

Plan Well. Live Well.

2019 BENEFITS



HARVARD MEDICAL FACULTY PHYSICIANS
AT BETH ISRAEL DEACONESS MEDICAL CENTER



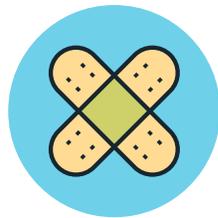
and at our affiliates
Beth Israel Lahey Health 



WELCOME

At HMFP/APHMFP, we're committed to helping you plan well and live well. That's why we offer an array of competitive benefits that are designed to help you live your best life. From medical plans and retirement programs to child care and family resources, you'll have the services and support you need to take care of yourself—and your family.

Please take a moment to read this guide and learn how to take advantage of all the benefits that are available to you.



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ENROLLMENT AND ELIGIBILITY



Learn

- Evaluate the benefits that best meet the needs of yourself and your family
- Review Summary Plan Descriptions for **Benefits** and **Retirement**

Decide

- Choose from the myAdvantage CDHP, myClassic POS, or Global Health plans
- Review dental benefits through Delta Dental and vision coverage through EyeMed
- Estimate your out-of-pocket medical, dental, and vision costs if you want to participate in the FlexChoice Flexible Spending Account (FSA) program
- Consider the Health Savings Account (HSA) for medical expenses and/or the FlexChoice Limited Purpose FSA (LPFSA) for dental and vision expenses if you enroll in the myAdvantage CDHP
- Assess your life and disability insurance needs

Enroll

- Check your Workday email for enrollment instructions
- Contact the Benefits Team at **HMFPBenefits@bidmc.harvard.edu** if you experience a qualifying life event and need to make benefit changes outside the benefits open enrollment period

Benefit elections must be made within 30 days of eligibility.



Want to learn more?

Call HR at 781-528-2850 or visit the **employee area** of the HMFP/ APHMFP website.

User name: HMFP-APHMFP

Password: Welcome!

ENROLLMENT AND ELIGIBILITY



Who's eligible?

As long as you're regularly scheduled to work at least 20 hours or more each week, you're eligible for benefits. Your benefits will go into effect on the first day of the month following or coinciding with your hire date or transfer into a benefits-eligible position.

Whom can I cover?

For health, dental, vision, and certain life insurance products, you may choose to cover yourself only, yourself and one dependent, or yourself and your family. Eligible family members generally include the following:

- Your spouse
- Your children (sons, daughters, stepchildren, or adopted children, including children placed for adoption and foster children), in most cases, up to the end of the month following their 26th birthday
- For health, dental, and vision only: Disabled children who are dependent upon you for support even if they're older than age 26, provided they were disabled before their 26th birthday and meet eligibility and medical criteria

When can I make changes?

In most cases, you can only make changes to your benefits once a year, during Open Enrollment, unless you experience a qualifying life event. Qualifying life events generally include the following:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse or dependent
- Involuntary loss or acquisition of coverage through another insurance carrier
- A change in your spouse's benefits status
- A covered dependent turning age 26
- An eligible dependent entering or leaving the country

Any changes to your benefits must be made within 30 days of the qualifying life event.



Your choice, anytime

You can do the following anytime throughout the year:

- Change the amount you contribute to your HSA
- Select new investments or modify the amount you contribute to your 401(k) and/or 403(b) plans

LIVE HEALTHY



Choose from two medical plans

The HMFP/APHMFP Choice Network offers two medical plans, both administered by Harvard Pilgrim Health Care (HPHC):

- 1) myAdvantage CDHP:** This Consumer-Driven Health Plan (CDHP) features lower premiums with higher out-of-pocket costs and deductibles. With this plan, you designate a primary care physician (PCP) who coordinates your care. The CDHP is offered in conjunction with an HSA. To learn more about the HSA, see [page 10](#).
- 2) myClassic POS Plan:** With this plan, you designate a PCP who coordinates your care. While you have the flexibility to use out-of-network providers, out-of-network care is generally more expensive than in-network care.

As shown on the next page, the amount you pay for medical services depends on the tier of the provider, and whether you're receiving in-network or out-of-network care. For more information about how the tier structure works, please visit [HPHC](#).

Schedule virtual visits with Doctor on Demand

Whatever your health concern, from chronic conditions to urgent care to preventive medicine, Doctor on Demand allows you to connect to a board-certified physician face-to-face using your phone, tablet, or computer, 24 hours a day, 7 days a week. Just like in an in-person visit, the doctor will take your history and symptoms and perform an exam, and may recommend treatment—including prescriptions and lab work.

To enroll, visit [Doctor on Demand](#).

