

Winchester Hospital

A member of Beth Israel Lahey Health

New Hire Benefits Orientation

Beth Israel Lahey Health 
Winchester Hospital

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

Benefits

Your benefits begin on first day of benefits-eligible employment

- Medical
- Dental
- Vision
- Flexible Spending Accounts – Healthcare, Dependent Care, Commuter
- Life Insurance – Basic & Supplemental
- Accidental Death and Dismemberment (AD&D)
- Spouse & Dependent Child Life Insurance
- Short-Term Disability (STD)
- Long-Term Disability (LTD)
- Legal Plan
- Critical Illness Insurance
- Hospital Indemnity Insurance
- Retirement Savings Plan
- Other Benefits

Winchester Benefits Intranet – “WinNet”

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

WinNet

My Employment ▾

Tools & Resources ▾

Departments ▾

News & Events ▾

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

Search

Sign In

Winchester Benefits Intranet – “WinNet”

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

WinNet

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

Coverage Levels and Eligibility

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

- Legal spouse

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

- Children and stepchildren to age 26;

- Disabled dependent child of any age with documentation

Dependent verification will be required when adding dependents to your plan

Periodic dependent verification audits

Health Insurance

Medical Plan Options

- Domestic & Community HMO
- HMO Plus
- Tiered POS

Medical Plan Options – Tiering Options

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

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

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

All three plans offer:

HMO Plus & Tiered POS offer:

Tier 1

Tier 2

Tier 3

**All BILH
Facilities & Providers**

**Select Community Hospitals &
Affiliated Providers**

**Select Academic Medical
Centers, some Community
Hospitals & Affiliated
Providers**

Lowest out of pocket costs

Moderate out of pocket costs

Highest out of pocket costs

Medical Plan Options – 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.

Medical Plan Options

Out of Area Option

HMO Plus only

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

Domestic & Community HMO and Tiered POS

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

Medical Plan Options - Hospital Comparison Chart



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 dependents 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.

[continue ▶](#)

Medical Plan Options - Hospital Comparison Chart



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	Tier 1	Tier 2	Tier 3	
Day surgery	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	No charge	Deductible, then 20% coinsurance (waived for children up to age 19)	Deductible, then 40% coinsurance	No charge	Deductible, then 10% coinsurance (waived for children up to age 19)	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
	Children up to a age 19: Tier 1 deductible, then 10% coinsurance								
Routine Eye Exam (one exam every 12 months)	\$40 copay	\$65 copay (\$40 copay for children up to a age 19)	\$35 copay	\$65 copay (\$35 copay for children up to a age 19)	\$95 copay (\$35 copay for children up to a age 19)	\$30 copay	\$45 copay (\$30 copay for children up to a age 19)	\$60 copay (\$30 copay for children up to a 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 a age 19)	\$35 copay	\$65 copay (\$35 copay for children up to a age 19)		\$30 copay	\$45 copay (\$30 copay for children up to a 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-end radiology (MRI, CT, PET)									
In physician's office or non-hospital affiliated facility	No charge	\$75 copay	No charge	\$75 copay (waived for children up to a age 19)	\$75 copay	No charge	\$75 copay (waived for children up to a age 19)	\$75 copay	Deductible, then 30% coinsurance
In hospital or hospital affiliated facility	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance		Deductible, then 20% coinsurance (waived for children up to a age 19)	Deductible, then 40% coinsurance		Deductible, then 10% coinsurance (waived for children up to a 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

09/2023 10_20

Medical Plan Options - Additional Things to know

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

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!

Prescription Plan

- Enrollment in a medical plan also automatically enrolls you in the prescription benefit through CVS Caremark.
- Prescription copays are per enrolled Harvard Pilgrim medical plan, and are shown at the bottom of the Medical Comparison Chart
- BIDMC Pharmacy, home delivery service, and select Lahey outpatient pharmacies (including Winchester employee pharmacy) pay \$5 (30-day supply)/\$10 (90-day supply)
- Separate CVS Caremark ID Card to be shown at pharmacy
- 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.

