



# 2025 Guide to Benefits For House Officers

Boston Medical Center  
**HEALTH SYSTEM**



Dear Colleagues,

Thank you for another exceptional year! Together we have so much to be proud of and have elevated our healthcare presence regionally and nationally. To further our long-standing commitment to live our core values, we continue to prioritize wellbeing programs in support of economic mobility, health equity, and wellness for all employees and your families.

Beyond traditional health benefits, our work in 2024 continued in support of holistic wellbeing:

To support your financial strength:

- Federal Student Loan Forgiveness Program that is expected to forgive an average of \$77,000 in student loans for qualified participating BMCHS employees.
- Family Self-Sufficiency Program to help achieve homeownership.
- Tax support services and promoted first-time homebuyers' classes.
- One-on-one financial advice sessions through Working Credit and TIAA to help improve credit scores and grow retirement savings.

To support you and your family's health and wellbeing:

- Enhanced behavioral health services, reducing the length of time to access an initial appointment from weeks to days.
- Lyra Renew, a new treatment program to address concerns with alcohol use.
- Postpartum depression screenings after delivery to directly connect new parents to behavioral health resources that may be needed at this critical time.

In addition, we launched a new and improved Workday experience to provide centralized navigation and easy access to timely information on topics such as the employee medical plans, wellbeing benefits, pediatric behavioral health coverage, and much more.

In response to your feedback on our benefit offerings, we're excited to announce new benefit options for 2025:

- A fourth medical plan option, a High Deductible Medical Plan (HDHP), which will allow employees to open a Health Savings Account (see pages 8 & 9).
- Voluntary coverage to supplement your medical plan with Accident Insurance, Critical Illness and Hospital Indemnity.
- Expanded network of eyewear retailers available on the vision plan.

I am honored to be a part of this team and look forward to continued success in the year ahead! Thank you again for making Boston Medical Center Health System a remarkable workplace.

**Lisa Kelly-Croswell**  
Senior Vice President &  
Chief Human Resources Officer

About the cover: The seasonal images on the cover represent the four main pillars of a healthy lifestyle: stress management, a balanced diet, physical activity, and sleep. We encourage you to utilize the benefits and resources outlined in this guide to focus on your health and wellbeing throughout the year.



▶ If you are an employee that works outside of New England, look for these icons throughout this guide for details on benefits available to you.



## 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.

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# Enrolling in Benefits



## What are Flex Benefits?

Flex benefits are a variety of health and insurance plans available for election. You can customize your benefits package to best meet your needs.

Deductions are taken pre-tax for all health plans. Insurance plans vary based on IRS rules. Please see the Summary Plan Description on the Hub or contact the HR Service Center for assistance.

## When are my Benefits Effective?

Flex Benefits are effective on your date of hire.

## How do I enroll in Workday?

Go to the “Awaiting your Action” section for New Hire and Open Enrollment.

Good Morning,

Awaiting Your Action

Benefits and Pay app for mid-year changes

Your Top Apps



Benefits and Pay



Learning



Performance



Directory

## WHO IS ELIGIBLE

If you are a regular employee and are scheduled to work at least 20 hours per week, you and your dependents are eligible for the Boston Medical Center Flexible Benefits Plan (“Flex Benefits”) as described in this guide, 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, as **confirmed by the medical plan** (recertification may be required), provided they became disabled before age 26 and qualify as financially dependent on you under the tax code; 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 BMCHS 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**.

- New Hire and Open Enrollment elections will be listed in the “Awaiting Your Action” section.
- For mid-year changes and updating your 403(b) Retirement elections, go to the **Benefits and Pay app in the “Your Top Apps” section**.

Download a Workday click-by-click guide on how to enroll from [hub.bmc.org/employee-center/hr-forms](http://hub.bmc.org/employee-center/hr-forms).

## Dependent Verification

Dependent eligibility verification is required for all dependents covered on an employee health plan. Please ensure you have documentation available for submission when requested. Required documentation can be found at [hub.bmc.org/employee-center/benefits/health-and-insurance-benefits](http://hub.bmc.org/employee-center/benefits/health-and-insurance-benefits).

## WHEN TO ENROLL

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

### 1 When you are newly hired

You have **30 days from your hire date** to elect your benefits. These benefit elections will be effective until the end of the calendar year, unless you have a life event as noted below.

### 2 During Open Enrollment

Each November, you have 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** 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.
- **For new hires, if you are within your 30-day election window during the Open Enrollment period**, you will need to enroll in benefits for the remainder of the current year – in addition to making any changes you wish to make to your benefit elections for the next year.

### 3 If you experience a Qualifying Life Event

A change in your life or work situation may enable you to change your benefits. You have **30 days from the event date** to complete your elections in Workday. Please note that you cannot switch plan options, but rather can add/remove people from current plans or add/drop coverage altogether, dependent upon the Event reason.

Common 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 their benefits eligibility;
- A change in your employment status that affects your benefits eligibility;
- Your spouse has a conflicting Open Enrollment period.



## How to request a Qualifying Life Event

Reference the Workday Benefit Transactions guide on the Hub for detailed steps on how to enroll.

- Request a change in **Workday** and upload supporting documentation.
- Submit your request within 30 days of the event. It will be reviewed for eligibility.
- If approved, 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 changes; or
- You do not provide the required documentation.

**In this case, you will have to wait until the next Open Enrollment period to make any changes.**



# Your Health

## Medical, Dental, and Vision Plans



### Choose a Plan

- BMC Select Plan**  
provides free coverage for members. Most care must be provided at the BMCHS hospital locations.
- BMC Tiered HMO**  
provides coverage throughout New England.
- HPHC PPO**  
allows you to receive care both in- or out-of-network.
- HDHP**  
allows you to seek care in- or out-of-network and gives you access to a Health Savings Account (HSA).
- No Medical Plan**  
New hires must actively 'waive' coverage in Workday during your election period or you will be defaulted.

Employees have access to comprehensive medical plans administrated by Health Plans, Inc.

► **Employees outside of New England can select the HPHC PPO or HDHP.**

Depending on the 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 Plan

### A \$0 CONTRIBUTION PLAN FOR THOSE WHO LIVE WITHIN 100 MILES OF BMC

You can choose from a selection of providers and most services are covered in full when you and your family receive care within the BMC Select network.

**There is no out-of-network coverage.**

### Contributions

There are no payroll contributions.

### Cost of Care

**There is no annual deductible and most services are free, or have a \$10 copay.**

### Primary Care Provider (PCP) and Referrals

You need a PCP, but you don't need referrals for specialty care covered under the plan (unless required by the specialty department). 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 **844.926.2262**.

## In-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), St. Elizabeth's Medical Center, Good Samaritan Medical Center, and most providers at the Boston HealthNet Community Health Centers.

- **Eligible Services for the Expanded Network**

Chiropractic services, behavioral health, acupuncture, dialysis, physical therapy, and preventive pediatric dental within the Harvard Pilgrim network are all treated as part of the BMC Select network. On occasion, there are needed services that are not provided within the BMC Select Network. You or your doctor may submit a request by contacting HPI member services for an "extra-contractual" payment.

In addition to the three hospitals of the BMC Select network, most providers at the following Boston HealthNet Community Health Centers are included as in-network:

- Attleboro: Manet Community Health Center
- Dorchester: Codman Square Health Center, DotHouse Health, Upham's Corner Health Center, Geiger-Gibson Community Health Center, Neponset Health Center, Harvard Street Neighborhood Health Center
- East Boston: NeighborHealth
- Everett: NeighborHealth
- Hull: Manet Community Health Center
- Hyannis: Harbor Community Health Center
- Mattapan: Mattapan Community Health Center
- Plymouth: Harbor Health
- Quincy: Manet Community Health Center (5 locations)
- Revere: NeighborHealth
- Roslindale: Greater Roslindale Medical and Dental Center
- Roxbury: Dimock Center, Whittier Street Health Center
- South Boston: South Boston Community Health Center (4 locations)
- South End: NeighborHealth, Boston Community Pediatrics\*
- Taunton: Manet Community Health Center
- Winthrop: NeighborHealth

Please Note: 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.

## Out-of-Network

Other than services in the Expanded Network, there is no coverage for services received outside the BMC Select network except for Emergency/Urgent Care services, including urgent care centers, CVS Minute Clinics, and Doctor on Demand telemedicine.

*\*standalone community health center*



## Sign up for MyChart

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

For services rendered at BMC, go to [mychart.bmc.org](http://mychart.bmc.org) and click the "Sign Up Now" button to get started.

