

2018 Guide to Benefits For Staff



Our Commitment to You.

Employee health and wellbeing is critically important to who we are as an organization. We hold ourselves to a high standard when it comes to delivering outstanding patient care and we hold ourselves to that same standard when delivering health benefits to our employees.

Our commitment to you is to provide you and your family with exceptional health care options and the means and ability to secure savings for retirement.

This guide is designed to assist you in making the best benefit choices for you and your family. It provides key information on the various aspects of the plans and helps you sort through your options. Please review the material, discuss it with your family, and make an informed choice when selecting coverage.

Additional benefit details can be found in the Plan documents, available from the Benefits Office, HR Intranet or you may also contact each plan. If you have any additional questions, please call the BMC Benefits Office at 617-638-8500.

Thank you for choosing BMC.

Lisa Kelly-Croswell
Senior Vice President &
Chief Human Resources Office



For Flex Benefits Enrollment in Workday

When you enroll in flex benefits in Workday, you'll have a chance to make elections in the following order – listed here with the page numbers for more information.

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Enrolling in Benefits

WHO IS ELIGIBLE

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

Your eligible dependents include:

- **Your legal spouse;**
- **Your legal children and stepchildren** up to the age of 26;
- Your legal children of any age who are physically or mentally disabled and **dependent on you** for their support, provided they became disabled before age 26; and
- **Your covered child's child** until their parent turns age 19 or is no longer a covered dependent, whichever comes first.

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

ENROLL IN WORKDAY

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

- For New Hire and Open Enrollment elections, go to your Workday Inbox.
- For mid-year changes and updating your 403(b) Retirement elections, go to the Benefits worklet.
- Download a click-by-click guide on how to enroll from the HR Forms intranet page.
- Watch a short video on how to enroll at bostonmedical.a.guidespark.com.



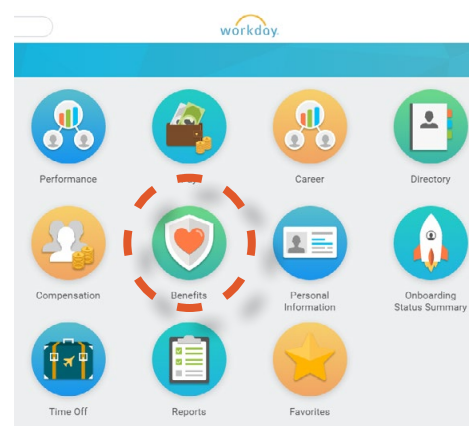
What are Flex Benefits

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

Workday Inbox for New Hire and Open Enrollment



Benefits worklet for Mid-year changes



WHEN TO ENROLL

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

1 When you are newly hired

If you are a new hire, you have **30 days from your hire date** to elect your benefits. Your benefits begin the first of the month following 30 days of employment.

2 During Open Enrollment

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

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

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

3 If you experience a Qualifying Life Event

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

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



things to
know

Changing your benefits mid-year

If you or a family member experience a Qualifying Life Event, you can make IRS-allowable changes to your benefits:

- Request a change online at www.myworkday.com/bmc. Be prepared to upload supporting documentation.
- Submit your request within 30 days of the event.
- The Benefits Office will review your request and documentation to see if you qualify to make your requested changes.

You cannot change your benefits mid-year if:

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

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



Your Health

Medical, Prescription, Dental, and Vision Plans

BMC offers three comprehensive medical plans. Depending on which plan you choose, you will have different contributions out of your paycheck, pay different amounts when you receive care, and have access to different networks of providers.

BMC SELECT

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

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

Contributions: There are no payroll contributions.

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

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

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

Out-of-Network Coverage: There is no coverage for services received outside the BMC Select network – with a few exceptions, like ER, urgent care, behavioral health, dialysis, or services BMC doesn’t provide, like chiropractic and pediatric dental.



Provider Networks

Each of our medical plans gives you access to one or more provider networks. The wider the network, the more you pay for care: from nothing at BMC to balance billing out-of-network.

	BMC Select	Tiered HMO	HPHC PPO
BMC Select Network	\$	\$	\$\$\$
HPHC Network	-	\$\$	\$\$\$
Out-of-Network	-	-	\$\$\$\$
Same Day Care	\$	\$	\$
ER	\$\$	\$\$	\$\$

BMC TIERED HMO

Your Choice of Care. Priced by Tier.

With this plan, you have access to the Harvard Pilgrim network. Providers and hospitals are placed into one of three pricing tiers, with Tier 1 (BMC Select network) being the most affordable. The majority of providers and hospitals are Tier 2, which is mid-cost. Tier 3 has the highest-cost providers. You do not select a tier, but instead have access to providers on any tier.

Contributions: You will pay weekly contributions – see Paying for Coverage on page 8.

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

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

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

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

HPHC PPO

National Network. Premium Pricing.

The Harvard Pilgrim Health Care PPO is designed for members who may need to use specific out-of-network providers. Costs are higher, especially outside of the Harvard Pilgrim network.

