

This document covers a number of Frequently Asked Questions related to your transition to Boston Medical Center Health System benefits.

Eligibility, Enrollment, and Administrative Details

1. When do my benefits begin?

Your benefits through Boston Medical Center Health System will begin on October 1, 2024.

2. How much do my benefits cost?

You can view your rates in the Workday enrollment portal.

3. Who can I cover on my flex benefit plans?

You can cover:

- Your legal spouse
- Your legal children and stepchildren up to the age of 26
- Your legal children of any age who are physically or mentally disabled as confirmed by the medical plan provided they become disabled before age 26 and qualify as financially dependent on you under the tax code
- Your covered child's child(ren) if your child is under the age of 19 and you claim both as qualified tax dependents

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

4. Can my spouse who qualifies for Medicare still be on my medical plan?

Yes, your spouse can be on your medical plan if they qualify or are enrolled in Medicare.

5. How and when can I enroll?

Sign into Workday and access the Benefits enrollment event in the 'Awaiting your Actions' section of the Workday homepage. Please reference the Workday step by step enrollment guide for detailed instructions on the enrollment process, which can be found on the BMC.org web page.

Please complete your elections as soon as possible, but no later than October 30, 2024.

6. What if I want to change my benefits at a later time?

After October 30, 2024, you can only change your benefit elections if you experience a Qualifying Event or during Open Enrollment.

7. What is the Dependent Eligibility Verification process?

Dependent Eligibility is verified for dependents added onto the employee health plans. You will be contacted by Dependents Specialists, Inc. within the next 60 days with details on how to submit your documentation.

8. Will I receive an ID card or information directly from the benefit provider after I enroll?

You will receive ID cards for the following benefits:

- Medical: You will receive an HPI member ID card that includes the names of all dependents covered by your plan. A card will be sent for each member age 16 and older. If you would like additional cards, you may call HPI at 844-926-2262.
- Pharmacy: Your pharmacy ID information is included on your HPI member card.
- Dental: A welcome letter along with two plan ID cards will be mailed to your home once your enrollment is processed. The same ID card is used for all family members. It will have the employee's (primary subscriber) name and ID number. Dependents do not receive their own cards. Additional ID cards may be requested by calling the Delta Dental customer service number at 855-343-4275.
- Vision: MetLife will mail you two ID cards to your address on file. Please note that your MetLife providers do not require the ID card at the time of your visit.

Whether you enroll in the Medical Flexible Spending Account (FSA) and/or the Dependent Daycare FSA you will receive two debit cards for your account and your pin number information in the mail; the debit cards and pin number will be mailed separately. Be sure to activate the cards upon receipt using your pin number. If you would like a card with your spouse or dependent's name on it, you may request a 'Dependent' card from Voya Financial.

Using your New Health Plans

1. How do I look up providers in the plans networks?

- Medical: Call HPI at 844-926-2262 (Please note: Providers at Good Samaritan Medical Center and St. Elizabeth's Medical Center will be included in the Select Plan, but are not yet reflected in the HPI directory.)
- Dental: Visit www.deltadentalma.com or call 855-343-4275
- Vision: Visit www.metlife.com/mybenefits (and enter "Boston Medical Center") or call 833-393-5433

2. What if I have an appointment after October 1st, but before I receive my ID card?

If you have submitted your election in Workday but have not received your ID card:

- Call the benefit provider (HPI, Delta Dental, or MetLife) to see if they have processed your enrollment (it takes about a week from when you submit your election) and request your ID number over the phone.

If your enrollment has not been processed with the benefit provider and you do not have an ID number at the time of your visit, you may need to delay your appointment, or be required to make payment or provide credit card information at the time services are received. Once you receive your ID number, give that information to your provider's office and request that they resubmit the claim to the benefit provider.

3. I enrolled in a medical plan through BMCHS, but my current provider isn't in-network. What are my options?

If you enrolled in the Select Plan, there is no coverage available for out-of-network visits. If you continue to see that provider, your insurance will not cover the visit and you'll be responsible for the entire cost of care.

If you enrolled in the PPO Plan, out-of-network coverage is available, but you do end up paying more out of pocket for those visits. Additionally, your provider can contact Harvard Pilgrim Health Care to request to join their network.

4. I'm currently pregnant or in treatment for a serious condition and don't want my care to be disrupted. What will happen if my current provider is not in the new network?

If you are in your third trimester of pregnancy or in treatment for a serious health condition and your current provider is not in the Harvard Pilgrim network you will be granted a 90 day transition of care timeframe in which you can continue to see your current provider and will be charged the in-network rates. See the previous question for details on how to request that they join the Harvard Pilgrim Health Care network.

5. How can I find out now if my prescription medications will be covered on the new plan?

Similar to your prior coverage, Express Scripts manages the prescription benefits on the BMCHS plans with Health Plans, Inc. You may contact them at 877-861-0376.

6. Will I receive a separate pharmacy insurance card?

No. All pharmacy information will be included on your medical ID card from Health Plans, Inc.

7. I am currently enrolled in a Flexible Spending Account. Will I maintain access to those funds after I transition benefits?

For any expenses incurred on or before September 30, 2024 you will need to submit a claim to your current FSA carrier, Health Equity.

The FSA election that you make in Workday for your benefits with BMCHS will be effective October 1st and will only cover expenses incurred between October 1, 2024 and December 31, 2024. Claims that for timeframe will be processed by Voya Financial.

8. How do I know how much to enroll in for the Flexible Spending Accounts?

Take a look at the medical plan you're enrolling in, the prescription drug costs, and other out-of-pocket medical, dental and vision expenses (for the Medical FSA) and/or estimated childcare expenses (for the Dependent Daycare FSA) to help determine how much to set aside for the remaining three months of the calendar year. It is important to keep in mind that the Dependent Daycare FSA limits you to a \$5,000 contribution each calendar year in total, so be sure to not contribute more than \$5,000 between your previous contribution and your BMCHS contribution.

Retirement Plan

1. How does a 403(b) Plan differ from a 401(k) Plan?

While there are differences in plan administration for employers, from a participant level the plan rules are either the same or very similar. Both 401(k) plans and 403(b) plans allow for tax advantaged savings for retirement and have the same annual IRS contribution limits. They limit access to the savings while the participant is an active employee. Distributions when allowed, may still trigger a tax penalty in addition to tax withholdings.

2. How can I roll my previous 401(k) plan into the BMC 403(b) Retirement Plan?

After your account with TIAA has been created you can contact TIAA to start the process of rolling previous qualified plans into your retirement account.

Contact Information

If you have additional questions, view the other resources on the BMC.org web page or contact each benefit provider directly.

Benefit	Vendor	Phone Number	Hours (ET)
Medical	Health Plans, Inc.	844-926-2262	Mon – Fri: 8 AM – 6 PM
Dental	Delta Dental	855-343-4275	Mon – Fri: 8 AM - 8 PM
Vision	Davis Vision by MetLife	833-393-5433	Mon – Fri: 8 AM – 9 PM Sat: 9 AM – 4 PM
Life & Disability	Lincoln Financial	844-869-3474	Mon – Fri: AM – 10 PM
Flexible Spending Account	Voya Financial	833-262-0007	Mon – Thu: 8 AM – 6 PM Fri: 8 AM – 5 PM
Legal Plan	MetLife	800-821-6400	Mon – Fri: 8 AM - 8 PM
Retirement	TIAA	800-410-6649	Mon – Fri: 8 AM – 8 PM