and appliances)	Not Covered	Only for dependents up to age 19; 50% coinsurance up to \$1,000 lifetime maximum
Plan Year Maximum (the maximum amount the plan pays for covered services in a calendar year)	\$1,000 individual	\$5,000 individual
Rollover Maximum (The maximum amount of unused claim dollars you are permitted to rollover from one plan year to the next)	Not available	Up to \$750/year if annual claims are less than \$1,000 (up to a maximum of \$1,500)

- **96% of dentists in MA participate in the plan**
- **Age limitations apply for fluoride treatments, space maintainers, & sealants under Type 1**

Vision Plan (Pre-Tax Payroll Deduction)

- Coverage through EyeMed Vision Care plans
- High & Low Option Plans
- Low Option offers lower premiums, requires a \$10 eye exam copay, and pays less for frames and contact lenses.
- High Option has higher premiums, does not require an eye exam copay, and pays more for frames and contact lenses.
- Access to a custom provider network that includes BILH providers as well as EyeMed's nationwide network of independent, retail, and online providers.
- More details shown on next slide



Vision Plan (Continued)

Vision Plan Comparison Chart (In-Network)		
Type of Service	Low Option	High Option
Routine Eye Exam (once per calendar year)	\$10 copay	\$0 copay
Frames (once every two calendar years)	\$150 allowance, plus 20% off balance	\$175 allowance, plus 20% off balance
Lenses (once per calendar year)	<ul style="list-style-type: none"> • \$10 copay for single vision, bifocal and trifocal lenses • \$75 copay for standard progressive lenses • \$95-\$185 copay for premium progressive lenses 	<ul style="list-style-type: none"> • \$0 copay for single vision, bifocal and trifocal lenses • \$50 copay for standard progressive lenses • \$70-\$175 copay for premium progressive lenses
Contact Lenses (in lieu of lenses; once per calendar year)	<ul style="list-style-type: none"> • Conventional: \$150 allowance, plus 15% off balance • Disposable: \$150 allowance 	<ul style="list-style-type: none"> • Conventional: \$175 allowance, plus 15% off balance • Disposable: \$175 allowance
Plus Other Discounts!	<ul style="list-style-type: none"> • 40% off additional pairs of glasses • 40% off hearing exams and discounted pricing on hearing aids • 15% off LASIK surgery • And more! 	

- Once enrolled, you can print your Member ID card by creating an account online at eyemedvisioncare.com and select Member Login.
- If you do not elect vision coverage, routine eye exams will be covered under your medical insurance.

Health and Dependent Care Flexible Spending Accounts (FSAs) (Pre-Tax Payroll Deduction)

- **Health Care Flexible Spending Account**
 - Maximum annual contribution - \$2,750
 - Incurred period 01/01/2021 (or Date of Hire) – 03/15/2022 (for the 2021 account)
 - 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 01/01/2021 (or Date of Hire) – 03/15/2022 (for the 2021 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)
 - Dependent healthcare expenses are not eligible for reimbursement with this account; those expenses may be covered with a Healthcare FSA.
 - Subject to IRS testing requirements done early in Calendar Year which may require reduction in elected contribution amount for those designated as highly compensated colleagues.
- **Use it or lose it**
- **Must re-elect each year at Open Enrollment**

Commuter Program

Parking & Transit FSAs (pre-tax payroll deduction)

- The Commuter Program allows you to put away pre-tax dollars for situations where you have to pay to park and/or take public transportation in the process to commute to and from work.
- It does not replace existing local subsidized parking or commuter programs.
- Is available to all organizations within the BILH system.
- Two different Commuter plan types to choose from:

Parking FSA – Use pre-tax dollars to pay for parking at or near work, as well as at or near a location from which you commute to work by mass transit, by vanpooling, in a commuter highway vehicle, by carpool, or by any other means.

Transit FSA – Use pre-tax dollars to pay for any pass, token, voucher, or similar item that provides transportation on mass transit facilities, including train, bus, and ferry. It also covers eligible vanpool arrangements.

- If you enroll in the Health and/or Dependent Care FSA, as well as either the Parking or Transit Commuter Program, you will use the same Benny Card for all eligible expenses for those programs.
- 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 of \$2,250,000 combined with Supplemental Life (shown in following slides)**
- **Beneficiary Information added during benefits enrollment. May be updated throughout the year.**
- **Coverage amount reduces beginning at age 65.**
- **Conversion option to Individual Whole Life policy may apply at termination of employment. Conversion information sent to employee by Voya after employment ends.**

*Imputed income tax applies to Basic Life valued over \$50,000 unless you choose to reduce your Basic Life benefit to \$50,000 (called “Tax Choice”) so you do not have to pay imputed income tax.