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

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

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

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

Out-of-Network Coverage: If you use out-of-network benefits, you may be responsible for added costs above what your plan covers. In addition, those costs count towards a separate out-of-pocket maximum.

Decide on a PLAN:

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

To consider:

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

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

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

Provider Networks

CHOOSING WHERE YOU RECEIVE CARE

When you visit a provider or hospital, your costs will depend on two things: the plan you are enrolled in and the network your provider is in. Where you go for care makes a big difference – see the Plan Comparison on pages 10 and 11. Keep in mind that low-cost Same Day Care options are available across all plans.

BMC Select network

- These providers **cost little or nothing** for members in the **BMC Select** and **BMC Tiered HMO** plans.
- They are considered **Tier 1** under the BMC Tiered HMO.

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

Care outside the BMC Select network

For members on the BMC Select and BMC Tiered HMO plans, chiropractic services, behavioral health, dialysis and pediatric dental within the Harvard Pilgrim network are all treated as part of the BMC Select network. For services not provided by BMC, you may submit a request by contacting member services for an “extra-contractual” payment.

Harvard Pilgrim (lower cost network)

- These providers offer the **most affordable care outside of BMC**, considered **Tier 2** for members in the **BMC Tiered HMO** plan.
- They are **not** covered by the BMC Select plan; they **are** covered under the HPHC PPO.

This network includes most of the providers and hospitals in Harvard Pilgrim’s network – the vast majority of Massachusetts providers.

Harvard Pilgrim (higher cost network)

- These providers are available to members on the **BMC Tiered HMO** plan, and are considered **Tier 3**.
- They are **not** covered by the BMC Select plan; they **are** covered under the HPHC PPO.

This network includes the providers and hospitals in Harvard Pilgrim’s network that are more costly for the services they provide.



Who’s in the BMC Select network:

1. All BMC providers

2. Boston HealthNet

Community Health Centers:

Dorchester: Codman Square Health Center, Dorchester House Multi-Service Center, Upham’s Corner Health Center

East Boston: East Boston Neighborhood Health Center

Mattapan: Mattapan Community Health Center

Roslindale: Greater Roslindale Medical and Dental Center

Roxbury: Whittier Street Health Center

South Boston: South Boston Community Health Center

South End: South End Community Health Center

Not all providers in the HealthNet Community Health Centers are part of the BMC Select Network. Call 844-926-2262 or visit healthplansinc.com/bmc to confirm.

3. BU Affiliated Providers

Copley Square
Charles River (Commonwealth Ave)
Norwood

Out-of-Network Care

- Care outside of the Harvard Pilgrim network is only available to members of the **HPHC PPO** plan.

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

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

BENEFITS ACROSS ALL PLANS

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

Need a same day appointment and your PCP isn't available, or you're traveling away from home? These two same-day options cost the same as a doctor's visit:

Stand Alone Urgent Care: Urgent Care facilities or Convenience Care Centers (such as CVS Minute Clinics) can usually see you same-day. Find one nearby at: healthplansinc.com/bmc.

Doctor on Demand: You and covered family members can consult with a doctor live using online video from your phone or computer.

Visit www.doctorondemand.com/health-plans-inc for details.

Coverage for Dependents

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

Adult dependent children (ages 19-26) can be covered on any plan, regardless of which state they live in. Please call HPI at 844-926-2262 to register your child for out-of-area coverage and to receive a list of available providers.



Sign up for MyChart

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

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

CHOOSING YOUR PRIMARY CARE PROVIDER

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

In the BMC Select plan:

You need to choose a PCP, but you won't need referrals for specialty care covered under the plan. If you don't already have a PCP who participates in the BMC Select network, you can choose one after you enroll, or HPI will assign one to you. You can change your PCP at any time by calling HPI's Member Services Department at the phone number on your ID card, 844-926-2262.

In the BMC Tiered HMO plan:

You need to choose a PCP – and you must get referrals for most kinds of specialty care. Your PCP and specialists can be in different coverage tiers. Otherwise, your PCP functions the same as in the BMC Select plan.

In the HPHC PPO plan:

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

PAYING FOR COVERAGE

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



Is my doctor in-network?

Go to www.healthplansinc.com/bmc or call 844-926-2262 to find which tier your providers and hospitals have been assigned and see what your out-of-pocket costs will be.

Covering Family

In 2018, we are offering four coverage levels:

- Employee: Yourself
- Employee + Child(ren): You and one or more children
- Employee + Spouse: You and your spouse
- Family: You, a spouse, and one or more children

Weekly Medical Contributions for 2018

Medical Plans:	20 – 35 hour work week:				36 – 40 hour work week:			
		Employee	Employee			Employee	Employee	
	Employee	+ Child(ren)	+ Spouse	Family	Employee	+ Child(ren)	+ Spouse	Family
BMC Select	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
BMC Tiered HMO	\$55.35	\$99.63	\$116.71	\$173.92	\$27.68	\$49.82	\$58.35	\$86.96
HPHC PPO	\$60.24	\$108.43	\$129.98	\$194.17	\$30.12	\$54.21	\$65.00	\$97.09

Prescription Drug Benefits

Your prescription drug benefits are the same, regardless of which BMC medical plan you choose.

