# 2023 Benefit Plan Overview

### **Mount Auburn Hospital**



At BILH, we do all we can to support the well-being of employees and family members with comprehensive Total Rewards programs and resources. The following is an overview of our 2023 benefits.

Our 2023 benefits program is generally available for employees regularly scheduled to work 20 or more hours per week and is designed to provide you the flexibility to choose the benefits that best meet the needs of you and your family. You have 30 days to enroll, and benefits are effective as of your date of hire.

### **Health Benefits**

### **Medical Plan Options**

We understand the importance of good health as the foundation for a productive life at home and at work. You can choose from **three medical plan options** through Harvard Pilgrim Health Care (HPHC): Domestic & Community HMO, HMO Plus and Tiered POS. If you enroll, you will receive prescription drug coverage from CVS Caremark<sup>®</sup>. See the chart below for a high-level summary of what each medical plan offers.

#### Save Money!

Beth Israel Lahey Health

Note that you pay less when you use BILH providers for medical care, and you can save on prescription drugs by using a BILH pharmacy.

| Medical Plans—Harvard Pilgrim Health Care                          |   |   |                             |  |
|--|---|---|-----------------------------|--|
|  | Preventive Care                           | Office Visit<br>with PCP or Specialist                          | Emergency Admission         | Inpatient Hospital<br>Services*                                  |
| Domestic & Community<br>HMO (two tiers)                            | 100% coverage<br>(no copay)               | \$30 - \$65 copay<br>(based on tier where<br>care is received)  | 90% coverage                | 70% - 90% coverage<br>(based on tier where<br>care is received)  |
| HMO Plus<br>(three tiers)  | 100% coverage<br>(no copay)               | \$25 - \$120 copay<br>(based on tier where<br>care is received) | 100% coverage<br>(no copay) | 60% - 100% coverage<br>(based on tier where<br>care is received) |
| <b>Tiered POS</b><br>(three tiers plus<br>out-of-network coverage) | 100% coverage<br>in-network<br>(no copay) | \$20 - \$100<br>in-network copay                                | 100% coverage<br>(no copay) | 70% - 100% coverage<br>(based on tier where<br>care is received) |

\* Deductibles may apply

| Prescription Drug Copays—CVS Caremark® |                                       |  |   |  |
|--|---------------------------------------|--|---|--|
|  | <b>BILH Pharmacy</b><br>30-day Supply | BILH<br>Pharmacy/Home<br>Delivery Service<br>90-day Supply | CVS Caremark<br>In-Network<br>Pharmacies<br>30-day Supply | CVS Retail<br>Pharmacy or<br>CVS Mail-Order<br>90-day Supply |
| Generic                                | \$5                                   | \$10   | \$15  | \$30   |
| Preferred Brand                        | \$5                                   | \$10   | \$40  | \$80   |
| Non-Preferred Brand                    | \$5                                   | \$10   | \$60  | \$180  |
| Out-of-Pocket Maximum                  | \$3,000 member/\$6,000 family         |  |   |  |

### Health Benefits (continued)

### **Dental Coverage**

You can choose from two dental plan options through Delta Dental.

| Dental Coverage                                 |   |   |  |
|---|---|---|--|
|   | <b>Low Option</b><br>(In-Network Benefit) | <b>High Option</b><br>(In-Network Benefit)                        |  |
| Annual Deductible                               | \$25 individual/\$75 family               | \$50 individual/\$150 family                                      |  |
| Plan Year Maximum                               | \$1,000 Per Individual                    | \$5,000 Per Individual  |  |
| Preventive                                      | 100%, no deductible                       | 100%, no deductible   |  |
| Basic Restorative Services                      | 60% after deductible                      | 80% after deductible  |  |
| Major Restorative Services                      | Not Covered                               | 50% after deductible  |  |
| Orthodontia Coverage (for dependents to age 19) | Not Covered                               | Covered at 50%<br>up to a separate lifetime<br>maximum of \$1,000 |  |

### **Vision Coverage**

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# You can choose from two vision plan options through EyeMed Vision Care: the Low Option and the High Option.

Both plans cover eye exams, frames, lenses, and contact lenses as well as offer a variety of discounts on services and materials. (If you do not elect vision coverage, routine eye exams will be covered under your medical insurance.)

### **Flexible Spending Accounts**

#### You have two FSA options as a smart and convenient way to stretch your benefit dollars:

**Health Care Spending Account:** Used to pay for eligible out-of-pocket medical, dental and vision care expenses for yourself and your eligible dependent(s). You may contribute pre-tax dollars up to \$3,050 per year.

