



Boston Children's Hospital

Benefits Enrollment Guide

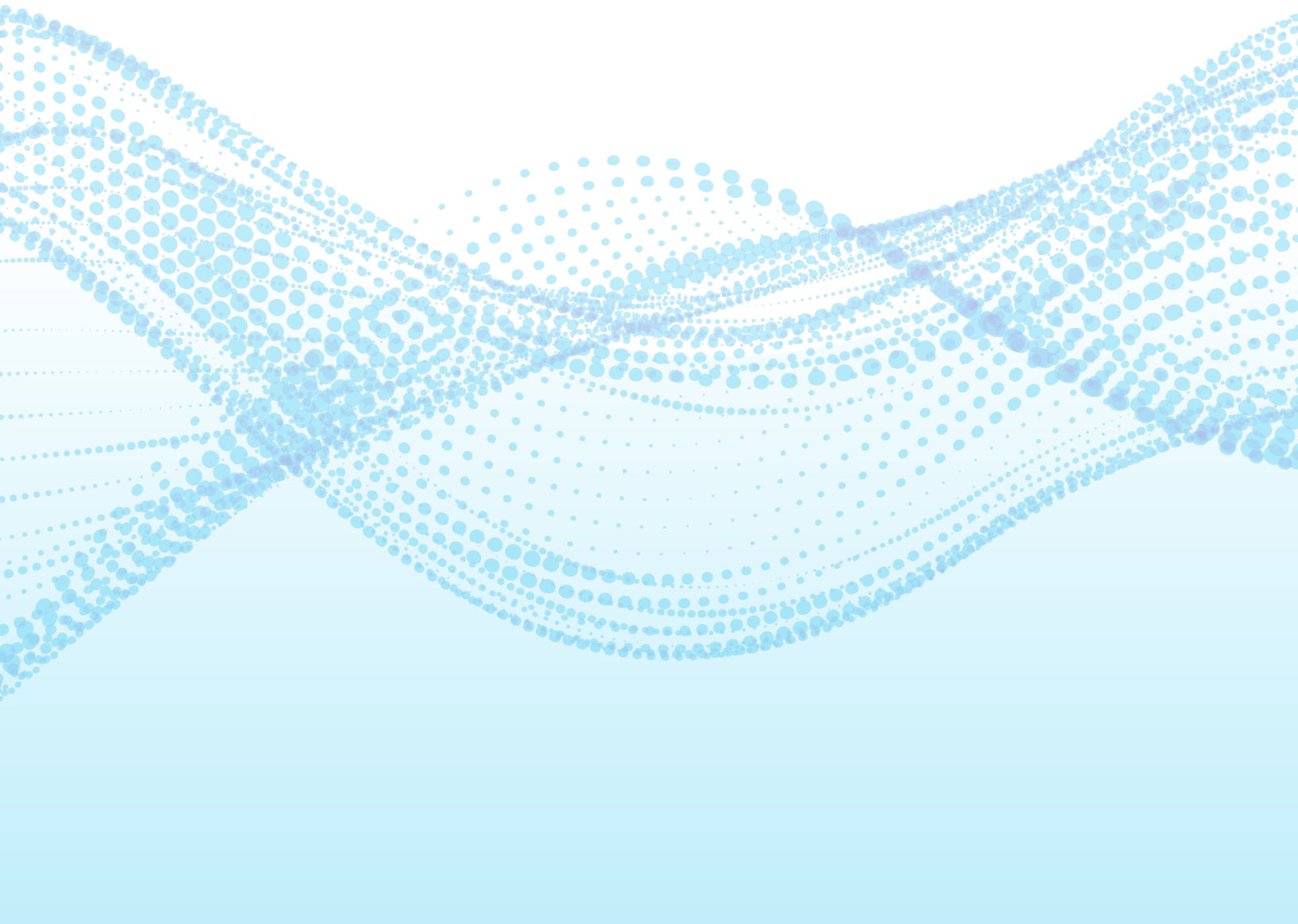


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Welcome to Your Benefits Enrollment Guide



As part of its commitment to employees, Boston Children's Hospital offers a competitive benefits program. Not only are the benefits rich, but the scope of the offerings is broad—providing flexibility and choice to meet the ever-changing needs of our diverse workforce and their families.

The benefit programs are designed to promote good health, financial security, and a balance between our work and personal lives. Some of the benefit plans are provided at no cost to you; for others you pay some (or all) of the cost at attractive group rates through payroll deduction.

Please Review Your Enrollment Guide

This guide contains benefit program information and coverage charts to help you understand and evaluate your options before making enrollment decisions. The program descriptions in this guide are a primary source of information about your benefits. We encourage you to read this enrollment guide carefully and to understand the current benefit programs offered by Boston Children's so that you may make informed enrollment decisions.

Detailed Program Information Is Available on the HR Intranet

For in-depth benefit program descriptions, visit the Benefits site on [Boston Children's Today > Human Resources > Benefits](#) (referred to as **Benefits Page** throughout this guide). There you will also find links to service providers to help you decide which plans are right for you and your family.

Message to Employees

If you need translation assistance with your enrollment materials, arrangements will be made as soon as possible to provide assistance. Contact the HR Employee Service Center at **617-355-7780, x 57780** or: HREmployeeServiceCenter@childrens.harvard.edu.

Mensaje a los empleados

Notifique a su supervisor si necesita ayuda de interpretación para matricularse y elegir sus beneficios para el 2016. Los arreglos necesarios para asistirle se harán tan pronto sea posible.

Mensagem a los empleados

Diga ao seu supervisor se precisar de ajuda de um intérprete com os seus folhetos da inscrição. Serão feitos preparativos logo que possível para lhe prestar a assistência de que você necessita para fazer a sua escolha de benefícios.

Mesaj ba tout anplwaye yo

Tanpri fè Manadjè w konnen si w bezwen yon entèprèt pou tradui dokiman enskripsyon yo pou w. Y ap ba w tout asistans ou bezwen pou kapab seleksyone bene-fis ou pou.

Employee and Dependent Eligibility

Employee Eligibility

You are eligible* for Boston Children's benefits if you are a full-time or part-time employee regularly scheduled to work at least 20 hours per week and you are not classified as a temporary or per diem employee. You are eligible for most Boston Children's benefits within the first month of your employment, and your coverage begins on your date of hire or initial eligibility date.

Dependent Eligibility

Under the terms of the Boston Children's medical, dental, vision, and life insurance plans, your eligible dependents include the following individuals:

1. Your legally married spouse. You may be required to provide proof of marriage. Ex-spouses are not considered eligible dependents.
2. Your children up to the age of 26. This includes your natural children and children for whom you are the legal guardian. You may elect to cover your adult child up to age 26 regardless of financial dependency, marital status, student status, or residency.
3. Your unmarried dependent children with mental or physical disabilities. Medical, dental, and vision coverage may go beyond age 26 for your unmarried dependent children with mental or physical disabilities if your child is dependent on you for primary financial support and maintenance due to the disability, is incapable of self-support, and the disability existed before the child reached age 19.

Dependent Verification Documentation

To ensure that we are covering only those dependents who meet our plans' eligibility requirements, Boston Children's may ask you to provide documentation to support dependent eligibility. Documentation may include a birth/adoption certificate, a marriage certificate, evidence of disability, or other documents establishing dependent eligibility.

Falsification, omission, or misstatement of dependent information is grounds for disciplinary action. If a dependent does not meet the legal or contractual definitions, then all benefits will be denied to those individuals, and the employee will be responsible for any health care costs paid by Boston Children's.



Eligible Dependent Children Include

- Your biological children
- Your adopted children (including children placed with **you** for adoption)
- Your stepchildren
- Your foster children
- Children of your spouse
- Children for whom you are the legal guardian
- Dependent children of a married or unmarried eligible dependent

* Please note: Employees who are coded as joint appointees, non-joint appointees, research fellows, or clinical fellows have differences in long-term disability, earned time, tuition assistance, and retirement plan than what is listed in this Enrollment Guide.

Enrolling in Benefits and Making Changes

When You Can Enroll and Make Changes

Benefits-eligible employees may enroll in or change benefits during certain times of the year:

- Within 30 days of your hire date or first becoming eligible for benefits (see below)
- During Boston Children's annual Benefits Open Enrollment period
- Within 30 days of a qualified change in family or employment status

Special Internal Revenue Service (IRS) rules apply to benefits that are deducted on a pre-tax basis. If you do not enroll within 30 days of your date of hire, or the date of benefits eligibility, you will not be allowed to enroll until the next annual Open Enrollment period unless you experience a qualified change in status.

