

2020 Guide to Benefits For House Officers



Thank You and Looking Forward to 2020!

Many thanks for your tremendous contributions in 2019! Your efforts resulted in the continued advancement of our vision to make Boston the healthiest urban population in the world by 2030. Our excellence as a team was reflected in many ways this year including successful Joint Commission and CMS visits, receipt of an \$89 million grant to reduce opioid overdose deaths, and great progress in the first full year of our Accountable Care Organization (ACO).

A very important part of our continued success as a team, is our commitment to supporting you and your families, including a broad range of benefits. A healthier Boston is simply not possible without the health and wellbeing of each of you.

In 2019, we hope you had the opportunity to experience some of our newer benefits including mental health and substance use disorder resources, Doctor on Demand (ability to receive care from a physician through your phone), lower cost 403(b) retirement options and other enhancements to support a broad range of areas in your life - health, wealth and wellbeing.

Moving into 2020, we look forward to adding new initiatives. These include a program to support you and your family members through the Public Student Loan Forgiveness process, expanding our same-day healthcare options with partnered community health centers, and creating an employee council to receive input from you about the things you care about most.

Thank you again for all that you do to make Boston Medical Center a great place to work and an exceptional place for our employees and our community to receive care!

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 make elections in the following order - listed here with the page numbers for more information.

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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 worklet.
- 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.

Workday Inbox for New Hire and Open Enrollment

Welcome



Benefits worklet for Mid-year changes

Applications
12 items



My Health
Compliance
Report



Learning



Performance



Pay



Career



Directory



Compensation



Benefits



Personal
Information



Time Off



Reports



Favorites

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.



Your Health

Medical & Prescription, Dental, and Vision Plans

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.

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.



Decide on a PLAN

- BMC Select Plan**
provides free coverage for members. Most care must be provided at BMC.
- BMC Tiered HMO**
covers options for members who may live farther away.
- HPHC PPO**
may be appropriate for members with special circumstances.

To consider:

You must log in and waive coverage if you already have coverage outside of BMC.

If you do NOT select a plan and DON'T waive coverage, **you will be defaulted into Employee-only coverage on the BMC Select plan.**

Due to insurance industry rules, this will become your Primary Plan. You will need to file a Coordination of Benefits for every service received outside of the BMC Select network.

Using the BMC Select network

- Providers in the BMC Select network **cost little or nothing** for members in the **BMC Select** plans.

When you need care, Boston Medical Center is the place to start: including Boston Medical Center, all BU affiliated providers, and most providers affiliated with the Boston HealthNet Community Health Centers.

Care outside the BMC Select network

For members on the BMC Select plan, 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.

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.

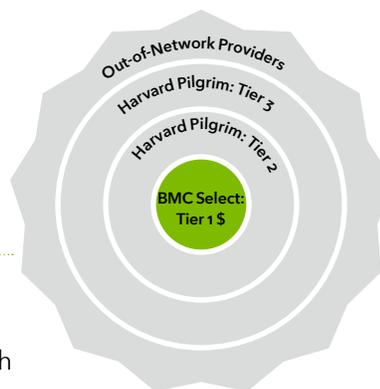
Out-of-Network Coverage: Other than emergency care or Same Day Care options, no services are covered out-of-network.

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.

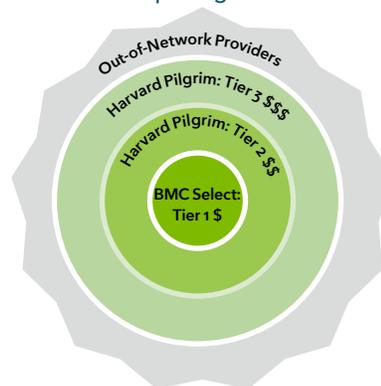
BMC Select Plan

You have access to the BMC Select network.



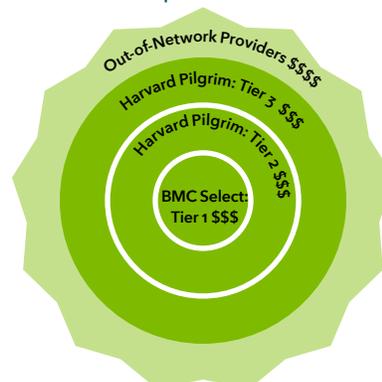
BMC Tiered HMO

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.



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.

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.