## Parking for Patients at BMC

Parking validation is available when you or your family member has a medical appointment at BMC.

Patient parking is flat fee of \$8/day (including for overnight stays) for appointments at the 710 Albany St. or Crosstown garages. Remember to request validation at your outpatient visit.

# BMC Tiered HMO

## A PLAN FOR THOSE WHO LIVE IN ONE OF THE SIX NEW ENGLAND STATES (MA, RI, NH, ME, CT, VT)

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With the BMC Tiered Health Maintenance Organization (HMO) plan, you have access to the Harvard Pilgrim network.

### Contributions

See Paying for Coverage on page 11.

### Cost of Care

Your out-of-pocket cost is based on the type of service you receive and where you receive it. In most cases, the copay applied to your visit will be the same regardless of what in-network provider you use for your care. In the case of the following three service areas, however, a deductible will apply and you will pay a higher copay if you receive care at a Higher Cost hospital.

- inpatient hospitalizations
- outpatient surgeries
- high-tech imaging such as MRIs and CT scans

See the Health Plan Comparison chart for details.

### Primary Care Provider (PCP) and Referrals

You need to choose a PCP and you must receive referrals for most kinds of specialty care. A PCP will automatically be assigned to your record after your first appointment with them. You may change your PCP at anytime by calling HPI Member Services at **844.926.2262** or by signing into your account at **[www.healthplansinc.com/bmc](http://www.healthplansinc.com/bmc)**.

### In-Network

You and your covered family members can receive care from any hospital or provider in the Harvard Pilgrim network, including at BMC, Good Samaritan, and St. Elizabeth's. Please be aware that the copays for the three service areas mentioned above are more expensive at the High Cost hospitals.

### Out-of-Network

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



## Hospitals with higher costs

The current "High Cost" hospitals in the plan are Brigham and Women's Hospital, Boston Children's Hospital, Cape Cod Hospital, South Shore Hospital, UMass Memorial Medical Center, and Mass General Hospital.



# HPHC PPO

## A PLAN THAT OFFERS NATIONWIDE IN-NETWORK AND OUT-OF-NETWORK COVERAGE

The Harvard Pilgrim Health Care Preferred Provider Organization (PPO) plan offers comprehensive coverage. You may see any provider or use any hospital in-network or out-of-network. However, your costs will be lower when you receive care from in-network providers and facilities.

### Contributions

See Paying for Coverage on page 11.

### Cost of Care

While **there are annual deductibles** to meet, in-network preventive care services are provided with a \$0 copay. Other office visits with your regular provider or specialist are covered with a flat dollar copay without needing to meet the deductible. For most other services, once you meet the deductible, you pay a percentage of the cost for your visit. **There is no deductible to meet for prescription drugs.** See the Health Plan Comparison chart for details.

### Primary Care Provider (PCP) and Referrals

You do not need to choose a PCP, although it is recommended. You do not need referrals to see specialists.

### In-Network

Hospitals and providers in the Harvard Pilgrim network (in New England) and the UnitedHealthcare "Options" network (outside of New England), are in-network for members on the HPHC PPO.

### Out-of-Network

Members on the HPHC PPO plan can also receive care outside of the plan. For these services you will first need to meet the out-of-network deductible. Once that deductible is met, you will pay a percentage of the cost of care. Once you reach the out-of-pocket maximum for out-of-network services, the plan will cover at 100%.

If you use out-of-network services and your provider bills at a rate higher than the *usual and customary* amount, the provider could bill you for those added costs. This is called **balance billing** and it does not count towards your out-of-pocket maximum.

Emergency services and certain out-of-network provider fees received from in-network facilities are covered by the HPHC PPO as though they were in-network.



### For care outside of New England

- ▶ If you live outside of New England, you have the option to select the HPHC PPO or the HDHP.

If you are seeing a new provider, confirm that they are part of the UnitedHealthcare "Options" network. Providers may contact UnitedHealthcare at 866.569.4345 to confirm their network participation.



## For care outside of New England

- ▶ If you work outside of New England, you have the option to select the HPHC PPO or the HDHP.

If you are seeing a new provider, confirm that they are part of the UnitedHealthcare "Options" network. Providers may contact UnitedHealthcare at 866.569.4345 to confirm their network participation.

# High Deductible Health Plan (HDHP)

## OFFERS NATIONWIDE IN-NETWORK COVERAGE AND THE OPTION TO OPEN A HEALTH SAVINGS ACCOUNT

When you elect the HDHP, you can contribute to a Health Savings Account (HSA) to pay for qualified healthcare expenses tax-free.

### Contributions

Your bi-weekly contributions are lower than the HPHC PPO Plan, but your out-of-pocket costs may be higher. See Paying for Coverage on page 11.

### Cost of Care

You pay out-of-pocket for your medical expenses until you reach the annual deductible. Once the deductible is met, you pay a percentage of the cost of care (your coinsurance). Once you reach the out-of-pocket maximum, the plan pays 100% of eligible medical expenses. See the Health Plan Comparison chart for details.

- **Note:** The **individual deductible** only applies if you have Employee Only coverage. If you have enrolled family members, one or more family members combined must meet the **family deductible**.

### Primary Care Provider (PCP) and Referrals

You do not need to choose a PCP or obtain referrals to see specialists.

### In-Network

Hospitals and providers in the Harvard Pilgrim network (in New England) and the UnitedHealthcare "Options" network (outside of New England) are in-network for members on the HDHP.

### Out-of-Network

You can also receive care outside of the plan. You will first need to meet the out-of-network deductible before the plan begins to pay. You'll pay more for out-of-network providers. Emergency services and certain out-of-network provider fees received from in-network facilities are covered by the plan as though they were in-network.



## With this plan, there are three phases of coverage:

- 1 At the start of the plan year, you pay everything.**  
You don't pay copays at provider offices. Instead, you pay out-of-pocket for your medical expenses (including prescriptions) until you reach the Annual Deductible.
- 2 Then, the plan pays some and you pay some (coinsurance).**  
You pay a percentage of the cost of care **until the Out-of-Pocket Maximum is met**.
- 3 Finally, the plan pays everything.**  
Once you reach your Out-of-Pocket Maximum for the year, **the plan pays** for the cost of care. You continue to pay your bi-weekly contribution.

*Note: In-network and out-of-network have their own annual deductible and out-of-pocket maximum amounts.*

## HEALTH SAVINGS ACCOUNT

The HSA is a tax-advantaged bank account that works together with the medical plan. When you contribute to an HSA through payroll deductions, you can benefit from triple tax savings:

1. The money comes out of your paycheck tax-free.
2. Your funds grow tax-free and can be invested.
3. Money can be withdrawn tax-free when you pay for qualified medical expenses.

**Eligible expenses** include doctor visits, deductibles, coinsurance, copays, prescriptions, vision and dental expenses and more. Visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf) for a list of eligible expenses.

### How the HSA works

- You decide how much money to put into your HSA. Contributions can be adjusted at anytime throughout the year.
- Your HSA contributions are deducted from your paycheck tax-free.
- The funds can be used for eligible medical expenses this year or in the future.
- Unused funds roll over year to year and your HSA stays with you even if you switch employers, change medical plans or retire.
- You can invest a portion of your account balance in stocks or mutual funds to grow over time, and those investment earnings are tax free.

### Contributing to an HSA

When you enroll in the HDHP in Workday, you will gain access to also contribute to an HSA, and those funds will be sent to your account. You can choose the amount you'd like to contribute, up to the applicable annual contribution limit with Health Equity, the HSA plan administrator.

### Requirement to Spend Down Medical Flexible Spending Accounts

When you elect the HDHP, you may contribute to a Health Savings Account (HSA). An HSA is instead of a Medical FSA - you cannot have both. (If you still have funds in your Medical Flexible Spending Account, you must wait until those funds are used up before you can start contributing to your Health Savings Account.)

### Should I choose a high-deductible health plan?

Your decision will be highly individual. The right health plan depends on your financial situation, you and your family's health care needs, and your long-term goals. Considerations of the HDHP:

- Contributions are lower than the HPHC PPO Plan.
- The money you save paying lower contributions could help offset higher deductibles.
- Make sure you can afford a large medical bill at once to pay for the high deductible.
- You can contribute to a Health Savings Account with tax-free money.
- You like the idea of saving and investing HSA funds you don't use during the year.



## HSA Eligibility

You can contribute to an HSA:

- If you are covered under a High Deductible Health Plan (HDHP)
- You must not be enrolled in any other health plan including any part of Medicare including Part A ("the free one")
- You are not enrolled in or currently spending down funds from a regular Medical FSA, per federal guidelines.