2 **Dependent Care Spending Account:** Used to pay for eligible expenses for the care of a dependent child **under age 13** (e.g. preschool, child day care) or a dependent adult (e.g. elder day care). You may contribute pre-tax dollars up to \$5,000 per family per year.

If you want to participate in an FSA, IRS rules require that you enroll each year (FSA elections do **NOT** carry over to the next year) and elect an annual amount. You must use the amount you set aside in your account by the annual deadline or you will lose any remaining funds.

# **Disability and Life Insurance**

### Short-Term Disability (STD)

STD coverage protects your income in the event of an illness, injury, or during maternity leave. The STD plan pays either 60% or 75% of your base pay (weekly base earnings), up to \$3,000 per week for up to 26 weeks while you remain unable to work due to a qualifying non-work-related illness or injury. If you elect STD insurance, you pay the full cost based on the coverage level and elimination period (waiting period) you select as well as your salary and age as of your date of hire.

### Long-Term Disability (LTD)

The LTD plan will replace a portion of your salary if you are disabled and out of work for more than 180 days due to a covered disability. We automatically provide eligible employees with Core LTD coverage equal to 60% of their monthly pay (maximum of \$10,000 per month) at no cost. If you would like additional coverage, you may elect the Optional LTD Buy-Up (for a total of 66 2/3% coverage up to a monthly maximum of \$15,000)—paid for on an after-tax basis.

### **Basic Life Insurance**

Basic group term employee life insurance coverage is provided at no cost to you through Voya. The amount of coverage is one times your annual eligible base pay, up to a maximum (combined with Supplemental Life) of \$2,250,000.

### Supplemental and Dependent Life Insurance

You may purchase additional life insurance for yourself through Voya from 1 times up to 8 times your annual base pay (in 1/2 increments), up to a maximum of \$2,250,000 (combined with Basic Life). You may also purchase life insurance coverage for your spouse and dependent children. For your spouse, you may purchase \$10,000 to \$300,000 of coverage in \$10,000 increments; for your children, \$10,000 or \$15,000 per child. This coverage cannot exceed 100% of the approved employee supplemental life insurance amount.

**Note:** Evidence of insurability may be required for certain amounts of supplemental employee and spouse life insurance.

# Accidental Death & Dismemberment (AD&D)

You may purchase Accidental Death & Dismemberment Insurance from one to six times your annual base pay (in 1/2 pay increments) to a maximum of \$1,500,000. For your spouse, you may purchase \$10,000 to \$300,000 of coverage in \$10,000 increments; for your children, \$10,000 or \$15,000 per child. Spouse and child AD&D coverage cannot exceed 100% of the approved employee Accidental Death & Dismemberment benefit.

# **Voluntary Benefits**

# You have an opportunity to purchase additional insurance options to supplement your benefits:

### **Accident Insurance**

Accident insurance provides benefits in the event of an injury due to an accident including fractures, burns, lacerations, dislocations and more. You can elect coverage for you, your spouse and your children.

### **Critical Illness Insurance**

Critical illness insurance can help cover the extra expenses associated with a severe, life-threatening illness, including COVID-19. You can elect coverage for you, your spouse, and your children.

### **Hospital Indemnity Insurance**

If you are admitted or confined to a hospital due to an accident, illness or pregnancy, hospital indemnity insurance benefits can help pay for out-of-pocket costs such as health insurance deductibles and copays—or for anything that you see fit. The plan provides a higher benefit if you use a BILH facility.

### Legal Insurance

Legal insurance helps you address common situations like creating wills, transferring property, or buying a home.

### **Well-Being Benefits**

### **Employee Assistance Program (EAP)**

The EAP provides free and confidential counseling, referral information, and help for many other life and family issues 24/7 to employees and their adult family members.

### Care@Work

This service can help you find caregivers for your whole family, including your child(ren), parents/grandparents and/or pet(s) as well as your home. In addition, you have access to subsidized backup childcare.

#### **BenefitHub**

BenefitHub is a centralized website with access to benefits and discounts specifically for employees, like auto and home insurance, pet insurance, identity theft insurance, and more.

## **Retirement Benefits, Paid Time Off, and Additional Benefits**

### **Retirement Benefits**

Saving for a more secure financial future is a priority, and your retirement benefits are a valuable component of the comprehensive BILH Total Rewards program. Mount Auburn Hospital will provide information separately about the retirement savings program available to you. Investment choices are available through Fidelity.

### **Paid Time Off**

Time away from work for vacation, illness, or personal reasons is important. Your organization will provide information separately about the paid time off programs available to you.