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)

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? 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. View the Same Day Care directory at internal.bmc.org/employee-center.

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 \$125 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.



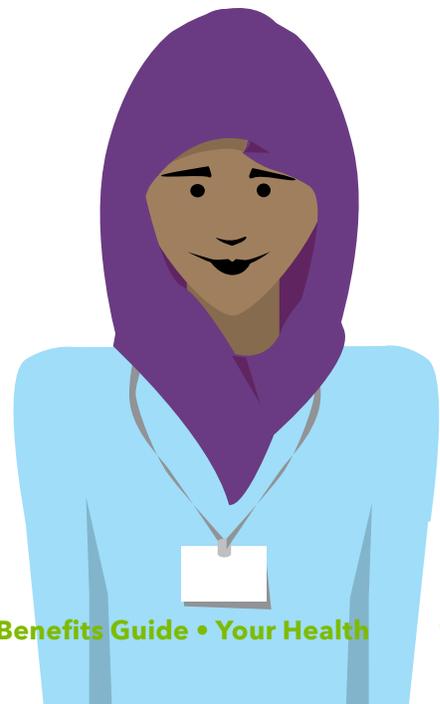
Sign up for MyChart

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.



Is my doctor in-network?

Go to healthplansinc.com/bmc or call 844.926.2262 to find which tier your providers and hospitals have been assigned and see 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

Biweekly Medical Contributions for 2020

Medical Plans:	20 - 35 hour work week:				36 - 40 hour work week:			
	Employee	Employee + Child(ren)	Employee + Spouse	Family	Employee	Employee + Child(ren)	Employee + Spouse	Family
BMC Select	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
BMC Tiered HMO	\$116.18	\$209.13	\$267.23	\$389.22	\$58.09	\$104.57	\$133.61	\$194.61
HPHC PPO	\$126.44	\$227.59	\$290.82	\$423.58	\$63.22	\$113.80	\$145.41	\$211.79

Prescription Drug Benefits

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. For more information visit www.express-scripts.com/bmc.

- **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 2020

Type of Drug	30-Day Supply Copay		90-Day Supply Copay	
	BMC Pharmacies	Other Pharmacies	BMC Pharmacies and Mail Order	Other Mail Service
Tier 1 Drug	\$5	\$20	\$10	\$40
Tier 2 Drug	\$10	\$40	\$20	\$80
Tier 3 Drug	\$20	\$80	\$60	\$240
Tier 4 Drug (Specialty)	\$20 (cost may be waived)	20% of cost, up to \$250	\$60 (cost may be waived)	20% of cost, up to \$750



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

Health Plan Comparison

Plan Features	BMC Select at BMC	BMC Tiered HMO			HPHC PPO	
		Tier 1	Tier 2	Tier 3	In-Network	Out-of-Network*
Annual Deductible	none	none		\$500/ individual \$1,000/ family	\$1,000/individual \$2,500/family	\$2,000/individual \$5,000/family
Out-of-Pocket (OOP) Maximum	\$2,500/individual \$5,000/family	\$3,000/individual \$6,000/family			\$3,000/individual \$6,000/family	\$3,000/individual \$6,000/family

- 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 towards the OOP maximum.

When you visit a doctor or have an emergency:

Service	BMC Select at BMC	BMC Tiered HMO			HPHC PPO	
		Tier 1	Tier 2	Tier 3	In-Network	Out-of-Network
Preventive Care (routine physical, mammograms, immunizations)	\$0 copay	\$0 copay	\$0 copay	\$50 copay	\$0 copay	Deductible, then 20% coinsurance
Primary Care Visits	\$5 copay	\$5 copay	\$20 copay	\$50 copay	\$50 copay	Deductible, then 20% coinsurance
Specialist Office Visits	\$5 copay	\$5 copay	\$25 copay	\$65 copay	\$65 copay	Deductible, then 20% coinsurance
Emergency Room Visit	\$125 copay		\$125 copay		\$125 copay	
Emergency Admission	\$0 copay		\$0 copay		Deductible, then 10% coinsurance	

When you stay at a hospital or other facility:

Service	BMC Select at BMC	BMC Tiered HMO			HPHC PPO	
		Tier 1	Tier 2	Tier 3	In-Network	Out-of-Network
Inpatient Hospital Services (per admission)	\$0 copay	\$0 copay	\$200 copay	Deductible, then \$450 copay	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance
Skilled Nursing Facility (up to 100 days per calendar year)	\$0 copay		\$0 copay		Deductible, then 10% coinsurance	Deductible, then 30% coinsurance
Inpatient Rehabilitation (up to 60 days per calendar year)	\$0 copay		\$0 copay		Deductible, then 10% coinsurance	Deductible, then 30% coinsurance