New Hire Enrollment/Newly Eligible Employees

When you become a benefits-eligible employee, you receive a benefits packet with information. This packet includes coverage and cost information and instructions on how to enroll online. You may also go online to the HR/Benefits section of our intranet for in-depth descriptions of benefit programs and links to service providers.

When you enroll in medical, dental, vision, life insurance, long-term disability, legal, or elect to participate in a flexible spending account, your coverage begins on your date of hire or initial eligibility date. Please note if evidence of insurability (EOI) is required for your election, your election will not take effect until it is approved by the insurance carrier.

If you wish to enroll in one or more of the following programs you must do so within 30 days of becoming eligible for the benefit:

- Medical
- Dental
- Vision
- Voluntary Coverage
- Flexible Spending Accounts
- Supplemental, Spouse and/or Child Life Insurance
- Long-Term Disability (LTD)
- Legal Plan

Deductions for your benefits are based on the effective date of your coverage and are **not** prorated. Full pay-period deductions are always taken.

Please remember you must complete your enrollment within 30 days of your hire or eligibility date.

Coverage Levels of Specific Benefit Programs

You may elect medical, dental, or vision coverage at the following levels:

- Employee Only is for you
- Employee + Spouse is for you and your spouse
- Employee + Child(ren) is for you and your eligible children
- Family Coverage is for you and your spouse and eligible children

Qualified Changes in Status: Life Events that Allow You to Make Benefit Changes

You may only make a benefit election (or change) outside of your initial 30-day enrollment period, if you experience a qualified change in family or employment status or during the Annual Open Enrollment period.

The employee cost for medical, dental, vision, and Flexible Spending Accounts is deducted from your paycheck on a pre-tax basis. Under IRS rules, your pre-tax benefit elections must remain in effect until the next calendar year unless you experience a qualifying change in status during the year. Qualifying status changes generally include a change in:

- Your marital status, including marriage, divorce, or death
- The number of your dependents, including birth, adoption, placement for adoption, or death of a dependent
- Employment status for you, your spouse, or dependent child, such as starting a new job or stopping employment
- A change in work schedule that impacts your eligibility for benefits, such as a reduction or increase in hours, a switch between part-time and full-time employment, or the start of or return from unpaid leave
- Permanent change of residence or work location for you, your spouse or dependent, that affects your benefits (for example, you move out of the HMO service area)
- Certain cost, coverage, or material changes in the benefit provisions of a non-Boston's Children's plan in which you are enrolled

Changes You Make Must Be Consistent With the Qualified Event

Any change in benefit program or coverage must be consistent with the change in status. For example, if you get married, you may add your spouse (and any

eligible dependent children) to your medical plan or cancel your medical coverage to join your spouse's medical plan.



Allowable Changes Must Be Made Within 30 days of the Qualifying Event

The maximum time frame to submit a change is 30 days from the date of the event. Changes cannot be accepted after the 30-day enrollment window.

The Effective Date of Your Benefit Change is the Date of the Event

The effective date of your change in coverage is the date your change in status occurred—the date of the life event. Any resulting change in the cost of your coverage is retroactive to the date of the event (for example, going from individual coverage to family coverage) and, if needed, the deductions for your new benefits will be retroactively taken. Please note deductions are not prorated; full pay-period deductions are taken.

You will need to provide the following information within the 30-day window to request a change; you cannot make changes outside the 30-day window:

- The type of family or employment status change
- Proof of the change (documentation showing the change)
- The effective date of the change
- The benefit coverage to be dropped or added
- Enroll through PeopleSoft Employee Self Service: Children's Today > PeopleSoft > HRMS Login > Employee Self Service > Login. Click on "Employee Self Service Home" > "My Benefits Home," "Benefits Details." Click on "Life Events" and follow the instructions on the screen.

If you have any questions please contact the HR Employee Service Center at x 57780, or **617-355-7780**.

Or, you can send them an e-mail at: HREmployeeServiceCenter@childrens.harvard.edu

Health and Welfare Benefits

Medical

This section provides information to help you choose the medical coverage that is right for you.

Boston Children's offers three medical plans through Blue Cross Blue Shield of Massachusetts (BCBSMA):

- Network Blue New England Value HMO
- Network Blue New England Premium HMO
- Blue Care Elect Preferred PPO

Primary care providers (PCPs) and hospitals within Blue Cross Blue Shield's provider network will be designated as Standard or Preferred for both the Value HMO and Premium HMO as they are considered tiered network plans.

What are tiered network plans?

Tiered network plans group PCPs and hospitals in Massachusetts and New Hampshire into tiers based on cost, quality and location. Tiered network plans give members:

- The ability to control out-of-pocket costs
- A simple benefit design that's easy to understand

For more information describing network tiering, please review the document: BCBS Tiered Network FAQs, found on the Medical, Dental, Vision Insurance section of the **Benefits Page**. For more information describing how HMO and PPO plans work, see the next page.



HMO Value Plan

This option may fit those who anticipate they will need fewer number of health services during the year. The HMO Value Plan has the least expensive employee contribution cost, but includes two separate annual \$750 individual and \$1,500 family deductibles for Standard Tier and Preferred Tier provider's services.

HMO Premium Plan

This option may fit those who estimate they will use a greater number of health services during the year. The HMO Premium Plan has higher contribution costs than the HMO Value Plan, and has two separate annual \$250 individual and \$500 family deductibles for Standard Tier and Preferred Tier provider's services.

The two HMO plans are subject to a modified tiered network through BCBS. Picking a PCP

or hospital on the Preferred Tier can save you money at the time of the service (coinsurance or copayments).

PPO Plan

This option has the most expensive contributions, but allows the most flexibility as you are able to select providers inside and outside of the BCBS network. Tiering does not apply to this plan.

All Plans cover preventive health services at 100% with no deductible, copayment or coinsurance if the services are performed within the BCBS network.

For all medical plans there will be no copayment required for the first six behavioral health visits. By making this change, Boston Children's Hospital is recognizing the importance of behavioral health services and providing easier access.

What is an HMO?

When you join an HMO, you choose a PCP to oversee and coordinate all your care. You also agree to receive all medical care services within the HMO network (excluding emergency services), and you must get a referral from your PCP for any specialist visits.

At the time you and your dependents enroll in either of the HMO health plans, you will be required to choose a PCP who participates in the BCBS network. Simply call BCBS via the phone number on your subscriber ID card to communicate your PCP choice. You can also do this online at myblue.bluecrossma.com (you will be required to set up a secure account). Until you designate a PCP with BCBS, only emergency services will be covered. You have the right to change your PCP at any time, for any reason.

If cost is a consideration, consider choosing a PCP designated as being in the BCBS Preferred Tier for lower coinsurance and copayments for many services.

To find a participating provider near you, call **888-743-4505** or visit our [BCBS Microsite](#).

What is a PPO (Preferred Provider Organization)?

A PPO allows you to see any health care provider you select. You'll pay less when you use a provider in the BCBS network. You don't have to have a primary care physician oversee your care and make referrals to specialists, but you may do so if you wish. The PPO also covers services you receive outside of the network, but you'll pay a greater share of the cost for these services.

The PPO requires a higher premium contribution from you each pay period.

Boston Children's Hospital Shares in the Cost of Your Medical Premium

You and Boston Children's share in the cost of your medical premium payment. The pre-tax amount you contribute per pay period is based on your work status (full-time or part-time), base pay, coverage level, and your choice of plan. See the Benefits Contribution Rate Sheet in the Benefits Enrollment section of the [Benefits Page](#).

Choosing the Medical Plan That's Right for You

Each year, it is important to consider all your medical plan choices. Choosing a medical plan entails more than looking at the premium contributions. It means reviewing your own and your family's use of health care services, what you expect this year's use of health care services will be, and looking at the bottom line—your total cost of coverage; that is, the premium contributions you pay, plus what you pay out-of-pocket for copayments, coinsurance, and deductibles during the year. It's important to choose a plan that meets your needs, but you don't want to pay for coverage that you won't use.