Where can I get my prescriptions filled?

You have the option of filling them at one of the BMC pharmacies or through pharmacies that belong to Express Script's network.

You save the most when you get your prescriptions filled at one of the BMC pharmacies. **You can save 60%-70% off your copays** and have the convenience of filling your prescriptions right where you work! There's even a concierge program that **delivers your medications directly to you at your work site or to your home.** The BMC pharmacies can also assist you with transferring your current prescriptions to their locations.

For maintenance medications, you will save when you order refills for 90 days instead of 30 – either at a BMC pharmacy or mail order.

What do prescriptions cost?

Prescription drugs are divided into tiers, just like medical providers. When you fill a prescription, your copay will depend on which tier the drug is in. For more information visit healthplansinc.com/bmc.

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

Copay for:	30-Day Supply		90-Day Supply	
	BMC Pharmacies	Other Pharmacies	BMC Pharmacies/ BMC Mail Order	Other Mail Service
Tier 1 Drug	\$5	\$20	\$10	\$40
Tier 2 Drug	\$10	\$35	\$20	\$70
Tier 3 Drug	\$20	\$50	\$60	\$150



BMC Pharmacies

BMC Mail Order Pharmacy:
781-805-8220

- M-F: 7:00 AM – 6:00 PM

Employee Pharmacy at Yawkey: 617-414-4883

- M-F: 9:00 AM – 8:00 PM
- Sat: 9:00 AM – 4:00 PM

Doctor's Office Building:
617-638-8130

- M-F: 8:00 AM – 6:00 PM

Shapiro Pharmacy:
617-414-4880

- M-F: 7:00 AM – 7:00 PM
- Sat: 9:00 AM – 5:00 PM
- Sun: 10:00 AM – 3:00 PM

Connect with a BMC Pharmacist

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

DG-EmployeePharmacyServices
@bmc.org

Health Plan Comparison

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

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

When you visit a doctor or have an emergency:

Service	BMC Select at BMC	BMC Tiered HMO			HPHC PPO	
		Tier 1	Tier 2	Tier 3	In-Network	Out-of-Network
Preventive Care (routine physical, immunizations)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Covered 100%	Deductible, then 20% coinsurance
Primary Care Visits	\$5 copay	\$5 copay	\$20 copay	\$50 copay	\$50 copay	Deductible, then 20% coinsurance
Specialist Office Visits	\$5 copay	\$5 copay	\$25 copay	\$65 copay	\$65 copay	Deductible, then 20% coinsurance
Emergency Room Visit	\$75 copay	\$75 copay			\$75 copay	
Emergency Admission	Covered 100%	Covered 100%			Deductible, then 10% coinsurance	

When you stay at a hospital or other facility:

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

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

Service	BMC Select at BMC	BMC Tiered HMO			HPHC PPO	
		Tier 1	Tier 2	Tier 3	In-Network	Out-of-Network
Day Surgery	Covered 100%	\$0 copay	\$50 copay	Deductible, then \$250 copay	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance
Laboratory Tests and X-rays	Covered 100%	\$0 copay			Deductible, then 10% coinsurance	Deductible, then 30% coinsurance
Chemotherapy and Radiation Therapy (per visit)	Covered 100%	\$0 copay		Deductible, then \$35 copay	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance
Advanced Radiology at a Physician's Office or Non-Hospital Facility	Covered 100%	\$0 copay	\$25 copay	Deductible, then \$25 copay	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance
Advanced Radiology at an acute hospital	Covered 100%	\$0 copay	\$50 copay	Deductible, then \$250 copay	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance

When you need maternity services:

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

How to read this table

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

Dental Plans

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

New for 2018, we're proud to offer two enhanced dental plans, giving you access to the Dental Blue network from Blue Cross Blue Shield. The Blue Cross Blue Shield Dental Blue network includes dentists in Massachusetts, plus dentists who participate with Blue Cross Blue Shield of Rhode Island, and out-of-area dentists who participate in the DenteMax Network of Dentists.

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

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

Using In-Network Dentists

- No need to file a claim. In-network dentists will send claims to Blue Cross for you. Just show your Dental Blue ID card at your dentist's office. Blue Cross pays your dentist directly.
- If you'd like help finding a dentist, call 1-800-821-1388.
- To find out if your current dentist is in the plan, call your dentist, or call BCBS Member Service at 1-800-348-7921.