When you have a same-day hospital or lab visit:

Service	BMC Select at BMC	BMC Tiered HMO			HPHC PPO	
		Tier 1	Tier 2	Tier 3	In-Network	Out-of-Network
Day Surgery	\$0 copay	\$0 copay	\$50 copay	Deductible, then \$250 copay	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance
Laboratory Tests and X-rays	\$0 copay	\$0 copay			Deductible, then 10% coinsurance	Deductible, then 30% coinsurance
Chemotherapy and Radiation Therapy (per visit)	\$0 copay	\$0 copay		Deductible, then \$35 copay	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance
Advanced Radiology at a Physician's Office or Non-Hospital Facility	\$0 copay	\$0 copay	\$50 copay	Deductible, then \$250 copay	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance
Advanced Radiology at a hospital	\$0 copay	\$0 copay	\$100 copay	Deductible, then \$250 copay	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance

When you need maternity services:

Service	BMC Select at BMC	BMC Tiered HMO			HPHC PPO	
		Tier 1	Tier 2	Tier 3	In-Network	Out-of-Network
Infertility Services	Depends on service provided	Depends on service provided			Depends on service provided	Deductible, then 30% coinsurance
Prenatal and Postpartum Care	\$0 copay	\$0 copay			\$0 copay	Deductible, then 20% coinsurance
All Hospital Services for Mother (per admission)	\$0 copay	\$0 copay	\$100 copay	Deductible, then \$250 copay	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance
Routine Nursery Charges for Newborn	\$0 copay	\$0 copay			\$0 copay	Deductible, then 20% coinsurance

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

SEE ANY DENTIST, IN OR OUT OF THE BLUE CROSS NETWORK

We offer two comprehensive dental plans, giving you access to the Dental Blue network from Blue Cross Blue Shield. The Blue Cross Blue Shield Dental Blue network includes dentists in Massachusetts, plus dentists who participate with Blue Cross Blue Shield of Rhode Island, and out-of-area dentists who participate in the DenteMax Network of Dentists.

With network dentists, you don't have to file claims or worry about unexpected expenses. You're also covered if you see out-of-network dentists, but you may experience higher out-of-pocket costs. You may choose between two dental plans:

- **BCBS Dental PPO**
- **BCBS Dental Blue - Indemnity**

Using In-Network Dentists

- No need to file a claim. In-network dentists will send claims to Blue Cross for you. Just show your Dental ID card at your dentist's office. Blue Cross pays your dentist directly.
- If you'd like help finding a dentist, call 800.821.1388 or visit bluecrossma.com/findadoctor and search within the "Dental Blue PPO" network if you're on the PPO plan or in the "Dental Blue" network if you're on the Indemnity plan.
- To find out if your current dentist is in the plan, call your dentist, or call BCBS Member Service at 800.348.7921.

Dental Plan Comparison

Plan Provision	BCBS Dental PPO	BCBS Dental Blue - Indemnity
Annual Maximum	\$1,700 per person	\$2,000 per person
Maximum Rollover	none	Up to \$600/year
Orthodontic Services	50% up to \$2,000 per person lifetime	50% up to \$2,000 per person lifetime
Preventive/Diagnostic Services	100% covered	100% covered
Restorative Services	90% covered	100% covered
Annual Deductible <i>(major restorative only)</i>	\$75 per individual \$150 per family	None
Major Restorative Services	Deductible, then 60% covered	50% covered

Using Out-of-Network Dentists

- In most cases, you'll need to pay your dentist directly and submit a claim form to Blue Cross within two years of the date of service.
- Download a claim form by visiting bluecrossma.com/myblue or call Member Services at 800.348.7921.
- Claim forms should be sent to Blue Cross Blue Shield of Massachusetts, P. O. Box 986030, Boston, MA 02298.
- Balance billing: An out-of-network provider may charge more than the usual and customary amount for services. You're responsible for paying any amount not covered under your plan.

Pre-Treatment Estimates

If your dentist expects that your treatment will cost more than \$250, they need to send a copy of their "treatment plan" to Blue Cross before you receive care.