VOYA

Supplemental Life Insurance

(After-Tax Payroll Deduction)

- You may purchase 1 to 8 times annual base pay in increments of 0.5x rounded to next higher \$1,000.
- Maximum benefit - \$2,250,000 combined with Basic Life
- Coverage amount reduces beginning at age 65.
- 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 for any increment. Coverage could be denied at that time.
- Beneficiary Information added during enrollment via Self-Service Colleague Connection. May be updated throughout the year.
- Portability option to continue coverage and premium via direct-bill may apply at termination of employment. Portability information sent to employee by Voya after employment ends.

VOYA

Supplemental Life for Spouse & Children

(After-Tax Payroll Deduction)

- You may purchase Supplemental Life insurance coverage for your spouse and child(ren). (Coverage amounts reduce beginning at age 65.)
- Spouse:
 - ▶ Coverage amounts for spouse are from \$10,000 to \$300,000 in \$10,000 increments.
 - ▶ Evidence of Insurability required for amounts over \$50,000.
 - ▶ You pay the rate based on the employee's age
 - ▶ Coverage amounts for your spouse cannot exceed 100% of the approved employee supplemental life insurance amount.
 - ▶ 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(ren):
 - ▶ Coverage amounts for child(ren) are flat dollar amounts of either \$10,000 or \$15,000
 - ▶ Coverage amount for your child(ren) cannot exceed 100% of the approved employee supplemental life insurance amount.
 - ▶ Cost for child(ren) is a single rate no matter their age or how many you cover.
 - ▶ No Evidence of Insurability is required for child life insurance.

Voluntary Employee Accidental Death & Dismemberment (AD&D)

(After-Tax Payroll Deduction)

- **You have the option to purchase additional protection if you suffer certain injuries or die as the result of an accident.**
- **You can elect AD&D coverage from 1 to 6x your annual base pay in increments of 0.5x rounded to the next higher \$1,000 up to \$1,500,000 maximum. Coverage amount reduces beginning at age 65.**
- **No Evidence of Insurability is required.**
- **This voluntary benefit plan pays AD&D benefits in addition to any other life insurance. Depending on the type of physical loss, you may receive part or all of your benefit. In the event of death, your beneficiary would receive the benefit amount.**
- **Beneficiary Information added during enrollment via Self-Service Colleague Connection.**



Voluntary AD&D for Spouse & Child(ren) (After-tax payroll deduction)

You have the option to purchase additional protection for your spouse and/or child(ren) if they suffer certain injuries or die as the result of an accident. Coverage amount reduces beginning at age 65.

For Spouse:

- You can elect AD&D coverage from \$10,000 to \$300,000 in \$10,000 increments.
- No Evidence of Insurability is required.
- Coverage amount for your spouse cannot exceed 100% of the approved employee AD&D insurance amount.

For Child(ren):

- Coverage amounts for child(ren) are flat dollar amounts of either \$10,000 or \$15,000
- Coverage amount for your child(ren) cannot exceed 100% of the approved employee AD&D insurance amount.
- Cost for child(ren) is a single rate no matter their age or how many you cover.
- No Evidence of Insurability is required for child life insurance.

This voluntary benefit plan pays AD&D benefits in addition to any other life insurance. Depending on the type of physical loss, you may receive part or all of your benefit.



Coverage options for Spouse and Child(ren) Supplemental Life and Voluntary Accidental Death & Dismemberment (AD&D) coverage will vary for married colleagues who both work at legacy Lahey.

