



Beth Israel Lahey Health

2021 Open Enrollment Guide

November 2 to 20, 2020

It's Time to Consider Your Health Care Needs

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Open Enrollment is **November 2 – 20, 2020**. This is the time to review your current benefits and consider your and your family's health care needs for the upcoming year.

- **Read** this Guide to help determine the right benefits to meet your needs.
- **Review** information made available on your local intranet to learn more about the 2021 benefit options.
- **Enroll** in your 2021 benefit choices November 2 – 20, 2020.



You and BILH—A Partnership

Your 2021 Benefits

Last year, BILH made significant progress toward consistent benefit offerings across our system, through the integration of medical, prescription drug and dental programs. We are continuing with this integration and will offer a common set of health and well-being benefits in 2021.

This Guide provides details on the BILH system benefits and is meant for eligible employees; there are some references to impacts to specific organizations in the Guide.

A few important things to note: The benefit plans summarized in this document highlight the options available to eligible employees who are in a budgeted position regularly scheduled to work 20 or more hours per week. This summary is intended to assist you in understanding the benefits available to you and is not a legal document, binding agreement or contract. For plan specific information or additional benefit information, please refer to the plan documents. The provision of benefits does not indicate continued employment. BILH reserves the right to change, amend and discontinue benefits at any time. We strive to provide the highest quality benefit programs and services possible. Please do not hesitate to contact the **BILH Benefits Helpline** at **888-402-1884** or **BILHbenefits@sentinelgroup.com** with any questions, comments or concerns.


** For those employees covered by a collective bargaining agreement, the terms of the applicable collective bargaining agreement shall apply absent agreement by the Hospital and your union.*

Beth Israel Lahey Health (BILH) appreciates you and all of our employees—now more than ever. We are committed to doing all we can to support the well-being of employees and family members with comprehensive Total Rewards programs and resources.

Our 2021 benefits program is available for employees regularly scheduled to work 20 or more hours per week* and is designed to provide you the flexibility to choose the benefits that best meet the needs of you and your family.

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 **You can find 2021 rates and required compliance notices on your benefits enrollment site or local intranet, or contact the BILH Benefits Helpline at 888-402-1884 or BILHbenefits@sentinelgroup.com.**

Introduction

Eligibility

Employees who are in a budgeted position regularly scheduled to work 20 or more hours per week* are eligible to enroll in the benefits described in this Guide.

Eligible Dependents

Eligible dependents include:

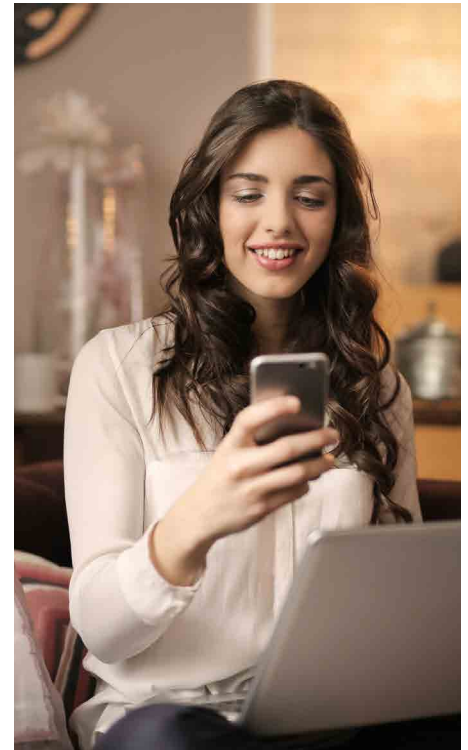
- Your legal spouse;
- Your dependent children (through the end of the month in which they turn 26); or
- A child of any age who has a disability that prevents the child from self-sustaining employment and who is dependent upon you for support.

Note: Domestic partners are not eligible dependents for benefit coverage.

Enrolling in Your Benefits

Open Enrollment is the time to review your current benefits and consider your and your family's needs for the upcoming year. Once Open Enrollment has ended, you may not make changes to your benefits until the following year, unless you have a qualifying status change such as marriage, divorce, or birth or adoption of a child.

You will enroll using the same enrollment process as in the past. For more information on how to enroll, visit your local intranet or contact your local benefits representative. You may also contact the **BILH Benefits Helpline** at **888-402-1884** or **BILHbenefits@sentinelgroup.com**.



Open Enrollment: November 2 - November 20, 2020

The Open Enrollment period is Monday, November 2 to Friday, November 20, 2020.

Benefit elections you make will be effective January 1, 2021.

BILH Benefits Helpline: Get Answers to Your Benefits Questions



The **BILH Benefits Helpline** provides a way to get your benefits questions answered by a live representative as quickly as possible. Helpline representatives can answer your questions about the 2021 benefit plan options, where to get more information, how to enroll and more. The **BILH Benefits Helpline** is available Monday to Friday from 8 a.m. to 6 p.m. (8 a.m. to 8 p.m. during Open Enrollment). Call **888-402-1884** or email **BILHbenefits@sentinelgroup.com** to reach one of our dedicated benefits representatives.

* For those employees covered by a collective bargaining agreement, the terms of the applicable collective bargaining agreement shall apply absent agreement by the Hospital and your union.

If You Don't Enroll....

You have additional benefit options and enhancements available to you in 2021. We strongly encourage you to review all 2021 plan options and to actively choose the plan(s) that will best suit your needs for next year. If you do not make an election by the November 20, 2020 deadline for coverage beginning January 1, 2021, you will have the following benefits:

Medical



- If you are currently enrolled in a BILH medical plan, you will be enrolled in the same plan for 2021.
- If you are currently waiving medical coverage, you will not have medical coverage in 2021 unless you actively enroll during Open Enrollment.

Dental



- If you are currently enrolled in a BILH dental plan, you will be enrolled in the same plan for 2021.
- If you are currently waiving dental coverage, you will not have dental coverage in 2021 unless you actively enroll during Open Enrollment.

Vision



- If you are currently enrolled in vision coverage, you will be enrolled in the Low Option for 2021. Note: Legacy Lahey Health System employees currently enrolled in the Vision Plan will automatically be enrolled in the High Option unless you make another election.
- If you are currently waiving or have employer-paid core vision coverage, you will not have vision coverage in 2021 unless you enroll during Open Enrollment.

Flexible Spending Accounts (FSAs)



- As always, **you must actively re-enroll in the FSA each plan year.** If you do not actively re-enroll in the FSA, you will not have an FSA account for 2021.