Prescription Plan

Prescription Drug Coverage for All Medical Plan Options		
	30-day Supply	90-day Supply
BIDMC Retail Pharmacy/ Home Delivery Service and Select Lahey Outpatient Pharmacies*	\$5, regardless of prescription type	\$10, regardless of prescription type
CVS Caremark National Network	In-Network Pharmacies (30-day Supply)	CVS Retail Pharmacy or CVS Mail-Order (90-day Supply)
Generic	\$15 copay	\$30 copay
Preferred Brand	\$35 copay	\$70 copay
Non-Preferred Brand	\$55 copay	\$165 copay
Out-of-Pocket Maximum	\$3,000 member/\$6,000 family	

* You will have access to the BIDMC retail pharmacy and home delivery services. You may have access to the Winchester Hospital Employee Pharmacy if you are an employee of Winchester Hospital.

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.

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 Insurance

Dental Plan Options

- **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 Plan Options

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

Vision Insurance

Vision Plan Options

- **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 Options

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.

Flexible Spending & Commuter/Parking Accounts

Flexible Spending Account Plan Options

- **Coverage through Sentinel Benefits**

Health Care Flexible Spending Account

- **Maximum annual contribution - \$2,750**
- **Incurred period 01/01/2021 (or Date of Hire) – 03/15/2022**
- **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**
- **Used to pay for eligible expenses for the care of a dependent child under age 13 or a dependent adult (i.e. – preschool, child/ elder day care)**
- **Dependent healthcare expenses are not eligible for reimbursement with this account; those expenses may be covered with a Healthcare FSA.**

Both plans have the following rules:

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

Commuter Program

- Coverage through Sentinel Benefits
- 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.

Life Insurance

Basic Life Insurance Plan

- **Coverage through Voya**
- **Two options available as an employer paid benefit:**
 - **Option 1: 1 times your basic yearly earnings to a maximum of \$2,250,000 rounded to the next higher \$1,000**
 - **Option 2: Tax choice of \$50,000 (only available for employees where 1x salary exceeds \$50,000 at time of election.**
- **Coverage amount reduces beginning at age 65.**
- **Beneficiary Information added during benefits enrollment. May be updated throughout the year.**
- **Conversion option to Individual Whole Life policy may apply at termination of employment. Conversion information sent to employee by Voya after employment ends.**

Supplemental Life Insurance Plan

- 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.

Spouse Life Insurance Plan

- **Coverage through Voya**
- **Elect from \$10k to \$300k in \$10k increments**
- **Evidence of Insurability required over \$50k**
- **Coverage amounts reduce beginning at age 65**
- **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.**
- **Coverage amount cannot exceed 100% of your approved employee Supplemental Life Insurance amount.**

Child Life Insurance Plan

- **Coverage through Voya**
- **Choose from two levels of coverage**
 - **\$10,000**
 - **\$15,000**
- **No Evidence of Insurability required**
- **Child Coverage amount cannot exceed 100% of your approved employee Supplemental Life Insurance amount.**

Supplemental Accidental Death & Dismemberment (AD&D) Insurance Plan

- **Coverage through Voya**
- **Colleague AD&D:**
 - 1 times pay though 6 times pay in .05 times increments
 - **Beneficiary Information added during enrollment via Self-Service Colleague Connection**
 - **Coverage amount reduces beginning at age 65**
- **Spouse AD&D:**
 - **You may elect spouse Supplemental AD&D insurance of \$10k to \$300k in \$10k increments**
 - **Coverage cannot exceed 100% of your employee Supplemental AD&D Insurance amount**
 - **Coverage amount reduces beginning at age 65**
- **Child AD&D:**
 - **\$10,000**
 - **\$15,000**
 - **Child Coverage amount cannot exceed 100% of your approved employee Supplemental AD&D Insurance amount**

Life Insurance Coverage Options for Married Colleagues

Coverage options for Accidental Death & Dismemberment (AD&D) and Dependent Life (Spousal & Child Life) coverage will vary for married colleagues who both work at legacy Lahey Health.

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

Disability Insurance

Short Term Disability Plan

- Coverage through Unum
- Provides protection against loss of income in the event that you are unable to work due to illness, injury or childbirth
- Coverage amounts of 60% or 75% to the max of \$3,000 per week which would cover you up to 26 weeks (the weekly benefit could be offset or reduced by other sources of income)
 - There are three waiting (elimination*) period options to choose from
 - 7-day (available for 60% or 75% coverage)
 - 14-day (only available for 60% coverage)
 - 30-day (only available for 60% coverage)
- The cost of coverage is fully paid by you and is based on your annual base pay. Since you pay 100 percent of your coverage, you will not be taxed on any disability benefits paid to you.
- Waive coverage: If you choose to waive STD during your new hire enrollment window and wish to enroll at a future Open Enrollment, you may be required to complete Evidence of Insurability through the insurance carrier. Coverage could be denied by the insurance carrier at that time.
- 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

*The 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) Plan

- Coverage through Unum
- If ill or disabled and unable to work indefinitely, ensures you receive part of your income following 180 days
- Basic LTD: Employer paid benefit - 60% of your basic monthly pay to the max of \$10k per month
- LTD Buy-Up Plan: Employee paid benefit - 66.67% of your basic monthly pay to the max of \$15k per month
- Pre-existing condition clause may apply
- 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.