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

Voluntary Short Term Disability (STD) (After-Tax Payroll Deduction)

- Provides protection against loss of income in the event that you are unable to work due to illness or injury or during maternity leave.
- The STD plan pays either 60% or 75% of your base pay (weekly base earnings) up to \$3,000 per week for up to 26 weeks while you remain unable to work due to a qualifying, non-work-related illness or injury.
- You pay the full cost of STD coverage, if elected, which is based on the coverage level and elimination period* you select as well as your salary and age.
- Since you pay 100 percent for your coverage, you will not be taxed on any disability benefits paid to you.
- There are four STD options to choose from:

Option 1: 7-day elimination period*
Option 2: 14-day elimination period*
Option 3: 30-day elimination period* } 60% Coverage

Option 4: 7-day elimination period * } 75% Coverage



- If you choose to waive STD 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.
- Massachusetts Paid Family and Medical Leave (MAPFML) – State law that provides paid, job-protected family and medical leave benefits to eligible workers in Massachusetts. Please go to Massnet>Benefits Center>Disability to carefully decide whether or not to elect voluntary STD coverage. You can also visit the state’s website for more detailed information at www.mass.gov/DFML

*Benefit elimination period is the number of consecutive calendar days you need to be out of work totally disabled before your STD benefit would begin.

Long Term Disability (LTD)

Core LTD (free) & Buy-Up LTD (purchase)

If you experience a covered disability, the LTD plan will replace a portion of your salary if you are disabled and out of work for more than 180 days. Generally, benefits are payable to age 65.

Core LTD plan:

- Automatically enrolled in the Core LTD coverage equal to 60% of monthly pay to a maximum benefit of \$10,000 per month. The Core LTD is provided at no cost to you.
- Since Lahey Hospital & Medical Center pays 100 percent of your Core LTD premium, you will be taxed on any disability benefits paid to you.

Buy-Up LTD plan:

- For additional coverage, you may elect Optional LTD Buy-Up (for a total of 66 2/3% coverage up to a monthly benefit maximum of \$15,000).
- You pay for the Optional LTD on an after-tax basis so the portion of the benefit associated with the Buy-Up LTD is not taxable.

Consider your needs carefully! If you waive the LTD Buy-Up option and wait for Open Enrollment, you may be required to submit Evidence of Insurability. Coverage could be denied.



Voluntary Benefits

Critical Illness Insurance (after-tax payroll deduction)

- **Critical Illness Insurance helps to cover extra expenses associated with a severe, life-threatening illness such as heart attack, stroke, coronary artery bypass graft, kidney failure, Alzheimer's and major organ transplant.**
- **In addition, the plan will pay \$500 upon diagnosis with a covered infectious disease, including COVID-19 (\$250 for covered children).**
- **After the coverage effective date, this coverage provides you with a lump-sum payment upon diagnosis that can be used to help pay for expenses generally not covered by medical and disability income coverage. No Evidence of Insurability.**
- **You can elect coverage for you, your spouse, or your child(ren).**

For You: \$15,000 (Low Plan) or \$30,000 (High Plan)

For Spouse: 100% of the employee's benefit

For Child(ren): 50% of the employee's benefit

VOYA.

- **The rate you pay depends on your age, amount of coverage elected, and who you cover (spouse and/or child(ren))**

Voluntary Benefits

Hospital Indemnity Insurance (after-tax payroll deduction)

Hospital Indemnity Insurance – If you are admitted or confined to a hospital due to an accident, illness, or pregnancy, this plan can help pay for out-of-pocket costs such as health insurance deductibles and copays – or for anything that you see fit.

NOTE: Hospital Indemnity Insurance is NOT a substitute for medical insurance.

If admitted to hospital (non-ICU), you can receive a \$500 hospital admission benefit and a \$50 per day confinement benefit. The plan provides a higher level of benefit – two times the above amount – ***if you use a BILH facility.***

Plan features include:

- Guaranteed acceptance for you and other eligible family members
- Benefits double if you are admitted to or confined at a BILH facility
- Payments are made directly to you, not your health care provider
- Covers maternity care with no pre-existing condition limitation

The amount you pay for coverage depends on the amount of coverage elected and who you cover (spouse and/or child(ren)). No Evidence of Insurability.

To learn more about this plan, visit <https://presents.voya.com/EBRC/BILH> or call Voya Employee Benefits Customer Service at 877-236-7564



Legal Plan

(After-Tax Payroll Deduction)

You have the option of purchasing legal coverage through ARAG. Legal insurance helps you address common situations like creating wills, transferring property or buying a home.

Access to a network of attorneys that cover 100% of the cost of most covered matters, including services such as:

- Preparation of wills and trusts
- Family law
- Tax issues
- Bankruptcy
- Administrative hearings
- Debt matters
- Real estate transactions
- And more



To learn more about the ARAG Legal Insurance Plan protection and for a complete list of coverage, visit ARAGlegal.com/myinfo (enter access code 10183bil) or call 800-247-4184.

