

Benefits Summary 2020

Lahey Hospital & Medical Center

Residents and Fellows

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 POS			
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	35+ Hours	30-34.9 Hours	20-29.9 Hours
Delta Dental PPO Plus Premier – High Option			
Individual Only	\$35.16	\$38.66	\$42.14
Individual + Spouse	\$76.91	\$83.63	\$90.37
Individual + Child/ren	\$77.20	\$78.65	\$84.00
Individual + Family	\$106.20	\$117.79	\$129.36
Delta Dental PPO Plus Premier – Low Option			
Individual Only	\$11.64	\$14.37	\$17.10
Individual + Spouse	\$28.41	\$33.68	\$38.96
Individual + Child/ren	\$30.23	\$31.38	\$35.56
Individual + Family	\$35.45	\$44.52	\$53.59
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 combination of illnesses, you may be eligible for paid sick leave in the amount of your regular salary (less amounts received, if any, from Workers' Compensation, or other available disability programs) up to a maximum of eight (8) consecutive weeks once during your residency program. Continuation of salary for occasional absence will be at the discretion of your Program Director. Excessive absences for any reason may prevent you from satisfying the criteria for successful completion of your training program.

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.

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 <i>In-Network Benefit</i>	Delta Dental PPO Plus Premier Low Option <i>In-Network Benefit</i>
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 <i>(for dependents to age 19)</i>	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 <i>In-Network Benefit**</i>	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 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.

Colleague Time Away

Time Off Benefits — You receive 15 days of vacation each calendar year, as indicated on your Residency or Fellowship agreement. Weekends and clinic holidays are not charged as vacation time. You must schedule holiday and vacation through the Residency or Fellowship program. You may accumulate vacation time and carry it over from one year to the next to cover a planned absence only with the approval of your Program Director. Vacation time allocated during a partial year will be allocated on a prorated basis. Vacation time must be requested on the Vacation Request for Residents and Fellows Form, available from your Program Director.

Paid Holidays and Personal Days — We observe the following fixed holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day; you are paid for these holidays whether you are scheduled to work or not. Each Program Director arranges for coverage for hospital and call services during these fixed holidays on a rotating basis. You also receive four (4) float holidays, two (2) of which have been designated as personal days (PD), for a total of 10 paid days off each year. A float and PD are equal to one-fifth a colleague's regularly scheduled hours. Floats and PDs must be used during the program term or they will be lost. Colleagues are also given the opportunity to sell one or both of their personal days at open enrollment, or when they become benefit-eligible to defray a portion of their benefit costs. Certain restrictions apply. If PDs are not sold, they must be used by December 31st each year or they will be lost.

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).

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 limited Massachusetts medical registration are paid or \$100 reimbursement towards the cost of a full Massachusetts medical license.

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.

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

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

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

*Contact Medical Education

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 Lahey Outpatient Pharmacies BIDMC Pharmacy	855-303-3980 caremark.com Burlington: Peabody: 781-744-8658 P 978-538-4150 P 781-744-5259 F 978-538-4700 F 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.