2021 Guide to Benefits
For House Officers

Boston Medical Center
HEALTH SYSTEM
Thank You, and Looking Ahead to 2021

Dear BMC and BMCHP Colleagues:

The past year has been full of challenges and disruptions, both physical and emotional. We all came together to work tirelessly with resilience, dedication, and compassion, caring for patients, members and their families while supporting and encouraging each other. Your ability to adapt to the challenging times, while keeping the high level of care our community expects, did not go unnoticed. I thank each of you for the amazing commitment and adaptability you have demonstrated throughout this extraordinary time.

Undoubtedly, further challenges are ahead. We remain ever so committed to maintaining strong and comprehensive health and wellbeing offerings to help you balance your personal responsibilities and work life. What really makes this work is when we do this together, and we’re grateful for the way you’re making smart health care decisions, such as using in-network providers and having preventive check-ups. From free health coaches to financial planning assistance to finding new ways to manage stress, we will continue to provide you with resources and support to make positive lifestyle changes.

In the daily pursuit of “Exceptional Care, Without Exception”, it’s very easy to lose sight of caring for ourselves as caregivers and service providers. We hope you will continue take care of yourself and make wellbeing a priority. Our goal is to stop health concerns in their tracks, so that you are able to move beyond just being well – to actually thriving in ways you may not have otherwise imagined.

We could not succeed without the dedication and passion you bring to everything you do at BMC. Thank you for continuing to make our BMC and BMCHP families exceptional!

Lisa Kelly-Croswell
Senior Vice President &
Chief Human Resources Officer
For Flex Benefits Enrollment in Workday
When you enroll in flex benefits in Workday, you’ll have a chance to elect the following benefits - listed here with the page numbers for more information.

Medical........................................4
Dental........................................12
Vision.........................................14
Flexible Spending Accounts.........15
Life.............................................16
Disability..................................18
Legal Service Plan......................25

For Credit Building Counseling Enrollment in Workday
Working Credit........................21

For Retirement Plan Enrollment in Workday
403(b) Retirement Plan .............19

Contents
Enrolling in Benefits. ........ 2

Your Health ............... 4
BMC Select ................. 4
BMC Tiered HMO .......... 5
HPHC PPO ..................... 6
Benefits Across All Plans... 7
Choosing Your PCP ......... 8
Prescription Drug Benefits . 9
Health Plan Comparison... 10
Dental Plans ............... 12
Vision Care Benefits ...... 14
Flexible Spending Accounts .15

Your Wealth .............. 16
Basic Life Insurance ........16
Optional Life Insurance... 16
AD&D Insurance ..........17
Dependent Life Insurance ..17
Disability Benefits and Leaves of Absence .18
403(b) Retirement Plan .19
Financial Resources .......20

Your Wellbeing ........ 21
Employee Assistance Program ..................21
Employee Assistance Clinician .................21
Circles Concierge Service ...21
Care@Work ..................22
Diabetes Support Program ....22
Hypertension Care Rewards Program ..........22
Sleepio .........................22
Daylight ......................22
Commuting to Work .......23
Legal Service Plan .........24
Employee Discounts .......24
Employee Resource Guides ..25
Benefits Notifications ....27
Enrolling in Benefits

WHO IS ELIGIBLE

As long as you are a regular employee of BMC who is scheduled to work at least 20 hours per week, you and your dependents are eligible for the benefits described in this booklet, unless otherwise noted.

Your eligible dependents include:

• Your legal spouse;

• Your legal children and stepchildren up to the age of 26;

• Your legal children of any age who are physically or mentally disabled and dependent on you for their support, provided they became disabled before age 26; and

• Your covered child’s child(ren) if your child is under the age of 19 and you claim both as qualified tax dependents.

Dependents in active military service and those who live permanently outside the United States are not eligible for BMC coverage.

ENROLL IN WORKDAY

Whether you are enrolling in benefits as a new hire or during an enrollment period, you can access enrollment through Workday.

• For New Hire and Open Enrollment elections, go to your Workday Inbox.

• For mid-year changes and updating your 403(b) Retirement elections, go to the Benefits icon.

• Download a click-by-click guide on how to enroll from internal.bmc.org/employee-center/hr-forms.

What are Flex Benefits?

Flex benefits are a variety of health and insurance plans that you may choose from to customize your benefits package in order to best meet the needs of you and your family.
WHEN TO ENROLL

There are three opportunities to elect coverage or make changes to your flex benefits.

1 When you are newly hired
If you are a new hire, you have **30 days from your hire date** to elect your benefits. Your benefits begin on your date of hire.

2 During Open Enrollment
Each November we offer an opportunity to review your current benefits and make changes, or enroll for the first time. The changes you make take effect the following January 1.

- **If you do not enroll** or make changes online during Open Enrollment, your current benefits remain in effect in the new plan year, with the new payroll deductions for that year. The exceptions are the Flexible Spending Accounts (FSA): you must re-enroll in an FSA each year if you want to participate.
- **If you are within your 30-day new hire election window during the Open Enrollment period**, you will need to enroll in benefits for the remainder of the year - in addition to making your benefit elections for the next year.

Once you make your election, your benefits will be effective until the end of the calendar year - unless you have a life event that lets you change your coverage.

3 If you experience a Qualifying Life Event
Sometimes an event, such as a marriage or a birth, means you need to change your benefits or who you cover. In that case, you have **30 days from the event date** to complete your elections in Workday. Some Qualifying Life Events include:

- Birth or adoption of a child;
- Marriage or divorce;
- Death of your spouse or child;
- Your child no longer qualifies as an eligible dependent under the plan(s);
- A change in your spouse’s employment status that affects his/her benefits eligibility;
- A change in your employment status that affects your benefits eligibility;
- Your spouse has a conflicting Open Enrollment period.

Changing your benefits mid-year
If you or a family member experience a Qualifying Life Event, you can make IRS-allowable changes to your benefits. Instructions on how to do so are available at internal.bmc.org/employee-center/hr-forms.

- Request a change online in Workday. Be prepared to upload supporting documentation.
- Submit your request within 30 days of the event.
- The Benefits Office will review your request and documentation to see if you qualify to make your requested changes.
- The effective date for benefits changes will be the day you submit your request, except in the event of the birth or adoption of a child (“Special Enrollment Rights”) which will be effective on the birth/placement date.

You cannot change your benefits mid-year if:

- You missed the 30-day limit to submit your elections; or
- You do not provide the documentation required.

In this case, you will have to wait until the next Open Enrollment period to make any changes.
BMC offers three comprehensive medical plans. Depending on which plan you choose, you will have different contributions out of your paycheck, pay different amounts when you receive care, and have access to different networks of providers.

**BMC SELECT**

*A Great Place to Work. A Great Place to Receive Care.*

The BMC Select plan is built around BMC’s nationally recognized physicians and facilities. BMC covers the cost of this plan: There are no payroll contributions. Select plan members can choose from our wide selection of providers: most services are covered in full when you and your family receive your care within the BMC Select network. There is no out-of-network coverage. To enroll in this place, you must live within 100 miles of BMC.

**Contributions:** There are no payroll contributions.

**Cost of Care:** As long as you receive care in the BMC Select network, most services are free, or have a $5 copay.

**PCP/Referrals:** You must have a Primary Care Provider (PCP), but you don’t need referrals for specialty care within BMC.

**Network:** You and your covered family members must receive care from the BMC Select network. This includes Boston Medical Center, Boston University Affiliated Providers (BUAP) and most providers at the Boston HealthNet Community Health Centers.

**Out-of-Network Coverage:** There is no coverage for services received outside the BMC Select network - with a few exceptions, like ER, Same Day Care (urgent care centers, CVS Minute Clinics, Doctor on Demand telemedicine), behavioral health, dialysis, acupuncture or services BMC doesn’t provide, like chiropractic and pediatric dental.