Disability Insurance



- If you currently participate in voluntary STD, you will be enrolled for 60% STD coverage at the 7-day elimination period level. Consider whether to keep this coverage because the new Massachusetts Paid Family and Medical Leave benefit may impact your STD benefit ([see page 19](#)).
- If you currently participate in Buy-Up LTD, your coverage will continue at the amount that most closely matches your current benefit; you will pay the 2021 rate.
- If you do not currently participate in either program, you must actively enroll for 2021 coverage.

Life and Accident Insurance



- If you currently are enrolled in supplemental life insurance, dependent life insurance and/or voluntary AD&D insurance, your coverage(s) will continue at the amounts that most closely match your current benefit or the next highest increment.
- If you do not currently have any of these coverages, you must actively enroll for 2021 coverage.

All Other Benefits (Legal, Critical Illness, Hospital Indemnity, Pet, Auto, Home, Identity Theft)



- If you are currently enrolled in group legal insurance, you will be enrolled in the new plan through ARAG unless you make a change during Open Enrollment.
- If you are currently enrolled in group auto, home or pet insurance, your coverage will continue uninterrupted.
- If you would like to enroll in auto, home, pet or identity theft protection for the first time, policy and rate information can be found on BenefitHub. You can enroll at any time during the year.
- If you are currently enrolled in group critical illness insurance, you will be enrolled in the new plan at a coverage amount closest to your current election. If you are enrolled in an individual critical illness policy, you can continue coverage on a direct bill basis and/or enroll in the new group plan. If you would like to enroll in group critical illness insurance for the first time, you will need to make an election during Open Enrollment.
- If you would like to enroll in hospital indemnity insurance, you will need to make an election during Open Enrollment.

You must make your elections by Nov. 20, 2020. No enrollments after this date will be accepted.

Paying for Your Benefits

Many benefits described in this Guide are paid for with pre-tax contributions, meaning they are taken from your pay before Federal, Social Security and State taxes are withheld. This lowers your taxable income and your subsequent tax liability, lowering your actual cost for these benefits. Disability, life and accident insurance and voluntary benefits (critical illness, hospital indemnity, legal and pet) are paid for on an after-tax basis.

For rates for the 2021 benefits, see your benefits enrollment site or local intranet, or contact the **BILH Benefits Helpline** at **888-402-1884** or **BILHbenefits@sentinelgroup.com**.

“For rates for the 2021 benefits, see your benefits enrollment site or local intranet, or contact the **BILH Benefits Helpline** at **888-402-1884** or **BILHbenefits@sentinelgroup.com**.”

The Importance of Well-Being



During these challenging times, it's never been more important to take care of your physical and emotional well-being. That's why BILH and Harvard Pilgrim are committed to ensuring 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 — and you can take advantage of many of them even if you are not enrolled in a Harvard Pilgrim plan.

For example, these virtual wellness classes and webinars will help you shake it up, stretch it out or get centered. If you can't attend a live class, no problem. Recorded sessions are available 24/7! Choose from:

- Yoga, Zumba and barre
- Guided mindfulness sessions
- Health and wellness webinars focused on healthy eating, stress relief, sleeping better and more

All classes and webinars are easily accessible via Zoom.

There are many other resources available to support your well-being, including the new Employee Assistance Program (see page 23), classes offered at your organization and more.

Watch for details later this year on programs that will support the physical, emotional, financial and social well-being of our employees.



Benefits that are **Not** Changing for 2021



**Medical, Prescription Drug
and Dental Coverage will
remain the same for 2021.**

See the following pages for highlights
of these benefit programs.

Medical Plan Options

The medical plan options introduced in 2020 will continue to be offered. You can choose from three options available through Harvard Pilgrim Health Care (HPHC). They include a range of coverage levels and costs, giving you the flexibility to select the plan that is right for you and your family. Providers and hospitals are assigned to Tier 1, 2 or 3 based on a variety of factors including quality and cost; you pay less when you see providers in lower tiers. Detailed comparisons of the plan options can be found at harvardpilgrim.org/bilh.

1 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 certain services.

2 HMO Plus

The HMO Plan offers three tiers of coverage and no out-of-network coverage.* There is no annual deductible or inpatient/outpatient charges in Tier 1. Tiers 2 and 3 have an annual deductible and coinsurance for certain services. The premiums for the HMO Plus are priced between the Domestic & Community HMO and the Tiered POS. Note: The HMO Plus Out-of-Area Plan is available if you live 20 or more miles from a Tier 1 BILH Primary Care Physician (PCP) and you live within Harvard Pilgrim's enrollment area (MA, ME, NH, CT and certain areas of RI, VT and NY).

3 Tiered POS

The Tiered POS offers three tiers of coverage plus out-of-network coverage, with the lowest copays and no annual deductible or inpatient/outpatient charges in Tier 1. Tiers 2 and 3 have an annual deductible and coinsurance for certain services. The premiums for the Tiered POS are higher than the two HMOs.

In addition, the **Preferred Provider Organization (PPO)** plan option continues to be available to those currently enrolled in the plan.

* Except in the case of a medical emergency.

You Must Elect a Primary Care Physician (PCP)— Consider a BILH PCP



With each of the medical plans, you must select a PCP who coordinates your care and can provide you with referrals to specialists. Visit the online provider directories at harvardpilgrim.org/bilh to find a PCP and verify the tiers of all your current providers.



Did You Know... that you pay less when you use BILH providers,

since BILH 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. If your PCP is not a BILH provider, consider a switch. To find a BILH PCP, contact a Harvard Pilgrim Member Advocate at **888-333-4742** or visit harvardpilgrim.org/bilh.

	① Domestic & Community HMO	② HMO Plus	③ Tiered POS
Plan Highlights	<ul style="list-style-type: none"> • 2-tier plan. • Higher copays for care than the other plan options. • Deductible and coinsurance required for Tier 1 and Tier 2 providers. • No coverage for Tier 3 or out-of-network providers unless for emergency. 	<ul style="list-style-type: none"> • 3-tier plan. • No deductible or coinsurance for Tier 1 providers. • Deductible and coinsurance required for Tier 2 and Tier 3 providers. • No coverage outside of Tier 1, 2 and 3 unless for emergency. 	<ul style="list-style-type: none"> • 4-tier plan (including out-of-network). • Lowest copays. • No deductible or coinsurance for Tier 1 providers. • Deductible and coinsurance required for Tier 2, 3 and out-of-network services.
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 mostly use Tier 1 providers but want access to 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 access to any provider (both in and outside of Tier 1, 2, and 3). • You are willing to pay higher premiums from your paycheck.

Note: Prescription drug coverage is the same for all three medical options.