## 2025 HSA Contribution Limits

- Individual**  
Set aside up to **\$4,300**.
- Family**  
Set aside up to **\$8,550**.
- If you are age 55 or older, you can make an additional contribution of **\$1,000** each year.



## For New Hires

- New hires must log in to Workday and **waive coverage** if you have coverage elsewhere.
- If you do **NOT** select a plan or **DO NOT waive coverage**, you will be defaulted into the BMC Select plan.
- ▶ **Employees outside of New England:** If you do **NOT** select a plan or **DO NOT waive coverage**, you will be defaulted into the HDHP plan.

All default enrollment will be at the individual coverage level for the remainder of the calendar year. Due to insurance industry rules, this will become your Primary Plan. You will need to file a Coordination of Benefits for every service not covered by your default plan.

# Included in Your Medical Coverage

## 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).

**Same Day Care options are available for just a \$10 copay.** View the Choosing the Right Care Option directory in the "Your Plan Options" section of [www.healthplansinc.com/bmc](http://www.healthplansinc.com/bmc).

- **Doctor on Demand:** Consult with a doctor via video from your phone or computer. Visit [doctorondemand.com/healthplans-inc](http://doctorondemand.com/healthplans-inc). For ease and convenience, download the app.
- **CVS Minute Clinics:** Clinics are available throughout the United States. For hours and locations, visit [www.cvs.com/minuteclinic](http://www.cvs.com/minuteclinic).
- **Urgent Care Centers:** Most local centers are part of our medical plans. Call HPI at **844.926.2262** to confirm.

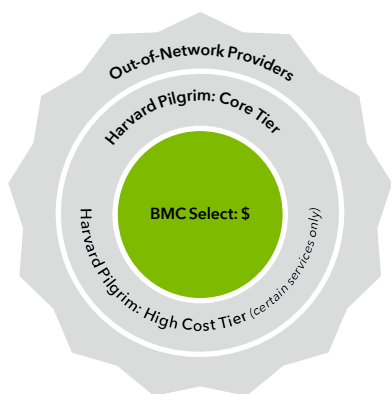
Note: BMC's Rapid Assessment Zone is part of the emergency department, and is not an urgent care center. Therefore, you will be charged the \$150 emergency room copay.

## PROVIDER NETWORKS

Our medical plans give you access to one or more provider networks.

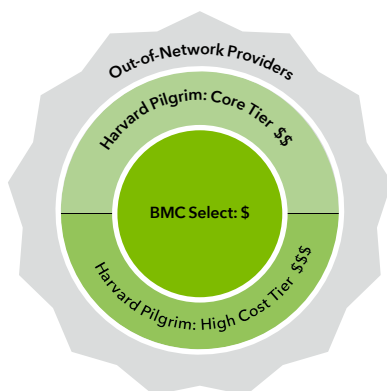
### BMC Select Plan

You have access to the BMC Select network.



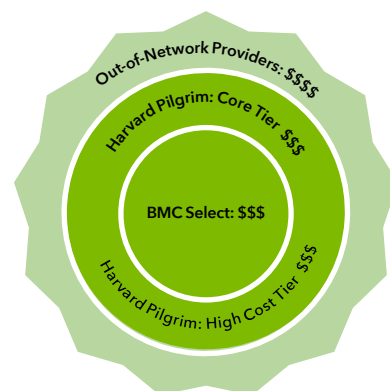
### BMC Tiered HMO

You have access to Harvard Pilgrim in-network providers.



### HPHC PPO & HDHP

You have access to Harvard Pilgrim providers\* plus out-of-network providers.



\* This includes UnitedHealthcare "Options" network providers outside New England.

## PAYING FOR COVERAGE

Most of the cost of your benefits are covered by BMCHS. The amount you pay depends on your scheduled hours, your plan, and the family members you cover.



Download this app for ease and convenience!

- **Doctor on Demand:** Consult with a doctor 24/7.

### Biweekly Employee Medical Contributions for 2025

Medical Plans	20 - 35 Hours per Week			
	Employee	Employee + Child(ren)	Employee Spouse	Family
<b>BMC Select</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
BMC HMO	\$153.06	\$275.50	\$352.03	\$512.75
HPHC PPO	\$166.57	\$299.83	\$383.12	\$558.02
HDHP	\$131.82	\$237.28	\$303.19	\$441.61

Medical Plans	36 - 40 Hours per Week			
	Employee	Employee + Child(ren)	Employee + Spouse	Family
<b>BMC Select</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
BMC HMO	\$76.53	\$137.75	\$176.02	\$256.37
HPHC PPO	\$83.29	\$149.91	\$191.56	\$279.01
HDHP	\$65.91	\$118.64	\$151.60	\$220.81

### Coverage for Dependents

- **Minor dependent children (under the age of 19)** must live in your plan's enrollment area, including for coverage on the BMC Select or BMC Tiered HMO. **The HPHC PPO and the HDHP covers minor children nationwide.**
- **Adult dependent children (ages 19-26)** can be covered on any plan, regardless of which state they live in or their student status. Call HPI at **844.926.2262** to register your child for out-of-area coverage and to receive a list of in-network providers. Your prescription drug benefits are part of your medical plan.



# Prescription Drug Benefits

## FILLING YOUR PRESCRIPTIONS

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You have the option of filling your prescriptions at a BMCHS pharmacy which includes Cornerstone Health Solutions, BMC's mail order service, or through pharmacies that belong to the Express Script's network. You save the most when you get your prescriptions filled at a BMCHS pharmacy. **You will pay less for copays** and have the convenience of filling your prescriptions right where you work!

### In Person Pickup

For acute medications (for short-term illness or infection), you may use on-campus pharmacies or a pharmacy close to your home that belongs to the Express Scripts network.

### ▶ Home Delivery

For maintenance medications, you will save money when you order refills for 90 days instead of 30 days. You may have your prescriptions delivered to your home through Express Scripts (**877.861.0376**) or through Cornerstone Health Solutions (**781.805.8220**).

### BMC Pharmacy Employee Concierge Program

Receive personalized service from a dedicated BMC pharmacy team member to take care of your pharmacy needs. They can help you sign up for mail order, transfer prescriptions to BMC, request a renewal or refill, and help address any prior authorization requirements with Express Scripts. To learn more about this free service or to sign up, email **DG-EmployeePharmacyServices@bmc.org** or stop by a pharmacy on campus.

## PRESCRIPTION DRUG COSTS

When you fill a prescription, your copay will depend on which tier the drug is in. Visit [www.express-scripts.com/bmc](http://www.express-scripts.com/bmc) to learn more. Please note, there is no coordination of benefits with the pharmacy program.

### PRESCRIPTION DRUG COPAYS FOR 2025

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	\$12	\$20	\$24	\$40
Tier 2 Drug	\$20	\$50	\$40	\$100
Tier 3 Drug	\$30	\$90	\$85	\$270
Tier 4 Drug* (Specialty)	\$30 (cost may be waived)	20% of cost, up to \$250	\$90 (cost may be waived)	20% of cost, up to \$750

\*copay is currently waived by the BMC Pharmacies for members on the BMC Select, BMC Tiered HMO, and HPHC PPO plan options.

### Prescription Drug Tiers

**Tier 1:** Composed mostly of generic drugs, which contain the same active ingredients as brand-name drugs but cost less. You can 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. The BMC pharmacies are currently waiving copays on Tier 4 drugs for members on the BMC Select, BMC Tiered HMO, and HPHC PPO plan options (not applicable to the HDHP).



### Lower Your Prescription Costs

Filling your prescriptions at a BMCHS pharmacy, including BMC's mail-order pharmacy Cornerstone, will save you 60% or more off your copays.

Contact Cornerstone at 781.805.8220 for assistance.



# Compare: BMC Select & BMC Tiered HMO Plans

These two medical plans offer in-area network coverage.

Plan Features	BMC Select at BMCHS	BMC Tiered HMO	
		Core Tier	High Cost Tier
<b>Annual Deductible</b>	none	\$500/person \$1,000/family	
<b>Out-of-Pocket (OOP) Maximum</b>	\$2,500/person \$5,000/family	\$4,000/person \$8,000/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).