Enhanced Dental Benefits

Additional preventive services are covered if you've been diagnosed with diabetes, coronary artery disease, or oral cancer, or if you're pregnant. Enhanced benefits cover three cleanings every twelve months instead of two. Call Member Service at 800.348.7921.

Multi-Stage Procedures

Some procedures, such as crowns, dentures, and root canals require more than one visit to the dentist. To get coverage for a multi-stage procedure, you must stay enrolled in the same dental plan for the duration of the procedure.

Orthodontic Benefits

If an orthodontic treatment began before you were covered under a BMC dental plan, a monthly fee will be paid for the remaining orthodontic visits until either the treatment is completed or the lifetime benefit maximum is exhausted, whichever comes first.



Decide on a PLAN

- BCBS Dental PPO**
provides coverage from thousands of nearby dentists.
- BCBS Dental Blue - Indemnity**
provides a larger network of providers. Contributions are higher, but the plan does not have a deductible.

Biweekly Dental Contributions for 2020

Dental Plans:	20 - 35 hour work week:			36 - 40 hour work week:		
	Employee	Employee + One	Family	Employee	Employee + One	Family
Dental PPO	\$16.98	\$35.80	\$54.62	\$15.12	\$33.96	\$52.76
Dental Blue - Indemnity	\$26.22	\$54.28	\$75.32	\$24.38	\$52.44	\$73.48

Vision Care Benefits

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

Plan Provision	In-Network	Out-of-Network
Eye Exams	\$5 copay at participating providers	Outside of Davis Vision participating providers, partial reimbursements are available.
Eyeglass Frames	Plan covers \$150 plus 20% off the balance	
Eyeglass Lenses	Plan covers 100% for most lenses	
Contact Lenses (6-12 month supply)	Plan covers \$130 plus 15% off the balance	

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, then go to the Members page and type 4955 as the Client Code. 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.

Biweekly Vision Contributions for 2020

	Individual	Family
Davis Vision	\$2.58	\$5.16



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. This includes locations such as VisionWorks and For Eyes, as well as local independently-owned shops and providers.

Find them at davisvision.com, then go to the Members page and type 4955 as the Client Code.

Download the App

- Davis Vision

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 \$500 of unused funds 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.



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.



Decide on CONTRIBUTION:

- Medical FSA**
Set aside up to \$2,750 in 2020.
(pending IRS approval)
- 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.



Your Wealth

Insurance, Retirement, and Financial Resources

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.



Age Reduction

Your optional life coverage will be reduced to 65% of your elected coverage once you reach age 65 and to 50% once you reach age 70.



What is Evidence 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).

*For the 2020 Open Enrollment, there is a one-time open window that waives the Evidence of Insurability requirements. All Optional Life elections up to \$300,000 and all Dependent Life elections up to \$50,000 will be automatically approved.



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.



Leaves are for time needed away from work lasting more than 5 days or on an intermittent basis.

403(b) Retirement Plan

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% pretax contribution. Your contribution rate will automatically increase by 1% each year, unless you make changes to your election. 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" Worklet, 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.



Decide on COVERAGE:

- BMC 403(b) Retirement Plan:** You are automatically enrolled at a 3% contribution rate, which increases by 1% each year.
- Opt-out:** Within 90 days of your start date, you may opt-out of the auto enrollment and receive back previously contributed funds by calling TIAA at 800.410.6649.
- Change:** You can change your contribution amount or investments at any time.

To consider:

The contributions you make early in life compound over time. If you can, try to contribute more than the minimum.

Financial Resources

FINANCIAL PLANNING

Garrett Planning Network

Garrett Planning Network (GPN) offers discounted fee-only financial planning services for BMC employees. GPN financial planners do not accept commissions, and can assist with tax planning strategies, investment portfolio analysis, risk assessments, determining estate planning needs, and more. Visit internal.bmc.org/employee-center/employee-wellbeing to read more about their services, fees, and how to get started.

Working Credit

BMC employees can sign up with Working Credit and be paired with a credit-building counselor who will help improve your credit score, lower monthly expenses, and reduce financial stress. The cost of the program is \$2.30/week. For details, visit: workingcredit.org/for-employees or call 314.252.8342.

Certified Financial Planners & Certified Public Accountants

BMC's Employee Assistance Program (EAP) has Certified Public Accountants and Certified Financial Planners who are available to assist with a wide range of financial topics, including retirement planning, estate planning, and more. All telephonic consultations are free and unlimited. They can be reached M-F between 9 a.m. and 6 p.m. at 844.324.3686 (effective 1/1/2020).