Choosing Your Medical Coverage



All plans cover a wide range of medical care, prescription drugs, and preventive care. The difference between the plans is the providers' tiers and how much you will pay for treatment. As you make your decision, keep in mind which plan in total will cost you less for the entire year, considering both paycheck deductions (premiums) and out-of-pocket costs when you receive care that you expect to need this upcoming year. Do you prefer to have a higher premium deduction taken from your paycheck each pay period (cost of coverage) and pay less when you use the medical plan (cost of care)? Or would you be comfortable with a lower premium deduction from your paycheck and pay more when (or if) you use services?

Comparing Your Medical Plan Options

	Domestic & Community HMO		HMO Plus		
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 3
Annual Deductible	\$500/\$1,000 member/family	\$1,000/\$2,000 member/family	None	\$1,000/\$2,000 member/family	\$1,500/\$3,000 member/family
Out-Of-Pocket Maximum (includes medical copays, coinsurance and deductible)	\$3,500/\$7,000 member/family		\$3,500/\$7,000 member/family		
Preventive Care Visits	\$0 (covered in full)		\$0 (covered in full)		
PCP Office Visit	\$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
Specialist Office Visit	\$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
Mental Health/Substance Abuse Office Visits (group and individual)	\$30 copay		\$25 copay		
Inpatient Mental Health/Substance Abuse	10% coinsurance after Tier 1 deductible		\$0 (covered in full)		
Urgent Care	\$40 copay	\$90 copay	\$35 copay	\$85 copay	\$125 copay
Emergency Room (ER) Care (waived if admitted)	\$200 copay		\$200 copay		
Emergency Admission	10% coinsurance after Tier 1 deductible		\$0 (covered in full)		
Inpatient Hospital	10% coinsurance after deductible	30% coinsurance after deductible (10% coinsurance after Tier 1 deductible for children up to age 19)	\$0 (covered in full)	20% coinsurance after deductible (covered in full for children up to age 19)	40% coinsurance after deductible
Day Surgery (including scopic procedures, e.g. colonoscopy)	10% coinsurance after deductible	30% coinsurance after deductible (10% coinsurance after Tier 1 deductible for children up to age 19)	\$0 (covered in full)	20% coinsurance after deductible (covered in full for children up to age 19)	40% coinsurance after deductible
Hospital Based Lab/X-Ray/Diagnostic and High End Radiology (MRI, CT, PET)	10% coinsurance after deductible	30% coinsurance after deductible (10% coinsurance after Tier 1 deductible for children up to age 19)	\$0 (covered in full)	20% coinsurance after deductible (covered in full for children up to age 19)	40% coinsurance after deductible
Non-Hospital Based Lab/X-Ray/Diagnostic and High End Radiology (MRI, CT, PET)	\$0 (covered in full)	\$75 copay	\$0 (covered in full)	\$75 copay (covered in full for children up to age 19)	\$75 copay

For more details on the medical plans, see the Benefit Comparison Chart at [harvardpilgrim.org/bilh](https://www.harvardpilgrim.org/bilh).

Tiered POS			
Tier 1	Tier 2	Tier 3	Out-of-Network
None	\$500/\$1,000 member/family	\$1,000/\$2,000 member/family	\$2,000/\$4,000 member/family
\$3,000/\$6,000 member/family			
\$0 (covered in full)			
\$20 copay	\$30 copay (\$20 copay for children up to age 19)	\$40 copay	30% coinsurance after deductible
\$30 copay	\$45 copay (\$30 copay for children up to age 19)	\$60 copay	30% coinsurance after deductible
\$20 copay			30% coinsurance after deductible
\$0 (covered in full)			30% coinsurance after deductible
\$30 copay	\$70 copay	\$110 copay	30% coinsurance after deductible
\$150 copay			
\$0 (covered in full)			
\$0 (covered in full)	10% coinsurance after deductible (covered in full for children up to age 19)	20% coinsurance after deductible	30% coinsurance after deductible
\$0 (covered in full)	10% coinsurance after deductible (covered in full for children up to age 19)	20% coinsurance after deductible	30% coinsurance after deductible
\$0 (covered in full)	10% coinsurance after deductible (covered in full for children up to age 19)	20% coinsurance after deductible	30% coinsurance after deductible
\$0 (covered in full)	\$75 copay (covered in full for children up to age 19)	\$75 copay	30% coinsurance after deductible

Key Terms to Know

Copay: The amount you pay for a covered service each time you use that service. It does not apply toward the deductible.

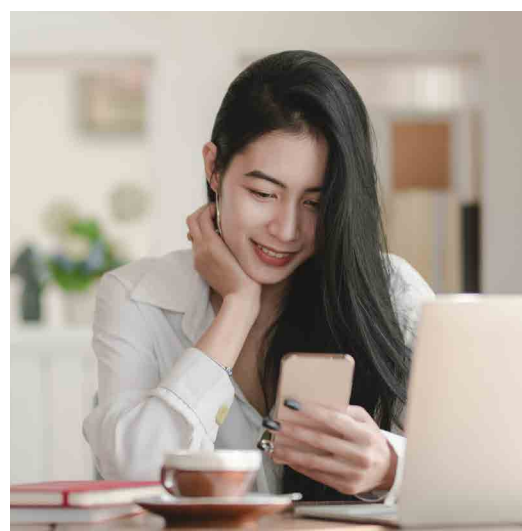
Coinsurance: Percentage of the charge that you will pay, after you have met the deductible.

Deductible: The amount you pay each year before the plan begins to pay. It does not include office visit or prescription drug copays.

Out-of-pocket costs: Expenses you pay yourself, such as deductibles, copays, and uncovered services.

Out-of-pocket maximum: The maximum amount you pay for covered services in a year. There are separate out-of-pocket maximums for medical services and prescription drugs filled at a retail pharmacy or through mail order.

Premium: The amount you pay for insurance from your paycheck.



Providers by Tier

All medical plans offer tiered coverage.

- You will pay less when you see a Tier 1 provider.
- All BILH 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 also apply to Tier 1 and Tier 2 for the Domestic & Community HMO.

“You will pay less when you see a Tier 1 provider... all BILH providers and sites are Tier 1.”

Note: Providers may change tiers so be sure to confirm the tier by visiting harvardpilgrim.org/bilh.

Out of State Coverage & Out-of-Area Dependent Coverage

Out of state and out of service area coverage depend on the type of plan you choose. With the HMO Plans, if you have a dependent child up to age 26 who resides outside of the HPHC service area, that child can be registered as an out-of-area dependent with HPHC. Your registered dependent can then receive most of the same coverage available under the plan as though they were in the service area. With the Tiered POS plan, employees and their dependents (both spouse and children) living outside of the HPHC service area have access to in-network providers and services through HPHC's national provider network. To learn more, visit www.harvardpilgrim.org/bilh or call **Harvard Pilgrim** at **888-333-4742**.