Medical plan rates

Medical plan rates vary by department. For your specific rates, please review the rate sheet provided by the benefits team.



Want more information?

Visit [HPHC](#) to access medical plan details, links to providers, and valuable discounts.

LIVE HEALTHY



Compare your options

	myAdvantage CDHP			myClassic POS Plan		
	In-Network		Out-of-Network	In-Network		Out-of-Network
Annual Deductible						
Individual	\$1,500		\$3,000	\$500		\$2,000
Individual + 1	\$3,000		\$6,000	\$1,000 ¹		\$4,000 ¹
Family	\$3,000		\$6,000	\$1,000 ¹		\$4,000 ¹
Out-of-Pocket Maximum	Tier 1 & 2		Tier 3	Tier 1 & 2		Tier 3
Individual	\$2,700		\$4,000	\$1,500		\$3,000
Individual + 1	\$5,400 ¹		\$8,000 ¹	\$4,500 ¹		\$6,000 ¹
Family	\$5,400 ¹		\$8,000 ¹	\$4,500 ¹		\$6,000 ¹
Coinsurance (after deductible)	Tier 1 & 2		Tier 3	Tier 1 & 2		Tier 3
	0%		20%	0%		20%
Office Visit	Tier 1 & 2 100% after deductible		Tier 3 Deductible, then 20% coinsurance or 100% after deductible for dependents age 19 and under	Tier 1 & 2 \$15 co-pay		Tier 3 Deductible, then 20% coinsurance or \$15 pediatric co-pay for dependents age 19 and under
Specialist Visit	Tier 1 & 2 100% after deductible		Tier 3 Deductible, then 20% coinsurance or 100% after deductible for dependents age 19 and under	Tier 1 & 2 \$20 co-pay		Tier 3 Deductible, then 20% coinsurance or \$20 pediatric co-pay for dependents age 19 and under
Hospital Emergency Room (waived if admitted)	Tiers 1, 2 & 3 Deductible, \$100 co-pay (co-pay waived if admitted)			Tiers 1, 2 & 3 \$100 co-pay		Deductible, then 30% coinsurance
Inpatient Hospital Care	Deductible, \$100 co-pay (co-pay waived if admitted)	Tier 3 Deductible, then 20% coinsurance		Tier 1 & 2 100% after deductible		Tier 3 Deductible, then 20% coinsurance
Outpatient Surgery	Tier 1 & 2 100% after deductible		Tier 3 Deductible, then 20% coinsurance	Tier 1 & 2 100% after deductible		Tier 3 Deductible, then 20% coinsurance
Prescription drug co-pays						
Retail (30 days)						
Generic (Tier 1)	Deductible, then \$10 co-pay			\$10 co-pay		
Brand-Name, Preferred (Tier 2)	Deductible, then \$30 co-pay			\$30 co-pay		
Brand-Name, Nonpreferred (Tier 3)	Deductible, then \$50 co-pay			\$50 co-pay		

See next page for information about \$0 co-pays available at BIDMC.

¹ Once a family member meets the Individual-level deductible (even if it's before the Individual +1 or Family deductible is met), then that family member will be considered to have met his/her deductible and will move to coinsurance. Once a family member meets the Individual-level out-of-pocket maximum (even if it's before the Individual +1 or Family out-of-pocket maximum is met), then that family member will be covered and will no longer be responsible for qualifying out-of-pocket expenses for the remainder of the calendar year.



Understand how your prescription drug plan works

HMFP and APHMFP partner with CVS Caremark for prescription drug coverage. This partnership makes it easy for you to order prescription refills, check drug costs and coverage, and find ways to save on your medications.

To locate the pharmacy closest to you, use the [Pharmacy Locator](#). To review how the prescription coverage works for each plan, please see the chart below.

myAdvantage CDHP	myClassic POS	HPHC PPO
<u>Individual Pre-Deductible</u> <u>Individual Post-Deductible</u>	<u>Individual</u>	<u>Individual</u>
<u>Employee +1 / Family</u> <u>Pre-Deductible</u> <u>Employee +1 / Family</u> <u>Post-Deductible</u>	<u>Employee +1 / Family</u>	<u>Employee + 1 / Family</u>



\$0 co-pays at the BIDMC pharmacy

Employees and their dependents who are enrolled in one of our medical plans can have their prescriptions filled through the BIDMC pharmacy in person or through the mail with a \$0 co-pay. The myAdvantage CDHP deductible still applies. For more information, contact the BIDMC Pharmacy at pharmacy@bidmc.harvard.edu or at 617-667-6400.