Prescription Drug Coverage

When you enroll in any of the medical plan options, you will have prescription drug coverage through Caremark. The cost of your prescription drug coverage is included in the cost of your medical plan premium. For copayment details, see the BCBS Medical Plan Comparison Chart located in the Medical, Dental, Vision Insurance section of the Benefits Page.

Getting the Most Value from Your Prescription Drug Coverage

There are two ways to get the most value from your prescription drug coverage:

- Choose **generics**
- Use the **mail service program**

Participating Caremark Pharmacies

When filling prescriptions for short-term medication, such as antibiotics, it is important that you use a Caremark participating retail network pharmacy to receive your full plan benefit. The Caremark Retail Program includes more than 65,000 participating pharmacies nationwide, including more than 25,000 independent community pharmacies. Use the Pharmacy Locator at Caremark.com to see if your pharmacy is in their network.

Caremark's Mail Service Program

If you use long-term medication or are on a maintenance prescription that needs to be refilled regularly, you **must** refill for 3 months at a time either at a CVS or through Caremark's mail order pharmacy. Caremark's mail order is a safe and convenient way to fill your prescriptions. You can order your prescriptions easily online and have them delivered directly to your home.

When you use the mail order pharmacy or pick up a 3-month supply at CVS, you get a 90-day supply of medication for the price of two-and-a-half times the monthly copay. When using the mail order option or the CVS pharmacy, ask your doctor to write your prescription for a 90-day supply, instead of a 30-day supply. You will get a reminder through the mail from Caremark when you are required to fill your medications for three months at a time.

NOTE: Any maintenance medications (more than a 30-day supply) must be filled at a CVS Pharmacy or by mail order.



You Save Money When You Use Generic Drugs

When your doctor prescribes medicine for you, ask if there is a generic equivalent. Generics are always your lowest cost alternative. A generic drug is a prescription drug sold under its chemical name, rather than a brand name. Generic drugs are required by law to include the same or similar levels of active ingredients as their brand name equivalents.

The decision to use a generic versus a brand-name medication is between you and your doctor, and you are encouraged to discuss generic alternatives with your doctor each time a medication is prescribed for you.

Dental

You have two choices for dental coverage – the Dental Basic Plan and the Dental Plus Plan. Both plans provide 100% coverage for diagnostic and preventive care services with no deductible. For basic and major restorative services, you must meet the annual deductible before the plans pay benefits; you then pay a percentage of covered costs as shown in the chart on the next page. Orthodontia coverage for both children and adults is available in the Plus Plan only.

If you are joining either of the dental plans for the first time, you will receive a dental plan ID card in the mail. To find a participating provider near you, call **800-872-0500** or visit deltadentalma.com. There is also a link to Delta Dental on the Benefits Page.

Delta Dental's Premier Network is a broad network of dentists. A subset of Delta Dental's Premier Network is its PPO Network. PPO dentists have agreed to accept a deeper discounted fee for their services than Premier dentists, and Delta Dental passes the savings on to the member to lower your out-of-pocket cost. The chart below provides an example of the savings passed on to the member when you use a PPO dentist.

Rollover Max Feature

With Rollover Max, a portion of the annual dental insurance maximum that you or your family members do not use individually during a plan year may be rolled over to the next year and added to that subsequent year's annual maximum benefit. The result is increased benefits available to help pay for services you may need that cost more than the plan's benefit maximums.

- To qualify, you must have at least one cleaning or oral exam in a calendar year, and you must be enrolled for dental coverage before the fourth quarter of the year.
- If you are a member of Dental Plus and your yearly claims are \$900 or less, you could roll over up to \$700 to use in the next year or beyond, up to an overall capped rollover amount of \$1,500.
- If you are a member of Dental Basic and your yearly claims are \$500 or less, you could roll over up to \$350 to use in the next year or beyond, up to an overall capped rollover amount of \$1,000.
- If you leave Boston Children's, you lose your rollover amount.
- Rollover Max does not apply to orthodontia coverage.

When you visit a: (service is Type III)	Delta Dental PPO dentist	Delta Dental Premier Plus dentist	Non-Participating dentist
Fee charged by dentist	\$1,288	\$1,288	\$1,288
Delta Dental discounted fee	\$928	\$1,094	\$1,160
Cost to you	\$464	\$547	\$708

Please note the chart above is only for illustration purposes by Delta Dental and does not reflect actual costs, as they vary per provider and geographic area; the chart also assumes all deductibles have been met for the year.

Type of Service	Dental Basic Plan	Dental Plus Plan
Annual Deductible	\$25 individual \$75 Family	\$25 individual \$75 Family
Type I: Preventive and Diagnostic Services (oral exams, cleanings, full-mouth, bitewing and single x-rays, fluoride treatment, space maintainers, and sealants)	100%, no deductible	100%, no deductible
Type II: Basic Restorative Services (fillings, extractions, oral & periodontal surgery, root canal therapy, anesthesia, bridge or denture repair)	50% after deductible	80% after deductible
Type III: Major Restorative Services (fixed bridges and crowns, dentures, implants)	50% after deductible	50% after deductible
Orthodontic (complete exam and active orthodontic treatment and appliances; kids and adults)	N/A	100% up to the lifetime maximum benefit (lifetime maximum is with Delta Dental, not just the Boston Children's plan*) no deductible, no age limit
Maximum Benefit	\$1,000 per person per year for Type I, II and III Services	\$2,500 per person per year for Type I, II and III Services, \$2,000 per person per lifetime orthodontia

Boston Children's Hospital Shares in the Cost of Your Dental Premium

You pay for dental coverage the same way you pay for medical coverage – through convenient before-tax payroll deductions. Boston Children's pays a portion of the premium cost of dental insurance for employees.

See the **Benefits Contribution Rate Sheet** in the Benefits Enrollment section of the **Benefits Page** for a complete list of all the rates.

* The lifetime maximum for orthodontic coverage is a lifetime maximum with Delta Dental, not just coverage with the Boston Children's Hospital dental plan. If you have had coverage in the past at Delta Dental with a previous employer and you or a covered dependent have already hit the maximum orthodontic benefit under another plan, then your lifetime max will have already been used.

Age limitations apply. This is a summary only. Limitations apply to the services described above. Contact the HR Employee Service Center for more information.

Vision

Vision Services Plan (VSP) provides each covered family member with coverage for annual eye exams, necessary corrective lenses, including eyeglass lenses or contact lenses, and discounts on additional covered materials once the plan allowance has been met. VSP offers a vast network of covered providers that range from small local optometrist shops to larger well-known national retailers.

To locate a VSP provider please go to vsp.com or call **800-877-7195**.

You have two choices for vision coverage – the **VSP Basic Plan** and the **VSP Plus Plan**. Both plans provide 100% coverage for your annual eye exam at an in-network provider, and coverage for new lenses or contacts every 12 months.

The Basic Plan covers new frames every 24 months with an allowance of \$130; the Plus Plan covers new frames every 12 months and also has the option to have a higher frame allowance of \$200. With the Plus Plan, covered members are offered the option

to have a higher frame allowance, anti-reflective coating covered at 100%, or progressive lenses covered at 100%. (Your provider can help you determine which option will provide you with best coverage and lowest out-of-pocket cost.) The Plus Plan also includes KidsCare, providing additional benefits to meet the unique requirements of children.

Vision Plan Cost and ID cards

You pay the full cost of this benefit on a pre-tax basis. See the Benefits Contribution Rate Sheet in the Enrollment Section of the Benefits Page.

VSP does not mail ID cards to your home address

Your VSP ID (and covered family member's ID number) is three zeros followed by your six-digit Boston Children's Employee ID Number. Although it is not required, you can print an ID card when you login to your VSP account at vsp.com.

Your Coverage with Out-of-Network Providers

Get the most out of your benefits and savings with a VSP Network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits.

Visit vsp.com for plan details or call **800-877-7195**.