Welcome to MyConnect



Wouldn't it be nice to have someone to guide you through your health care journey? With Harvard Pilgrim MyConnect, you'll have a dedicated team — your Member Advocate — looking out for you, which makes navigating health care easier, more convenient and more personalized than ever before. Whether you have questions about benefits, need help finding care or you're trying to meet your healthy lifestyle goals, your Member Advocate can help. Download the free MyConnect mobile app for extra support.

Contact the MyConnect Member Advocate team via phone, the app or online—whatever is convenient for you:

Monday, Tuesday, Thursday and Friday: 8 a.m. – 8 p.m.; Wednesday 10 a.m. – 8 p.m.

Phone: Call **(888) 333-4742** (be sure have your Harvard Pilgrim ID number ready)

Chat: Use the secure chat messaging feature through the MyConnect app

Online: Send a secure message through your Harvard Pilgrim online member account at harvardpilgrim.org/bilh.

Prescription Drug Coverage

If you enroll in one of the medical plans, you will receive prescription drug coverage from CVS Caremark. The pharmacy benefit is the same, regardless of which medical plan you select. You will receive a separate ID card from CVS Caremark to use for your prescription drug services. (If you are enrolled in a medical plan for 2020, you can continue to use the same CVS Caremark ID card in 2021.) The CVS Caremark pharmacy network includes many pharmacies such as CVS, Walgreens, Target, Walmart, Stop & Shop, and more. For a list of participating pharmacies, visit [caremark.com](https://www.caremark.com).

Your prescription copay amount will be based on the type of drug you are using:

- **Generic** — Generic consists of low-cost generic drugs and are at the lowest-copay level. These drugs contain the same active ingredients as their brand-name counterparts.
- **Preferred** — Preferred consists primarily of brand-name drugs that CVS Caremark has determined to be more effective, less costly or to have fewer side effects than similar medications. These drugs typically do not have a generic equivalent available.
- **Non-Preferred** — Non-preferred consists mostly of high-cost brand-name drugs with lower cost generic and/or brand alternatives. These drugs have been selected by the plan based on review of the relative safety, effectiveness and cost of the many brand-name drugs on the market. In some cases, non-preferred may include generic drugs determined to be more costly than their brand-name alternatives.



Did You Know...
you can save money when you use a BILH Pharmacy?

You will pay a lower copay: \$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!



Prescription Drug Coverage for All Medical Plan Options		
	30-day Supply	90-day Supply
BILH Pharmacy and Home Delivery Service	\$5 copay (no matter the prescription type)	\$10 copay (no matter the 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	

Your annual out-of-pocket maximum for prescriptions is \$3,000 if you enroll in individual coverage, or \$6,000 if you have one or more dependents. You can save money on prescriptions by asking your doctor to prescribe generic medications, when possible. You and your dependents who enroll in a medical plan will receive a prescription ID card from CVS Caremark. Remember to provide this CVS Caremark ID card to your pharmacist when you fill your prescriptions. You can learn more by visiting [caremark.com](https://www.caremark.com) or by downloading the CVS Caremark app. If you have questions, you can call CVS Caremark at **855-303-3980**.

Specialty Medication Copay Assistance Program

Beth Israel Lahey Health (BILH) recently introduced the 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 the program.

List of Covered Drugs for 2021



The prescription drug program uses the Advance Control Formulary as the official list of covered drugs. For some members, this is the same formulary; for others, it will be new. If you are impacted by the change to the Advance Control Formulary, you will receive information directly from CVS Caremark before the end of 2020. You can learn more about the formulary by visiting [caremark.com](https://www.caremark.com).

Dental Plan Options

You can choose from two dental plan options available through Delta Dental. These are the same options as offered in 2020. When you use Delta Dental PPO or Premier network providers, you will have lower costs when you visit the dentist.

- 1 Low Option** — 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.
- 2 High Option** — 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.

New for 2021



Delta Dental is providing a new telephone number for BILH members.

Starting Nov. 1, 2020, you can call **800-368-4708** for questions about the dental plan. In addition, you and your dependents who enroll in a dental plan option will receive a new ID card for 2021.

Verify Your Dentist

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.

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)

* Age limitations apply.

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 the Dental Plan summary for more information on out-of-network benefits.

What's **New** for 2021



The following pages provide details on the new benefits being offered in

2021 including Vision, Flexible Spending Account, Commuter, Disability, Life and Accident Insurance, Employee Assistance Program and **New Voluntary Benefits**.

Vision Plan Options

Two vision plan options are available from EyeMed Vision Care: The Low Option and the High Option. Both plans cover eye exams*, frames, lenses and contact lenses as well as offer a variety of discounts on services and materials.

- 1 Low Option** — The Low Option offers lower premiums, requires a \$10 eye exam copay, and pays less for frames and contact lenses.
- 2 High Option** — The High Option has higher premiums, does not require an eye exam copay, and pays more for frames and contact lenses.

“You have access to a custom provider network that includes BILH providers.”

You have access to a custom provider network that includes BILH providers. You can also access EyeMed’s nationwide network of independent, retail and online providers – including LensCrafters, Target Optical, Pearle Vision and Contacts Direct.

If you enroll in a vision plan option, you will receive a new ID card for 2021.

* If you do not elect vision coverage, routine eye exams will be covered under your medical insurance.

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! 	

During Open Enrollment, contact EyeMed at **866-299-1358**; starting January 1, 2021, call **866-723-0514**.

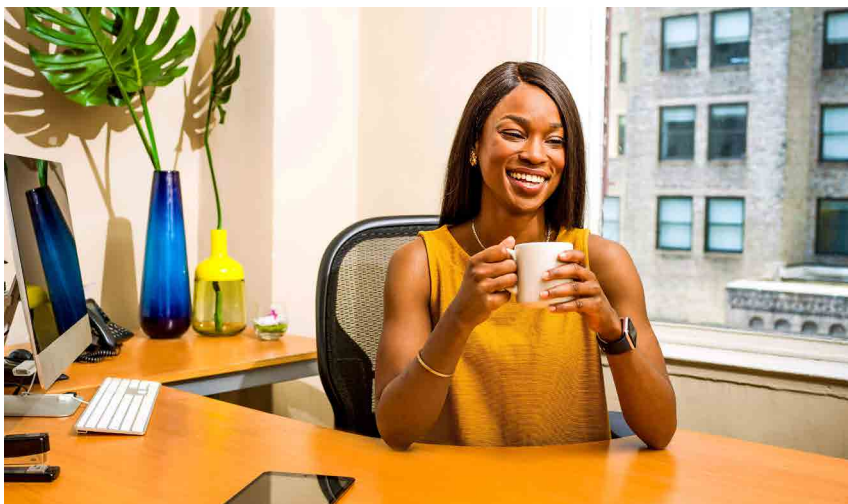
Flexible Spending Accounts (FSAs)

You have two FSA options as a smart and convenient way to stretch your benefit dollars and receive real tax savings: the Health Care FSA and Dependent Care FSA. Both allow you to contribute pre-tax dollars through payroll deductions. You are then reimbursed tax-free through the account for eligible expenses. Beginning in 2021, the FSA program will be administered by Sentinel Benefits for all BILH organizations.