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). For more details, 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. You can choose from 5, 10, 15 or 20 year loans with either fixed or variable rates. 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. For more information, visit bmc.bysavi.com.





Your Wellbeing

Programs and support for your whole life.

EMPLOYEE ASSISTANCE PROGRAM

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, career concerns, and more.

For more information, visit guideanceresources.com, and register with Organization Web ID "BMC." For counseling and referrals, call 844.324.3686 (effective 1/1/2020).

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 specific 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.

Employee to Employee Support Program: This program creates a support system at work so employees have someone to confidentially share experiences with, who also understands firsthand what they are going through. (Such as loss of a spouse/child; a family member with MH or SUD; coping with a serious chronic illness).

Resiliency Training: Individuals and departments 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.

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 10 backup care days/year.

Senior Care Planning: Work with a geriatric social worker for customized care plans, care coordination, and expert senior or adult care advice for any member of your family. Usage is unlimited and free!

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.

CIRCLES CONCIERGE SERVICE

Contact Circles, BMC's personal assistant concierge program, with any request for free assistance in planning and coordinating all sorts of projects. Circles can help with snow removal services, pet services, dining recommendations, travel arrangements, moving services, product comparison, party planning, and more.

You can place a request by calling 877.231.0456, e-mailing bmcsupport@circles.com, or going to members.circles.com/bmc and registering with the code "circlesBMC".

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."

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 that is 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. Register at www.trydaylight.com/bmc to get started and download the app.



Wellbeing

If some of these programs seem too good to be true, we don't offer them by accident. BMC has worked hard to find programs that improve the wellbeing of our employees and families - many of your coworkers have already experienced how helpful they can be. We encourage you to try one today!



COMMUTING TO WORK

BMC offers multiple discounts and services to ease the cost and stress of commuting to work.

Discounted MBTA Passes through Commuter Benefit Solutions (CBS)

Regular employees who do not participate in the on-campus parking program and are scheduled to work at least 24 hours a week 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 1st; deductions will be taken from your paycheck in March.

Discounted Zipcar Membership

BMC employees receive: no application fee, reduced annual membership fee of only \$25 and discounted weekday rates. Please visit zipcar.com and click on the "for business" tab and search for Boston Medical Center for additional information on the benefit and to sign up with your BMC email address.

Discounted Blue Bikes Membership

BMC employees are eligible for over 60% off year-long memberships with Blue Bikes. Blue Bikes is a bike sharing system with bike stations throughout the area. Contact the TranSComm office to sign up.

Parking Your Bike On-Campus

There are many bike racks around campus, and a secure bike cage as well. Access to the bike cage is \$20 per year. Contact TranSComm to sign up.

Emergency Ride Home (ERH)

If you are enrolled in the MBTA Pass Program you are eligible for the ERH program which guarantees a safe ride home if there is no public transit within 30 minutes of when you need to leave after unscheduled mandated overtime or in the event of an emergency or illness for yourself or a family member. You must register in advance at bumc.bu.edu/transcomm/erh.

Parking Office: Parking Applications

To sign up, visit the Parking Office at 710 Albany St., Monday - Friday from 7am-5pm. Bring your car's make, model and license plate number to fill out an application. For current rates and garage locations, call 617.358.7592 or visit bumc.bu.edu/parking.



Commuting with TranSComm

TranSComm is a transportation management association that coordinates the transportation needs of BMC employees. Stop by their office at 710 Albany Street or contact them at 617.358.3506 or bmctranscomm@gmail.com.



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.

LEGAL SERVICE PLAN

MetLaw, in partnership with Hyatt Legal Plans, 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.

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/benefits/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/cages, 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.

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.



Benefits Notifications

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.

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, 2019. Contact your State for more information on eligibility.