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

Service	BMC Select at BMCHS	BMC Tiered HMO	
		Core Tier	High Cost Tier
<b>Preventive Care</b> (routine physical, mammograms, immunizations)	\$0 copay	\$0 copay	
<b>Primary Care Visits</b>	\$10 copay	\$25 copay	
<b>Specialist Office Visits</b>	\$10 copay	\$40 copay	
<b>Chiropractic Care</b> (limited to 16 visits per calendar year)	\$20 copay	\$25 copay	
<b>Acupuncture</b> (limited to 16 visits per calendar year)	\$20 copay	\$25 copay	
<b>Physical/Occupational Therapy</b>	\$10 copay	\$10 copay	
<b>Same Day Care</b>	\$10 copay	\$10 copay	
<b>ER Visit</b>	\$150 copay	\$150 copay	
<b>Emergency Admission</b>	\$0 copay	\$0 copay	

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

Service	BMC Select at BMCHS	BMC Tiered HMO	
		Core Tier	High Cost Tier
<b>Inpatient Hospital Services</b> (per admission)	\$0 copay	Deductible, then \$0 copay	Deductible, then \$750 copay**
<b>Skilled Nursing Facility</b> (up to 100 days per calendar year)	\$0 copay		\$0 copay
<b>Inpatient Rehab.</b> (up to 60 days per calendar year)	\$0 copay		\$0 copay





▶ These plans are not available to employees who live outside of New England.

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

Service	BMC Select at BMCHS	BMC Tiered HMO	
		Core Tier	High Cost Tier
Day Surgery	\$0 copay	Deductible, then \$0 copay	Deductible, then \$500 copay**
Laboratory Tests and X-rays	\$0 copay	\$0 copay	
Chemotherapy and Radiation Therapy (per visit)	\$0 copay	\$0 copay	
High End Radiology at a Physician's Office or Non-Hospital Facility	\$0 copay	Deductible, then \$50 copay	Deductible, then \$400 copay**
High End Radiology at a hospital	\$0 copay	Deductible, then \$100 copay	Deductible, then \$400 copay**

### When you need mental health drug and alcohol rehabilitation services:

Service	BMC Select at BMCHS	BMC Tiered HMO	
		Core Tier	High Cost Tier
Inpatient	Covered in Full	100% after deductible	
Outpatient	\$10 Copay	\$10 Copay	

### When you need maternity services:

Service	BMC Select at BMCHS	BMC Tiered HMO	
		Core Tier	High Cost Tier
Infertility Services	Depends on service provided	Depends on service provided	
Prenatal and Postpartum Care	\$0 copay	\$0 copay	
All Hospital Services for Mother (per admission)	\$0 copay	Deductible, then \$0 copay	Deductible, then \$750 copay**
Routine Nursery Charges for Newborn	\$0 copay	\$0 copay	

#### Copay

For some services, you may pay a flat fee at your physician's office, instead of paying a bill later.

#### Deductible

The amount you need to pay out of your pocket for covered health expenses before your plan begins paying a percentage of your costs.

#### Deductibles work differently depending on your plan:

- If a service such as hospitalization does not have a copay, you pay the provider bill.

- In the **BMC Select**, **BMC Tiered HMO** and the **HPHC PPO** plans, each person on the plan can meet an individual deductible.

- In the **High Deductible Health Plan**, the **individual deductible** only applies if you have Employee Only coverage. If you have enrolled family members, one or more family members combined must meet the **family deductible**.

#### Out-of-Pocket Maximum

The most you will pay each year before your plan begins paying most of your covered expenses - as long as you seek care in-network.

# Compare: HPHC PPO & High Deductible Health Plan

Both plans offer nationwide in- and out-of-network coverage.

Plan Features	HPHC PPO		HIGH DEDUCTIBLE HEALTH PLAN	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
<b>Annual Deductible</b>	\$1,500/person \$3,000/family	\$2,000/person \$5,000/family	\$1,650 for individual coverage \$3,300/family	\$3,300 for individual coverage \$6,600/family
<i>Medical/Rx combined applies to the deductible</i>				
<b>Out-of-Pocket (OOP) Maximum</b>	\$4,000/person \$8,000/family	\$4,000/person \$8,000/family	\$5,500/person \$11,000/family	\$11,000/person \$22,000/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). 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 provider or have an Emergency:

Service	HPHC PPO		HIGH DEDUCTIBLE HEALTH PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Preventive Care</b> (routine physical, mammograms, immunizations)	\$0 copay	Deductible, then 30% coinsurance	\$0 copay	Deductible, then 50% coinsurance
<b>Primary Care Visits</b>	\$50 copay	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance
<b>Specialist Office Visits</b>	\$65 copay	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance
<b>Chiropractic Care</b> (limited to 16 visits per calendar year)	\$20 copay	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance
<b>Acupuncture</b> (limited to 16 visits per calendar year)	\$20 copay	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance
<b>PT/Occupational Therapy</b>	\$20 copay	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance
<b>Same Day Care</b>	\$10 copay		Deductible, then 30% coinsurance	Deductible, then 50% coinsurance
<b>ER Visit</b>	\$150 copay		Deductible, then 30% coinsurance	
<b>Emergency Admission</b>	Deductible, then 20% coinsurance		Deductible, then 30% coinsurance	

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

Service	HPHC PPO		HIGH DEDUCTIBLE HEALTH PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Inpatient Hospital Services</b> (per admission)	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance
<b>Skilled Nursing Facility</b> (up to 100 days per calendar year)	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance
<b>Inpatient Rehab.</b> (up to 60 days per calendar year)	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance



▶ These plans are available to all employees, including those outside New England.

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

Service	HPHC PPO		HIGH DEDUCTIBLE HEALTH PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Day Surgery</b>	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance
<b>Laboratory Tests and X-rays</b>	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance
<b>Chemotherapy and Radiation Therapy</b> (per visit)	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance
<b>High End Radiology</b> at a Physician's Office or Non-Hospital Facility	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance
<b>High End Radiology</b> at a hospital	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance

### When you need mental health drug and alcohol rehabilitation services:

Service	HPHC PPO		HIGH DEDUCTIBLE HEALTH PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Inpatient</b>	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance
<b>Outpatient</b>	Individual: \$50 copay Group: \$10 copay	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance

### When you need maternity services:

Service	HPHC PPO		HIGH DEDUCTIBLE HEALTH PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Infertility Services</b>	Depends on service provided	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance
<b>Prenatal and Postpartum Care</b>	\$0 copay	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance
<b>All Hospital Services for Mother</b> (per admission)	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance
<b>Routine Nursery Charges for Newborn</b>	\$0 copay	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance

**\*\*Please Note:** The current High Cost Tier is comprised of Brigham and Women's Hospital, Boston Children's Hospital, Cape Cod Hospital, South Shore Hospital, UMass Memorial Medical Center, and Mass General Hospital.

# Dental Plans



## Choose a Plan

- Delta Dental Core has a lower premium but higher out of pocket costs.
- Delta Dental Enhanced has a higher premium but lower out of pocket costs.
- No dental plan.

## Download the Delta Dental App

- With the app, you can view your member ID card, find a dentist, view your coverage, claim history, and more.

Medical plan covers preventive services for children under the age of 13.

For more plan information go to [bmc.healthplansinc.com](http://bmc.healthplansinc.com) and view the Your Plan Options section. Choose from two Delta Dental plans

- **Delta Dental Core:** offers comprehensive coverage for all dental needs with a lower premium but a higher out-of-pocket costs when service are used.
- **Delta Dental Enhanced:** offers a higher level of coverage for members who prefer to have lower out-of-pocket costs by paying a higher premium.

## Provider Networks

Whether you select the Core or Enhanced Plan, you have the flexibility to access two different Delta Dental networks. Your out-of-pocket cost will depend on the network your dentist participates in.

- **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
- **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
- **Out-of-Network:** You can see an out-of-network dentist, however, you will likely pay more. All out-of-network claims must be submitted within one year of the date of service.



## Compare Dental Plan Costs

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

\*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

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

### Find a Provider

To find a provider visit [www.deltadentalma.com](http://www.deltadentalma.com) and click on “Find a Dentist”, or call **855-343-4275**.

### Teledentistry.com: Free Virtual Visits

**For urgent dental care advice.** If you need to consult with a dentist after hours or are traveling, Teledentistry.com dentists can diagnose the problem, provide treatment options, and refer you to a Delta Dental dentist for follow-up care. Visit [www.teledentistry.com/ddma](http://www.teledentistry.com/ddma).

### Discounts

Discounts are available on ZSonic toothbrushes and replacement heads, as well as with Amplifon on their hearing aids and network providers. Learn more at <https://deltadentalma.com/dental-plans/healthy-living-discounts>.