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**Who’s in the BMC Select network:**

1. **All BMC providers**
2. **Boston HealthNet**
   - Community Health Centers:
     - Dorchester: Codman Square Health Center, DotHouse Health, Upham’s Corner Health Center, Neponset Health Center
     - East Boston: East Boston Neighborhood Health Center
     - Hull: Manet Community Health Center
     - Mattapan: Mattapan Community Health Center
     - Quincy: Manet (3 locations)
     - Roslindale: Greater Roslindale Medical and Dental Center
     - Roxbury: Whittier Street Health Center
     - South Boston: South Boston Community Health Center
     - South End: South End Community Health Center
     - Taunton: Manet Community Health Center

   Not all providers in the HealthNet Community Health Centers are part of the BMC Select Network. Call 844.926.2262 or visit healthplansinc.com/bmc to confirm.

3. **BU Affiliated Providers**
   - Copley Square
   - Charles River (Commonwealth Ave)
Using the BMC Select network

• Providers in the BMC Select network cost little or nothing for members in the BMC Select plan.

Care outside the BMC Select network

Chiropractic services, behavioral health, acupuncture, dialysis and pediatric dental within the Harvard Pilgrim network are all treated as part of the BMC Select network. For services not provided by BMC, you or your doctor may submit a request by contacting member services for an “extra-contractual” payment.

BMC TIERED HMO

Your Choice of Care. Priced by Tier.

With this plan, you have access to the Harvard Pilgrim network. Providers and hospitals are placed into one of three pricing tiers, with Tier 1 (BMC Select network) being the most affordable. The majority of providers and hospitals are Tier 2, which is mid-cost. Tier 3 has the highest-cost providers. You have access to providers on any tier. Please note that providers may be on a different tier than the hospital they are affiliated with. To enroll in this plan, you must live within the 6 New England states.

Contributions: See Paying for Coverage on page 8.

Cost of Care: Your copays and cost vary with the tier to which the provider or hospital is assigned. Care at BMC (Tier 1) costs the least, Tier 2 is the next highest amount out of pocket, and in Tier 3 you pay a deductible before a copay. ER visits cost the same at any location, regardless of tier.

PCP/Referrals: You need to choose a Primary Care Provider (PCP), and get referrals for most kinds of specialty care. However, your PCP and specialists can be in different coverage tiers.

Network: You and your covered family members can receive care from any hospital or provider in the Harvard Pilgrim network, including at BMC.

Out-of-Network Coverage: Other than emergency care or Same Day Care options, no services are covered out-of-network.
**HPHC PPO**

**National Network. Premium Pricing.**
The Harvard Pilgrim Health Care PPO is designed for members who may need to use specific out-of-network providers. Costs are higher, especially outside of the Harvard Pilgrim network. You can enroll in this plan, regardless of where you live.

**Contributions:** The most expensive coverage; contributions are higher than the BMC Tiered HMO Plan. See Paying for Coverage on page 8.

**Cost of Care:** This plan has the highest out of pocket expenses. For most services other than preventive care, you pay an annual deductible before coverage applies. Once you pay the deductible, you are responsible for a percentage of the cost of most services until you reach the annual out-of-pocket maximum.

**PCP/Referrals:** You do not need to choose a Primary Care Provider (PCP), although it is recommended. You do not need referrals to see specialists.

**Network:** You may go in or out of the Harvard Pilgrim network.

**In-Network care**
Hospitals and providers in the Harvard Pilgrim network, including Boston Medical Center services, are in-network for members on the HPHC PPO. This includes the vast majority of Massachusetts providers.

**Out-of-Network Care**
- Members on the HPHC PPO plan can also receive care outside of the Harvard Pilgrim network.

Out-of-network services are much more costly than in-network care. You are responsible for paying the full price for out-of-network services each year until you reach your annual deductible. Once you reach the deductible, you will pay 20% or 30% of the cost of care – depending on the services you receive – until you reach your annual out-of-pocket maximum.

Furthermore, if you use out-of-network services and your provider bills you a higher amount than what Harvard Pilgrim pays for that service, YOU are responsible for those added costs. This is called balance billing, and it does not count towards your out-of-pocket maximum.

**Provider Networks**
Each of our medical plans gives you access to one or more provider networks. The wider the network, the more you pay for care: from very little at BMC to larger amounts out-of-network.

**BMC Select Plan**
You have access to the BMC network.

**BMC Tiered HMO**
You have access to Harvard Pilgrim in-network providers, with tiered pricing.

**HPHC PPO**
You have access to all Harvard Pilgrim providers plus out-of-network providers.
BENEFITS ACROSS ALL PLANS

Same Day Care Options

Emergency Room Care is covered at any location in the world. If you are hospitalized, call your PCP within 48 hours, or as soon as you can (or ask someone to do it for you).

Need Same Day Care and your PCP isn’t available or you’re traveling away from home? View the Choosing the Right Care Option directory in the “Your Plan Options” section of www.healthplansinc.com/bmc. These three same-day options are just a $5 copay, regardless of which medical plan you are on:

- **Doctor on Demand:** You and covered family members can consult with a doctor live using online video from your phone or computer. Visit doctorondemand.com/health-plans-inc for details.

- **CVS Minute Clinics:** Are available throughout the United States with extended hours on evenings and weekends. Visit www.cvs.com/minuteclinic for hours and locations.

- **Urgent Care Centers:** Stand alone sites not at a hospital are readily available. Most local Centers are part of our medical plans. Call HPI at 844.926.2262 to confirm.

Please note: BMC’s Fast Track is part of the emergency room, and not an urgent care center. Therefore, you will be charged the $150 emergency room copay.

Coverage for Dependents

Dependent children (under the age of 19) in the BMC Select and BMC Tiered HMO plans must live in your Plan’s enrollment area.

Adult dependent children (ages 19-26) can be covered on any plan, regardless of which state they live in or their student status. Please call HPI at 844.926.2262 to register your child for out-of-area coverage and to receive a list of available providers.

Sign up for MyChart

Employees who receive their care at BMC have access to MyChart, a free and secure health information portal. With MyChart you can communicate with your doctor, view details of your appointments, review your medical history, receive test results, and search health education topics.

Go to mychart.bmc.org and click the “Sign Up Now” button to get started.

Download these apps for ease and convenience!

- **Doctor on Demand:** Consult with a doctor 24/7
- **Pocket Rx:** Manage your prescriptions at BMC pharmacies
- **My Chart:** Access your BMC medical record
CHOOSING YOUR PRIMARY CARE PROVIDER

A Primary Care Provider (PCP) is a doctor or nurse practitioner you choose to serve as your regular provider: someone you see for annual checkups. Your PCP can refer you to specialists and coordinate the medical services you need.

In the BMC Select plan:
You need a PCP, but you won’t need referrals for specialty care covered under the plan. HPI will assign a BMC Select network PCP to you at the time of enrollment. You may change your PCP at any time by calling HPI’s Member Services Department at the phone number on your ID card, 844.926.2262.

In the BMC Tiered HMO plan:
You need to choose a PCP – and you must receive referrals for most kinds of specialty care. Your PCP and specialists can be in different coverage tiers. Otherwise, your PCP functions the same as in the BMC Select plan. To choose your PCP, you may call HPI Member Services at 844.926.2262 or sign into your account at www.healthplansinc.com/bmc.

In the HPHC PPO plan:
You do not need to select a PCP in the PPO plan, but you are encouraged to have one to coordinate your care.

PAYING FOR COVERAGE

BMC covers most of the cost of the benefits we offer. Your contributions, which you pay through pre-tax payroll deductions, cover the rest. Your contributions each pay period depend on your scheduled hours, the plan(s) you choose, and the family members you cover.

<table>
<thead>
<tr>
<th>Biweekly Medical Contributions for 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Plans:</strong></td>
</tr>
<tr>
<td><strong>20 - 35 hour work week:</strong></td>
</tr>
<tr>
<td>Employee</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
</tr>
<tr>
<td>Employee + Spouse</td>
</tr>
<tr>
<td>Family</td>
</tr>
<tr>
<td><strong>BMC Select</strong></td>
</tr>
<tr>
<td>Employee</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
</tr>
<tr>
<td>Employee + Spouse</td>
</tr>
<tr>
<td>Family</td>
</tr>
<tr>
<td><strong>BMC Tiered HMO</strong></td>
</tr>
<tr>
<td>Employee</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
</tr>
<tr>
<td>Employee + Spouse</td>
</tr>
<tr>
<td>Family</td>
</tr>
<tr>
<td><strong>HPHC PPO</strong></td>
</tr>
<tr>
<td>Employee</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
</tr>
<tr>
<td>Employee + Spouse</td>
</tr>
<tr>
<td>Family</td>
</tr>
</tbody>
</table>

Is my doctor in-network?