ALABAMA - Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-692-5447

FLORIDA - Medicaid

Website: <http://flmedicaidtprecovery.com/hipp/>
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

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>
Phone: 1-800-442-6003
TTY: Maine relay 711

MASSACHUSETTS - Medicaid and CHIP

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>
Phone: 1-800-862-4840

NEW HAMPSHIRE - Medicaid

Website: <http://www.dhhs.nh.gov/oii/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 Medicaid

Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 1-609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html> CHIP
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/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>
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 Rlte 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, 2019, 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

Non-Discrimination Statement

Boston Medical Center (BMC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. BMC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Boston Medical Center:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Kim Greene. If you believe that BMC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Kim Greene, Chief Compliance Officer, Boston Medical Center, Doctor's Office Building, 720 Harrison Ave, Suite 650, Boston, MA 02118, by phone: 617-638-7922, fax: 617-638-7652, or e-mail: Kim.Greene@bmc.org.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Kim Greene is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-617-638-7922.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-617-638-7922.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-617-638-7922。

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-617-638-7922.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-617-638-7922.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-617-638-7922.

تويوغلللا تدعاسملا تامدخ ناف، ةغلللا ركذا تدحتت تنك اذا: تظوحلم ةيوغلللا تدعاسملا تامدخ ناف. اقابلاب لكل رفئاوتت 1-617-638-7922.

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-617-638-7922។

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-617-638-7922.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-617-638-7922.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-617-638-7922 번으로 전화해 주십시오.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-617-638-7922.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-617-638-7922.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-617-638-7922 पर कॉल करें।

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-617-638-7922.

Contact Information

Plan	Vendor	Group #	Telephone	Website
BMC Select	HPI	B87	844.926.2262	healthplansinc.com/bmc*
BMC Tiered HMO	HPI	B87	844.926.2262	healthplansinc.com/bmc*
HPHC PPO	HPI	B87	844.926.2262	healthplansinc.com/bmc*
BCBS Dental PPO	BCBS	002330503	800.348.7921	www.bcbsma.com/bmc*
BCBS Dental Blue - Indemnity	BCBS	002354847	800.348.7921	www.bcbsma.com/bmc*
Vision Plan	Davis Vision	4955	877.923.2847	www.davisvision.com*, client code 4955
Life and AD&D	Lincoln	09-LF014	844.869.3474	internal.bmc.org/employee-center/benefits
Leave of Absences	Lincoln	09-LF014	844.869.3474	www.mylincolnportal.com (register with BMC-EE)
FSAs	Benefit Strategies	BMC	833.262.0007	www.benstrat.com*
Legal Plan	MetLaw	BMC	800-821-6400	www.legalplans.com Use password: GetLaw
COBRA	Benefit Strategies	BMC	833.262.0007	www.benstrat.com
403(b) Retirement Plan	TIAA	Open: 404926 Core: 100910	800.410.6649	Workday -> Benefits worklet -> BMC 403(b) Retirement Plan*
Financial Planning	Garrett Planning Network	BMC	Call advisor directly	internal.bmc.org/employee-center/benefits
Credit Building Program	Working Credit	BMC	314.252.8342	www.workingcredit.org/for-employees
529 College Savings Plan	ScholarShare	BMC	800.544.5248	www.scholarshare.com
Student Loan Refinancing	Laurel Road	BMC	855.245.0989	www.laurelroad.com/bmc
Employee Assistance Program	ComPsych	BMC	844.324.3686	guidanceresources.com Register with Web ID: BMC
Employee Assistance Clinician	BMC	BMC	617.414.4357	internal.bmc.org/employee-center/employee-wellbeing/employee/assistance/clinician
Backup/Senior Care	Care.com	BMC	855.781.1303	bmc.care.com*
Student Loan Assistance	Savi	BMC	833.604.1226	BMC.bysavi.com
Personal Assistant Program	Circles	BMC	877.231.0456	members.circles.com/bmc* Register with code: circlesBMC
Diabetes Management	Good Health Gateway	BMC	800.643.8028	goodhealthgateway.com select "Boston Medical Center."
Sleep Improvement Program	Sleepio	BMC	Email: hello@sleepio.com	www.sleepio.com/bmc*
Digital Therapy App	Daylight	BMC	Email: Hello@trydaylight.com	www.trydaylight.com/bmc
Commuting Programs	TransComm	BMC	617.358.3506	www.bumc.bu.edu/transcomm/
MBTA	Commuter Benefit Solutions	BMC	888.235.9223	www.commutercheckdirect.com* Company ID: 1535
Employee Discounts	Working Advantage & various vendors	BMC	800.565.3712	workingadvantage.com/bmc & internal.bmc.org/employee-center/benefits
Auto & Home Insurance	MetLife	BMC	800.438.6388	www.metlife.com/bmc

Flex Benefits

* Website can also be accessed through the Benefits worklet in Workday.