## PAYING FOR COVERAGE

### Biweekly Employee Dental Contributions for 2025

Dental Plans:	20 - 35 hour work week:			36 - 40 hour work week:		
	Employee	Employee + One	Family	Employee	Employee + One	Family
Delta Dental Core	\$17.49	\$36.86	\$56.20	\$15.65	\$32.04	\$54.35
Delta Dental Enhanced	\$23.11	\$48.05	\$66.76	\$21.27	\$46.20	\$68.61

# Vision Benefits



## Coverage Options

- Vision Care Plan**  
Provides coverage and discounts towards eyeglasses and contact lenses.
- No Vision Plan**  
You may use the medical plan for eye exams only.

## Download the App

- MetLife Mobile App

If you wear eye glasses or contact lenses, consider enrolling in the Vision Plan. Vision coverage is offered through MetLife's Davis Vision plan. For more information, view the Vision Plan Details brochure on [hub.bmc.org/employee-center/benefits-resource-center](http://hub.bmc.org/employee-center/benefits-resource-center).

## Vision Plan Comparison

When you use in-network providers and select frames and lenses in the "Davis Vision Collection", you receive a higher level of coverage.

Plan Provision	In-Network	Out-of-Network
Routine Eye Exams	\$5 copay at participating providers	\$95 allowance after copay
Eyeglass Frames	<b>Covered in full:</b> Frames from "Davis Vision's Collection" (up to \$160) <b>Frame allowance:</b> \$150 towards any frame (or \$200 when purchased at Visionworks) plus 20% off any balance	\$120 allowance
Eyeglass Lenses	Plan covers 100% for standard lenses, including progressives (Lens enhancements and premium lenses have copays ranging from \$12 to \$110)	Allowance dependent on type of lens. See Schedule of Benefits.
Contact Lenses (6-12 month supply)	<b>Exclusive collection:</b> \$0 copay <b>Non-collection:</b> 15% off	Allowance dependent on type of lens.

## Find a Provider

Visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) (and enter 'Boston Medical Center' as your employer) or call **833.393.5433**.

## PAYING FOR COVERAGE

### Biweekly Employee Vision Contributions for 2025

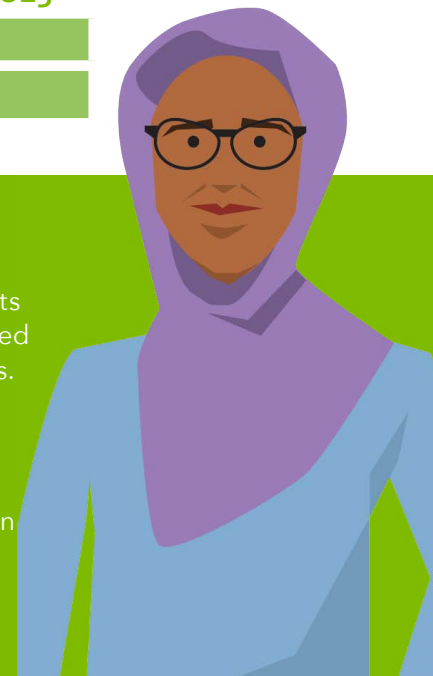
Davis Vision	Employee	Employee + One	Family
	\$2.29	\$3.90	\$4.62



## Should I Enroll in the Vision Plan?

Consider the following:

- Annual eye exams are available through our medical plans.
- Retail locations include Warby Parker, WalMart, Target Optical, Costco, Pearle Vision (select locations), and Visionworks.
- Estimate your annual vision costs for you and your family compared to the cost of your contributions.
- Are you planning to enroll in a Medical Flexible Spending Account to reimburse yourself, tax-free, for unreimbursed vision care expenses?



# Flexible Spending Accounts

Flexible Spending Accounts (FSAs) let you set aside money, tax-free, to pay for certain medical and day care expenses. You have access to two FSAs: a Medical FSA and a Dependent Daycare FSA.

**You must re-enroll each year** during Open Enrollment if you wish to participate in the next year. Changes to your 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:** The carryover limit for unused funds is limited to 20% of the current years IRS annual contribution limit.

**Reimbursement:** You receive a debit card to pay for eligible expenses at the time of service. You will be notified by email or mail if you are required to submit receipts. Or, you can pay out of pocket and submit claims for reimbursement to the FSA administrator.

**Eligible expenses:** Costs that your health plan does NOT cover, such as deductibles, coinsurance, copays, prescriptions, dental/vision expenses, as well as 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:** You are not able to carry over any unused funds from one calendar year to the next.

**Reimbursement:** If your provider allows, you may use the debit card to pay for eligible expenses. Otherwise, you pay for all services and then submit your claims for reimbursement to the FSA administrator.

**Eligible expenses:** Monies can be used for preschool, summer day camp, before- or after-school care programs, and child or adult daycare. The services must be necessary for you and/or your spouse to work and earn an income. Day care is eligible for reimbursement when it is provided for children under the age of 13 or for IRS-recognized disabled dependents of any age.

*Each year, BMCHS is required by IRS regulations to perform non-discrimination testing on the Dependent Daycare FSA 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.*



## 2025 Contribution Limits

- Medical FSA**  
Set aside up to \$3,300
- Dependent Daycare FSA**  
Set aside up to \$5,000

## For More Information

- Visit <https://hub.bmc.org/employee-center/benefits-resource-center>.

## Download the App

- Voya Health Account Solutions

## HSA Plan Enrollees

Participants in the HSA Plan are not eligible to enroll in both a traditional Medical FSA and an HSA per federal guidelines. You must use any carried over FSA balance you have before contributing to the HSA.



# Your Wealth

## Insurance, Retirement, and Financial Resources



### 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.

### 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.

It's important to plan even for the unthinkable. These insurance benefits help provide financial protection to those you care about.

## BASIC LIFE INSURANCE

### BMCHS 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.



## ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

### BMCHS 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).



#### 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



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

## Continuation of Life Benefits

If you are absent from work due to a disability leave for 6 or more months:

- and are under age 60, you will be offered a Waiver of Premium. If approved, your Life Insurance coverage will continue at no cost to you.
- and are age 60 or older, your Life Insurance coverage will end.
- You may convert your coverage to an individual policy or port your current coverage but you will be responsible for the premium. Contact Lincoln for more information.

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.

Leaves 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).

Leaves are also 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](http://www.mass.gov/paid-family-and-medical-leave-benefits) or call the Massachusetts Department of Family and Medical Leave at **833.344.7365**.

# Retirement Plan

Boston Medical Center Health System offers you the opportunity to save for retirement with the Boston Medical Center 403(b) Retirement Plan.

## BMC 403(B) RETIREMENT PLAN

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

**How it works:** After you are hired, 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 the first automatic withdrawal by calling TIAA at **800.410.6649**). The money is directed to a Life Cycle fund based on your expected year of retirement.

Changes to your investments and contribution elections can be made at any time following receipt of your first paycheck. 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 you're currently contributing, or update your beneficiary information, you may:

- Sign into Workday and click on the "Benefits and Pay" app, then click on "BMC 403(b) Retirement Plan" in the Suggested Link listing, or
- Call TIAA (**800.410.6649**) and make your elections/changes over the phone.



### Plan Features

- 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 the first automatic withdrawal, 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.



# Financial Resources

## FINANCIAL PLANNING

### Working Credit

Work one-on-one for free with a credit building financial coach to improve your credit score and manage your debt. The coach will review your credit report and score, create a personalized Credit Action Plan, and provide ongoing support to execute your Plan. Visit <http://info.workingcredit.org/join/bmc> or contact Kristin at [kristin@workingcredit.org](mailto:kristin@workingcredit.org) or call 314.252.8342.

### Certified Financial Planners & Certified Public Accountants

The Employee Assistance Program has CFP's and CPA's to assist you with retirement planning, estate planning, and more. Phone consultations are free and unlimited. Call 888.628.4824, Monday-Friday, 9 a.m. - 6 p.m.

## COLLEGE FINANCING

### Savi - Public Service Loan Forgiveness Support Program

Savi's online platform helps you track your activity and save money on your student loans in the short term and maximize long-term Public Service Loan Forgiveness (PSLF). They offer three plan tiers:

- **DIY:** free access to a personalized repayment calculator, forgiveness detection, and loan assessment tool
- **Essential:** get access to digitized applications and one-on-one support with annual paperwork to pursue PSLF, for \$70/year
- **Pro:** receive the services listed above, plus a personalized onboarding support session and dedicated phone support for \$150/year

Visit [www.tiaa.org/bmc/student](http://www.tiaa.org/bmc/student).