Benny Card: FSA Debit Card

If you enroll in the FSA plan for 2021, you will receive an FSA debit card called the Benny Card to use to pay for eligible expenses. You will automatically receive two Benny Cards, which are tied to your FSA account. Both cards will come in your name as the BILH employee; however, one of the cards can be given to a spouse or eligible dependent to use (as long as he or she signs the back of the card). Just activate your cards and you can begin using them to spend your 2021 FSA dollars as of January 1, 2021.

Notes: 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. In addition, if you currently have an account with Sentinel, you may continue using your Benny card until the expiration date shown on your card (you will not receive a new one until your current Benny card expires).

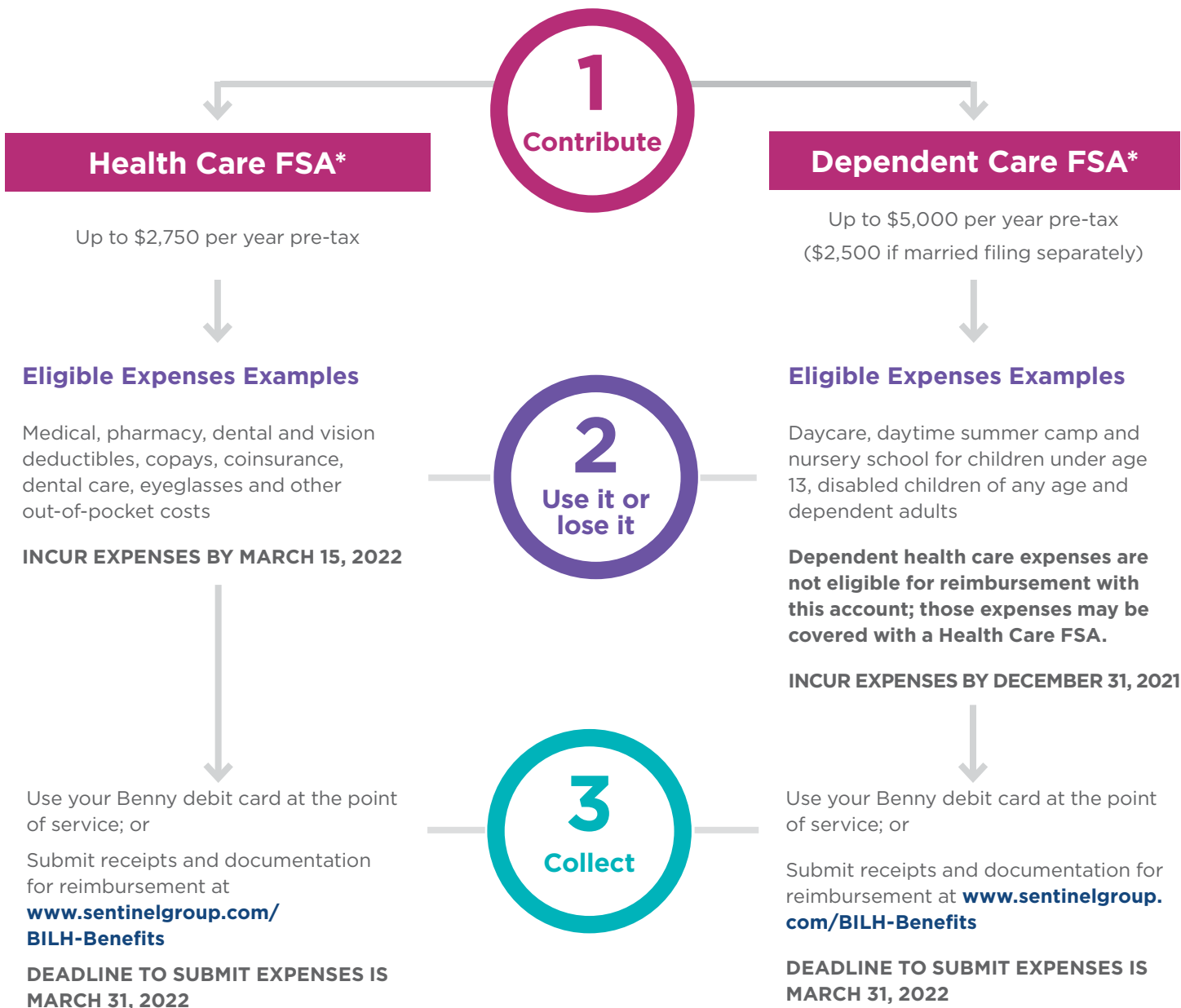


If You Have Unused Money In Your 2020 FSA



If you have money left in your 2020 Flexible Spending Account at the end of the year, your 2020 FSA will be governed by the terms of that plan. This means that if your plan allows you to incur expenses for a few weeks into 2021, that provision will continue. If your plan does not permit this extra time but allows you to roll over funds, that will also continue.

How FSAs Work



* FSAs are subject to discrimination testing under IRS rules and the maximum amount that you can contribute in a plan year may be reduced. You will be notified if any changes in your contributions need to be made.

Important



If you want to participate in an FSA, IRS rules require that **you enroll each year (FSA elections do NOT carry over to the next year) and elect an annual amount. You must use the amount you set aside in your account by the deadline or you will lose any remaining funds.**

More information about Flexible Spending Accounts can be found at www.sentinelgroup.com/BILH-Benefits.

Commuter Program

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. This new program — which does not replace existing local subsidized parking or commuter programs — is available to all organizations within the BILH system.* There are two different Commuter plan types to choose from:

- The **Parking FSA** allows you to 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.
- The **Transit FSA** allows an employee to 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 BILH Commuter program for 2021, you will automatically receive two Sentinel Benny Cards to use, which are tied to your FSA account. Just activate your cards and you can begin using them to spend your 2021 Commuter dollars as of January 1, 2021.

More information about the Commuter program can be found at www.sentinelgroup.com/BILH-Benefits.