Go to healthplansinc.com/bmc or call 844.926.2262 to find out if your doctor is covered, which tier your providers and hospitals have been assigned (Tiered HMO plan), and what your out-of-pocket costs will be.

Covering Family

We offer four coverage levels:

• Employee: Yourself
• Employee + Child(ren): You and one or more children
• Employee + Spouse: You and your spouse
• Family: You, a spouse, and one or more children
Your prescription drug benefits are the same, regardless of which BMC medical plan you choose.

Where can I get my prescriptions filled?
You have the option of filling them at one of the BMC pharmacies or through pharmacies that belong to Express Script’s network.

You save the most when you get your prescriptions filled at one of the BMC pharmacies. You can save 75% or more off your copays and have the convenience of filling your prescriptions right where you work! There’s even a concierge program that delivers your medications directly to you at your work site. Or you can take advantage of BMC’s offsite mail order pharmacy, Cornerstone, and have your prescriptions mailed to your home. The BMC pharmacies can also assist you with transferring your current prescriptions to their locations.

For maintenance medications, you will save when you order refills for 90 days instead of 30 – either at a BMC pharmacy or mail order. Please note there is no coordination of benefits with the pharmacy program.

What do prescriptions cost?
Prescription drugs are divided into tiers, just like medical providers. When you fill a prescription, your copay will depend on which tier the drug is in. Visit www.express-scripts.com/bmc to learn more.

- **Tier 1**: Composed mostly of generic drugs, which contain the same active ingredients as brand-name drugs but cost less. You can always ask your pharmacist if there is a generic alternative to a brand-name drug.
- **Tier 2**: This tier includes both high-cost generic drugs and lower-cost preferred brand-name drugs.
- **Tier 3**: These are higher-cost brand-name drugs.
- **Tier 4**: These are a limited number of extremely high-cost specialty drugs for certain conditions.

### Prescription Drug Copays for 2021

<table>
<thead>
<tr>
<th>Type of Drug</th>
<th>30-Day Supply Copay</th>
<th>90-Day Supply Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BMC Pharmacies</td>
<td>Other Pharmacies</td>
</tr>
<tr>
<td>Tier 1 Drug</td>
<td>$5</td>
<td>$20</td>
</tr>
<tr>
<td>Tier 2 Drug</td>
<td>$10</td>
<td>$40</td>
</tr>
<tr>
<td>Tier 3 Drug</td>
<td>$20</td>
<td>$80</td>
</tr>
<tr>
<td>Tier 4 Drug</td>
<td>$20 (cost may be waived)</td>
<td>20% of cost, up to $250</td>
</tr>
</tbody>
</table>

BMC Pharmacies
Cornerstone Health Solutions (BMC Mail Order Pharmacy): 781.805.8220
- M-F: 7:00 AM - 6:00 PM

Employee Pharmacy at Yawkey: 617.414.4883
- M-F: 9:00 AM - 8:00 PM
- Sat: 9:00 AM - 4:00 PM
- Sun: 10:00 AM - 2:00 PM

Doctor’s Office Building: 617.638.8130
- M-F: 8:00 AM - 6:00 PM

Shapiro Pharmacy: 617.414.4880
- M-F: 7:00 AM - 7:00 PM
- Sat: 9:00 AM - 5:00 PM
- Sun: 10:00 AM - 3:00 PM

Connect with a BMC Pharmacist
Sign up for mail order, request a refill, ask a question on a medication, and more.

DG-EmployeePharmacyServices@bmc.org

2021 Benefits Guide • Your Health
## Health Plan Comparison

<table>
<thead>
<tr>
<th>Plan Features</th>
<th>BMC Select at BMC</th>
<th>BMC Tiered HMO Tier 1</th>
<th>BMC Tiered HMO Tier 2</th>
<th>BMC Tiered HMO Tier 3</th>
<th>HPHC PPO In-Network</th>
<th>HPHC PPO Out-of-Network*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>none</td>
<td>none</td>
<td>$500/individual, $1,000/family</td>
<td>$500/individual, $1,000/family</td>
<td>$1,500/individual</td>
<td>$2,000/individual</td>
</tr>
<tr>
<td><strong>Out-of-Pocket (OOP) Maximum</strong></td>
<td>$2,500/individual, $5,000/family</td>
<td>$3,000/individual, $6,000/family</td>
<td>$3,000/individual, $6,000/family</td>
<td>$3,000/individual, $6,000/family</td>
<td>$3,000/individual, $6,000/family</td>
<td></td>
</tr>
</tbody>
</table>

- The Annual Deductible is what you pay each year before you pay just a copay or coinsurance.
- The OOP Maximum is the most you will pay in a year for covered services (such as deductibles, copays and coinsurance).
- * In the PPO, out-of-network providers may charge balance billing, charges beyond the usual and customary amounts allowed by insurance companies. Balance billing only arises from out-of-network services and does not count toward the OOP maximum.

### When you visit a provider or have an emergency:

<table>
<thead>
<tr>
<th>Service</th>
<th>BMC Select at BMC</th>
<th>BMC Tiered HMO Tier 1</th>
<th>BMC Tiered HMO Tier 2</th>
<th>BMC Tiered HMO Tier 3</th>
<th>HPHC PPO In-Network</th>
<th>HPHC PPO Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care (routine physical, mammograms, immunizations)</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>Deductible, then 30% coinsurance</td>
</tr>
<tr>
<td>Primary Care Visits</td>
<td>$5 copay</td>
<td>$5 copay</td>
<td>$20 copay</td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>Deductible, then 30% coinsurance</td>
</tr>
<tr>
<td>Specialist Office Visits</td>
<td>$5 copay</td>
<td>$5 copay</td>
<td>$25 copay</td>
<td>$65 copay</td>
<td>$65 copay</td>
<td>Deductible, then 30% coinsurance</td>
</tr>
<tr>
<td>Chiropractic Care (limited to 16 visits per calendar year)</td>
<td>$20 copay</td>
<td>$20 copay</td>
<td>$20 copay</td>
<td>$20 copay</td>
<td>$20 copay</td>
<td>Deductible, then 30% coinsurance</td>
</tr>
<tr>
<td>Acupuncture (limited to 16 visits per calendar year)</td>
<td>$20 copay</td>
<td>$20 copay</td>
<td>$20 copay</td>
<td>$20 copay</td>
<td>$20 copay</td>
<td>Deductible, then 30% coinsurance</td>
</tr>
<tr>
<td>ER Visit</td>
<td>$150 copay</td>
<td>$150 copay</td>
<td>$150 copay</td>
<td>$150 copay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Admission</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>Deductible, then 20% coinsurance</td>
<td></td>
</tr>
</tbody>
</table>

### When you stay at a hospital or other facility:

<table>
<thead>
<tr>
<th>Service</th>
<th>BMC Select at BMC</th>
<th>BMC Tiered HMO Tier 1</th>
<th>BMC Tiered HMO Tier 2</th>
<th>BMC Tiered HMO Tier 3</th>
<th>HPHC PPO In-Network</th>
<th>HPHC PPO Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospital Services (per admission)</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$250 copay</td>
<td>Deductible, then 20% coinsurance, $450 copay</td>
<td>Deductible, then 20% coinsurance</td>
<td>Deductible, then 30% coinsurance</td>
</tr>
<tr>
<td>Skilled Nursing Facility (up to 100 days per calendar year)</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>Deductible, then 20% coinsurance</td>
<td>Deductible, then 20% coinsurance</td>
<td>Deductible, then 30% coinsurance</td>
</tr>
<tr>
<td>Inpatient Rehab. (up to 60 days per calendar year)</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>Deductible, then 20% coinsurance</td>
<td>Deductible, then 20% coinsurance</td>
<td>Deductible, then 30% coinsurance</td>
</tr>
</tbody>
</table>
### When you have a same-day hospital or lab visit:

<table>
<thead>
<tr>
<th>Service</th>
<th>BMC Select at BMC</th>
<th>BMC Tiered HMO Tier 1</th>
<th>BMC Tiered HMO Tier 2</th>
<th>BMC Tiered HMO Tier 3</th>
<th>HPHC PPO In-Network</th>
<th>HPHC PPO Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day Surgery</strong></td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$100 copay</td>
<td>Deductible, then $250 copay</td>
<td>Deductible, then 20% coinsurance</td>
<td>Deductible, then 30% coinsurance</td>
</tr>
<tr>
<td><strong>Laboratory Tests and X-rays</strong></td>
<td>$0 copay</td>
<td>$0 copay</td>
<td></td>
<td></td>
<td>Deductible, then 20% coinsurance</td>
<td>Deductible, then 30% coinsurance</td>
</tr>
<tr>
<td><strong>Chemotherapy and Radiation Therapy (per visit)</strong></td>
<td>$0 copay</td>
<td>$0 copay</td>
<td></td>
<td>Deductible, then $35 copay</td>
<td>Deductible, then 20% coinsurance</td>
<td>Deductible, then 30% coinsurance</td>
</tr>
<tr>
<td><strong>Advanced Radiology at a Physician’s Office or Non-Hospital Facility</strong></td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$50 copay</td>
<td>Deductible, then $250 copay</td>
<td>Deductible, then 20% coinsurance</td>
<td>Deductible, then 30% coinsurance</td>
</tr>
<tr>
<td><strong>Advanced Radiology at a hospital</strong></td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$100 copay</td>
<td>Deductible, then $250 copay</td>
<td>Deductible, then 20% coinsurance</td>
<td>Deductible, then 30% coinsurance</td>
</tr>
</tbody>
</table>

### When you need maternity services:

<table>
<thead>
<tr>
<th>Service</th>
<th>BMC Select at BMC</th>
<th>BMC Tiered HMO Tier 1</th>
<th>BMC Tiered HMO Tier 2</th>
<th>BMC Tiered HMO Tier 3</th>
<th>HPHC PPO In-Network</th>
<th>HPHC PPO Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infertility Services</strong></td>
<td>Depends on service provided</td>
<td>Depends on service provided</td>
<td>Depends on service provided</td>
<td>Depends on service provided</td>
<td>Deductible, then 30% coinsurance</td>
<td></td>
</tr>
<tr>
<td><strong>Prenatal and Postpartum Care</strong></td>
<td>$0 copay</td>
<td>$0 copay</td>
<td></td>
<td>$0 copay</td>
<td>Deductible, then 30% coinsurance</td>
<td></td>
</tr>
<tr>
<td><strong>All Hospital Services for Mother (per admission)</strong></td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$100 copay</td>
<td>Deductible, then $250 copay</td>
<td>Deductible, then 20% coinsurance</td>
<td>Deductible, then 30% coinsurance</td>
</tr>
<tr>
<td><strong>Routine Nursery Charges for Newborn</strong></td>
<td>$0 copay</td>
<td>$0 copay</td>
<td></td>
<td>$0 copay</td>
<td>Deductible, then 30% coinsurance</td>
<td></td>
</tr>
</tbody>
</table>

### How to read this table

- With a **copay**, you pay this flat amount for the service each time you receive care.
- With **coinsurance**, you pay this percent of the bill.
- “**Deductible**” means that you pay the deductible first. When the deductible is met for the year, then either copay or coinsurance applies.
Dental Plans

CHOOSE FROM TWO DENTAL PLANS
Delta Dental offers two plans to allow you to select the plan that best meets your needs.

Select a Plan
- **Delta Dental Core**: This Plan has comprehensive coverage for all dental needs with a lower premium cost for members.
- **Delta Dental Enhanced**: This Plan has a higher level of coverage for members who prefer to have lower out-of-pocket costs by paying a higher premium.

Gain Access to Two Networks
Whether you select the Core or Enhanced Plan, you have the flexibility to access two different Delta Dental networks that allow you to manage your out-of-pocket costs. An estimated 95% of the providers in Massachusetts, and ¾ of providers nationally participate in one or both networks, so you are covered where you live and where you may travel.

- **The Delta Dental PPO network**: a smaller network of dentists who offer dental care at a deeply discounted rate, allowing you to maximize the value of your plan
- **The Delta Dental Premier network**: provides a larger network of dentists, but you will have a higher out-of-pocket cost for services not covered in full

You can also see a dentist outside of the contracted networks - however, you will likely pay more. All out-of-network claims must be submitted within one year of the date of service.

Find a provider
To find a provider or to see if your current provider is in one of the networks, visit www.deltadentalma.com and click on “Find a Dentist”, or call 855.343.4275.

This is an example of how your Plan and Network selection can impact your out-of-pocket costs.

<table>
<thead>
<tr>
<th>Porcelain Crown Procedure</th>
<th>PPO Network</th>
<th>Premier Network</th>
<th>Out-of-Network*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Rate</td>
<td>$1,288</td>
<td>$1,288</td>
<td>$1,288</td>
</tr>
<tr>
<td>Delta Dental Contracted Rate</td>
<td>$928</td>
<td>$1,094</td>
<td>not contracted</td>
</tr>
<tr>
<td><strong>Core Plan</strong>: Covered Benefit % for Major Restorative Services</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Core Plan</strong>: Member Pays</td>
<td>$464</td>
<td>$547</td>
<td>$741</td>
</tr>
<tr>
<td><strong>Enhanced Plan</strong>: Covered Benefit % for Major Restorative Services</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Enhanced Plan</strong>: Member Pays</td>
<td>$371</td>
<td>$437</td>
<td>$631</td>
</tr>
</tbody>
</table>

*The standard rate is for illustrative purposes only. Non-contracted providers are reimbursed at the Delta Dental Premier maximum allowable fees in Massachusetts, or at the 90th percentile outside of Massachusetts. The member pays the difference between the amount charged and the allowable fee.
Dental Plan Comparison

<table>
<thead>
<tr>
<th>Plan Provision</th>
<th>Delta Dental Core</th>
<th>Delta Dental Enhanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Maximum</td>
<td>$1,700 per person</td>
<td>$2,000 per person</td>
</tr>
<tr>
<td>Maximum Rollover</td>
<td>Up to $500/year</td>
<td>Up to $600/year</td>
</tr>
<tr>
<td>Orthodontic Services</td>
<td>50% up to $1,700 per person lifetime</td>
<td>50% up to $2,000 per person lifetime</td>
</tr>
<tr>
<td>Preventive/Diagnostic Services</td>
<td>100% covered</td>
<td>100% covered</td>
</tr>
<tr>
<td>Basic Services</td>
<td>80% covered</td>
<td>100% covered</td>
</tr>
<tr>
<td>Major Restorative Services</td>
<td>50% covered</td>
<td>60% covered</td>
</tr>
</tbody>
</table>

Discounts

You can also take advantage of discounts on many covered services. Discounts are available on ZSonic toothbrushes and replacement heads, as well as with Amplifon on their hearing aids and network providers.

Get details at http://www.deltadentalma.com/members/discounts-on-covered-services/.

Delta Dental app

Download the Delta Dental app to access information at your fingertips! Through the app you can view your member ID card, find a dentist, view your coverage, look through claim history, and more.

Biweekly Dental Contributions for 2021

<table>
<thead>
<tr>
<th>Dental Plans:</th>
<th>20 - 35 hour work week:</th>
<th>36 - 40 hour work week:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee</td>
<td>Employee + One</td>
</tr>
<tr>
<td>Delta Dental Core</td>
<td>$16.91</td>
<td>$35.70</td>
</tr>
<tr>
<td>Delta Dental Enhanced</td>
<td>$22.36</td>
<td>$46.56</td>
</tr>
</tbody>
</table>

- **Delta Dental Core** is less expensive out of your paycheck, but more costly at the time of service for some services.
- **Delta Dental Enhanced** provides a higher level of coverage, but costs more out of your paycheck.