Dental Plan Comparison

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

Using Out-of-Network Dentists

- In most cases, you'll need to pay your dentist directly and submit a claim form to Blue Cross within two years of the date of service.
- Download a claim form by visiting bluecrossma.com/myblue or call Member Services at 1-800-348-7921.
- Claim forms should be sent to Blue Cross Blue Shield of Massachusetts, P. O. Box 986030, Boston, MA 02298.
- Balance billing: An out-of-network provider may charge more than the usual and customary amount for services. You're responsible for paying any amount not covered under your plan.

Pre-Treatment Estimates

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

Enhanced Dental Benefits

Additional preventive services are covered if you've been diagnosed with diabetes, coronary artery disease, or oral cancer, or if you're pregnant. Enhanced benefits cover three cleanings every twelve months instead of two. Call Member Service at 1-800-348-7921.

Multi-Stage Procedures

Some procedures, such as crowns, dentures, and root canals require more than one visit to the dentist. To get coverage for a multi-stage procedure, you must be enrolled in the same BMC plan on the date that the procedure is completed.

Orthodontic Benefits

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

Decide on a PLAN:

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

Weekly Dental Contributions for 2018

	20 – 35 hour work week:			36 – 40 hour work week:		
	Employee	Employee + One	Family	Employee	Employee + One	Family
Dental PPO	\$8.48	\$17.90	\$27.30	\$7.56	\$16.98	\$26.38
Dental Blue – Indemnity	\$13.11	\$27.14	\$37.67	\$12.19	\$26.22	\$36.74

Vision Care Benefits

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

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

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

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

For information about plan benefits and participating providers, log on to www.davisvision.com, then go to the Members page and type 4955 as the Client Code.

Weekly Vision Contributions for 2018

	Individual	Family
Davis Vision	\$1.29	\$2.58

Decide on COVERAGE:

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

To consider:

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

Where can I go?

Davis Vision has a network of participating providers. This includes locations such as VisionWorks and For Eyes, as well as local independently-owned shops and providers.

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

Flexible Spending Accounts

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

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

MEDICAL FSA

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

Carryover: Up to \$500 of unused funds can be carried over into the following year.

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

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

DEPENDENT DAYCARE FSA

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

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

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

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

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

things to know

Debit Card for Medical FSA

When you enroll in a Medical FSA, you'll receive a debit card to use FSA funds directly at the point of payment. Office copays and prescription drug copays will be "auto-adjudicated" – no paperwork required.

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

Before you enroll, read the FSA Plan Guide on internal.bmc.org/hr/Forms.htm to understand the plans.

Decide on CONTRIBUTION:

- Medical FSA**
Set aside up to \$2,600 for 2018.
- Dependent Daycare FSA**
Set aside up to \$5,000 for 2018.

To consider:

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



Your Wealth

Insurance, Retirement, and Financial Resources

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

BASIC LIFE INSURANCE

BMC pays for:

- \$50,000 benefit for benefits-eligible employees

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

OPTIONAL LIFE INSURANCE

You may purchase:

- 1x to 5x 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 EOI for a determination of insurability.
- You may elect 1x your salary without submitting Evidence of Insurability (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.



What is Evidence of Insurability?

An 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.

The Evidence of Insurability (EOI) form is available at internal.bmc.org/hr/Forms.htm.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

You may purchase:

- 1x to 5x 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.

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 do not want to cover a spouse, then you may purchase just the \$10,000 benefit for your child or children.
- You are not required to provide an EOI to enroll your child(ren).

Decide on COVERAGE:

- Basic Life Insurance**
You are automatically enrolled.
- Optional Life Insurance**
Elect a multiple of your salary:
 - 1x
 - 2x
 - 3x
 - 4x
 - 5x
- 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
 - \$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 Benefits

All benefits-eligible employees are automatically enrolled in Basic Short-Term Disability and Basic Long-Term Disability, paid for by BMC. You have the option to purchase additional coverage.

SHORT-TERM DISABILITY

Short-Term Disability (STD) is an income protection benefit that provides salary replacement for up to 26 weeks when you are unable to work due to pregnancy, illness, or injury. You are covered from the date you are eligible and there are no limitations on pre-existing conditions (conditions that existed before you were eligible for coverage under the plan).

If you are sick or injured and anticipate being out of work more than 1 week, to avoid any payment delay, please call the insurance provider, Liberty Mutual, at 800-713-7384 to initiate your claim.