### Laurel Road Student Loan Refinancing

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](http://laurelroad.com/bmc).

## 529 SAVINGS PLANS

If you're trying to save for a loved ones future education, a 529 savings plan can be a great tool. Earnings and qualified withdrawals are state and federal income tax free. Employees may contribute via payroll direct deposit.

- **ScholarShare:** A low-fee option sponsored by TIAA. For more information visit [www.scholarshare.com](http://www.scholarshare.com) or call 800.544.5248.
- **U.Fund College Investing Plan:** MA residents can claim a MA state tax deduction (\$1,000 if single, \$2,000 if married). Visit [www.mefa.org/products/u-fund-college-investing-plan](http://www.mefa.org/products/u-fund-college-investing-plan).

Each state sponsors a plan, and most plans are available nationwide. Check your state for tax advantages.



### Working Credit is offered at no cost to employees!

Join a virtual workshop to start your credit building journey!

They are offered in both English and Spanish on a weekly basis. Visit [www.workingcredit.org/register](http://www.workingcredit.org/register) or scan the QR code below.



To sign-up for Working Credit, use phone camera and scan.

# Voluntary Supplemental Medical Benefits Overview



## Voluntary Plans

Once enrolled in a Voluntary Plan, it is managed directly through the insurer, Lincoln Financial.

Visit [LincolnFinancial.com](https://www.lincolnfinancial.com).

## These plans are not replacements for medical insurance!

The policies on this page or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable.

Voluntary supplemental medical benefits can help cover additional out-of-pocket costs if you are diagnosed with a critical illness, experience an accident or are hospitalized. The benefits are paid directly to you, allowing you to use the funds however you choose, even if you have other medical coverage.

## ACCIDENT INSURANCE

You can't always prevent accidents from happening, but you can reduce the financial impact. Accident Insurance pays benefits to you or your covered dependents for specified injuries and treatments resulting from a covered accident.

## CRITICAL ILLNESS INSURANCE

Critical Illness Insurance reduces the financial impact of a major illness, such as a heart attack, stroke or cancer. The policy pays a lump sum benefit directly to you if you or a covered family member is diagnosed with a covered condition.

## HOSPITAL INDEMNITY INSURANCE

Even with medical coverage, a hospital stay can cost thousands of dollars. Hospital Indemnity Insurance pays a benefit directly to you if you or a family member receives hospital care. Benefits can be used to offset deductibles, coinsurance and other out-of-pocket expenses.

### How to Enroll

Whether you are enrolling as a new hire or during an enrollment period, you can access enrollment through **Workday** (see page 2).



# Accident Insurance

## Accidents happen. You can take steps to reduce the financial impact.

Accident Insurance pays benefits directly to you if you suffer a covered injury. Benefits are paid even if you have other coverage. The benefit amount is calculated based on the type of injury, its severity, and the medical services required in treatment and recovery. **This plan is not a replacement for medical insurance.**

The plan covers a wide variety of injuries and accident-related expenses, including:

- Injury Treatment (fractures, dislocations, concussions, burns, lacerations, etc.)
- Hospitalization
- Physical Therapy
- Emergency Room Treatment
- Transportation

## PLAN FEATURES

- **Guaranteed Acceptance:** There are no health questions or physical exams required.
- **Family Coverage:** You can elect to cover your spouse and children.\*
- **24/7 Coverage:** Benefits are paid for accidents that happen on and off the job.
- **Portable Coverage:** You can take your policy with you if you change jobs or retire.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable.

*\*If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child.*

*\*If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.*



## Health Screening Benefit

The plan provides a \$50 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, etc.

## Example of How Accident Insurance Works

Carl trips playing basketball. He breaks an arm and chips a tooth, requiring a trip to the emergency department, physician follow-up visits, and physical therapy. Fortunately, Carl's Accident Insurance helps cover his medical costs, including the deductible and coinsurance.

Medical Service	Sample Benefit
Emergency Room	\$ 200
Fracture:	\$1,250
Broken Tooth:	\$ 350
Physician follow-up:	\$ 280 (\$140 each for two visits)
Physical Therapy	\$ 390 (\$65 each for six visits)
<b>Total Benefit</b>	<b>\$2,470</b>

*This is a representation only of potential medical claims and payout. See the plan details for the benefit schedule of your plan.*

# Critical Illness Insurance

**You can protect yourself from the unexpected costs of a serious illness.**

Critical Illness Insurance pays a lump sum, based on your benefit election, directly to you if you or a covered family member is diagnosed with a covered condition. The benefit is paid in addition to any other insurance coverage you may have. **This plan is not a replacement for medical insurance.**

## COVERED ILLNESSES INCLUDE:

- Heart Attack
- Stroke
- Cancer
- COVID-19
- Coronary Artery Bypass Surgery
- Major Organ Transplant
- End Stage Renal (Kidney) Failure

## PLAN FEATURES

- **Benefit Amount:** you can elect coverage of \$10,000, or \$20,000.
- **Guaranteed Acceptance:** There are no health questions or physical exams required.
- **Family Coverage:** You can elect to cover your spouse and children.\*
- **Portable Coverage:** You can take your policy with you if you change jobs or retire.

*\*If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child.*

*\*If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.*

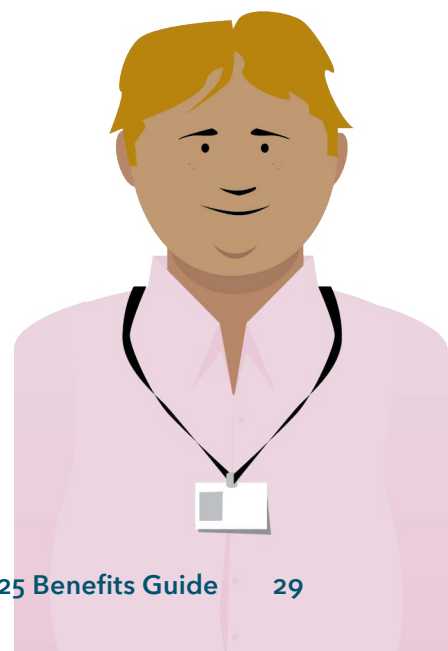


### Health Screening Benefit

The plan provides a \$50 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, etc.

### Example of How Critical Illness Insurance Works

When Sam had a heart attack, they were grateful the doctors were able to stabilize his condition but their out-of-pocket costs added up quickly. The good news is they received a lump sum payment of \$10,000 (which they elected during Open Enrollment) to help cover the expenses.



# Hospital Indemnity Insurance

## Receive payments to help cover the cost of a hospital stay.

If you are admitted into a hospital, it doesn't take long for out-of-pocket costs to add up. Hospital Indemnity Insurance pays benefits directly to you if you are admitted into a hospital for care or childbirth. Benefits are paid even if you have other coverage. You receive a benefit as soon as you are admitted and then an additional benefit based on the number of days you are confined to the hospital. **This plan is not a replacement for medical insurance.**

You can pick the level of coverage you'd like and then enroll in one of four tiers: employee only, employee and spouse, employee and child, and family coverage (employee, spouse, and all children).

## PLAN FEATURES

- **Guaranteed Acceptance:** There are no health questions or physical exams required.
- **Family Coverage:** You can elect to cover your spouse and children\*.
- **Payroll Deduction:** Premiums are paid through convenient payroll deductions.
- **Portable Coverage:** You can take your policy with you if you change jobs or retire.

*\*If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child.*

*\*If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.*

## What qualifies as a hospital indemnity event?

A hospital indemnity event is admission or confinement to a hospital or other facility for a covered injury, sickness, or childbirth, lasting 20 consecutive hours or more. Payments are made in a lump sum, with admission required after the effective date of coverage.

## Submitting Claims

Claim forms are available at [LincolnFinancial.com](http://LincolnFinancial.com) and can be submitted by:

Email: [FileClaim@LFG.com](mailto:FileClaim@LFG.com)  
Phone: 800.423.2765  
Fax: 877.843.3950  
Mail: The Lincoln National Life Insurance Company  
PO Box 2609  
Omaha, NE, 68103



## Health Screening Benefit

The plan provides a \$50 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, etc.

## Hospital Indemnity Insurance

Taylor is injured in a car accident and is in the hospital for four days. She is then moved to a rehabilitation unit for three additional days. With Hospital Indemnity Insurance, she receives a benefit for being admitted into the hospital and a benefit for each day of her in-patient and rehab stays.