Download the App

- Delta Dental
Vision Care Benefits

To help cover the cost of eyewear, which is not covered under our medical plans, BMC offers a vision care plan through Davis Vision. When you use in-network providers and the Exclusive Collection of frames and lenses, you receive a higher level of coverage.

<table>
<thead>
<tr>
<th>Plan Provision</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Eye Exams</td>
<td>$5 copay at participating providers</td>
<td>Outside of Davis Vision participating providers, partial reimbursements are available.</td>
</tr>
<tr>
<td>Eyeglass Frames</td>
<td>Plan covers $150 plus 20% off the balance</td>
<td></td>
</tr>
<tr>
<td>Covered in full: Fashion/Designer frames from Davis Vision’s Collection (up to $160)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frame allowance: $150 towards any frame, plus 20% off any balance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visionworks frame allowance: $200 towards any frame, plus 20% off any balance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyeglass Lenses</td>
<td>Plan covers 100% for most lenses</td>
<td></td>
</tr>
<tr>
<td>Contact Lenses (6-12 month supply)</td>
<td>Plan covers $150 plus 15% off the balance</td>
<td></td>
</tr>
</tbody>
</table>

When deciding whether to enroll in the Vision Care Plan, you will also want to think about the following:

- Annual eye exams are also available through your BMC medical plan.
- If you are not enrolled in a BMC medical plan, does your medical plan provide coverage for routine eye exams or discounts on eyewear?
- How much do you estimate you will have to pay for eye exams, glasses and contact lenses for yourself and your family during the year?
- Will your vision care expenses for the year be more than the premium cost for coverage under the Vision Care Plan?
- Are you planning to establish a Medical Flexible Spending Account to reimburse yourself, tax-free, for unreimbursed vision care expenses?

For information about plan benefits and participating providers, log on to davisvision.com. A more detailed brochure with pricing on eyeglass lens options and contact lens information is available on internal.bmc.org/employee-center/benefits/health-insurance-benefits. You can also call Member Services at 800.999.5431.

Decide on COVERAGE:

- No Vision Plan
  You may use the medical plan for eye exams only.

- Vision Care Plan
  Provides additional coverage and discounts towards eyeglasses and contact lenses.

To consider:
Review what you spend annually on eyeglasses and contact lenses before making your decision.

Where can I go?
Davis Vision has a network of participating providers. Find them at davisvision.com (use client code: 4955).

Download the App
- Davis Vision

Biweekly Vision Contributions for 2021

<table>
<thead>
<tr>
<th>Davis Vision</th>
<th>Employee</th>
<th>Employee + One</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$2.41</td>
<td>$4.10</td>
<td>$4.86</td>
</tr>
</tbody>
</table>
Flexible Spending Accounts

Flexible Spending Accounts (FSAs) are a convenient way to put aside money, on a tax-free basis, to pay for certain medical and day care expenses. BMC offers two FSAs: a Medical FSA and a Dependent Daycare FSA. You may enroll in one or both, and determine separately the amount to set aside for these expenses each year.

**You must re-enroll each year** during the Open Enrollment period if you wish to set up an FSA for the following year. Changes to your annual FSA election(s) during the year are not allowed unless you have a qualifying event. (See the Eligibility and Enrollment section.)

### MEDICAL FSA

**Maximum election:** Up to the IRS allowable amount each year, divided evenly among the pay periods remaining in the year.

**Carryover:** Up to 20% of the IRS annual contribution limit of unused funds ($550 in 2020) can be carried over into the following year.

**Reimbursement:** You receive a debit card to use for eligible expenses.

**Eligible expenses:** Costs that your health plans (medical, dental and vision) do NOT cover, including: deductibles, coinsurance, copays, prescriptions, dental/vision care not covered by your plans, and parking at your doctor’s office.

### DEPENDENT DAYCARE FSA

**Maximum election:** Up to $5,000 ($2,500 if married and filing separate tax returns), divided evenly among the pay periods remaining in the year.

**Carryover:** None. You will forfeit any unused amount you do not use during the plan year, so plan carefully.

**Reimbursement:** You pay for all services and then submit your claims for reimbursement to BMC’s FSA administrator.

**Eligible expenses:** Daycare expenses needed for you and your spouse to work full-time. Daycare is eligible for reimbursement for children under the age of 13 and for IRS-recognized disabled dependents of any age.

Each year, BMC is required by IRS regulations to perform non-discrimination testing to balance FSA participation levels between highly compensated employees and those less highly paid. Depending on the results of this testing, the Dependent Daycare FSA elections for some program participants may need to be reduced.

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**Debit Card for Medical FSA**

When you enroll in the Medical FSA, you’ll receive a debit card to use FSA funds directly at the point of payment. Many transactions will be “auto-adjudicated” - no paperwork required.

You may need to submit claims for some dental and vision expenses, as well as deductibles and coinsurance. You will be notified by email or mail if you are required to submit receipts.

Before you enroll, read the FSA Plan Guide on internal.bmc.org/employee-center/benefits/health-and-insurance-benefits to understand the plan.

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**Contribution:**

- **Medical FSA**
  - Set aside up to $2,750* in 2020.

- **Dependent Daycare FSA**
  - Set aside up to $5,000* in 2020.

**To consider:**

Estimate carefully: funds not spent in a given year may be lost.

*2021 plan limits will be updated in Workday.
It's important to plan even for the unthinkable. These insurance benefits help provide financial protection to those you care about.

**BASIC LIFE INSURANCE**

**BMC pays for:**
- 1x your annual salary

You are automatically enrolled in basic life insurance at no cost.

**OPTIONAL LIFE INSURANCE**

**You may purchase:**
- 1x to 3x your annual salary, up to $750,000, rounded up to nearest $1,000

If you wish for more protection than the basic life insurance plan, you can select this additional coverage in multiples of your annual salary. Rates are based on your age and the coverage you select.

**During Open Enrollment:**
- If you wish to elect an amount of coverage over $300,000 or increase by two or more levels, you must provide Evidence of Insurability (EOI) for a determination of insurability.*
- You may elect 1x your salary without submitting EOI, or you may increase your current coverage by one salary level without providing EOI - as long as the amount is $300,000 or less.

**For new hires:**
- Only amounts over $300,000 require employees to complete an EOI form and submit it to the insurance carrier for a determination of insurability.

*Evidence of Insurability (EOI) is a medical history questionnaire that must be submitted to the insurance company to determine if they will approve your election.
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

BMC pays for:
• 1x your annual salary
You are automatically enrolled in basic AD&D insurance at no cost.

You may purchase:
• 1x to 3x your annual salary, up to $750,000, rounded up to nearest $1,000
• You must first enroll in the Optional Life plan for an equal or greater benefit in order to elect the AD&D coverage. (Example: If you want 2x salary of AD&D coverage, you must also elect at least 2x Optional Life Insurance.)

AD&D provides additional insurance if you were to die in an accident or lose a limb or your vision due to a non-work related accident. EOI is never required.

DEPENDENT LIFE INSURANCE

You may purchase:

For Your Spouse
• Your coverage options for your spouse are: $10,000, $25,000 or $50,000.
• Your spouse’s election cannot exceed 50% of your total life (Basic plus Optional) election.
• EOI may be required to cover your spouse:
  • To enroll or to increase coverage for your spouse during Open Enrollment, you will need to provide EOI.*
  • New hires may elect up to $50,000 of coverage without providing an Evidence of Insurability for your spouse.

For Your Dependent Children
Coverage for your dependent children is automatically included when you purchase any amount of coverage for your spouse.
• Live birth to 14 days: $1,000
• 15 days up to the age of 26: $10,000 each, regardless of how many children you are covering.
• If you are not covering a spouse, you may purchase just the $10,000 benefit for your child or children.
• You are not required to provide an EOI to enroll your child(ren).

Decide on COVERAGE:

- Basic Life Insurance
  You are automatically enrolled.
- Optional Life Insurance
  Elect a multiple of your salary:
  - 1x
  - 2x
  - 3x
- AD&D Insurance
  You can elect up to an amount equal to your Optional Life Insurance.
- Dependent Life Insurance
  You may choose an amount below to cover your spouse; children are included automatically with any election.
  - $10,000
  - $25,000
  - $50,000

Beneficiary Designation
All employees need to make a beneficiary designation in Workday to avoid probate and ensure your intended beneficiary receives the benefit.