- \$45** Exam
- \$70** Frame
- \$30** Single Vision Lenses
- \$50** Lined Bifocal Lenses
- \$65** Lined Trifocal Lenses
- \$50** Progressives
- \$105** Contacts

Your VSP Vision Benefits Summary			VSP Coverage Effective Date: 01/01/2019 VSP Provider Network: VSP Choice			
Boston Children's Hospital and VSP provide you with a choice in your vision plan—choose the Basic Plan or the Plus Plan with VSP EasyOptions. This plan will allow you and each VSP member on your plan to choose benefits you'll use and love.						
Basic Plan			Plus Plan with EasyOptions and KidsCare			
Benefit	Description	Copay	Benefit	Description	Copay	
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eye health and overall wellness Every calendar year 	\$0	WellVision Exam	<ul style="list-style-type: none"> Focuses on your eye health and overall wellness Every calendar year 	\$0	
Prescription Glasses		\$20	Prescription Glasses		\$20	
Frame	<ul style="list-style-type: none"> \$130 allowance for a wide selection of frames \$180 allowance for featured frame brands 20% savings on the amount over your allowance \$70 Costco® frame allowance Every other calendar year 	Included in Prescription Glasses	Frame	<ul style="list-style-type: none"> \$130 allowance for a wide selection of frames \$180 allowance for featured frame brands 20% savings on the amount over your allowance \$70 Costco® frame allowance Every calendar year 	Included in Prescription Glasses	
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 20-25% savings on other lens enhancements Every calendar year 	Included in Prescription Glasses	Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 20-25% savings on other lens enhancements Every calendar year 	Included in Prescription Glasses	
Lens Enhancements	<ul style="list-style-type: none"> \$0 \$95 – \$105 \$150 – \$175 		Lens Enhancements	<ul style="list-style-type: none"> \$0 \$95 – \$105 \$150 – \$175 		
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contacts lens exam (fitting and evaluation) Every calendar year 	Up to \$60	Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contacts lens exam (fitting and evaluation) Every calendar year 	Up to \$60	
VSP EasyOptions	<ul style="list-style-type: none"> You and each member on your plan can choose one of these enhanced eyewear options when purchasing your glasses (in lieu of contacts): an additional \$70 frame allowance, or fully covered progressive lenses, or fully covered anti-reflective coating. 					
VSP Diabetic Eyecare Plus Program SM	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 					\$20
Extra Savings	<ul style="list-style-type: none"> Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 					

This chart can also be viewed online in the Medical, Dental and Vision section of the Benefits Page.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars to pay for eligible health care or dependent day care expenses for you and your eligible dependents. Contributing to an FSA gives you the opportunity to save money because your contributions are deducted from your paycheck before federal and state income taxes and Social Security taxes are withheld. You can choose to participate in either or both the Healthcare FSA and/or the Dependent Care FSA. HealthEquity/WageWorks administers both plans for Boston Children's. You do not have to participate in one of our medical plans in order to participate in the FSA.



You must make an Active Election to Participate

If you want to participate in a Flexible Spending Account you must elect to do so each year. If you do not make an active election during Open Enrollment for any given year, you will have waived participation for that year.

It is important to plan your FSA contributions carefully. Because they offer substantial tax savings, the Internal Revenue Service (IRS) places restrictions on these types of accounts:

- You must use all of the money in your account for expenses incurred **no later than March 15 of the following year** (see "How the Reimbursement Account Grace Period Works," next page). Any remaining balance in your account after March 15 will be forfeited.
- **You cannot use the Healthcare FSA for day care expenses, and the Dependent Care FSA cannot be used for any eligible health-related expenses** (see "Choose the Right Plan").
- You can only be reimbursed for health care or day care expenses, as determined by IRS rules.

Deciding How Much to Contribute to a Flexible Spending Account

For assistance deciding how much to contribute to one or both accounts you can use the online FSA calculator at wageworks.com > Employees > Calculators.

How the Reimbursement Account Grace Period Works

The flexible spending accounts include a 2.5-month grace period. This means that plan participants who have not used all of their annual election by December 31, will have until March 15 of the following year to incur eligible expenses which may be reimbursed from the prior year's remaining election.

Claim forms and required documentation for expenses incurred between January 1 and March 15, must be postmarked or otherwise submitted to HealthEquity/WageWorks for processing by March 31. Under IRS regulations, you must file reimbursement requests by March 31 of the next plan year, or you forfeit all funds remaining in your accounts.

Expenses incurred during the grace period will be paid out of the previous plan year's account first, if it has a remaining balance. Then, reimbursements will be paid out of the new plan year's account. This grace period ensures you have more time to incur expenses and benefit from the federal, state, and FICA tax savings associated with participating in the FSAs.

Choose the right plan:

- The Healthcare FSA is for medically-related expenses
- The Dependent Care FSA is for expenses related to child and elder care only. The Dependent Care FSA is not for health care expenses for dependents.

You may not transfer money between the Healthcare FSA and the Dependent Care FSA. Be sure you understand the uses for each distinct account and choose the account(s) and contribution level(s) that are right for you.

Healthcare Flexible Spending Account (HCFA)

The HCFA allows you to pay for eligible out-of-pocket healthcare expenses for you and your eligible dependents with pre-tax dollars you contribute to your account. You decide how much to contribute based on what you expect your expenses will be for the upcoming year. Your full election amount is available on January 1 of the New Year, or the date you enroll.

Eligible expenses include, but are not limited to, deductibles, copays, coinsurance, eligible expenses in excess of your benefit plan coverage (medical, dental and vision), private duty nursing, chiropractic services, doctor-prescribed weight loss and smoking cessation programs, medical equipment, eyeglasses, contact lenses, and other out-of-pocket healthcare expenses that are deductible for federal income tax purposes. A comprehensive list of eligible expenses can be found at wageworks.com > Employees > Eligible Expenses.

The complete list of eligible expenses available can be found in the IRS Publication 502 at irs.gov.

Healthcare FSA Contribution Level

You may elect an annual amount from \$260 up to the annual IRS maximum for that year, on a pre-tax basis, to pay for eligible healthcare expenses for you and your dependents. The IRS sets the healthcare FSA maximum prior to the start of the calendar year and our enrollment system will reflect that amount.

Getting Reimbursed from Your Healthcare FSA

When you enroll in a healthcare FSA, you will receive a Healthcare Flex Card from HealthEquity/WageWorks. You can use this card at participating providers such as hospitals, physician offices, and pharmacies. Just show the card when you have an out-of-pocket expense and if the charges meet the eligibility requirements, your provider will be paid directly. In most cases, that's all you have to do. However, for transactions that HealthEquity/WageWorks are unable to automatically approve, you will be asked to provide itemized receipts to HealthEquity/WageWorks.

The IRS requires that the FSA vendor obtain 100% verification of healthcare card transactions. For most transactions, HealthEquity/WageWorks is able to verify by checking plan copayments and deductibles. If the transaction is for an unusual amount, such as the purchase of glasses or dental expenses, they will need to ask for receipts. Receipts should include: patient, provider, date of service, type of service, and the amount participant paid for the services after any insurance has been paid.

If you prefer to pay up front and get reimbursed (instead of using the Healthcare Flex Card), you can submit a claim form and supporting documents to HealthEquity/WageWorks. They call this a "Pay me back" claim. Once received, HealthEquity/WageWorks will review the claim and reimburse you for the eligible expense, up to the amount you have elected to contribute for the year. You will be reimbursed with tax-free money from your account.

Federal Regulations for Over-the-Counter Medicines

Federal regulations require that any over-the-counter (OTC) medicines or drugs must be accompanied by a prescription in order to be reimbursable out of a Healthcare Account. Reimbursable expenses for OTC medications or drugs will be denied unless you submit a prescription written prior to the date the OTC medications or drugs were purchased.





Dependent Care Flexible Spending Account (DCFSA)

If you have expenses associated with the care of a dependent child or a disabled dependent who is claimed on your tax return, you may want to consider signing up for the dependent care FSA. You may elect to contribute to the DCFSA on a pre-tax basis to help pay for eligible child and dependent care services, which are incurred so you or your spouse, if you are married, can work.

Dependent Care Account Contribution Level

You may elect to contribute from \$260 up to \$5,000 per calendar year if you are married and file a joint income tax return, or if you are single and file as head of household. If you are married and file a separate income tax return, you may elect to contribute from \$260 up to \$2,500 per calendar year.

Eligible Dependent Care Account Expenses

The IRS sets the guidelines for expenses eligible for reimbursement through DCFSA. Eligible dependent care expenses include fees for babysitting services during working hours, nursery school, licensed day care centers, summer day camps, and in-home care for a dependent that is not capable of self-care. To qualify for reimbursement under the dependent care account, the expense must be for the care of a dependent:

- Who is under the age of 13 and can be claimed as a dependent on your federal tax return, or
- Who lives in your house one half of the year, is fully dependent upon you, and is claimed as a dependent on your federal tax return. If expenses for this dependent are incurred outside your home, then the expenses are qualified only if this dependent regularly spends at least 8 hours a day in your home. Please note that your provider must supply their Social Security number or tax ID number and claim payment of these services as income.