<u>Medical Service</u>	<u>Sample Benefit</u>	<u>Total</u>
BMC Hospitalization	\$1,000 per admission	\$1,000
Hospital Confinement	\$100 per day (4 days)	\$300*
<b>Total Sample Benefit</b>		<b>\$1,300</b>

*\* Benefits begin on 2nd day of confinement.*

*This is a representation only of potential medical claims and payout. See the plan details for the benefit schedule of your plan.*





# Your Wellbeing

Programs and support for you and your family.



## Coverage Options

- Legal Plan**  
Provides comprehensive access to legal services for a bi-weekly premium.
- No Legal Plan**  
EAP provides limited free legal services.

## LEGAL PLAN

When you enroll in the MetLife Legal Plan, you and your eligible dependents can receive legal services such as document preparation, creating a will, immigration assistance, debt matters, and more. The only cost is a per pay period payroll deduction. To learn more, call **800.821.6400** or visit **legalplans.com**. You must enroll in Workday as a new hire, during Open Enrollment, or after a qualifying event.

## CIRCLES CONCIERGE SERVICE

Contact Circles, the personal assistant program, 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. To place a request, call **877.231.0456**, email **bmcsupport@circles.com**, or visit **my.circles.com** (use code "circlesBMC").

## CARE.COM

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

**Free Premium Membership:** Free access to find pre-screened caregivers for ongoing child, adult, pet, and household needs. Call **855.781.1303**, visit **bmc.care.com**, or download the "Care@Work" app.

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP provides employees and their families with confidential counseling and referrals on behavioral health, substance use, smoking cessation, family problems, stress, and more. Visit **guidanceresources.com** (Username: LFGSupport, Password: LFGSupport1). Call **888.628.4824**.

## EMPLOYEE RESILIENCE PROGRAM

The Employee Resilience Program provides support for employees. Email: [resilience@bmc.org](mailto:resilience@bmc.org), phone: **617.414.4357**, or pager: **8010**.

- **Short-Term Individual Support** for work-related issues.
- **Care Navigation** to employee Behavioral Health Benefits for long-term counseling & Social Support Resources such as food and family issues.
- **Team & Department training sessions** on Stress, First Aid, Conflict Resolution, Mindfulness, and more.

## 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 individual needs. Get started at [www.trydaylight.com/bmc](http://www.trydaylight.com/bmc).

## ASTHMA CARE REWARDS

For members of an employee medical plan, this free program offers support to help you manage your asthma. The program consists of six virtual or phone sessions with a Health Coach. Participants can earn eligibility for \$0 copays on generic asthma medication and inhalers. Enroll at [enroll.trestletree.com](http://enroll.trestletree.com) or call **866.234.4635**.

## DIABETES CARE REWARDS

For members of an employee medical plan, this free program helps those with diabetes effectively manage their condition. By meeting program requirements, diabetes medication and supplies are free. Call **800.643.8028** or enroll at [goodhealthgateway.com](http://goodhealthgateway.com) and select "Boston Medical Center."

## HYPERTENSION CARE REWARDS

For members of an employee medical plan, a Health Coach can teach you how to make lifestyle changes to bring your numbers down to a healthy level, and can give you a free blood pressure monitor and your generic high blood pressure medications for a \$0 copay. Enroll at <http://enroll.hpiachievehealth.com> (and search for "Boston Medical Center") or call **866.234.4635**.

## ACHIEVEHEALTH COACHING

Members of an employee medical plan have free and unlimited access to a Personal Health Coach. Whether you are trying to eat better, quit smoking, stick to a fitness program, manage a chronic health condition, or reduce stress, a Health Coach can help you manage your short- or long-term health related goals. Enroll at <http://enroll.hpiachievehealth.com> (and search for "Boston Medical Center") or call **866.234.4635**.

## BURNALONG

Burnalong offers free live and on-demand fitness classes for people of all ages and fitness levels. Each employee can invite four friends or family members to join for free. A Burnalong coach ([coach@burnalong.com](mailto:coach@burnalong.com)) is also available to help create a customized program and fitness routine. Activate your free account at [join.burnalong.com/BMC](http://join.burnalong.com/BMC).

## SLEEPIO

This 6-week 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](http://sleepio.com/bmc).

## EMPLOYEE DISCOUNTS

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### BMCHS Direct Discounts

Save on gym memberships, theatre, ski resorts, mortgages and banking, cell phone providers, transportation, and travel. Visit: <https://hub.bmc.org/employee-center/benefits/employee-discounts>.

### Working Advantage

Employees have access to the Working Advantage discount network where you can save up to 60% at amusement parks, movie tickets, retailers, and more. Call Working Advantage Customer Service at **800.565.3712**, or contact a vendor directly. Register at [workingadvantage.com/bmc](http://workingadvantage.com/bmc).

### Auto and Home Insurance

Get discounted rates off auto and home insurance through payroll deduction.

- Farmers Insurance: **800.438.6381** (Discount Code: "BVO")
- Liberty Mutual: **800.730.6975** (Client Number: "300332")

### Cafeteria Discounts and Convenient Pay Option

Receive a 20% discount with a valid employee ID at the BMC hospital campus cafeterias. You may also swipe your ID badge at the cafeterias or BMC pharmacies to use Quickcharge to pay for purchases. Any purchases made using Quickcharge will be deducted from your next paycheck.

### Pet Insurance

Find discounted pet insurance through Nationwide's "My Pet Protection" plans. Visit any veterinarian and receive reimbursements for eligible vet bills. This includes unlimited 24/7 phone access to a veterinary professional for advice on routine care or urgent care matters. Optional wellness coverage for dental cleaning, vaccinations, and other preventive services is also available. For a quote and to enroll, visit [benefits.petinsurance.com/bmc](http://benefits.petinsurance.com/bmc). (To enroll your bird, rabbit, reptile, or other exotic pets, call **877.738.7874**).



# Commuting to Work

Ease the cost and stress of commuting to work with these programs.

## DISCOUNTED MBTA PASSES THROUGH COMMUTER BENEFIT SOLUTIONS (CBS)

Employees 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](http://commutercheckdirect.com) (Company ID: 1535), or call **888.235.9223**. 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 & TRANSPORTATION SERVICES

To sign up for the following programs, contact the Parking Office. Visit them at 710 Albany Street, Monday - Friday, 7 a.m. - 5 p.m. or call **617.638.4915**. Visit [www.bumc.bu.edu/parking/](http://www.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](http://www.bumc.bu.edu/parking/parking/permits-rates).
- **Bike Registration and Parking:** Register your bike for free access to the secure bike cage behind the 710 Albany Street garage.
- **Subsidized Bluebikes Membership:** Get around fast with discounted memberships for Bluebikes - the Boston area's bike share system for a discounted rate of \$75.50/year. Visit [member.bluebikes.com/group/bmc](http://member.bluebikes.com/group/bmc) and use program code "BikeBMC" and your BMC email address to register.
- **Zipcar Membership Discount:** Zipcar offers members hourly car rental rates that include gas and insurance. For employees, Zipcar waives the application fee and charges just \$35 for the first year of membership (normally \$70). Visit [www.zipcar.com/universities/boston-university-medical-campus](http://www.zipcar.com/universities/boston-university-medical-campus) and use your BMC email address to sign up.
- **Personalized Commuter Assistance:** Could your commute be faster or cheaper? Fill out an online form and Parking & Transportation Services will respond with personalized suggestions for other commute options.



## A Better City and GoMassCommute

BMCHS is a member of A Better City, a Transportation Management Association (TMA) which gives our employees access to their GoMassCommute platform and all its benefits, including:

- Guaranteed Ride Home
- Bike Benefits
- Prize Drawings
- Other Commute Incentives

Sign up today by visiting [abctma.com](http://abctma.com).

# Employee Resource Guides

In addition to the programs listed in this guide, the Benefits Team has created a series of Employee Resource Guides. The guides are available in the Human Resources department or online at [hub.bmc.org/employee-center/employee-wellbeing/employee-wellbeing-resource-guides](https://hub.bmc.org/employee-center/employee-wellbeing/employee-wellbeing-resource-guides).

## Adult and Elder Care

Caring for an aging loved one can be challenging and emotional. This guide provides a listing of benefits that can assist you and your family throughout this process.

## 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 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.

## Divorce Support: Wellbeing Resources and Benefit Updates

When going through a divorce, there can be major impacts to many areas of your life including financial, family care, housing, and behavioral health issues. This guide will help you address these topics and Workday transactions.

## Financial Fitness

There are many aspects that go into creating a strong and secure financial future, such as improving your credit, saving money for retirement, and setting aside money for emergency expenses. This guide provides details on employee benefits and programs that can support you through these topics, and more!