You can also go to [Massnet>Benefits Center>Legal Plan](#)



Lahey recognizes earned time as a valuable benefit and offers a generous earned time program.

- **Colleagues accrue on a biweekly basis based on:**
 - **Position level**
 - **Length of service**
 - **Regularly scheduled hours**

Balance and time taken appear at the bottom of your paystub
- **Accruals for new colleagues begin on hire date and can be used after 90 days of employment.**
- **If holiday occurs within the first 90 days, colleagues may “borrow” their earned time.**

Lahey's approach to earned time emphasizes flexibility and 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. View Paycheck at any time by logging into self-service Colleague Connection>Payroll

Using Earned Time – Minimum Use*

Lahey encourages all colleagues to use their earned time.

- **Colleagues must use four (4) weeks each year. Those colleagues who begin to accrue ET on or after 7/1 are not subject to the Minimum Use requirement in the remainder of that initial calendar year. It would apply in the second and subsequent calendar years.**
- **Any portion of the four weeks not taken is transferred into the Extended Sick Leave (ESL) bank.**
- **The ESL bank may be used after being out for one (1) week due to an illness or injury for yourself.**
- **ESL has no cash value at termination**
- **Please refer to ET policy for more detail on [Massnet>HR Center>HR Policies & Procedures](#).**



*Not applicable to LPCO colleagues.

Using Earned Time – Maximum Accrual

- **Colleagues may accumulate a total earned time balance of 1.5 times their annual calendar year accrual up to a maximum of 520 hours.**
- **Earned time maximum accruals appear at the bottom section of paychecks.**
- **Any subsequent accruals over the maximum are converted into the extended sick leave (ESL) bank**





Lahey offers the option to cash-in earned time twice a year.

- **Colleagues may elect a cash-in at open enrollment.**
- **Payment occurs the following April and/or October.**
- **Requests can be up to two (2) weeks of earned time.**
- **Minimum balance of 2 weeks is required after cash-in.**
- **Cash-in does not count towards Minimum Use Requirement.**

In addition to earned time, colleagues receive two (2) personal days each year, new hires are pro-rated:

Hire date January 1- April 30: 2 days

Hire date May 1 - August 31: 1 day

- **Personal day hours are based on scheduled hours, for example: 40 hours = 16 hours, 20 hours = 8 hours.**
- **You may *use it, lose it or sell it* (sell option available if earn less than \$400 per day).**
- **Sell elections are available during open enrollment.**
- **Personal days must be used by end of calendar year. If you don't use them, you will lose them.**

Other Paid Time Off

- **Military Leave**
- **Jury Duty**
- **Bereavement**

Visit MassNet for policy information at:

Massnet>HR Center>HR Policies & Procedures

- **403(b) Retirement Savings Plan**
- **Matching and Core Contributions**
- **Auto Enrollment at 4% of pay unless you change it within 30 days of hire date**



403(b) Retirement Savings Plan

- **Long-term savings/retirement**
- **Tax deferred contributions and earnings**
- **Maximum 2021 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 directly if you have contributed to another employer plan in 2021.

Lahey Hospital & Medical Center Contributions

- **Lahey Hospital & Medical Center matching contribution on colleague contributions (50% match up to 4% of pay; maximum 2% employer contribution)**
 - plus –
- **“Core” annual contribution funded by Lahey, a percentage of pay based on your age**

You become 100% vested in the Lahey-provided matching and core contributions after three consecutive years of 1,000 hours worked.

Lahey Hospital & Medical Center

Annual Core Contribution

Your Age as of January 1 Each Year	Percent of Your Pay <i>up to</i> SSWB* that Lahey Will Contribute	Percent of Your Pay <i>above</i> SSWB* that Lahey Will Contribute
Under 35	2.0%	3.0%
35 < 40	3.0%	4.5%
40 < 45	4.0%	6.0%
45 < 50	5.0%	7.5%
50 < 55	6.0%	9.0%
55 or Older	7.0%	10.5%

*Social Security Wage Base for 2021 is \$142,800. The IRS annual pay limit for retirement plans will apply.

To receive the core contribution, you must work at least 1,000 hours during the year and be actively employed on December 31.