Dependent care expenses typically not reimbursable through the DCFSA include charges for housekeeping, transportation, overnight camps, educational programs, and education for children in kindergarten or higher grades.

Dependent Care Tax Considerations

Under current tax law, you may be eligible to receive a tax credit on your federal income tax return for dependent care expenses. This credit covers the same expenses that qualify for reimbursement through the dependent care FSA.

You may use both the dependent care FSA and federal child care tax credit to pay for your dependent care expenses. However, the IRS will deduct any amount you deposit to the dependent care FSA from the maximum you are allowed to take as a tax credit. You are encouraged to consult a tax specialist for more information regarding the tax implications of using a dependent care FSA.

For more information on what is or is not covered under the DCFSA, visit wageworks.com > Employees > Dependent Care FSA.

A complete list of eligible expenses is available in Publication 503 at irs.gov.

Your Dependent Care FSA Balance and Reimbursement

If you request a reimbursement amount from DCFSA that is greater than your year-to-date contributions, any unpaid balance will be carried forward and paid out as future contributions are added to your account.

To be reimbursed for eligible dependent day care expenses, you must submit a dependent care FSA Reimbursement Request along with original receipts, dates of service, the name of the dependent receiving the care, and the name and tax ID of the provider.

Dependent Care FSA and Discrimination Testing

Dependent care FSAs are subject to discrimination testing under IRS rules and the maximum amount that you can contribute in a plan year may be reduced subject to the results of these tests. You will be notified if any changes in your contributions need to be made.

Disability and Life Insurance

Short-Term Disability (STD)

If you become disabled and are unable to work due to a non-work related illness or injury for seven or more calendar days, you will receive 60% of your weekly base pay, up to a maximum of \$2,000 per week, for up to 26 weeks. Boston Children's disability carrier is Lincoln Financial.

Details about STD Coverage:

- You are enrolled for STD coverage automatically following the completion of 90 days of continuous service and Boston Children's pays the full cost of your STD insurance.
- If you become disabled and are unable to work, you must file a claim with both the Massachusetts Department of Family and Medical Leave and Lincoln Financial. If your claim is approved, benefit payments begin after you are unable to work for the required seven-day elimination period.
- For more details please refer to the Leave of Absence page (Children's Today > HR > Benefits > Leave of Absence) and the leave of absence policies in the HR Policy Manual located on the Human Resources Home Page.
- Because Boston Children's provides STD coverage at no cost to you, your STD payments are taxable as income to you; therefore, taxes will be deducted from your weekly STD benefit. You are responsible for paying the difference, if any, from the taxes withheld from your benefit and the total taxes you owe for that year.
- While on STD, Lincoln Financial will automatically deduct FICA taxes from your STD payments. If you want Federal or State taxes to be withheld, you must inform Lincoln Financial during the application process. They will then assist you with the process.

Long-Term Disability (LTD)

Long-Term Disability insurance is designed to pay a monthly benefit to you if you cannot work because of a covered illness or injury. In the event of your continuing disability, you may be eligible to receive monthly LTD payments up to age 65 (or later if you become disabled after age 60).

Employees going out on STD can expect to receive a benefit payment under the new Massachusetts Paid Family and Medical Leave program (MAPFML). Your STD benefit payment from Lincoln Financial will be offset (reduced) by the MAPFML benefit amount that you receive. There is no change or reduction in STD coverage, however benefit payments will be made by both the state program and Lincoln Financial separately. In certain cases, your payment from the MAPFML program may be as much (or more than) you would receive under STD; in these instances, you will not be receiving an additional benefit payment from Lincoln Financial.

You must enroll if you wish to participate in this benefit. You have two LTD options:

- 60% of your monthly base pay, up to \$15,000 maximum benefit per month.
- 40% of your monthly base pay, up to \$15,000 maximum benefit per month.

LTD Enrollment and Evidence of Insurability

If you do not enroll in LTD coverage when you are first eligible, or if you enroll in the 40% option, you will be required to complete an EOI form before you will be allowed to increase coverage from the 40% to the 60% option, or to enroll at a later date in any option. Based on your completed EOI form, your request will be approved, denied or you may be asked to provide additional information, including a physical exam. Coverage will take effect once you are approved by the insurance company. You must be actively at work for your enrollment or change to occur. If you are not actively at work, your change will not take effect until you are actively at work.

Highlights of Boston Children's LTD Coverage

- Long-term disability provides you with income protection if you are out of work due to a non-work related illness or injury.
- Your LTD benefits will be reduced by other group disability benefits that you receive, including any income from Social Security, Workers' Compensation and other group disability plans.
- Since you pay the full cost of LTD coverage on an after-tax basis, you will not pay income taxes on LTD payments you receive. This provides you with the highest replacement income when you need income the most.
- For the first 36 months of LTD payments, you are considered totally disabled if you are unable to perform your own job. After 36 months, you must be unable to perform any occupation for which

you are reasonably qualified by education, training, or experience.

- Under the LTD plan, mental illness or substance abuse benefits are limited to no more than 24 months per occurrence.

Cost of Coverage

You pay the full cost of LTD coverage on an after-tax basis. See the Benefits Contribution Rate Sheet found on the Benefits Page for a complete list of all the rates.

How the LTD Benefit Payments Work With STD

The example below illustrates participation in the 60% plan option versus the 40% option for an employee earning an annual salary of \$65,000, and compares those two overall benefit payment options to what would happen if LTD coverage is waived.

Short-Term and Long-Term Disability Benefits Option and Waived Cost

(Example comparing options at a \$65,000 annual salary.)

	60% Option*	40% Option*	Waived LTD
Annual Cost of Coverage	\$475.05	\$232.08	\$0
STD for 26 weeks	\$19,500	\$19,500	\$19,500
LTD for 26 weeks (nontaxable)	\$19,500	\$13,000	\$0
Total Annual Disability Income (less cost of Coverage)	\$38,000	\$26,000	\$19,500

Employee Life Insurance

Basic Life Insurance

Boston Children's provides basic group term life insurance equal to 1 times your annual base pay, rounded to the next \$1,000, up to a maximum of \$750,000. This benefit is fully paid by Boston Children's, and you do not need to enroll for coverage. The life insurance carrier for our plan is Voya.

Supplemental Life Insurance

You may purchase additional term life insurance for yourself with after-tax dollars. Boston Children's offers supplemental life insurance coverage of up to five times your annual base pay rounded to the next \$1,000, up to a maximum of \$1.5 million. The cost of coverage is based on your age at the beginning of the plan year (January 1) and your annual base pay. You pay 100% of the cost. See the Benefits Contribution Rate Sheet found on the Benefits Page for a complete list of all the rates. Most new enrollments or increases to your supplemental life insurance more than one level after your initial eligibility date will require Evidence of Insurability (EOI).

Changes in Coverage Levels and Cost

If your base pay increases or decreases during the plan year, your basic and supplemental life insurance coverage will also increase or decrease as of that date. Your cost for supplemental life insurance will also adjust based on your new pay.

Beneficiary Designation for Basic and Supplemental Life Insurance

It is very important that you name beneficiaries upon your initial enrollment, and that you keep them up to date. If you have had a change in family status during the year—if you got married, had a baby, adopted a child, or were divorced—check your life insurance coverage and beneficiary designations to make sure they still meet your needs. In the event of your death, your current beneficiary is your legal beneficiary.

Age Reduction Schedule

At age 70, the value of your combined basic and supplemental group life insurance reduces to 65% of your total amount of group term life insurance. At age 75, your coverage is reduced to 50% of the original amount of group term life insurance.

Accelerated Death Benefit Provision

The basic and supplemental life insurance plans include an accelerated death benefit provision. Under this provision, if you meet certain requirements, you may withdraw a portion of your life insurance benefit as a lump sum with no tax deductions.

Dependent Life Insurance

Spouse Life Insurance

You may purchase life insurance for your spouse in the following amounts: \$10,000, \$25,000, \$50,000, \$75,000 or \$100,000. You pay the full cost of this benefit with after-tax dollars. See the Benefits Contribution Rate Sheet found on the Benefits Page for a complete list of all the rates.