LONG-TERM DISABILITY

BMC's Long-Term Disability (LTD) plan provides salary replacement in the event of an illness or injury (not job related) that lasts more than 6 months. Coverage begins after a 180-day waiting period and ends on the earlier of:

- The date you are no longer disabled; or
- The date you become eligible for full Social Security benefits (65-67); or
- After 2 years for mental health conditions.
- If you are 60 or over when you become disabled, the coverage period is limited per the following table:

Age at Disability	Maximum Benefit Period
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69+	12 months

Decide on COVERAGE:

STD Options

- Basic (paid by BMC)**
60% of basic weekly earnings (up to \$1,730)
- Buy Up (paid by you)**
75% of basic weekly earnings (up to \$2,165)

LTD Options

- Basic (paid by BMC)**
50% of basic monthly earnings (up to \$8,000)
- Buy Up (paid by you)**
60% of basic monthly earnings (up to \$9,600)
- Buy Up (paid by you)**
66 2/3% of basic monthly earnings (up to \$10,670)

Retirement Plans

INVEST IN YOURSELF

Everyone deserves a secure retirement. BMC's retirement plans make it easy to prepare for your future by enrolling you in our retirement plan automatically. You can leave your account alone, or increase your contributions at any time – the important thing is that you are investing now to give your money time to grow. We start each employee on our supplemental plan, the Open Plan, which allows you to invest and manage your own money. Once you meet the eligibility requirements for the Core Plan, you will be eligible to receive a contribution from BMC.

BMC 403(b) Open Plan: A Supplemental Plan

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

How it works: Upon hire, you are auto-enrolled in the plan with a 3% pretax contribution (1% for employees hired between 1/1/2016 and 12/31/2017). Your contribution rate will automatically increase by 1% each year, unless you make changes to your enrollment. (New hires may 'opt-out' within 90 days of their start date by calling TIAA at 800-410-6649.)

This plan allows for both pre-tax and post-tax (Roth) contributions. You set aside a percentage of your salary. The money is directed to a Life Cycle fund based on your expected year of retirement.

You may also choose your own investment options. Changes to your investments and contribution elections can be made at any time during the year.

There are no employer contributions to this supplemental plan.

To watch educational videos on the retirement plans, please visit <https://bostonmedical.a.guidespark.com>.

Decide on CONTRIBUTIONS:

- BMC 403(b) Open Plan:**
You are automatically enrolled at a 3% contribution rate, which increases by 1% each year.
- Opt-out:**
Within 90 days of your start date, you may opt-out of the auto enrollment and receive back previously contributed funds by calling TIAA at 800-410-6649.
- Change:**
You can change your contribution rates or investments at any time.
- BMC 403(b) Retirement Plan:**
Make sure you are contributing at least 2% pre-tax to the Open Plan. If so, after a year, as long as you've worked 1,000 hours that year, you will be enrolled in the Retirement Plan. This plan includes an employer contribution that starts at 3% and increases over time.

To consider:

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

BMC 403(b) Retirement Plan: A Core Plan

Eligibility: Employees who have completed at least 1,000 hours within their first year of service or 1,000 hours in any subsequent calendar year are eligible for this plan. Newly eligible employees are automatically enrolled.

How it works: Upon eligibility, the first 2% of your pre-tax Open Plan election is moved to the Core Plan. Any remaining pre-tax election above 2% and any Roth contributions stay as an Open Plan election.

In addition to your contribution of 2%, BMC makes a contribution based on your years of service. If you are not contributing 2% pre-tax to the Open Plan when you meet Core Plan eligibility, then you will not be automatically enrolled in the Core Plan.

To Make Changes

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

- Calling TIAA (800-410-6649) and making your elections/changes over the phone, or
- Signing into Workday and clicking on the "Benefits" Worklet, then clicking on "BMC 403(b) Retirement Plan" under the External Links header

TIAA Investment and Savings Advice Sessions

BMC employees are eligible to receive free personalized retirement plan advice from a TIAA financial consultant. This session will cover the 403(b) plan's investment options and how to project the amount of money you'll need in retirement. This service is available as part of the BMC retirement program and can be done onsite at BMC, online, via the phone or at a local TIAA office.

For retirement plan and investment information, to enroll in the Plan, or to schedule a 1-on-1 advice session, please contact TIAA at 800-410-6649.



BMC Contribution

Eligible employees who contribute at least 2% pre-tax will receive additional contributions from BMC to the Retirement Plan based on their years of service.

<u>Years of Service</u>	<u>BMC Contribution</u>
1-4 years	3%
5-9 years	5%
10-19 years	7%
20 or more years	8%

Financial Resources

BMC offers a variety of programs to help you make financial decisions around retirement, education, and other life events.

FINANCIAL PLANNING

LearnVest

LearnVest is a free financing planning program that can help you save for retirement, pay down credit cards, pay for a vacation, or buy a house. You will be paired with a financial planner who will develop an action plan so you can work towards your goals. Get started at www.learnvest.com/bmc.

Garrett Planning Network

Garrett Planning Network (GPN) offers discounted fee-only financial planning services for BMC employees. GPN financial planners do not accept commissions, and can assist with tax planning strategies, investment portfolio analysis, risk assessments, determining estate planning needs, and more.

Visit <http://internal.bmc.org/hr/WorkLife.htm> to read more about their services, fees, and how to get started.

Working Credit (New for 2018)

BMC employees can sign up with Working Credit and be paired with a credit-building counselor who will help improve your credit score, lower monthly expenses, and reduce financial stress. For more information, visit:

www.workingcredit.org/for-employees.