Get to know your dental coverage

Dental coverage is provided through the Delta Dental PPO Plus Premier program, which combines Delta Dental's Premier and PPO networks (and includes 96% of dentists in Massachusetts). You'll save when you receive dental care from a participating Premier dentist, but you'll obtain the greatest value when you receive dental care from a participating PPO dentist.

	Dental Core	Dental Enhanced
Annual Deductible	\$75 Individual, \$225 Family	\$50 Individual, \$150 Family
Type I Services	100%, no deductible	100%, no deductible
Type II Services	Deductible, then 70%	Deductible, then 80%
Type III Services	Deductible, then 50%	Deductible, then 50%
Annual Plan Maximum	\$1,000	\$3,000 (up from \$1,500 last year)
Orthodontia	Not covered	50%
Orthodontia Lifetime Maximum	NA	\$2,000 (up from \$1,500 last year)
Adult Orthodontia	Not covered	Not covered
Rollover Maximum	\$350 rollover benefit if claims don't exceed \$500 and you have a cleaning (rollover benefit is capped at \$1,000)	\$750 rollover benefit if claims don't exceed \$1,000 and you have a cleaning (rollover benefit is capped at \$1,500)

Learn more by visiting [Delta Dental](#).



Take advantage of our vision option

In addition to the vision benefits offered under our medical plans, we offer a comprehensive vision care plan from EyeMed, which covers vision exams, eyewear, and contact lenses as well as offering discounts on services such as laser surgery.

	In-Network <i>You'll pay:</i>	Out-of-Network <i>You'll be reimbursed up to:</i>
Exam	\$0 co-pay	\$50
Frames	\$0 co-pay, \$200 allowance 20% off balance over \$200	\$130
Contact Lenses	<p>Conventional: \$0 co-pay, \$200 allowance 15% off balance over \$200</p> <p>Disposable: \$0 co-pay, \$200 allowance plus balance over \$200</p> <p>Medically necessary: \$0 co-pay, paid in full</p>	<p>Conventional: \$160</p> <p>Disposable: \$160</p> <p>Medically necessary: \$210</p>

For more information about what's covered, please visit eyemed.com.



Working internationally?

If you will be working outside the United States for six months or more, you are eligible to enroll in the Aetna International Global Health Plan for medical, prescription, dental, and vision coverage. Aetna's online and mobile tools make it easier to manage your health when you are working outside the United States. To learn more about the program, email the HMFP/APHMFP [benefits team](#).



GLOSSARY OF TERMS

Here's a quick refresher of commonly used medical/dental terms:

ALLOWABLE CHARGE is the dollar amount typically considered payment in full by an insurance company and associated network of health care providers.

COINSURANCE is the amount you pay, as a percentage of the cost of your allowed services, once you meet the deductible, until you reach the plan's out-of-pocket maximum.

A **CO-PAYMENT (CO-PAY)** is a fixed amount you pay for a health care service or prescription.

A **DEDUCTIBLE** is the amount you pay before your insurance begins covering certain services such as hospitalization or outpatient surgery.

An **OUT-OF-POCKET MAXIMUM** is the most you pay per plan year for health care expenses, including prescription drugs. Once you reach this limit, the plan pays 100% for the remainder of the plan year.

A **PREMIUM** is the amount you pay for insurance, using pre- or post-tax dollars via payroll deductions.

LIVE SECURELY



Maximize your HSA or FlexChoice FSAs

Which account are you eligible for?

- HSA: For those who are enrolled in the myAdvantage CDHP, are not enrolled in Medicare, and have not participated in a health care FSA in the current calendar year
- FlexChoice FSA Health Care: For benefits-eligible employees who are not contributing to the HSA
- FlexChoice FSA Dependent Care: For all benefits-eligible employees
- FlexChoice Limited Purpose FSA (LPFSA): For those who are enrolled in the myAdvantage CDHP, used for dental and vision costs only

How the HSA works

- An HSA is a bank account owned by you.
- Contributions are made on a pre-tax basis.
- HSA money rolls over from year to year so you can use it for future medical expenses.
- HealthEquity, our HSA provider, will send a debit card that you can use to pay for eligible expenses.

Visit [HealthEquity](#) to learn more.

HSA contribution limits

2019 HSA contribution limits	HMFP/APHMFP contribution*	Your maximum contribution	IRS maximum
Individual enrollee	\$500	\$3,000	\$3,500
Individual + 1 or Family enrollee	\$1,000	\$6,000	\$7,000

If you're over age 55, you may contribute an additional \$1,000 per year.

* The HMFP/APHMFP contribution will be prorated your first year based on your benefits eligibility date.