NOTE: You may not elect spouse life insurance if your spouse is a benefits-eligible Boston Children's employee. Your spouse may elect his or her own supplemental life insurance coverage.

Evidence of Insurability (EOI) for Spousal Life

If you elect spouse life insurance coverage in excess of \$50,000, as a new hire or newly benefit-eligible employee, the amount is subject to EOI. Most new enrollments or increases to spousal life insurance you elect after your initial eligibility date will require EOI.



Accelerated Death Benefit Provision

The spousal life insurance plans include an accelerated death benefit provision. If your spouse meets certain requirements, you may withdraw a portion of the amount of your spouse's life insurance benefit (up to 75% of the benefit) as a lump sum with no tax deductions.

Beneficiary Designation for Spousal Life Insurance

In the event of your spouse's death, you are the beneficiary of any spouse life insurance.

Dependent Child Life Insurance

You may purchase life insurance coverage for your dependent children in the amount of \$5,000 or \$10,000, and coverage may be continued to age 26 for dependent life insurance. You pay the full cost for this benefit with after-tax contributions. The cost per pay period covers policies for one or more children. See the Benefits Contribution Rate Sheet found on the Benefits Page for a complete list of all the rates. If you and your spouse both work at Boston Children's only one parent can elect to cover your child or children under dependent child life insurance.

Beneficiary Designation for Dependent Life

The employee is the beneficiary of any dependent child life insurance.

Evidence of Insurability for Dependent Life Insurance

There is no evidence of insurability requirements for dependent child life insurance.

Business Travel Accident Insurance

Business Travel Accident (BTA) Insurance provides a benefit if you are traveling more than 100 miles and experience a medical emergency while traveling on Boston Children's business. The insurance applies worldwide. Boston Children's pays the entire cost of this benefit.

See complete details on the Business Travel Accident tab on the **Benefits Page** (Life and Disability Insurance).

Voluntary Insurance

Employees can buy additional voluntary insurance designed to complement medical benefits and offer extra financial protection if you are facing an Accident, Critical Illness, or Hospitalization.

Accident Insurance

Accident Insurance pays benefits for specific injuries and events resulting from you or a covered dependent experiencing a covered accident on or after your coverage effective date. The benefit amount depends on the type of injury and care received.

Critical Illness Insurance

Critical Illness Insurance pays a lump-sum benefit if you or a covered dependent are diagnosed with a covered illness or condition on or after your coverage effective date. You can elect the option that best meets your needs.

Hospital Confinement Indemnity Insurance

Hospital Confinement Indemnity Insurance pays a daily benefit if you or a covered dependent have a covered stay in a hospital, critical care unit or rehabilitation facility that begins on or after your coverage effective date. The benefit amount is determined by the type of facility and the number of days confined. You can elect the option that best meets your needs.

See complete details on the Voluntary Insurances tab on the **Benefits Page**.

Retirement Benefits

Boston Children's Retirement Plans

Boston Children's Pension Plans, along with Social Security, your 403(b) Plan, and other personal financial resources, can help you enjoy a financially secure retirement.

Pension Plans

Eligible employees participate in Boston Children's Hospital Corporation Pension Plan or Boston Children's Hospital Corporation Maintenance Employees Pension Plan. Joint Appointees (JA) participate in the Joint Appointee Retirement Program in lieu of the Pension Plan. Please see the Benefits Page for more information on the retirement plans.

Your pension benefit is based on your age, your years of service with Boston Children's, your earnings, and applicable interest credits. If you are eligible to participate in this plan, you will automatically be enrolled. Boston Children's pays the full cost of your pension benefit. For a comprehensive description of Boston Children's Retirement Plans, including eligibility, contribution amounts, and vesting, go to the Benefits Page, and click the Retirement Programs button.

403(b) Tax-Deferred Annuity (TDA) and Investment Plan

Boston Children's helps you save for your retirement by providing a program that allows you to set aside pre-tax money in a Traditional 403(b) and post-tax money in a Roth savings account. Your contributions to your 403(b) or Roth account are always yours. However, federal rules restrict how and when you may receive your savings.

Automatic Enrollment and Hospital TDA Account Match

In order to encourage employee participation in saving for retirement and to establish a tax-deferred annuity for employees who do not have one, Boston Children's automatically enrolls employees

in the Traditional 403(b) Tax Deferred Account at a contribution rate of 2%. Employees may elect to save at a rate higher than 2% or opt out of the plan. Boston Children's will match 100% up to 1% of eligible pay contributed by match-eligible employees.

See the Enrollment Guide within the HR/Benefits, Retirement Programs section of our intranet for detailed information on the TDA plan. Enroll, make changes, find out about and schedule a one-on-one, in-person consultation right at work, by clicking the Fidelity Net Benefits link on the page, or go to <https://nb.fidelity.com/public/nb/bch/home>.



How You Save Money by Contributing to the TDA Plan

- You save money in taxes now. In the current year, 403(b) contributions reduce your taxable income. You do not pay current federal or state taxes on the earned income you contribute. You pay taxes at the time you take distributions.
- Your retirement savings grow tax-deferred. Any earnings you realize on your deferrals grow tax-deferred while in the Plan. Your savings will help offset inflation and supplement your Social Security income after you retire.

Retiree Medical Savings Account Plan

The Retiree Medical Savings Account Plan gives eligible employees—employees working 20 or more hours per week with three or more years of continuous service—the opportunity to set aside up to \$4,500 per year in a special account that can be used to help pay for out-of-pocket medical expenses in retirement. Your contributions are made on an after-tax basis and will be invested in a tax-free investment vehicle. **Your participation in a Retiree Medical Savings Account does not roll over from one calendar year to the next; you must actively enroll from year to year to participate.**

Paid Time Off

Boston Children’s provides eligible regular full-time and regular part-time employees with Earned Time (ET) to cover absences from work. We encourage employees to use their ET throughout the year. ET accrues as you work. Your annual ET amount is based on your date of hire (DOH) or adjusted service date (ASD). ET is prorated for part-time employees. Boston Children’s deposits time in your ET bank at the close of each biweekly pay cycle. ET is not considered earned until the close of the pay cycle, and is not considered earned and vested until the completion of 90 days of service. If you have fewer than 90 days service and you leave Boston Children’s, your ET does not get cashed out.

The maximum amount of ET an employee may store in their bank is 1.25 times their standard annual accrual. **Once your bank hits that amount, you will not accrue ET again until you use up some of the ET hours. In other words, take some time off.**

Earned Time Pay Period Accrual Charts

Biweekly Hours	Per Bi-Weekly Pay Period Accrual for Years of Service (Dates of Hire/Adjusted Service Date 10/1/1995 and beyond)				Dates of Hire/ Adjusted Service Dates before 10/1/1995
	0-4.00	4.01-9.00	9.01-14.00	14.01+	
40	4.77	5.23	5.69	6.31	6.46
42	5.01	5.49	5.98	6.62	6.78
44	5.25	5.75	6.26	6.94	7.11
46	5.48	6.02	6.55	7.25	7.43
48	5.72	6.28	6.83	7.57	7.75
50	5.96	6.54	7.12	7.88	8.08
52	6.20	6.80	7.40	8.20	8.40
54	6.44	7.06	7.68	8.52	8.72
56	6.68	7.32	7.97	8.83	9.05
58	6.92	7.58	8.25	9.15	9.37
60	7.15	7.85	8.54	9.46	9.69
62	7.39	8.11	8.82	9.78	10.02
64	7.63	8.37	9.11	10.09	10.34
66	7.87	8.63	9.39	10.41	10.66
68	8.11	8.89	9.68	10.72	10.98
70	8.35	9.15	9.96	11.04	11.31
72	8.58	9.42	10.25	11.35	11.63
74	8.82	9.68	10.53	11.67	11.95
76	9.06	9.94	10.82	11.98	12.28
78	9.30	10.20	11.10	12.30	12.60
80	9.54	10.46	11.38	12.62	12.92

Earned Time Accrual Charts

Full-time (1.0 FTE) Employees - Annual Earned Time Accrual Credits and Accrual Maximum				
Years of Service	Annual Accrual		Annual Accrual Maximum	
	Days	Hours	Days	Hours
0 - 4.00	31	248	38.75	310.00
4.01 - 9.00	34	272	42.50	340.00
9.01 - 14.00	37	296	46.25	370.00
14.01 +	41	328	51.25	410.00

Part-Time Employees- Annual Earned Time Credit	Calculating Earned Time If You Work 20-399 Hours Per Week
Annual ET credit	Hours earned per pay period x 26 pay periods
Maximum ET balance	1.25 x annual ET credit
Example 1: Date of Hire after 10/1/95	Employee works 40 hours biweekly, hired after 10/1/95 with 5–9 years of service.
Annual Credit	5.23 x 26 = 136 hours
Maximum Balance	1.25 x 136 = 169.98 hours
Example 2: Date of Hire after 10/1/95	Employee works 40 hours biweekly, hired after 10/1/95 with 0–4 years of service.
Annual Credit	4.77 x 26 = 124.02 hours
Maximum Balance	1.25 x 124.02 = 155.03 hours

Employees with Dates of Hire/Adjusted Service Dates before 10/1/95 accrue 42 days/336 hours per year and have a maximum Earned Time Balance of 51.25 days/410 hours.