COLLEGE FINANCING

U.Fund College Investing Plan

Effective in 2017, MA residents can claim a MA state tax deduction for contributions to this state-sponsored 529 plan (\$1,000 if married, \$2,000 if single) For more details, visit:

www.mefa.org/products/u-fund-college-investing-plan.

ScholarShare College Savings Plan

BMC employees may contribute via payroll direct deposit into a 529 college savings plan to save for a loved one's future higher education expenses. Withdrawals for qualified higher education expenses are income tax free. Visit www.scholarshare.com or call 800-544-5248.

Laurel Road Student Loan Refinancing

BMC employees and their families are eligible for rate reductions on student loan refinancing. You can choose from 5, 10, 15 or 20 year loans with either fixed or variable rates. There are no application fees or pre-payment penalties. Visit www.laurelroad.com/bmc.



Your Wellbeing

Programs and support for your whole life.

EMPLOYEE ASSISTANCE PROGRAM

The EAP provides employees and their families with confidential counseling and referrals on a wide range of concerns, including behavioral health, substance use, smoking cessation, family problems, stress, career concerns, and more.

For information visit: workhealthlife.com/mlassist and search for Boston Medical Center. For counseling and referrals call: 877-695-2789.

WORKING WELL COACH

The Working Well Coach is an onsite social worker, available to help employees with: stress and anxiety; work conflicts; difficult patient encounters; traumatic events; addiction; difficult team dynamics; and more. Call to book an individual or team appointment: 617-638-8400.

CARE@WORK

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

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

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

For all services, call 855-781-1303, visit bmc.care.com, or download the "Care@Work" app.

CIRCLES CONCIERGE SERVICE

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

You can place a request by calling 877-231-0456, e-mailing bmcsupport@circles.com, or going to members.circles.com/bmc and registering with the code "circlesBMC".

DIABETES SUPPORT PROGRAM

Free program for BMC employees/families in BMC's medical plans that helps people with diabetes effectively manage their condition. By meeting program requirements, diabetes medication and supplies will be free at the BMC pharmacies! Call 800-643-8028 for more information or enroll online at goodhealthgateway.com and select "Boston Medical Center."

SLEEPIO

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

LEGAL SERVICE PLAN

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

To learn more about the Plan call 800-821-6400 or visit www.legalplans.com and under the Members tab, click on "Learn More: Info Site" and enter "GetLaw" as the access code. You must enroll in Workday as a new hire, during Open Enrollment, or after a qualifying event.



Wellbeing

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

COMMUTING TO WORK

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

Discounted Zipcar Membership

BMC employees receive:

- No application fee
- Reduced annual membership fee of only \$25
- Discounted weekday rates

Please visit www.zipcar.com and click on the “for business” tab and search for Boston Medical Center for additional information on the benefit and to sign up with your BMC email address.

Discounted Hubway Membership

BMC employees are eligible for a discounted Hubway Corporate Membership. Hubway is a bike sharing system that provides more than 1,300 bikes at 140 stations throughout Boston, Brookline, Cambridge and Somerville. BMC staff are eligible for over 50% off year-long memberships: contact the TranSComm office to sign up.

Parking Your Bike On-Campus

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

Guaranteed Ride Home

If you are enrolled in the MBTA Pass Program you are eligible for the Guaranteed Ride Home (GRH) program. This program guarantees a safe ride home if there is no public transit within 30 minutes of when you need to leave after unscheduled mandated overtime. It is also available in the event of an emergency or illness for yourself or a family member that requires you to travel home or to a hospital faster than you could using public transit.

You must register in advance to take advantage of this service.

To register, and for details on how the program works, go to:

www.bumc.bu.edu/transcomm/guaranteed-ride-home.



Commuting with TranSComm

TranSComm is a transportation management association that coordinates the transportation needs of BMC employees. Stop by their office at 710 Albany Street or contact them at 617-638-7473 or bumctranscomm@gmail.com.

Discounted MBTA Passes through Commuter Benefit Solutions (CBS)

BMC employees who do not participate in the on-campus parking program and are scheduled to work at least 24 hours a week are eligible for 35% off the cost of monthly MBTA passes.

Sign up at www.commutercheckdirect.com (Company ID: 1535), or 888-235-9223 to sign up or ask questions.

You must pre-pay for your MBTA pass in the month prior to the effective month. For example, for an April pass, you must elect your pass by March 1st; deductions will be taken from your 2nd, 3rd, and 4th paycheck in March.

Parking Office: Parking Applications

The Office of Parking and Transportation Services administers the parking program. To sign up, visit them at 710 Albany St., Monday - Friday from 7am–5pm. Bring your car's make, model and license plate number to fill out an application. For current rates and garage locations, call 617-638-4915 or visit www.bumc.bu.edu/parking.

EMPLOYEE DISCOUNTS

Many discounts are available for you to save on gym memberships, theatre, mortgages and banking, cell phone providers, transportation, and travel. Visit the BMC intranet:

internal.bmc.org/hr/EmployeeResources/EmployeeDiscounts.htm.