Legal Plan Insurance

Legal Plan

- Coverage through ARAG.
- Legal insurance helps you address common situations like creating wills, transferring property or buying a home.
- Gives you 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.

Voluntary Insurance

Critical Illness Insurance

- Coverage through Voya
- 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
- The rate you pay depends on your age, amount of coverage elected, and who you cover (spouse and/or child(ren))
- To learn more about this plan, visit <https://presents.voya.com/EBRC/BILH> or call Voya Employee Benefits Customer Service at 877-236-7564

Hospital Indemnity Insurance

- Coverage through Voya
- 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

Retirement Plan

403(b) Retirement Savings Plan

- Fidelity Investments
- Long-term savings/retirement
- Tax deferred contributions and earnings
- Through payroll deduction, you may contribute between 1% and 100% of your eligible pay on a pre-tax basis.
- Maximum 2021 colleague contribution of \$19,500; plus \$6,500 “catch up” contribution if age 50 or over for a total of \$26,000

403(b) Retirement Savings Plan

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

403(b) Retirement Savings Plan

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

Please contact Fidelity if you have contributed to another employer plan in 2021

Earned Time Off

Earned Time Off – Win Time Bank

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

- Colleagues accrue on a biweekly basis based on:
 - Exempt or non-exempt status
 - Length of service
 - Regularly scheduled hours
- Accruals for new colleagues begin on hire date and can be used after 90 days of employment.
- If a holiday occurs within the first 90 days, colleagues may “borrow” their earned time.

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

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

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

Earned Time Off – Win Time Bank

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

Extended Sick Leave Bank

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

WinTime Exchange

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

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

Other Benefits

Other Benefits

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

- Eligibility after 6 months of employment
- Reimbursement maximums per academic year (September 1 - August 31) are based on regularly scheduled hours:

Full-time employees: - \$1,500.00

Part-time employees: (minimum of 20 hours per week) – \$750.00

Miscellaneous Benefits:

- **Metro Credit Union** - You can enroll in the Credit Union at any time. In addition to regular savings plans, Metropolitan Credit Union offers Vacation clubs, Christmas clubs, and various types of loan arrangements. You may contact Metropolitan at 617-884-7200 for more information.
- **Child Care** - The Winchester Child Development Center is a facility owned by Winchester Hospital and managed by the YMCA for children of employees who are aged six (6) weeks through five (5) years (or until child enters first grade as allowed in accordance with state childcare guidelines). Eligibility is based on your hours worked and the cost of this benefit is subsidized by the Hospital. Contact the Center at 781-721-0529 for information and a tour. There is usually a waiting list!
- **Cafeteria & Employee Pharmacy Deduction Program** - For information on this program, contact the Food & Nutrition Department at ext. 2603

Other Benefits cont.

- **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 the app, KGA Mobile, for easy access.
- **BenefitHub** - 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** - 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.

Enrollment

How to Enroll

- You have **30 days** from your benefit eligibility date to enroll in your benefits and make any changes
- Enroll electronically through Colleague Connection and **print a confirmation** statement upon completion
- After 30 days have passed since your eligibility, you are restricted from making changes to your benefit elections 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 November for a January 1 effective date.

Qualifying Event

You will have 30 days from the life status change effective date to make changes, except as noted below

- Marriage
- Divorce
- Birth or adoption of a child
- Death of your spouse or dependent child
- Gain or loss of coverage through another source
- Spouse's open enrollment
- Gain or loss of eligibility for subsidy from MassHealth or CHIP (*within 60 days*)
- Gain or loss of coverage through MassHealth or CHIP (*within 60 days*)
- Eligibility for Medicare
- Eligibility for special or open enrollment period for Massachusetts Health Connector

Assistance

BILH Benefits Helpline

888-402-1884

BILHbenefits@sentinelgroup.com

Review information under Employee Benefits link on WinNet