LIVE SECURELY



Evaluate your FSA options

- **FlexChoice FSA Health Care:** This flexible spending account allows you to put money aside to pay for qualified medical and dental out-of-pocket expenses using pre-tax dollars. If you want to participate in the 2019 FlexChoice FSA, you must specify how much you'd like to contribute (for the year) when you enroll. Remember: your election does not automatically continue from year to year. Be sure to take into consideration any contributions already made this year so that you do not exceed the IRS limits stated below.

Sentinel Benefits and Financial Group, our FlexChoice FSA program partner, provides a debit card that you can use to pay for eligible health care expenses at the point of purchase. Just remember to save your itemized receipts when you use your card, as you may need to provide proof of the expense to comply with IRS rules. Please note: New debit cards are issued every three years unless you request a new one sooner.

- **FlexChoice FSA Dependent Care:** This account can be used to pay for eligible day care expenses, summer day camps, and before- and after-school care for children under the age of 13.
- **FlexChoice LPFSA:** This account can be used for dental and vision costs and is only available if you enroll in the myAdvantage CDHP and are eligible for an HSA.

2019 FlexChoice FSA limits

	Health Care FSA/LPFSA	Dependent Care FSA
Maximum annual contribution	Up to \$2,700	Up to \$5,000 per household
Deadline to incur expenses	December 31, 2019	March 15, 2020
Deadline to submit claims	March 31, 2020	



The "use it or lose it" rule

You'll be permitted to roll over \$500 in your FlexChoice FSA Health Care or LPFSA to the following calendar year. At the end of 2019, you'll forfeit any unused funds over \$500 in your FlexChoice FSA Health Care or LPFSA.

LIVE SECURELY



Protect your loved ones with insurance programs

Our program is designed to offer you an affordable way to provide financial protection for your loved ones.

New benefits-eligible employees

HMFP/APHMFP provides the following benefits:

- Basic Term Life insurance of 2x salary up to \$2M with a \$1M guaranteed issue
- Group Business Travel Insurance up to \$500,000

Supplemental options available for purchase include:

- Supplemental Term Life insurance of 1-5x salary up to \$1.5M with a guaranteed issue equal to the lesser of 3x salary or \$500,000
- Spousal Term Life insurance up to \$200,000 (EOI required for amounts greater than \$25,000)
- Child Term Life insurance of \$10,000 for children under age 26

Full details can be found [here](#).

Umbrella liability insurance

You will be enrolled in a \$1 million Personal Excess Liability Insurance program through Chubb. Additional supplemental coverage up to \$50 million is available, and certain minimum insurance coverage is required. [Click here](#) for program details and an application.



Additional benefits under the life insurance program

If you are covered under the life insurance program, you can take advantage of emergency travel assistance services when you are traveling 100 or more miles, plus legal, financial, legacy planning, beneficiary planning, and grief resources.

LIVE SECURELY



Replace income with disability coverage

It's important to plan for your family's financial security in case the unexpected happens. To that end, you'll be enrolled in a group short and long term disability program that is paid for by HMFP/APHMFP.

Benefits are underwritten by Standard Insurance Company, one of the nation's leading disability insurance providers. While you pay imputed income taxes on the cost of the benefit, any disability benefits you receive are not taxed.

	Group Short Term Disability (STD)	Group Long Term Disability (LTD)
Eligibility	Benefit start date	Benefit start date
Benefit Waiting Period	14 days of you being unable to perform duties of your own occupation and you have lost a minimum of 20% of pre-disability earnings; pre-existing condition limitation	90 days
Maximum Benefit Period	13 weeks	Recovery or age 65, whichever occurs first. Over age 65, maximum benefit is based on age, with a minimum benefit of 12 months.
Benefits	60% of base pay pre-tax, up to \$3,000 per week	50% of base pay pre-tax, up to \$10,000 per month
Program Details – Summary of Benefits	<u>STD/LTD Certificates</u>	



Interested in supplemental disability coverage?

Please contact InsMed Insurance Agency Inc. at 800-214-7039.

LIVE SECURELY



Save for your future

At HMFP/APHMFP, we're committed to helping you plan well and live well. That's why we offer a competitive retirement program that helps you pursue financial wellness. All employees are eligible to contribute to the 401(k) Savings & Investment Plan, and benefits-eligible employees will receive contributions to the 403(b) Retirement Plan. Both plans are subject to IRS limits and feature a variety of investment options from Fidelity and TIAA.