Working Advantage

All employees have access to the Working Advantage discount network which allows you to save up to 60% at amusement parks, movie tickets, retailers, and more. For questions, please call Working Advantage Customer Service at 800-565-3712, or contact a vendor directly. Register at www.workingadvantage.com/bmc.

MetLife Auto and Home Insurance

BMC employees are eligible for discounted rates off auto and home insurance through payroll deduction. Contact MetLife directly to learn more: 800-438-6388 or www.metlife.com/bmc.

Cafeteria Discounts and Convenient Pay Option

All Boston Medical Center employees receive a 20% discount with a valid employee ID at the BMC cafeterias. Employees may also swipe their ID badge at the cafeterias to use Quickcharge to pay for their purchases. Any purchases made using Quickcharge will be deducted from the following week's paycheck.

Paid Time Off

EARNED TIME

Earned Time is paid time for scheduled and unscheduled absences such as vacations, holidays, sick days and personal days. Accrued, unused earned time will be paid in full at termination. All regular full-time and part-time employees who have completed 90 days of service are eligible to access their Earned Time bank. Please refer to the "Paid Time Off" policy for additional details.

Below is the accrual basis for earned time, based on years of service at BMC:

Years of Service at BMC	Earned Time Accrual Rates (earned/hours worked)	Annual Accrual for 40 hour/week employees
0-4 years	1 hour / 7.88 hours worked	33 days in a year
5-14 years	1 hour / 7.03 hours worked	37 days in a year
15-19 year	1 hour / 6.50 hours worked	40 days in a year
20+ years	1 hour / 6.05 hours worked	43 days in a year

Holidays

All regular, full-time employees are eligible for Earned Time holiday benefits on the days listed below. (For regular, part-time employees you are eligible on a pro-rata basis). Please review the "Holidays" policy for complete details, as the process may differ based on position and work schedule.

The following holidays are observed at Boston Medical Center:

- New Year's Day
- Independence Day
- Martin Luther King, Jr. Day
- Labor Day
- Presidents' Day
- Thanksgiving Day
- Memorial Day
- Christmas Day

Additional Paid Time Off

Additional time off may be granted for bereavement, military training and jury duty. Please refer to the "Paid Time Off" policy on the BMC intranet for more information.

The "Paid Time Off" and "Holidays" policies can be found on the BMC intranet at internal.bmc.org/policy.

BMC Employee Resource Guides

The following guides are available in the Benefits Office or online at internal.bmc.org/hr/forms.htm.

Biking

The Biking Resource Guide provides a map of campus bike racks and the bike cage, as well as bike-related benefits, discounts and resources available to employees.

College Financing

This guide provides information on the entire college financing process from saving to paying to paying college loans, as well as lower-cost degree options.

Financial Wellbeing

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

Homebuying

The BMC Homebuying Guide explains the steps involved in purchasing a home and resources and discounts available to you for the purchase and maintenance of your new home. These include discounts on home insurance, with mortgage lenders, on home painters, and access to a network of lawyers, among others.

Mental Health and Addiction Services

The Mental Health and Addiction Guide provides a listing of BMC and external resources and support for employees and their family members.

Retirement Readiness

Retirement planning is a career-long process. This comprehensive guide covers all the actions you need to take, and outlines the corresponding resources available to assist you so you can have a successful retirement.

Benefits Notifications

Gender Reassignment Surgery

Gender reassignment surgery and other related services are covered when your provider has determined that you are an appropriate candidate in accordance with the Plan's clinical guidelines. Coverage includes surgery, related physician and behavioral health visits, and outpatient prescription drugs. For more information, please call the Member Services Department at 1-844-926-2262.

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.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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.

Massachusetts:

www.mass.gov/eohhs/gov/departments/masshealth/
Phone: 1-800-862-4840

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

You may also enroll yourself and your dependents in a group health plan if you or one of your eligible dependent's coverage under Medicaid or the state Children's Health Insurance Program (CHIP) is terminated as a result of loss of eligibility, or if you or one of your eligible dependents become eligible for premium assistance under a Medicaid or CHIP plan. Under these two circumstances, the special enrollment period must be requested within 60 days of the loss of Medicaid/CHIP coverage or of the determination of eligibility for premium assistance under Medicaid/CHIP. See the Plan Administrator for details about special enrollment.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit

the attending provider or physician, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable).

Women's Health Coverage and Cancer Rights

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") requires group health plans, insurance issuers, and HMOs who already provide medical and surgical benefits for mastectomy procedures to provide insurance coverage for reconstructive surgery following mastectomies.

This expanded coverage includes:

- (i) reconstruction of the breast on which the mastectomy has been performed;
- (ii) surgery and reconstruction of the other breast to produce a symmetrical appearance; and,
- (iii) prostheses and physical complications at all stages of mastectomy, including lymphedemas.