Other Benefits

There are many programs and resources that are available to Boston Children's employees and their families in having a balanced life.

Tuition Reimbursement

Going back to school to further your career can be expensive. That's where the Tuition Assistance Program can help. And it's just one of several programs and resources available at Boston Children's to help you keep your financial life on a more even keel.

Eligibility

To qualify for tuition assistance, you must be a regular active employee working at least 20 hours per week on the day the approved course begins and ends. You also must have completed 6 months of service before the course start date. Fellows, House Staff and Joint Appointees are not eligible for tuition assistance.

Tuition Benefits

Boston Children's reimburses tuition and costs directly related course fees (such as lab and registration fees) and required textbooks as follows:

- For eligible regular employees in a position scheduled for 30 or more hours per week, you are eligible for up to \$4,000 in tuition assistance per calendar year after 6 months of service.
- For eligible regular employees in a position scheduled for 20 to 29.9 hours per week, you are eligible for up to \$2,000 in tuition assistance per calendar year after 6 months of service.

Our Tuition Assistance Program vendor is EdAssist. See complete details on the program at [Boston Children's Today > Human Resources > Employee Benefits > Other Benefits \(on Left\) > Tuition Assistance Program](#).

Education Benefits and Support

Boston Children's Hospital partners with colleges, universities, and community partners to offer discounts, support, and programs to further your education. Learn more about Workforce Development by visiting [Web2-Human Resources-Workforce Development](#).

Flexible Work Arrangements

The eWork and Flexible Schedule programs promote work-life balance. eWork is any standard schedule that an employee works remotely (off-site), ranging from one to five days per work week. Flexible Schedules provide an opportunity for schedules other than the standard 5 days per week. (Not all positions are eligible for eWork or Flexible Schedules.)

Well-Being Programs

Well-Being Programs provide information, tools, and resources to help you make informed decisions about physical, mental and financial health.

Health Well-Being Programs

There are lots of offerings to support healthy lifestyles. Some programs are condition-specific, and some require being enrolled in our medical plans:

- **Grokker:** website and personal well-being app provides benefit-eligible employees access to over 4,000 on-demand video classes focusing on nutrition, mindfulness, fitness, yoga, and financial well-being.
- **Learn to Live:** available through BCBS, online programs and clinical assessments for stress, depression, social anxiety, insomnia, or substance use. Confidential and free, with 24/7 access and unlimited coaching resources.
- **Livongo:** diabetes management program available through BCBS.
- **Ovia Health:** BCBS program supporting women who are trying to conceive, are pregnant, in the postpartum period, and those who are returning to work.

- **BodyScapes:** subsidy for membership in BodyScapes full-service gym, with three locations (Longwood, Coolidge Corner, and Kendall Square).
- **Nutrimed:** provides personalized evidence-based nutrition therapy. Nutrimed Core helps employees manage over 50 different conditions and NuExpecting supports maternal nutrition during pregnancy.
- **WW (formerly Weight Watchers):** Boston Children's will subsidize Weight Watchers onsite programs, in-person meetings as well as Online Plus.

Members of a Boston Children's BCBS Medical Plan are eligible for a variety of additional programs and discounts, including:

- **Annual reimbursement up to \$150** per family for membership in a full-service health club or a fitness studio, and virtual fitness classes like the Peloton app, online yoga, etc.
- **Annual reimbursement up to \$150** per family for Weight Watchers Programs
- **Well-being Programs** and discounts such as Living Healthy Babies, Blue365, ahealthyme and more
- **BCBS Blue Care Line** provides 24/7 assistance with medical questions. Call **1-888-247-BLUE (2583)**.
- **HIV Supplemental Benefit Plan** provides financial assistance and supplemental services for employees who become HIV positive as a result of work-related exposures incurred at Boston Children's. Boston Children's pays the entire cost and you do not have to enroll.

Financial Well-Being Programs:

In addition to physical and mental health, BCH employees have access to the following resources to keep you financially secure:

- **Workingcredit.com:** credit-building expert platform with free, confidential advisory services to help you set and reach your financial goals with a customized action plan.

- **PerkSpot:** BCH's exclusive discount program with up to 40 new deals each day, from vacation packages to wedding and tech discounts.
- **Harvard University Employees Credit Union:** employee-owned local credit union that provides low transaction fees and rates and enhanced customer service for personal, education, home, and auto loans.
- **Bank of America Banking and Investing Program:** As a Boston Children's Hospital employee and BOA customer with direct deposit, you can have certain banking service fees waived and gain access to investment and Preferred Rewards programs.
- **Ford Partner Recognition X-Plan Vehicle Pricing:** Enjoy exclusive savings on Ford and Lincoln vehicles, in addition to publicly offered programs available at your local participating dealerships.

Parent Resources

Boston Children's Child Care Center

The center accepts a limited number of enrollment for children of employees ages 3 months to 5 years. Please see the Boston Children's Child Care Center page under the Depts & Programs tab on Boston Children's Today for more information.

Care.com: Back-up Child Care and Adult Care

When your regular child care or elder care is unavailable or your child is mildly ill, Care.com can provide in-home care 24/7. Care.com can also help you find a nanny or help you with the background check for a nanny you have identified. Contact [Care.com](https://www.care.com) at **855-781-1303**.

NeighborSchools

NeighborSchools helps employees find, tour, and enroll in local licensed home daycare centers and preschools. Simply answer 5 quick questions to begin your targeted search. You may tour as many programs as you wish and join the Early Access list at no cost.

Adoption Assistance

You may be eligible to receive up to \$8,000 in adoption assistance for qualified expenses associated with the legal adoption of a child under the age of 18. To qualify, you must be a regular employee working at least 20 hours per week. If you and your spouse both work at Boston Children's, the maximum benefit is \$8,000 per adopted child, per family unit.

Eligible and ineligible adoption expenses include:

Eligible expenses

- Fees for private or public agencies, child placement, and home study
- Reasonable travel expenses associated with the adoption process
- Physical exams for adoptive parents, siblings, and the adopted child
- Cost of a child's medical expenses required to finalize the adoption
- Legal fees associated with processing the adoption
- Post-adoption counseling for the child or family

Ineligible expenses

- Medical care and counseling for the birth mother
- Personal travel expenses, such as visas, passports, meals, or luggage
- Expenses claimed under the federal adoption expense tax credit
- Legal fees for contested adoptions
- Miscellaneous administrative costs, such as fax, phone, or postage fees

Please contact the HR Employee Service Center at **617-355-7780, x 57780** for specific details

Employee Assistance Program (EAP)

Sometimes it may not be easy to balance the demands of your work or personal life. Boston Children's offers an Employee Assistance Program through KGA, and it is available to both you and your family members on a confidential basis.

The EAP provides confidential help with personal or work-related problems and the challenges of everyday life. You may receive face-to-face or telephone consultations 24-hours-a-day, 7 days a week and counselors are available both close to work and near your home. Additional counseling, resources, or specialized treatment may add cost depending upon your health plan benefits. These confidential, professional counseling services can help with a range of life issues from offering stress-related support to substance-abuse counseling.

The EAP also has resources related to child care, elder care, financial and legal assistance, career consultation, and much more. For a full description of the EAP and its range of programs and services, go to the website: kgreer.com, and enter the code: **bch**, or call: **800-648-9557**.