	401(k) Savings & Investment Plan	403(b) Retirement Plan
Vesting	Immediate	Immediate if benefits-eligible
2019 Contribution Limits	\$19,000 annually (or \$25,000 if you're turning age 50 or older this year)	Based on your department's contribution formula, up to the IRS maximum salary limit (\$280,000)
Enrollment	Visit the Fidelity Investments website and choose either Fidelity or TIAA as your retirement vendor. Then make your investment elections.	You will typically be automatically enrolled as of your hire date—you will just need to choose your investments.
Investment Options	Both Fidelity Investments and TIAA offer a range of fund options.	

Get personalized help

Consider meeting with a representative from Fidelity or TIAA to review your investment selections and prepare for retirement.

Click [here](#) to schedule a meeting with a representative from Fidelity. Or, click [here](#) to schedule a meeting with a representative from TIAA.



Know the limits

If you've made payroll contributions through another employer, you are responsible for making sure you do not exceed the annual IRS voluntary contribution limit.



Take advantage of helpful discounts and resources

Child and family resources

- **Parental leave:** The HMFP/APHMFP Parental Leave Policy follows a “2 + 2” approach, which includes 2 weeks, salary continuation at the time of birth or adoption and an additional 2 weeks, salary continuation for time taken within the first 6 months after birth or adoption. For more information, see the leave of absence policy or contact the leave administrator at 781-528-2854.
- **Care.com:** HMFP/APHMFP offers employees a free annual membership, and enhanced benefits including:
 - In-home backup care for children and adults
 - In-center backup care for children, including some YMCA locations
 - A marketplace of providers including dog walkers, house sitters, house cleaners, etc.
 - Sign up for your Care@Work benefits at www.bidmc.care.com or through the app. You can also call 855-781-1303 and speak to a care specialist.
- **Bright Horizons at Brookline Avenue / Landmark:** HMFP/APHMFP offers priority enrollment and discounted tuition for a limited number of slots at the Bright Horizons center located near Beth Israel Deaconess Medical Center. To tour or register, please contact Bright Horizons directly at 617-450-0790.
- **Lactation Rooms:** BIDMC offers 9 lactation stations that are available to all employees. If you are interested in using them, please contact Stephanie Harriston-Diggs at 617-667-3027.

Transportation savings

- **Discounted T-Pass / Parking Program:** Purchase your discounted monthly T-Pass or parking pass via payroll deduction
- **Subsidized BLUEBikes benefits:** Get discounted membership rates



HPHC member discounts

If you're enrolled in one of the HMFP/APHMFP medical plans, you'll receive discounts on qualifying health-related purchases and an annual \$150 fitness reimbursement.

CONTACT INFORMATION



Benefit Program	Carrier Name	Website	Customer Service Number
Medical	Harvard Pilgrim Health Care	harvardpilgrim.org harvardpilgrim.org/hmfp	888-333-4742
Dental	Delta Dental	deltadentalma.com	800-872-0500
Health Savings Account	HealthEquity	healthequity.com	866-346-5800
Vision	EyeMed	eyemedvisioncare.com	866-939-3633
Prescription	CVS Caremark	caremark.com	844-257-6072
FlexChoice (FSA Health and Dependent Care, LPPSA)	Sentinel Benefits	sentinelgroup.com	888-762-6088
Life Insurance Legal/Financial and Grief Support/ Legacy Planning	Minnesota Life	lifebenefits.com lifeworks.com securian.com/legacy	800-843-8358 Lifeworks User ID = lfg and Password = resources
Disability	Standard Insurance Co.	standard.com insmedinsurance.com	888-937-4783 800-214-7039
Savings and Retirement Plans	Fidelity Investments and TIAA	fidelity.com/atwork tiaa.org/hmfp	800-343-0860 800-842-2776
Excess Liability Insurance	Chubb	chubb.com/personal	781-444-0347
Adult and Child Care	Care.com	care.com/backupcare	800-688-4697
Travel Assistance	Minnesota Life	lifebenefits.com/travel	855-516-5433 (U.S./Canada) 617-426-6603 (all other locations)
Bike Share	BLUEBikes	https://www.bluebikes.com/	Password WvKtZLn7 select "BIDMC"
Global Benefits	Aetna Global Health	aetnainternational.com	

Questions? Human Resources is here to help.

Email: HMFPbenefits@bidmc.harvard.edu

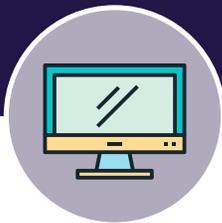
Phone: 781-528-2850

Fax: 781-528-2830

Online: hmfphysicians.org/employee-area/

- Username: HMFP-APHMFP
- Password: Welcome!

Human Resources keeps you informed and provides you with important updates in VIPi so that you can plan well and live well.



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and at our affiliates

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