Patient Protection Disclosure

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

Inc (844-926-2262) or view the provider directory online at www.healthplansinc.com/bmc.

Affordable Care Act Consumer Protections

(a.) Coverage for Children Up to Age of 26

The Affordable Care Act of 2010 requires that the Plan must make dependent coverage available to adult children until they turn 26 regardless if they are married, a dependent, or a student.

(b.) Prohibition of Lifetime Dollar Value of Benefits

The Affordable Care Act of 2010 prohibits the Plan from imposing a lifetime limit on the dollar value of benefits.

(c.) Your Health Insurance Cannot be Rescinded

The Affordable Care Act of 2010 prohibits the Plan, or any insurer, from rescinding your health insurance coverage under the Plan for misrepresentation.

(d.) Prohibition of Pre Existing Conditions

Effective January 1, 2014 The Affordable Care Act of 2010 prohibits the Plan, or any insurer, from denying any health insurance claim for any person because of pre-existing condition.

(e.) Prohibition of Restrictions on Annual Limits on Essential Benefits

The Affordable Care Act of 2010 prohibits the Plan, or any insurer, effective January 1, 2014 from placing annual limits on the value of essential health benefits.

(f.) Notice of Marketplace/Exchange

If this health insurance is unaffordable (your cost of the premium exceeds 9.5% of your income) as defined under the Affordable Care Act, you may have the right to subsidized health insurance purchased through an exchange/marketplace created pursuant to the Affordable Care Act.

Non-Discrimination Statement

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

Boston Medical Center:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Notes

Notes



-  Pharmacy
-  Cafeteria
-  Parking
-  Bus Stop

Contact Information

Plan	Vendor	Group #	Telephone	Website
BMC Select	HPI	B87	844-926-2262	healthplansinc.com/bmc*
BMC Tiered HMO	HPI	B87	844-926-2262	healthplansinc.com/bmc*
HPHC PPO	HPI	B87	844-926-2262	healthplansinc.com/bmc*
BCBS Dental PPO	BCBS	002362423	800-348-7921	www.bcbsma.com/bmc*
BCBS Dental Blue – Indemnity	BCBS	002354847	800-348-7921	www.bcbsma.com/bmc*
Vision Plan	Davis Vision	4955	877-923-2847	www.davisvision.com*, client code 4955
Life and AD&D	Liberty Mutual	SA3-810-260700-01	800-713-7384	internal.bmc.org/hr/BenefitsHome/FlexBenefits.htm
Short-Term & Long-Term Disability	Liberty Mutual	GD/GF3-810-260700-01	800-713-7384	Claims: www.mylibertyconnection.com Company code: Bostonmedical
FSAs	WageWorks	BMC	877-924-3967	www.wageworks.com*
Legal Plan	MetLaw	BMC	800-821-6400	www.legalplans.com Use password: GetLaw
COBRA	Crosby Benefits	BMC	800-462-2235	www.crosbybenefits.com
403(b) Retirement Plan	TIAA	Open: 404926 Core: 100910	800-410-6649	Workday -> Benefits worklet -> BMC 403(b) Retirement Plan*
Financial Planning	LearnVest	BMC	888-389-3298	www.learnvest.com/bmc*
	Garrett Planning Network	BMC	Call advisor directly	http://internal.bmc.org/hr/WorkLife.htm
Credit Building Program	Working Credit	BMC	314-252-8342	www.workingcredit.org/for-employees
529 College Savings Plan	ScholarShare	BMC	800-544-5248	www.scholarshare.com
Student Loan Refinancing	Laurel Road	BMC	855-245-0989	www.laurelroad.com/bmc
Employee Assistance Program	Morneau Shepell	BMC	877-695-2789	workhealthlife.com/mlassist, or download the My EAP app.
Working Well Coach	Working Well Clinic	BMC	617-638-8400	internal.bmc.org/oem/
Backup/Senior Care	Care.com	BMC	855-781-1303	bmc.care.com*
Personal Assistant Program	Circles	BMC	877-231-0456	members.circles.com/bmc* Register with code: circlesBMC
Diabetes Management	Good Health Gateway	BMC	800-643-8028	goodhealthgateway.com select "Boston Medical Center."
Sleep Improvement Program	Sleepio	BMC	Email: hello@sleepio.com	www.sleepio.com/bmc*
Commuting Programs	TransComm	BMC	617-638-7473	e-mail bumctranscomm@gmail.com
MBTA	Commuter Benefit Solutions	BMC	888-235-9223	www.commutercheckdirect.com*
Employee Discounts	Working Advantage	BMC	800-565-3712	workingadvantage.com/bmc & internal.bmc.org/hr/Employee Resources/
Auto & Home Insurance	MetLife	BMC	800-438-6388	www.metlife.com/bmc
Long Term Care	Retirement Guard	BMC	888-793-6111	www.myltcexchange.com/bmc

Flex Benefits

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