Emergency Financial Support Program

Boston Children's Hospital Extraordinary Needs Fund provides confidential emergency financial assistance for an employee who has suffered a severe hardship due to an isolated and tragic event that is beyond the control of the employee. For additional information and see Human Resources Manual.

MetLife Group Legal Plan

Our group legal assistance program, the MetLife Group Legal Plan, provides participants with a wide range of personal legal services. You pay the full cost of the plan and you must enroll online during the Annual Open Enrollment Period, or if you have a qualifying event. MetLife Legal Plans provides an unlimited number of matters with an attorney of your choice. During the consultation, the attorney will review the law, discuss your rights and responsibilities, explore your options, and recommend a course of action for legal needs ranging from estate planning to family law. Information can be found on the [Benefits Page](#) under Other Benefits.

For complete information, contact MetLife Legal Plans at **800-821-6400** or info.legalplans.com/ and use access code **1500148**.

My Pet Protection – Pet Insurance

My Pet Protection pet insurance through Nationwide gives you the opportunity to purchase medical insurance for your pets. All employees, House Staff and Joint Appointees, including those ineligible for other benefits, are eligible for this program. To learn more about the benefits offered and receive a specific quote for your pets, refer to their website at My Pet Protection through Nationwide or call **877-738-7874**.

Farmer's GroupSelect Group Auto and Home Insurance

You may purchase your automobile and home insurance at group rates through the Farmer's GroupSelect Auto and Home insurance program. You will pay any premiums through regular monthly payroll deductions. For details, contact Farmer's GroupSelect at **800-438-6381** or see details on the Benefits Page under Other Benefits. You may enroll in this plan at any time.

Employee Discounts

Boston Children's offers a variety of discounted services and programs. All hospital employees are eligible to take advantage of discounts on:

- Wireless phone services
- Events and entertainment tickets
- Shopping discounts
- Hotel and car rentals

For more discounts, see the Employee Discounts page under Other Benefits on the [Benefits Page](#).

Commuter Benefits

For more information regarding [Boston Children's Parking and Commuter Services](#) programs, contact the Parking and Commuter Services Office at **617-355-6251**. The office is located at the Patient and Family Garage, 283 Longwood Avenue; office hours are 7 a.m.–4:30 p.m., Monday–Friday. Visit the [Boston Children's Parking and Commuter Services Page](#) for news and information about commuting.

You may also contact CommuteWorks, a service of MASCO and Boston Children's that provides free information about alternatives for commuting to the Longwood Medical Area. This service informs employees of mass transit, ride-sharing, biking, and walking options and assists in starting car and van pools. For more information call **617-355-6251** or email parking@childrens.harvard.edu.

Parking and Transportation

- Day, evening, overnight and weekend parking (based on availability)
- T-pass program and transit subsidy
- Shuttle service to and from parking lots and off-campus sites
- Bicycle cage
- Hubway discounts
- Zipcar discounts

Boston Children's offers a 50% discount on MBTA passes, up to \$125.

Special Enrollment Periods (Medicaid, CHIP, & QMCSOs)

Termination of Coverage/Eligibility for Employment Assistance under Medicaid or CHIP

If you are an employee or have a dependent who is eligible but not enrolled for medical coverage, Boston Children's must allow you to enroll in medical coverage under the plan if either of the following conditions is met:

- The employee or dependent is covered under a Medicaid plan and coverage terminated as a result of loss of eligibility. The employee may request coverage under Boston Children's group medical coverage no later than 60 days after the date of termination of Medicaid.
- The employee or dependent becomes eligible for premium assistance from Medicaid. The employee may request coverage under Boston Children's group medical coverage no later than 60 days after the date the employee or dependent is determined to be eligible for such premium assistance through Medicaid.

To request special enrollment or obtain more information, contact the HR Employee Service Center.

Overview of Special Enrollment Periods

You will be allowed a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or coverage under the state Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these new enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the Plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than the Medicaid/CHIP eligibility change.

Qualified Medical Child Support Orders (QMCSOs)

As required, the Plan recognizes qualified medical child support orders. A QMCSO is a court order or an order issued by a state administrative agency in accordance with federal and state laws that requires a child or stepchild to be covered by a plan participant's group medical or dental coverage.

The Plan honors QMCSOs that meet the legal requirements for such orders. It is important to note that a QMCSO cannot require a plan to provide a type or form of benefit, or an option, that is not currently available from the Plan.

Benefits and Program Contacts

You may obtain additional information about services and work-life resources by going online to the **Benefits Page** where you will find detailed program descriptions and links. You may also contact the HR Employee Service Center at **617-355-7780** or at **x57780** from an internal line or the specific service providers noted in this chart.

HR EMPLOYEE SERVICE CENTER

617-355-7780 or x 5-7780

HREmployeeServiceCenter@childrens.harvard.edu

MEDICAL

Blue Cross Blue Shield of MA

888-743-4505

accounts.bluecrossma.com/boston-childrens-hospital

PRESCRIPTION DRUG

CVS/Caremark Customer Care

888-771-7270

caremark.com

DENTAL

Delta Dental

800-872-0500

deltadentalma.com

VISION

Vision Services Plan (VSP)

800-877-7195

Mon-Fri, 8 a.m.–5 p.m.

vsp.com

FLEXIBLE SPENDING ACCOUNTS

(Health & Dependent Care)

HealthEquity/WageWorks

877-924-3967

Mon-Fri, 8 a.m.–8 p.m.

wageworks.com

DISABILITY

Lincoln Financial Group

800-431-2958

mylibertyconnection.com

LIFE INSURANCE

Voya

800-955-7736

hresc@childrens.harvard.edu

VOLUNTARY INSURANCE

Compass Voluntary Accident, Critical Illness & Hospital Confinement Indemnity Insurances

877-236-7564

<https://presents.voya.com/EBRC/BCH>

403(B) TAX-DEFERRED ANNUITY PLAN

Fidelity

855-242-4032

netbenefits.com/BCH

RETIREE MEDICAL SAVINGS ACCOUNT

Benefit Strategies

603-232-8078

benstrat.com

EDUCATIONAL SUPPORT

Tuition Assistance Program

866-610-6737

EdAssist Portal: bch.edassist.com

WORKFORCE DEVELOPMENT

Workplace Development, x47169 or 617-919-7169

PARENT SERVICES

**Boston Children's Hospital
Child Care Center**
617-355-6006

Care.com

855-781-1303
care.com

Lactation Support Program

617-355-0005
HREmployeeServiceCenter@childrens.harvard.edu

HIV OCCUPATIONAL INSURANCE

BCH Occupational Health Services
857-218-3046 or x 8-3046
ohs@childrens.harvard.edu

OCCUPATIONAL HEALTH SERVICES

857-218-3046 or x 8-3046
ohs@childrens.harvard.edu

EMPLOYEE ASSISTANCE PROGRAM (KGA)

800-648-9557
kgreer.com, Employer code = bch

EMERGENCY FINANCIAL SUPPORT

Extraordinary Needs Fund

- Benefits Page under Other Benefits, scroll to the bottom
- HR Policy Manual

GROUP LEGAL ASSISTANCE

MetLife Legal Plans
800-821-6400
info.legalplans.com/
Access code: 1500148

VETERINARY PET INSURANCE

877-874-7387
My Pet Protection

AUTO & HOME INSURANCE

Farmer's GroupSelect
800-438-6381

FAMILY FUN DISCOUNTED TICKETS

Working Advantage
800-565-3712
workingadvantage.com
User ID: 99040753

PARKING AND COMMUTER SERVICES OFFICE

617-355-6251
parking@childrens.harvard.edu

GETTING INVOLVED

Blood Donation Center

617-355-6677
childrenshospital.org/ways-to-help/help/
donate-blood

Office of Child Advocacy (OCA)

617-919-3055

PAYROLL OFFICE

857.218.3523 or x 8-3523
payroll-dl@childrens.harvard.edu

OFFICE OF CLINICIAN SUPPORT

617-355-6705

Where the world comes for answers.



**Boston
Children's
Hospital**

bostonchildrens.org

This is a summary focused on benefits for Staff employees. Plan eligibility and offerings may vary based on your employee group, work status and schedule. If any statement conflicts with applicable plan documents, the plan documents will govern plan provisions and payment of plan benefits.

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