## Homebuying

The 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.

## Immigration

Find support resources for employees and their family members at BMC and in the community. It also includes information on benefits on the employee medical plan members applying for a permanent resident status.

## Improve Your Health

Managing your health means a better quality of life. This guide contains a listing of wellness experts to help you make the changes you need to optimize your health.

## Loss, Stress, & Bereavement

Losing a loved one can be an extremely difficult and life-changing experience. This guide includes a listing of wellbeing resources for you and your family members, tangible steps to take to ensure your assets and documentation are in order, and a click-by-click guide of how to make the necessary updates to your benefits and personal information in Workday.

### **Mental Health and Addiction Services**

BMC is a recognized leader in mental health and addiction medicine. 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.

### **Military Service Reservists and Veterans**

National Guard, Reservists, families of Active Duty Members, and Veterans all face a unique set of challenges in the workplace. This guide outlines the many resources that are available to support you and your family.

### **Pet Resource Guide**

Resources include pet insurance, discounted pet supplies as well as assistance in finding pet services such as groomers, dog walkers, and vacation planning with your pet.

### **Resource Guide for Parents**

This guide 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**

The Employee Resource Guide for Parents of Adopted or Fostered Children includes a listing of benefits, discounts, services, and information to make your family life easier.

### **Retirement Readiness**

This 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.

### **Resources to Support Women's Health Needs**

This guide provides information on benefits and resources to support health needs, including family planning, fertility, and menopause. Together We Can Thrive.

Find resources for housing, food, transportation, childcare, education and legal services from BMC programs, community services, and benefits that are exclusive to employees.

### **Transgender**

This guide contains medical and general information on support services at BMC and in the community for transgender and gender non-conforming employees, as well as their family members.

### **Wellbeing Guide**

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.

These benefits are subject to the plan's generally applicable deductible, copays, coinsurance, and other cost-sharing.

## 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](http://healthplansinc.com/bmc).

## Gender Affirmation Surgery

Gender affirmation 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 at 960 Massachusetts Ave., 3rd Floor, 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](http://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](http://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](http://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, 2024. Contact your State for more information on eligibility.

#### **ALABAMA - Medicaid**

Website: <http://myalhipp.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**

GA HIPP: Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
Phone: 678-564-1162, Press 1  
GA CHIPRA: Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>  
Phone: (678) 564-1162, Press 2

#### **MAINE - Medicaid**

Enrollment Website:  
[https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)  
Phone: 1-800-442-6003, TTY: Maine relay 711  
Private Health Insurance Premium Webpage:  
<https://www.maine.gov/dhhs/ofi/applications-forms>  
Phone: 1-800-977-6740,  
TTY: Maine relay 711

#### **MASSACHUSETTS - Medicaid and CHIP**

Website: <https://www.mass.gov/masshealth/pa>  
Phone: 1-800-862-4840, TTY: 711  
Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

#### **NEW HAMPSHIRE - Medicaid**

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  
Phone: 603-271-5218  
Toll free number for the HIPP program:  
1-800-852-3345, ext. 15218  
Email: [DHHS.ThirdPartyLiabi@dhhs.nh.gov](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

#### **NEW JERSEY - Medicaid and CHIP**

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
Phone: 1-800-356-1561  
CHIP Premium Assistance Phone: 609-631-2392  
CHIP Website: <http://www.njfamilycare.org/index.html>  
CHIP Phone: 1-800-701-0710 (TTY: 711)

#### **NEW YORK - Medicaid**

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

#### **NORTH CAROLINA - Medicaid**

Website: <https://medicaid.ncdhhs.gov/>  
Phone: 919-855-4100

#### **PENNSYLVANIA - Medicaid and CHIP**

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>  
Phone: 1-800-692-7462  
CHIP Website: Children's Health Insurance Program (CHIP) ([pa.gov](http://pa.gov))  
CHIP Phone: 1-800-986-KIDS (5437)

#### **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: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services  
Phone: 1-800-440-0493

#### **WEST VIRGINIA - Medicaid and CHIP**

Website: <https://dhhr.wv.gov/bms/http://mywvhipp.com/>  
Medicaid Phone: 304-558-1700  
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

#### **U.S. Department of Labor**

##### **Employee Benefits Security Administration**

[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

*In the event of an inconsistency between the information provided here and the official plan policies or documents, the plan policies or documents will govern.*



# Contacts

Flex Benefits	Vendor	Group #	Contact	Website
HR Connect			617.638.8585 HRConnect@bmc.org	Workday
BMC Select Plan, BMC Tiered HMO, HPHC PPO, HDHP	HPI	B87	844.926.2262	healthplansinc.com/bmc*
Pharmacy	Express Scripts	B87	877.861.0376	www.express-scripts.com/bmc*
Delta Dental Core	Delta Dental	0152539901	855.343.4275	www.deltadentalma.com*
Delta Dental Enhanced	Delta Dental	0152539902	855.343.4275	www.deltadentalma.com*
Vision Plan	MetLife	149214	833.393.5433	www.mybenefits.metlife.com*
Life and AD&D	Lincoln	09-LF0114	844.869.3474	hub.bmc.org/employee-center/benefits
STD & LTD and Leave of Absences	Lincoln	09-LF0114	844.869.3474	www.lincolnfinancial.com (register with BostonMC)
Dependent Eligibility Verification	Dependent's Specialists, Inc.	BMCHS	888.374.0150	https://dsverify.com
FSA's	Voya	BMCHS	833.262.0007	myhealthaccount.voya.com*
HSA	HealthEquity	BMCHS	877.826.6882	www.healthequity.com/learn/bmch
Legal Plan	MetLife	BMCHS	800.821.6400	www.legalplans.com
COBRA	Voya	BMCHS	833.262.0007	premiumbilling.benstrat.com
Financial Benefits	Vendor	Group #	Contact	Website
403(b) Retirement Plan	TIAA	100910	800.410.6649	Workday -> Benefits and Pay app -> BMC 403(b) Retirement Plan*
Credit Building Program	Working Credit	BMCHS	314.252.8342	http://info.workingcredit.org/join/bmc
529 College Savings Plan	ScholarShare	BMCHS	800.544.5248	www.scholarshare.com
Student Loan Assistance	Savi	BMCHS	833.604.1226	www.tiaa.org/bmc/student
Student Loan Refinancing	Laurel Road	BMCHS	855.245.0989	www.laurelroad.com/bmc
Accident, Critical Illness, Hospital Indemnity Insurance	Lincoln Financial	BMCHS	844.869.3474	www.lincolnfinancial.com
Wellbeing Benefits	Vendor	Group #	Contact	Website
Employee Assistance Program	ComPsych	BMCHS	888.628.4824	www.guidanceresources.com UN: LFGSupport, PW: LFGSupport1
Employee Resilience Program	BMC	BMCHS	resilience@bmc.org	https://hub.bmc.org/employee-center/employee-wellbeing/employee-resilience-clinicians
Backup Care	Care.com	BMCHS	855.781.1303	bmc.care.com*
Personal Assistant Program	Circles	BMCHS	877.231.0456	my.circles.com* Register with code: circlesBMC
Health Coaching	AchieveHealth	B87	866.234.4635	http://enroll.hpiachievehealth.com (search for "Boston Medical Center")
Diabetes Management	Good Health Gateway	BMCHS	800.643.8028	goodhealthgateway.com select "Boston Medical Center."
Sleep Improvement	Sleepio	BMCHS	hello@sleepio.com	www.sleepio.com/bmc*
Digital Therapy App	Daylight	BMCHS	hello@trydaylight.com	www.trydaylight.com/bmc
Online Fitness	Burnalong	BMCHS	customercare@burnalong.com	join.burnalong.com/BMC
Additional Benefits	Vendor	Group #	Contact	Website
BMC Transportation	BMC-BUMC Parking & Transportation Svcs.	BMCHS	617.638.4915	www.bumc.bu.edu/parking/
MBTA	Commuter Benefit Solutions	BMCHS	888.235.9223	www.commutercheckdirect.com* Company ID: 1535
Employee Discounts	Working Advantage & various vendors	BMCHS	800.565.3712	workingadvantage.com/bmc & hub.bmc.org/employee-center/benefits
Auto & Home Insurance	Farmers Liberty Mutual	BVO 300332	800.438.6381 800.730.6975	www.myautohome.farmers.com www.libertymutual.com/bmchs
Pet Insurance	Nationwide	BMCHS	877.738.7874	benefits.petinsurance.com/bmc

\* Website can also be accessed through the Benefits and Pay app in Workday.