To consider:
Coverage above a certain amount will require you to submit Evidence of Insurability before you are approved.
Disability and Leaves of Absence

You are automatically enrolled in a disability plan through the Committee of Interns and Residents. As an employee of BMC, there is no cost to you. For details or to file a claim, please contact the Department of Graduate Medical Affairs at 617-414-7409.

You must apply for a leave of absence 30 days prior to the beginning of your requested leave date. Exceptions are made for unexpected events such as emergency surgery or illness. To apply for a leave, call Lincoln at 844.869.3474.

MASSACHUSETTS PAID FAMILY AND MEDICAL LEAVE

Massachusetts Paid Family and Medical Leave (MPFML) is a state-sponsored benefit that provides paid leave for medical or family reasons. MPFML is funded by payroll taxes.

To calculate your benefit, visit calculator.digital.mass.gov/pfml/yourbenefits.

Starting January 1, 2021 leave can be taken for yourself for a serious personal health condition (up to 20 weeks); to bond with a new child or manage family affairs when a family member is on active duty in the armed forces (up to 12 weeks); to care for a family member who is a covered service member (up to 26 weeks).

Beginning July 1, 2021, leaves will also be allowed for the care of a family member with a serious health condition (up to 12 weeks).

For more information, go to www.mass.gov/paid-family-and-medical-leave-benefits or call the Massachusetts Department of Family and Medical Leave at 833.344.7365.
INVEST IN YOURSELF

Everyone deserves a secure retirement. BMC’s retirement plan makes it easy to prepare for your future by enrolling you in our retirement plan automatically. You can leave your account alone, or increase your contributions at any time – the important thing is that you are investing now to give your money time to grow.

BMC 403(b) Retirement Plan

Eligibility: Everyone who receives a paycheck from BMC is eligible to participate.

How it works: Upon hire, you are auto-enrolled in the plan with a 3% pre-tax contribution. Your contribution rate will automatically increase by 1% each year, unless you make changes to your election. (New hires may ‘opt-out’ within 90 days of their start date by calling TIAA at 800.410.6649.) The money is directed to a Life Cycle fund based on your expected year of retirement.

You may also choose your own investment options. Changes to your investments and contribution elections can be made at any time during the year. This plan allows for both pre-tax and post-tax (Roth) contributions.

To Make Changes
If you are not currently participating in the 403(b) Plan and would like to enroll, change the amount that you’re currently contributing, or update your beneficiary information, you can do so by either:

- Signing into Workday and clicking on the “Benefits” icon, then clicking on “BMC 403(b) Retirement Plan” under the External Links header, or
- Calling TIAA (800.410.6649) and making your elections/changes over the phone.

TIAA Investment and Savings Advice Sessions
BMC employees are eligible to receive free personalized retirement plan advice from a TIAA financial consultant. This session will cover the 403(b) plan’s investment options and how to project the amount of money you’ll need in retirement. This service is available as part of the BMC retirement program.

For retirement plan and investment information, to enroll in the Plan, or to schedule a 1-on-1 advice session, please contact TIAA at 800.410.6649.
Financial Resources

FINANCIAL PLANNING

Working Credit
Through Working Credit, BMC employees can work with a credit building financial counselor to improve their credit score by choosing one of the following options listed on the right.

During Open Enrollment, you can make your selection in Workday. For enrollment during the year, contact Working Credit directly. Visit, http://info.workingcredit.org/join/bmc or call 773.275.0900.

Garrett Planning Network (GPN)
GPN offers discounted fee-only financial planning services for BMC employees. GPN planners do not accept commissions, and can assist with tax planning strategies, investment portfolio analysis, estate planning needs and more. For more information, visit internal.bmc.org/employee-center/employee-wellbeing.

Certified Financial Planners & Certified Public Accountants
BMC’s Employee Assistance Program has CFP’s and CPA’s who can assist with a wide range of financial topics, including retirement planning, estate planning, and more. All phone consultations are free and unlimited. Call 844.324.3686, Monday-Friday between 9 a.m. and 6 p.m.

COLLEGE FINANCING

U.Fund College Investing Plan
MA residents can claim a MA state tax deduction for contributions to this state-sponsored 529 plan ($1,000 if single, $2,000 if married). Visit mefa.org/products/u-fund-college-investing-plan.

ScholarShare 529 Savings Plan
BMC employees may contribute via payroll direct deposit into a 529 education savings plan to save for a loved one’s future education expenses. Withdrawals for qualified education expenses are income tax free. Visit scholarshare.com or call 800.544.5248.

Laurel Road Student Loan Refinancing
BMC employees and their families are eligible for rate reductions on student loan refinancing. There are no application fees or prepayment penalties. Visit laurelroad.com/bmc.

Savi - Public Service Loan Forgiveness benefit
Savi’s online platform helps people track their activity and stay in compliance with their Public Service Loan Forgiveness paperwork. The cost to participate is $60/year. To get started, visit bmc.bysavi.com.

Working Credit Options:

- **Personal Credit Checks:** This financial checkup provides the participant with an analysis of their credit report and tips on how to build their credit. ($1.75/pay period)
- **Single Counseling Session:** Participants will meet one-on-one with a counselor to review their credit score and develop an action to be monitored on their own. ($2.96/pay period)
- **Credit Building Counseling:** This option pairs the employee with a counselor for 12 months of one-on-one assistance. ($3.85/pay period)
EMPLOYEE ASSISTANCE PROGRAM (EAP)
The EAP provides employees and their families with confidential counseling and referrals on a wide range of concerns, including behavioral health, substance use, smoking cessation, family problems, stress, and more. Visit guideanceresources.com, and register with Organization Web ID “BMC.” For counseling and referrals, call 844.324.3686.

EMPLOYEE ASSISTANCE CLINICIAN
The Employee Assistance Clinician (Beth Milaszewski) provides direct care and support to all BMC employees.

Care Navigation: Beth can assist with navigating and triaging services to help employees find the most appropriate site/providers for their needs, both at BMC and elsewhere. This includes referrals for long-term counseling and substance use disorder treatment programs.

Social Support Resources: For employees with social support needs such as housing, food, and family issues, Beth can help find available resources to address these needs.

Resiliency Training: Individual and department sessions are available to teach resiliency and stress management.

Beth can be reached by email: Beth.Milaszewski@bmc.org, phone: 617.414.4357, or pager: 8010.

CIRCLES CONCIERGE SERVICE
Contact Circles, BMC’s personal assistant program, with any request for free assistance in planning and coordinating projects. Circles can help with snow removal services, pet services, dining recommendations, travel arrangements, moving services, product comparison, party planning, and more. Place a request by calling 877.231.0456, e-mailing bmcsupport@circles.com, or going to members.circles.com/bmc (use code “circlesBMC”).
CARE@WORK

Backup Care: Last-minute care for children, adults, & elders for work-related needs. Cost is $6/hour for in-home care or $10/day/child for in-center care. Employees may use 30 backup care days/year.

Senior Care Solutions: Receive free and unlimited assistance for your aging loved one from a Senior Care Advisor, regardless of where they live in the US. All Advisors are Masters-level social workers who can help develop a care plan to support your family’s needs. Employees, care providers, family members, and Advisors may access the Family Care Hub for ongoing coordination around their loved one’s care needs.

Free Premium Membership: Free access to bmc.care.com to find pre-screened, high quality caregivers for ongoing child, adult, pet and household needs.

For all services, call 855.781.1303, visit bmc.care.com, or download the “Care@Work” app.

DIABETES SUPPORT PROGRAM

This is a free program for BMC employees/families in BMC’s medical plans that helps people with diabetes effectively manage their condition. By meeting program requirements, diabetes medication and supplies will be free at the BMC pharmacies! Call 800.643.8028 for more information or enroll online at goodhealthgateway.com and select “Boston Medical Center.”