### **Additional Benefits**

- **Commuter Program:** The Sentinel commuter program allows you to put away pre-tax dollars through either a parking FSA or transit FSA if you have to pay to park and/or take public transportation to commute to and from work. This program—which does not replace local subsidized parking or commuter programs—is available to all organizations within the BILH system. (If you participate in a subsidized parking or transit plan through a BILH organization, you are not eligible to enroll in the Sentinel commuter program.)
- **Tuition Assistance:** This program reimburses you for tuition expenses incurred in pursuing additional education and, in some cases, certifications. The criteria for becoming eligible, amount available to you for reimbursement, and various types of covered education expenses are defined in the Tuition Policy. Those employed full-time (36-40 hours) may receive up to \$1,000 and part-time (30-35 hours) may receive up to \$750 from September 1 through August 31. Please consult Mount Auburn Hospital's policy for specific information about the benefit provided to you.
- Credit Unions: Two Credit Unions are available to join: Hanscom Federal Credit Union or Harvard University Credit Union.
- Direct Deposit: All employees are eligible to have their paycheck deposited into their checking or savings account(s).

This summary is intended to assist you in understanding the employee benefits program. If there is any difference between the information presented in this summary and the official plan documents, the plan documents will govern. This statement does not constitute an employment contract, nor does it provide guarantee of future employment. The company reserves the right to amend, modify or terminate any of the plans in any manner in whole or part, at any time. For those employees covered by a collective bargaining agreement, the terms of the applicable collective bargaining agreement shall apply absent agreement by the Hospital and your union.

# 2023 Biweekly Employee Benefit Contributions

**Mount Auburn Hospital** 

| MEDICAL                                    | 30+<br>Hours | 20-29<br>Hours |  |  |
|--|--------------|----------------|--|--|
| Harvard Pilgrim - Domestic & Community HMO |              |                |  |  |
| Employee Only                              | \$29.04      | \$71.89        |  |  |
| Employee + Spouse                          | \$69.48      | \$138.97       |  |  |
| Employee + Child(ren)                      | \$51.67      | \$138.19       |  |  |
| Employee + Family                          | \$82.94      | \$241.54       |  |  |

| Harvard Pilgrim – HMO Plus* |          |          |  |
|-----------------------------|----------|----------|--|
| Employee Only               | \$78.24  | \$275.47 |  |
| Employee + Spouse           | \$200.40 | \$653.72 |  |
| Employee + Child(ren)       | \$167.44 | \$556.38 |  |
| Employee + Family           | \$211.57 | \$744.72 |  |

| Harvard Pilgrim – Tiered POS |          |          |  |
|------------------------------|----------|----------|--|
| Employee Only                | \$104.83 | \$285.60 |  |
| Employee + Spouse            | \$248.83 | \$677.76 |  |
| Employee + Child(ren)        | \$211.78 | \$576.84 |  |
| Employee + Family            | \$314.68 | \$857.14 |  |

| Harvard Pilgrim PPO (for currently enrolled plan members only) |          |            |  |
|--|----------|------------|--|
| Employee Only  | \$268.74 | \$473.15   |  |
| Employee + Spouse  | \$683.95 | \$1,203.94 |  |
| Employee + Child(ren)  | \$539.64 | \$949.90   |  |
| Employee + Family  | \$814.18 | \$1,316.05 |  |

\*Including HMO Plus Out-of-Area Plan

| DENTAL                     | 30+<br>Hours | 20-29<br>Hours |  |
|----------------------------|--------------|----------------|--|
| Delta Dental – Low Option  |              |                |  |
| Employee Only              | \$11.07      | \$11.07        |  |
| Employee + Spouse          | \$22.15      | \$22.15        |  |
| Employee + Child(ren)      | \$21.04      | \$21.04        |  |
| Employee + Family          | \$33.22      | \$33.22        |  |
| Delta Dental – High Option |              |                |  |
| Employee Only              | \$23.52      | \$23.52        |  |
| Employee + Spouse          | \$47.04      | \$47.04        |  |
| Employee + Child(ren)      | \$44.68      | \$44.68        |  |
| Employee + Family          | \$70.55      | \$70.55        |  |

#### VISION

| EyeMed                | Low Option | High Option |
|-----------------------|------------|-------------|
| Employee Only         | \$2.05     | \$3.96      |
| Employee + Spouse     | \$4.06     | \$9.52      |
| Employee + Child(ren) | \$4.06     | \$7.93      |
| Employee + Family     | \$6.07     | \$11.10     |