* If you participate in a subsidized parking or transit plan through a BILH organization, you are not eligible to enroll in the Sentinel Commuter program.

“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...”

Tuition Assistance Benefit

The Tuition Assistance Program reimburses you for expenses incurred in pursuing additional education and, in some cases, certifications. While the criteria for becoming eligible, amount available to you for reimbursement, and various types of covered education expenses are all defined in your hospital’s Tuition Policy and are not changing for 2021, the vendor used will be Sentinel Benefits across the system. Please consult your hospital’s policy for specific information about the benefit provided to you.

Beginning January 1, 2021, if you wish to take advantage of the Tuition Assistance Program, you will work with Sentinel Benefits to request and receive payment under the policy. Sentinel will provide an electronic application to apply for the program. If your application is approved, your request and any corresponding payment will be processed once you provide the required supporting documentation, which is also defined in your hospital’s Tuition Policy. You can provide this supporting documentation through your online account with Sentinel Benefits. Additional information about logging into your Tuition account with Sentinel can be found by visiting www.sentinelgroup.com/BILH-Benefits.

Disability Benefits

Disability insurance, provided through Unum, is a source of financial protection if you are unable to work due to illness or injury. To learn more during Open Enrollment, visit <https://flimp.live/BethIsraelLaheyHealth> or call 866-351-2487.

Voluntary Short-Term Disability (STD)

STD coverage protects your income in the event of an illness, 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 as of January 1, 2021:

60% Coverage		75% Coverage	
OPTION 1	OPTION 2	OPTION 3	OPTION 4
7 DAY ELIMINATION PERIOD	14 DAY ELIMINATION PERIOD	30 DAY ELIMINATION PERIOD	7 DAY ELIMINATION PERIOD

* 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.

Coming in 2021: New Massachusetts Paid Family and Medical Leave (MAPFML)



This new law will provide paid, job-protected family and medical leave benefits to eligible workers in Massachusetts. As of January 1, 2021, MAPFML applies to:

- Your own serious illness or injury
- Bonding with a new child (newborn, recent adoption, or foster care placement)
- Complications resulting from the military deployment of a family member

You will also be able to take MAPFML to care for an ailing relative effective July 2021.

In most instances, MAPFML will run at the same time as the existing federal Family Medical Leave Act (FMLA) and Massachusetts leave laws, including the Earned Sick Time Act and the Massachusetts Parental Leave Act; it will not replace or repeal them. That means when you take time off for a qualifying reason — for example, the birth of a child — it will count toward your maximum leave entitlement under all applicable laws. Weekly benefits under MAPFML will be calculated as a percentage of your total earnings up to a maximum of \$850 per week and will be paid directly by the state.

Please note that there are important regulations that restrict the simultaneous collection of both the MAPFML benefit and any accrued paid time off (i.e., vacation, EIB, sick time). For more detailed information, please consult www.mass.gov/DFML. You can also use this calculator (<https://calculator.digital.mass.gov/pfml/yourbenefits/>) to estimate the benefits you may be eligible for if you plan to take leave.

You should carefully consider if you want to elect STD during Open Enrollment. See **Considerations for Electing Voluntary STD** on [page 20](#) and watch for more information about how MAPFML will be implemented within your organization soon.

Considerations for Electing Voluntary STD

During Open Enrollment, consider your needs carefully as you decide whether to elect voluntary Short-Term Disability coverage. Here are questions to think about as you make your decision:

- **Are you anticipating a leave in 2021 for your own illness or injury (such as pregnancy, planned surgery or other)?**
- **How much income do you need to replace during your leave?**
 - Will the MAPFML benefit provide enough income for you during your leave? The maximum weekly benefit is \$850. Use the calculator (<https://calculator.digital.mass.gov/pfml/yourbenefits/>) to estimate the amount you may be eligible for if you plan to take leave.
 - If you need more, consider either a) using other available accrued time instead of taking MAPFML leave; or b) electing STD coverage.
- If you decide to elect STD coverage, you have a number of decisions:
 - **How much income replacement do you need?**
 - > There are two plan options: 60% or 75% income replacement, up to a weekly maximum of \$3,000.
 - > Note: MAPFML benefits will “offset” STD benefits. This means Unum will pay any additional amount over your MAPFML benefit to achieve 60% or 75% income replacement.
 - **When do you need the STD benefit to start paying?**
 - > Shorter elimination period (7 or 14 days) starts STD benefits sooner but costs more.
 - > 30-day elimination period costs less but requires more time before benefits pay.
- If you decline STD coverage this year but want to elect in future years, you will need to provide proof of good health.

Everyone’s needs are different based on their own situation. It’s important that you take time to understand the MAPFML law, review all available information and think carefully about your needs for the upcoming year. A separate document will be posted on your local intranet during Open Enrollment that will provide more details and examples of how STD, MAPFML and accrued time off will interact starting in 2021.

Long-Term Disability (LTD)

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

We automatically provide eligible employees working 20 or more hours a week with Core LTD coverage equal to 60% of monthly pay (maximum of \$10,000 per month). Core LTD is provided at no cost to you.

Buy-Up LTD

If you would like additional coverage, you may elect Optional LTD Buy-Up (for a total of 66 2/3% coverage up to a monthly maximum of \$15,000). You pay for Optional LTD on an after-tax basis.



Consider Your Needs Carefully!



During Open Enrollment for 2021, you have the one-time opportunity to enroll in Voluntary STD or Buy-Up LTD coverage without proof of good health, even if you have been turned down in the past. So be sure to consider your family’s needs as you elect coverage for 2021.

Life and Accidental Death & Dismemberment Insurance

BILH provides basic life insurance to eligible employees. For added protection, you may purchase supplemental life insurance for yourself and your dependents. You can also purchase Voluntary Accidental Death & Dismemberment (AD&D) insurance for coverage specifically for accidental death or injury. Coverage is administered through Voya.

Basic Life Insurance

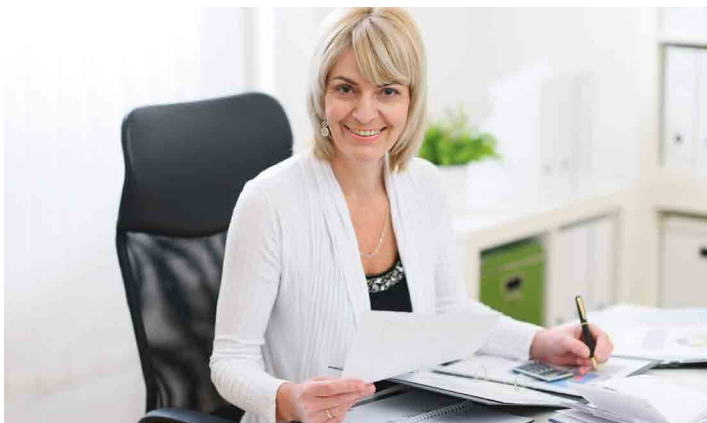
We automatically provide you with basic employee life insurance coverage at no cost to you.