HYPERTENSION CARE REWARDS PROGRAM

If you’ve been diagnosed with high blood pressure, you can successfully control it with help from a Health Coach. Learn how to make lifestyle changes that will help bring your numbers down to a healthy level. Complete at least four appointments and receive a free blood pressure monitor and your generic high blood pressure medications for a $0 copay when filled at BMC pharmacies or through Cornerstone Home Delivery. Enroll at http://enroll.trestletree.com or by calling 866.234.4635.

SLEEPIO

The sleep experts at Sleepio can help you get the best sleep possible. This 6-week personalized sleep program will teach you techniques to get your sleep schedule, thoughts, lifestyle, and sleep environment into shape. Discover your Sleep Score and how to improve it at sleepio.com/bmc.

DAYLIGHT

Daylight is a digital therapy program designed to help you build your resiliency so you can feel better when facing life’s tough challenges. It teaches you ways to manage your daily stress, worries, and anxiety, based on your specific needs. Get started at: www.trydaylight.com/bmc.
COMMUTING TO WORK

BMC offers benefits and programs to ease the cost and stress of commuting to work.

Discounted MBTA Passes through Commuter Benefit Solutions (CBS)
House Officers who do not participate in the on-campus parking program are eligible for 35% off the cost of monthly MBTA passes. Sign up at commutercheckdirect.com (Company ID: 1535), or call 888.235.9223 to sign up or ask questions.

You must pre-pay for your MBTA pass in the month prior to the effective month. For example, for an April pass, you must elect your pass by March 5th; deductions will be taken from your last paycheck in March and your first paycheck in April.

Parking and Transportation Services
To sign up for one of the following programs, contact the Parking Office. Visit them at 710 Albany St., Mon. - Fri., 7 am - 5 pm or call 617.358.7592. More information is available at bumc.bu.edu/parking.

Car Parking
Parking on campus is limited and permits are subject to availability. Permit price varies by location. Carpoolers are eligible for preferential parking in the 610 Albany Street Garage. For rates visit, www.bumc.bu.edu/parking/parking/permits-rates. Call the office for current availability.

Bike Registration and Parking
Register your bike for free access to the secure bike cage behind the 710 Albany St garage.

Subsidized Bluebikes Membership
BMC offers employees discounted memberships (just $52.50/year instead of $99) for Bluebikes – the Boston area’s bike share system. With 3,000 bikes and 300 stations (including two on campus), Bluebikes is a convenient, fast and healthy way to get around.

Zipcar Membership Discount
Zipcar offers their members hourly car rental with rates that include gas and insurance. For BMC employees, Zipcar waives their $25 application fee and charges just $35 for the first year of membership (normally $70). Visit zipcar.com, click on the “for business” tab, and search for Boston Medical Center to sign up.

Personalized Commuter Assistance
Could your commute be faster, cheaper, or less stressful? Fill out an online form and Parking & Transportation Services will respond with personalized suggestions for other commute options.
LEGAL SERVICE PLAN

MetLaw provides a Legal Plan to BMC employees. If you elect this benefit, you and your eligible dependents are entitled to receive certain personal legal services related to family law, real estate, immigration assistance, document preparation, debt matters, and more. The only cost to you is the per pay period payroll deduction.

To learn more about the Plan call 800.821.6400 or visit legalplans.com and under the Members tab, click on “Learn More: Info Site” and enter “GetLaw” as the access code. You must enroll in Workday as a new hire, during Open Enrollment, or after a qualifying event.

EMPLOYEE DISCOUNTS

Many discounts are available for you to save on gym memberships, theatre, ski resorts, mortgages and banking, cell phone providers, transportation, and travel. Examples include: Broadway in Boston, Canobie Lake Park, Water Country, Six Flags, Bruins games, the YMCA and Boston Sports Club. Visit the BMC intranet: internal.bmc.org/employee-center/employee-discounts.

Working Advantage

All employees have access to the Working Advantage discount network which allows you to save up to 60% at amusement parks, movie tickets, retailers, and more. For questions, please call Working Advantage Customer Service at 800.565.3712, or contact a vendor directly. Register at workingadvantage.com/bmc.

MetLife Auto and Home Insurance

BMC employees are eligible for discounted rates off auto and home insurance through payroll deduction. Contact MetLife directly to learn more: 800.438.6388 or metlife.com/bmc.

Cafeteria Discounts and Convenient Pay Option

All Boston Medical Center employees receive a 20% discount with a valid employee ID at the BMC cafeterias. Employees may also swipe their ID badge at the cafeterias or BMC pharmacies to use Quickcharge to pay for their purchases. Any purchases made using Quickcharge will be deducted from their next paycheck.
BMC Employee Resource Guides

In addition to the programs listed in this guide, the Benefits Team has created a series of Employee Resource Guides with information on topics of interest to our employees. These reference guides contain information on BMC sponsored programs as well as helpful external services and community programs related to the topic. The guides are available in the Human Resources department or online at internal.bmc.org/employee-center/employee-wellbeing/employee-wellbeing-resource-guides.

**Biking**
Whether you’re a bike commuter or just ride for fun, the Biking Resource Guide has information for you. Check out the guide for discounts on gear and programs, a free annual bike safety check, a map of campus bike racks, a free bike cage, and more.

**College Financing**
This guide provides information on the entire college financing process. Learn how to save for college through a 529 plan, about programs for free or low-cost degree options, and how to receive discounts on student loan refinancing for you and your family.

**Financial Wellbeing**
The Financial Wellbeing Guide offers a complete listing of the financial resources available to BMC employees. This includes a financial planner, the BMC retirement plan, college financing, and other employee benefits.

**Homebuying**
The BMC Homebuying Guide explains the steps involved in purchasing a home, and the resources and discounts available to you for the purchase and maintenance of your new home. Find discounts on home insurance, mortgage lenders, and home painters, as well as access to a network of lawyers, among other services.

**Mental Health and Addiction Services**
Boston Medical Center is a recognized leader in mental health and addiction medicine. We aim to be a model employer for employees and their family members who need care and support in this area. In addition to innovative programs on campus, this guide provides information on services available for employees outside of BMC and through our employee medical plan.
Parental Benefits for Moms and Dads
This guide includes everything you need to know when welcoming a new child to your family. It provides an overview on how to take a leave of absence, your salary replacement while you’re out, important information about your health insurance, and wellbeing benefits that can make your life easier during this exciting time in your life.

Resources for Parents of Adopted or Fostered Children
Being a parent can be both joyful and stressful. The Employee Resource Guide for Parents of Adopted or Fostered Children includes a listing of BMC benefits, discounts, services, and information to make your family life easier.

Retirement Readiness
Retirement planning is a career-long process. This comprehensive guide provides an action plan to walk you through the steps you need to take prior to retirement, including how you’ll replace your salary, what you’ll do for medical coverage, and how you’ll spend your time. Read the guide for a listing of resources to support you through this process so you can have a successful and surprise-free retirement.

Smoking Cessation
Learn about the health and financial benefits of quitting smoking, external resources to support you, and a smoking cessation program on campus that is tailored to your individual needs.

Together We Can Thrive
This guide contains resources for housing, food, transportation, childcare, education and legal services from BMC programs, community services, and benefits that are exclusive to BMC employees.

Wellbeing Guide
Employee health and happiness are extremely important to who BMC is as an organization. This guide provides a comprehensive listing of the wellbeing programs and resources available to our employees.
**Special Enrollment Rights**
If you do not enroll yourself and your dependents in a group health plan after you become eligible or during annual enrollment, you may be able to enroll under the special enrollment rules under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) that apply when an individual declines coverage and later wishes to elect it. Generally, special enrollment is available if (i) you declined coverage because you had other health care coverage that you have now lost through no fault of your own (or employer contributions to your other health care coverage terminate); or (ii) you have acquired a new dependent (through marriage or the birth or adoption of a child) and wish to cover that person. When you have previously declined coverage, you must have given (in writing) the alternative coverage as your reason for waiving coverage under the group health plan when you declined to participate. In either case, as long as you meet the necessary requirements, you can enroll both yourself and all eligible dependents in the group health plan if you provide notice to the Plan Administrator within 30 days after you lose your alternative coverage (or employer contributions to your alternative coverage cease) or the date of your marriage or the birth, adoption, or placement for adoption of your child. See the Plan Administrator for details about special enrollment.