403(b) Auto Enrollment

- **Newly hired or rehired colleagues are auto-enrolled at 4% contribution from pay (you will have 30 days to make any changes before the auto-enrollment will occur). Please wait to call Fidelity a week after your hire date to allow time for our data file to transmit to Fidelity.**
- **Colleagues changing to benefits eligible status (newly eligible) will not be auto-enrolled; you must contact Fidelity (at www.fidelity.com/atwork or 800-343-0860) to enroll for voluntary contributions. If calling for the first time, please wait for a live operator to assist you with assigning a PIN for future calls.**
- **Fidelity enrollment is *not* in Colleague Connection; you must contact Fidelity directly.**
- **Colleagues must be contributing to receive the Lahey Hospital & Medical Center match contribution.**

Other Benefits

(Information on all of these benefits can be found at [Massnet>Benefits Center](#))

- **Tuition Reimbursement (Administered by Sentinel Benefits)**

Reimbursement maximums per academic year (September 1 - August 31) are based on regularly scheduled hours:

- 36-40 hours – \$2,000
- 30-35 hours – \$1,600
- 20-29 hours – \$1,000

Call 800-292-9387 for tuition reimbursement form and instructions.

- **Miscellaneous Benefits**

- **Adoption Reimbursement** - up to \$6,000 per child (See policy at [Massnet>HR Center>HR Policies & Procedures>Work/Life Balance>Adoption Reimbursement Policy](#))
- **Alpha Credit Union** (Contact 781-744-3977 or 617-632-8164)
- **Employee Assistance Program (EAP) through KGA** – All BILH employees have access to the EAP administered by KGA which offers *free*, confidential consultations, counseling, and referrals at no cost to you and your adult household members. A network of experts with help and solutions for emotional health, parenting, eldercare, legal, financial, work, home, pet care, nutrition, and more! Contact the EAP 24/7 for convenient, expert, and confidential support at [My.kgalifeservices.com](#) and use company code: BILH or call 855-760-BILH (2454) or download app, KGA Mobile, for easy access.

- **Cafeteria Deduction Program** (Contact Food & Nutrition Services at 781-744-8710 or visit their departmental homepage via Massnet>Departments Tab>Food & Nutrition Services

- **BenefitHub** is a centralized website with access to benefits and discounts specifically for our employees. Access to: Auto/Home Insurance, Pet Insurance, Identity Theft Protection Insurance, and Discounts on everything from hotels, movie tickets, apparel, and more! To access and enroll in programs and policies at any time during the year through BenefitHub, visit bilhperks.benefithub.com (Referral Code: BE1UCI).

- **BILH partners with Care@Work by Care.com to offer family care benefits.** Whether it's after-school care, caring for a child who is home sick, caring for your children while you are working from home, or the responsibility for aging parents, sometimes you need additional support...even at a moment's notice. BILH offers the following benefits to eligible employees:
 - **Care.com:** Free premium membership, unlimited access to Care.com for caregivers for children, seniors, pets, your home, and more.
 - **Expert Assistance:** Work with a Care Specialist to find the right care for your family. First, you'll share requirements, budget and other details for the care needed. Then, our Specialists will post a job and review results and applicants to provide you with the best options. After you identify a final caregiver, you may request a Criminal and Motor Vehicle Records Background Check before making the hire – at no cost to you.
 - **Enroll now on the BILH Care@Work website , bilh.care.com, to access these benefits. Use your work email address to register.**

Benefit Enrollment Process

- You will enroll in your benefit choices electronically at work/home and print a Confirmation Statement.
- You have 30 days from your eligibility date to return to Colleague Connection to make changes:
 - Logon by end of day on Wednesday this week, or
 - If you want to make changes Thursday or later, contact Benefits Helpline to reopen your benefits record for on-line enrollment.
- After 30 days have passed since your eligibility, you are restricted from making changes to your benefit elections unless you have a qualifying event (shown on next slide) or unless it is the annual open enrollment period.
- Annual Open Enrollment generally occurs in the first 2 weeks of November for a January 1 effective date.

Changing Your Elections

Qualifying Events

Note: 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 or open enrollment period for Massachusetts Health Connector**

Qualifying Event form can be found at [Massnet>Benefits Center](#)

- **If you do not make your elections in Colleague Connection, you will be enrolled in the following default plans 30 days after your eligibility date:**
 - **Basic Life insurance for one times your base pay**
 - **Basic Long Term Disability 60%**
 - **No other benefits**

Need assistance or have questions?



Call the BILH Benefits Helpline @:

888-402-1884

Or

Send an E-mail to:

BILHbenefits@sentinelgroup.com

Or

See Benefit Information on

Massnet>Benefits Center

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