The benefit is: 1 x your annual base pay, up to the maximum (combined with supplemental life) of \$2,250,000



Note: Imputed income tax applies to basic life insurance benefits valued at over \$50,000. You may elect

to reduce your basic life insurance to \$50,000 (called the "Tax Choice") so you do not have to pay imputed income tax.



Consider Your Needs Carefully!



Because we are introducing new life and accident insurance benefits for 2021, you have the one-time opportunity to enroll in or increase your coverage without proof of good health. You may choose up to \$500,000 in supplemental life insurance coverage and up to \$50,000 in Spouse life insurance without proof of good health. So be sure to think about your family's needs as you elect coverage for 2021.

Note: Basic and supplemental life insurance and voluntary AD&D insurance coverage reduces beginning at age 65.

Supplemental Life Insurance

You may purchase or increase supplemental life insurance coverage for yourself, your spouse and your children, as described in the boxes below. You pay the rate based on your age as of January 1, 2021 for your coverage and your spouse's; the cost for children is a single rate no matter their age or how many you cover.

During this Open Enrollment for 2021, you may elect up to \$500,000 in supplemental life insurance for yourself and up to \$50,000 for your spouse without evidence of insurability (EOI). No EOI is required for child life insurance.

Employee

LIFE INSURANCE AMOUNT

1 to 8 x your annual base pay in increments of 0.5x, rounded to the next higher \$1,000, up to \$2,250,000 maximum

(combined with basic life)

Spouse

LIFE INSURANCE AMOUNT

\$10,000 to \$300,000* in \$10,000 increments

Children

LIFE INSURANCE AMOUNT

\$10,000 or \$15,000*

* Cannot exceed 100% of the approved employee supplemental life insurance amount.

Keep Your Life Insurance Up to Date



Has your lifestyle changed recently? Had a baby? Bought a house? Take time to evaluate your life insurance coverage. Open Enrollment is a great time to review your beneficiaries, to ensure they are up-to-date. Be sure to review your beneficiary election in your benefits enrollment site, and make any necessary changes.

Voluntary AD&D Insurance

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 as shown in the boxes below. You pay the rate for the amount of coverage as well as who you will cover (spouse and/or children).

Employee

A&D INSURANCE AMOUNT

1 to 6 x your annual base pay in increments of 0.5x, rounded to the next higher \$1,000, up to \$1,500,000 maximum

Spouse

A&D INSURANCE AMOUNT

\$10,000 to \$300,000* in \$10,000 increments

Children

A&D INSURANCE AMOUNT

\$10,000 or \$15,000*

* Cannot exceed 100% of the approved employee voluntary AD&D insurance amount.

This voluntary benefit plan will pay 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. No evidence of insurability is required.

Employee Assistance Program (EAP)

Effective January 1, 2021 we are changing our Employee Assistance Program (EAP) provider. Our new partner, KGA, offers free, confidential consultations, counseling and referrals at no cost to you or your household members. Contact the EAP for convenient, expert and confidential support.

Here are some ways KGA will be able help:

- **COUNSELING** Support for addiction, anxiety, depression and everyday stress
- **CRISIS SUPPORT** Expert help for dealing with grief and the trauma that comes with upsetting events
- **CAREER SUPPORT** Consultations on career moves, job search strategies, interviewing skills and resumes
- **ELDERCARE RESOURCES** Consultations and referrals for all types of eldercare needs and caregiving support
- **FINANCIAL CONSULTATION** Help with debt management, budgeting and financial planning
- **LEGAL ASSISTANCE** Consultation with an attorney and referrals for legal issues
- **PARENTING RESOURCES** Referrals for all types of childcare needs and parenting support
- **CONVENIENCE SERVICES** Referrals for family/home needs from pets and contractors to continuing education and transportation
- **NUTRITION CONSULTATION** Consultations with a nutritionist on weight management, allergies and other dietary concerns

The program is available **24/7** to all employees beginning **January 1, 2021**. Until January 1, continue to contact your current EAP provider for confidential services.

“KGA is available on January 1, 2021; until then, contact your current EAP.”



NEW! Voluntary Benefits

For 2021, BILH is pleased to offer new voluntary benefits in addition to the other new programs noted in this Guide. You can elect critical illness and hospital indemnity insurance to supplement your medical coverage, as well as elect the legal plan through your benefits enrollment site. In addition, you have access to a wide range of other programs and discounts through BenefitHub.

Critical Illness Insurance ★

Critical illness insurance can help cover the extra expenses associated with a severe, life-threatening illness. When a serious illness happens to you or a loved one, this coverage provides you with a lump-sum payment upon diagnosis. Payments may be used to help pay for expenses generally not covered by medical and disability income coverage.

Upon diagnosis with a qualifying serious illness after the coverage effective date, you can receive an immediate lump-sum benefit. You can use those funds any way you choose. You can elect coverage for you, your spouse or your child(ren).



Covered Illness

Examples: 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).

You

\$15,000 or \$30,000

Your Spouse

100% of the employee's benefit

Your Child(ren)

50% of the employee's benefit

The rate you pay depends on your age, amount of coverage elected and who you cover (spouse and/or children).

Added Benefits for Wellness and COVID-19

Every year, you and your covered spouse can also receive \$75 for getting a health screening test, such as blood tests, chest X-rays, stress tests, colonoscopies, mammograms, COVID-19 screening and other tests listed in your policy. Each covered child will receive \$37.50 as a wellness benefit, to a maximum of \$150 for all covered children.

In addition, the plan pays \$500 upon diagnosis with a covered infectious disease, including COVID-19 (\$250 for covered children).

The screenshot shows the Voya website interface for Group Term Life Insurance. It includes a navigation bar with 'HOME', 'PRODUCTS', 'FILE A CLAIM', and 'ABOUT VOYA'. The main content area displays 'Group Term Life Insurance' for 'Beth Israel Lehigh Health, Inc.' with group number 703379. There are links for 'Benefits summary & costs' and 'Highlights'. A video player is embedded, showing a video titled 'Real Life Example' with a duration of 0:00 / 1:15. Below the video, there is a table of 'Example Expenses': Total Life Insurance Proceeds (\$100,000), Funeral Expenses (\$8,000), and Remaining Mortgage (\$75,000).