**Women’s Health Coverage and Cancer Rights**
The Women’s Health and Cancer Rights Act of 1998 (“WHCRA”) requires group health plans, insurance issuers, and HMOs who already provide medical and surgical benefits for mastectomy procedures to provide insurance coverage for reconstructive surgery following mastectomies. This expanded coverage includes:

(i) reconstruction of the breast on which the mastectomy has been performed;

(ii) surgery and reconstruction of the other breast to produce a symmetrical appearance; and,

(iii) prostheses and physical complications at all stages of mastectomy, including lymphedemas.

**Patient Protection Disclosure**
You have the right to designate any participating primary care provider who is available to accept you or your family members (for children, you may designate a pediatrician as the primary care provider). For information on how to select a primary care provider and for a list of participating primary care providers, contact the Plan Administrator. You do not need prior authorization from the Plan or from any other person, including your primary care provider, in order to obtain access to obstetrical or gynecological care from a health care professional; however, you may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Health Plans Inc (844.926.2262) or view the provider directory online at healthplansinc.com/bmc.

**Gender Reassignment Surgery**
Gender reassignment surgery and other related services are covered when your provider has determined that you are an appropriate candidate in accordance with the Plan’s clinical guidelines. Coverage includes surgery, related physician and behavioral health visits, and outpatient prescription drugs. For more information please call HPI’s Member Services Department at 844.926.2262.

**Notice of Privacy Practices**
The Notice of Privacy Practices can be found in the Flex Summary Plan Description on the Hub, or you may pick up a copy in the Benefits Office on the 5th floor of 720 Harrison Ave, Boston MA 02118.
**Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1- 877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272). If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your State for more information on eligibility.

- **ALABAMA - Medicaid**
  - Website: http://myarhipp.com/
  - Phone: 1-855-692-5447

- **FLORIDA - Medicaid**
  - Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
  - Phone: 1-877-357-3268

- **GEORGIA - Medicaid**
  - Website: http://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
  - Phone: 1-678-564-1162 ext. 2131

- **MAINE - Medicaid**
  - Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms
  - Phone: 1-800-442-6003
  - TTY: Maine relay 711
  - Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms
  - Phone: -800-977-6740.
  - TTY: Maine relay 711

- **MASSACHUSETTS - Medicaid and CHIP**
  - Website: http://www.mass.gov/eohhs/Departments/MassHealth/
  - Phone: 1-800-862-4840

- **NEW HAMPSHIRE - Medicaid**
  - Website: http://www.dhhs.nh.gov/oiii/hipp.htm
  - Phone: 1-603-271-5218
  - Toll Free Number for the HIPP Program: 1-800-852-3345 ext. 5218

- **NEW JERSEY - Medicaid and CHIP**
  - Website: http://www.state.nj.us/humanservices/dmash/clients/medicaid/
  - Medicaid Phone: 1-609-631-2392
  - CHIP Website: http://www.njfamilycare.org/index.html
  - CHIP Phone: 1-800-701-0710

- **NEW YORK - Medicaid**
  - Website: http://www.nyhealth.gov/health_care/medicaid/
  - Phone: 1-800-541-2831
NORTH CAROLINA - Medicaid
Website: http://www.ncdhhs.gov/dma
Phone: 1-919-855-4100

PENNSYLVANIA - Medicaid
Website: http://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx
Phone: 1-800-692-746

RHODE ISLAND - Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or 1-401-462-0311 (Direct Rite Share Line)

TEXAS - Medicaid
Website: http://gethipptexas.com/
Phone: 1-800-440-0493

WEST VIRGINIA - Medicaid
Website: http://mywvhipp.com/
Phone: 1-855-MyWVHIPP (1-855-699-8447)

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565
## Contact Information

### Flex Benefits

<table>
<thead>
<tr>
<th>Plan</th>
<th>Vendor</th>
<th>Group #</th>
<th>Telephone</th>
<th>Website</th>
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<tbody>
<tr>
<td>BMC Select</td>
<td>HPI</td>
<td>B87</td>
<td>844.926.2262</td>
<td>healthplansinc.com/bmc*</td>
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<td>BMC Tiered HMO</td>
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<td>Delta Dental Core</td>
<td>Delta Dental</td>
<td>0152539901</td>
<td>855.343.4275</td>
<td><a href="http://www.deltadentalma.com">www.deltadentalma.com</a>*</td>
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<tr>
<td>Delta Dental Enhanced</td>
<td>Delta Dental</td>
<td>0152539902</td>
<td>855.343.4275</td>
<td><a href="http://www.deltadentalma.com">www.deltadentalma.com</a>*</td>
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<tr>
<td>Vision Plan</td>
<td>Davis Vision</td>
<td>4955</td>
<td>877.923.2847</td>
<td><a href="http://www.davisvision.com">www.davisvision.com</a>*, client code 4955</td>
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<td>Life and AD&amp;D</td>
<td>Lincoln</td>
<td>09-LF0114</td>
<td>844.869.3474</td>
<td>internal.bmc.org/employee-center/benefits</td>
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<td>Benefit Strategies</td>
<td>BMC</td>
<td>833.262.0007</td>
<td><a href="http://www.benstrat.com">www.benstrat.com</a>*</td>
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<td>Legal Plan</td>
<td>MetLaw</td>
<td>800-821-6400</td>
<td><a href="http://www.legalplans.com">www.legalplans.com</a></td>
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<td>Use password: GetLaw</td>
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<td>COBRA</td>
<td>Benefit Strategies</td>
<td>BMC 833.262.0007</td>
<td><a href="http://www.benstrat.com">www.benstrat.com</a>*</td>
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<td>403(b) Retirement Plan</td>
<td>TiAA</td>
<td>100910</td>
<td>800.410.6649</td>
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<td>Financial Planning</td>
<td>Garrett Planning Network</td>
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<td>Call advisor directly</td>
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<td>Credit Building Program</td>
<td>Working Credit</td>
<td>BMC</td>
<td>773.275.0900</td>
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<td>529 College Savings Plan</td>
<td>ScholarShare</td>
<td>BMC</td>
<td>800.544.5248</td>
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<td>Student Loan Refinancing</td>
<td>Laurel Road</td>
<td>BMC</td>
<td>855.245.0989</td>
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<td>Employee Assistance Program</td>
<td>ComPsych</td>
<td>BMC</td>
<td>844.324.3686</td>
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<td>Register with Web ID: BMC</td>
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<td>Employee Assistance Clinician</td>
<td>BMC</td>
<td>BMC</td>
<td>617.414.4357</td>
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<td>Backup/Senior Care</td>
<td>Care.com</td>
<td>BMC</td>
<td>855.781.1303</td>
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<td>Student Loan Assistance</td>
<td>Savi</td>
<td>BMC</td>
<td>853.604.1226</td>
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<td>Personal Assistant Program</td>
<td>Circles</td>
<td>BMC</td>
<td>877.231.0456</td>
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<td>Diabetes Management</td>
<td>Good Health Gateway</td>
<td>BMC</td>
<td>800.643.8028</td>
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<td>select &quot;Boston Medical Center.&quot;</td>
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<td>Sleep Improvement Program</td>
<td>Sleepio</td>
<td>BMC</td>
<td>Email: hello@ sleepio.com</td>
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<td>Digital Therapy App</td>
<td>Daylight</td>
<td>BMC</td>
<td>Email: Hello@ trydaylight.com</td>
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<td>BMC Transportation</td>
<td>BMC-BUMC Parking &amp; Transportation Services</td>
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<td>617.358.3506</td>
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<td>MBTA</td>
<td>Commuter Benefit Solutions</td>
<td>BMC</td>
<td>888.235.9223</td>
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<td>Employee Discounts</td>
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<td>800.566.3712</td>
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<td>Auto &amp; Home Insurance</td>
<td>MetLife</td>
<td>BMC</td>
<td>800.438.6388</td>
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* Website can also be accessed through the Benefits icon in Workday.