Learn About Programs on Voya Website



You can find videos, plan descriptions and more for the programs administered by Voya:

> Life Insurance > Critical Illness Insurance > Hospital Indemnity Insurance

Visit their website at <https://presents.voya.com/EBRC/BILH2021> to learn more about these programs.

Hospital Indemnity Insurance ★

With an average cost of \$10,000 per hospital stay in the U.S., it's easy to see why having hospital insurance coverage may make good financial sense to help supplement your medical coverage. If you are admitted or confined to a hospital due to an accident, illness or pregnancy, hospital indemnity insurance benefits can help pay for out-of-pocket costs such as health insurance deductibles and copays — or for anything that you see fit. If you are admitted to the 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.**



Hospital Indemnity Insurance is **NOT** a substitute for medical insurance.

Features of this insurance include:

- Guaranteed acceptance for you and other eligible family members (you can elect coverage for yourself only, or for your spouse and/or eligible children)
- 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 children).

To learn more about the hospital indemnity benefit, visit <https://presents.voya.com/EBRC/BILH2021>.

If You Currently Have Voluntary Insurance Coverage



You may be enrolled in coverage including critical illness, hospital indemnity or accident insurance through your organization. Many of these policies are individual plans that may continue if you elect to do so; others will be replaced by the new BILH offerings through Voya. To learn more, see your benefits enrollment site or contact the **BILH Benefits Helpline at 888-402-1884.**

Legal Insurance ★

You have the option of purchasing legal coverage through ARAG. Legal coverage isn't just for the serious issues, it's for your everyday needs, too. Legal insurance helps you address common situations like creating wills, transferring property or buying a home. The weekly rate for coverage is \$3.42, the bi-weekly rate is \$6.83 and the monthly rate is \$14.80.

With ARAG, you have access to a network of attorneys that cover 100% of the cost of most covered matters, including:

- 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, visit ARAGlegal.com/myinfo (enter access code 10183bil) or call **800-247-4184**.

Benefits and Discounts Through BenefitHub ★

BenefitHub is a centralized website with access to benefits and discounts specifically for our employees.

When you log on to BenefitHub, you'll have access to:



Auto and Home Insurance. Discounted rates for auto and home insurance from Liberty Mutual or MetLife. You can log on to BenefitHub for access to new coverage and rates at the end of your policy period. Note: If you currently have coverage under one of these providers, it will continue uninterrupted until the policy end date.



Pet Insurance. Discounted insurance for your pets through Nationwide (formerly Veterinary Pet Insurance (VPI)) that provides medical protection for accidents and illness for your pets. You can log on to BenefitHub for access to new coverage and rates at the end of the policy period. Note: If you currently have pet insurance coverage through your organization, it will continue uninterrupted until the policy end date.



Identity Theft Protection Insurance. Protect and monitor your personal information and guard against identity theft.



Discounts on everything from hotels, movie tickets, apparel, and more!

“You can access and enroll in programs and policies any time during the year through BenefitHub.”

You can access and enroll in programs and policies any time during the year through **BenefitHub** at bilhperks.benefithub.com (Referral Code: BE1UCI).

Other Benefits



In addition to the plans outlined in this Guide, there are other benefits available to you such as retirement savings, paid time off programs, and more. See your local intranet or contact your HR representative to learn more about these benefits and programs.

Care.com Expert Assistance: Find the Right Care for Your Family! ★

We are introducing a new benefit through Care.com to help you find caregivers for your whole family, including your child(ren), parents/grandparents and/or pet(s) as well as your home. In addition to a free Care.com membership, you can use Expert Assistance to help you find:

- Nannies and babysitters
- Tutors
- Housekeepers
- Special needs caregivers
- Pet sitters and groomers
- Adult companion care and more

Call **855-781-1303** or email expertassistance@care.com to connect with a Care Specialist to get started.

Benefit Resources

Benefits Contacts		
Benefit	Administrator	Contact Information
BILH Benefits Helpline	Sentinel Benefits	888-402-1884 BILHbenefits@sentinelgroup.com
Medical	Harvard Pilgrim Health Care	888-333-4742 harvardpilgrim.org/bilh
Prescription Drug	CVS Caremark	855-303-3980 caremark.com
Dental	Delta Dental	800-368-4708 deltadentalma.com
Vision	EyeMed	866-299-1358 (in 2020) 866-723-0514 (in 2021)
Flexible Spending Accounts/Commuter/COBRA	Sentinel Benefits	888-402-1884 Sentinelgroup.com/BILH-Benefits
Disability	Unum	In 2021: 866-679-3054 https://www.unum.com/employees
Life and Accident Insurance	Voya	800-955-7736
Critical Illness/Hospital Indemnity Insurance	Voya	877-236-7564 https://presents.voya.com/EBRC/BILH2021
Legal	ARAG	800-247-4184 ARAGlegal.com/myinfo Access code: 10183bil
Discounts/Other	BenefitHub	866-664-4621 bilhperks.benefitHub.com (Referral Code: BE1UCI)

This Guide is intended for benefits-eligible employees only. Complete details of the 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. The company reserves the right to amend, modify or terminate any of the plans in any manner in whole or part, at any time. For those employees covered by a collective bargaining agreement, the terms of the applicable collective bargaining agreement shall apply absent agreement by the Hospital and your union.

About this Guide

This Guide provides information on benefits offered to employees of the following organizations:

- Anna Jaques Hospital, Inc.
- Beth Israel Deaconess Hospital – Milton, Inc.
- Beth Israel Deaconess Hospital – Needham, Inc.
- Beth Israel Deaconess Hospital – Plymouth, Inc.
- Beth Israel Deaconess Medical Center, Inc.
- Beth Israel Lahey Health, Inc.
- Beth Israel Lahey Health Primary Care, Inc.
- BILH Performance Network, LLC
- CareGroup Parmenter Home Care & Hospice, Inc.
- Community Physician Associates
- Lahey Clinic Hospital, Inc.
- Lahey Clinic, Inc.
- Lahey Health Shared Services, Inc.
- Medical Care of Boston Management Corp., Inc.,
d/b/a Beth Israel Deaconess HealthCare
a/k/a Affiliated Physicians Group
- Mount Auburn Hospital
- Mount Auburn Professional Services, Inc.
- New England Baptist Hospital
- New England Baptist Medical Associates
- Northeast Behavioral Health Corporation
- Northeast Hospital Corporation
- Northeast Medical Practice, Inc.
- Northeast Professional Registry of Nurses, Inc.
- Northeast Senior Health Corporation
- Seacoast Affiliated Group Practice, Inc.
- Winchester Hospital
- Winchester Physician Associates, Inc.