Benefits Overview

To assist you in your transition to the Boston Medical Center (BMC) Health System benefits, we have created a number of resources that will help you and your family make informed decisions. Please read this cover letter and the subsequent Benefits Overview document to review some key dates for enrollment and help you make your benefit decisions.

Benefit Coverage Options through Boston Medical Center Health System

BMC Health System offers a variety of great benefits to support you and your family. More information is available on the BMC.org web page. We encourage you to review plan information to learn more about your benefit options.

Benefit Enrollment Process and Important Dates

- All benefit elections will be made through Workday
- Your benefits coverage is effective October 1, 2024. Please complete your elections as soon as possible, but no later than October 30, 2024. If you do not make benefit elections by October 30 you will not have benefits coverage. (Please keep in mind that once you submit your benefits elections, they will be effective back to October 1 with a corresponding payroll deduction on the following paycheck).
- Step-by-step instructions on how to make your elections are available on the BMC.org web page
- Please note: Elections made during your onboarding period will remain in place for the remainder of 2024. You will have an opportunity to make changes to your elections for 2025 during the Open Enrollment period later this year - which may include some plan design changes.

Your Dependent(s)

- Eligibility Verification: If you enroll a dependent in an employee medical plan with Health Plans, Inc. you will be required to verify their eligibility with Dependent Specialists, Inc. (DSI). DSI will contact you within 60 days of your enrollment via email and USPS to request the required documentation. See the Benefits FAQ on the BMC.org web page for dependent eligibility rules.
- **Disabled Child over Age 25**: If you have a financially disabled dependent child over the age of 25 that you wish to enroll in your medical plan, please contact Health Plans, Inc. (844-926-2262) at the time of enrollment, for confirmation of eligibility for disabled adult dependents enrolled on your plan.

Qualifying Events

Outside of your new hire election and the Open Enrollment period, you may only make changes to your benefits if you experience a "qualifying event". Examples of qualifying events include marriage, a new child, or change in employment status for your spouse. You have 30 days from the date of the event to complete the enrollment process in Workday.

Address Updates

If you move during the year, be sure to update your address in Workday through the **Personal Information app**. This will ensure you receive important benefit and payroll information, such as the 1095-C and W-2 tax forms.

Benefits Overview

FLEX BENEFITS

Medical Coverage

You may choose between the following plans administered by Health Plans Inc. (HPI):

• An Exclusive Provider Organization (EPO), the Select Plan:

- Network:
 - In-network care is available at the three BMCHS hospitals (St. Elizabeth's Medical Center, Good Samaritan Medical Center, and Boston Medical Center) and most providers at the Boston HealthNet Community Health Centers. (Please note: The providers at Good Samaritan Medical Center and St. Elizabeth's Medical Center are not yet reflected in the HPI directory.)
 - Out-of-network coverage is not available except for certain services including behavioral health, acupuncture, dialysis, physical therapy, and preventive pediatric dental for which you may use the full Harvard Pilgrim network. On occasion, if there are needed services not provided by the BMCHS hospitals, you or your doctor may submit a request by contacting HPI member services for an "extra-contractual" payment.
- <u>PCP/Referrals:</u> A primary care provider (PCP) will be assigned to you, but you may change your provider at any time. You do not need referrals for specialty care.
- Cost of Care: Many services are covered in full, while others are available at a small employee cost share.

A Preferred Provider Organization (PPO), the PPO Plan:

- Network:
 - In-network care is available at hospitals and with providers in the Harvard Pilgrim network (in New England) and the UnitedHealthcare Options network (outside of New England).
 - The plan also covers out-of-network services for which you must first meet a deductible, and then subsequently pay a percentage of the cost of care.
- PCP/Referrals: You do not need to choose a PCP or receive referrals to see specialists.

For both plans:

- Emergency room care can be obtained at any location in the world, with applicable plan copay
- Same Day Urgent Care coverage is available at CVS Minute Clinics, Stand-Alone Urgent Care Centers, and through telemedicine services with Doctor on Demand
- Members have access to an expanded behavioral health provider network through Lyra Health. The program offers access to mental health coaching, therapy, and medication management via video, messaging, phone, or in-person care. Visit bmc.lyrahealth.com.
- Prescription drug coverage is administered by Express Scripts and coverage is the same on both medical plan options (Pharmacy information is included on your medical plan ID card)

Medical Plan Comparison

Plan Provision	Select Plan	PPO Plan		
Network	Boston Medical Center, St. Elizabeth's Medical Center, Good Samaritan Medical Center, and select Community Health Centers	In-Network (Local: Harvard Pilgrim Network Nationwide: United Health Options Network)	Out-of-Network (All non-covered providers and hospitals)	
Deductible	\$0	\$1,500/\$3,000	\$2,000/\$5,000	
Out-of-Pocket Maximum	Varies by eligibility group	Varies by eligibility group		
	Physician S	Services		
Preventive Primary Care (routine physical, immunizations)	Covered in full	Covered in full	30% after deductible	
Primary Care	\$7 copay	\$50	30% after deductible	
Specialist Office Visits	\$7 copay	\$65	30% after deductible	
Emergency ER Admission	Covered in full	Covered in full		
	Inpatient S	Services		
Inpatient Hospital Services	Covered in full	20% after deductible 30% after deductib		
	Hospital Ou	utpatient		
Day Surgery	Covered in full	20% after deductible 30% after deductil		
	Mental Health - Drug and	Alcohol Rehabilitation		
Inpatient	Covered in full	20% after deductible	30% after deductible	
Outpatient Mental Health and Drug Alcohol Rehab	\$7	\$50 30% after ded		
	Same Day Care Options			
Urgent Care	Varies by eligibility group	\$7 co	pay	
Emergency Room	Varies by eligibility group	\$150 copay		

Prescription Drug Coverage

Administered by	30 Day Supply		90 Day Supply	
Administered by Express Scripts (ESI) 877-861-0376	BMCHS Pharmacies	Other Pharmacies	BMCHS Mail Order/ Cornerstone	Mail Order/Express Scripts
Tier 1	\$7	\$20	\$14	\$40
Tier 2	\$15	\$40	\$30	\$80
Tier 3	\$25	\$80	\$75	\$240
Tier 4	\$30	20% (up to \$250)	\$90	20% (up to \$750)

Dental Coverage

The Delta Dental Core plan helps pay for a range of dental services and is designed to encourage regular, preventive treatment. When enrolled in this plan you have the flexibility to access two different Delta Dental networks. Your out-of-pocket cost will depend on the network your dentist participates in.

- Delta Dental PPO Network: a smaller network of dentists who offer dental care at a deeply discounted rate, allowing you to maximize the value of your plan
- <u>Delta Dental Premier Network:</u> a larger network of dentists, but a higher out-of-pocket cost for services not covered in full
- Out-of-Network: out-of-network dentists are available; however, you will likely pay more.
 All out-of-network claims must be submitted within one year of the date of service.

(Note: Dependent children under the age of 13 are eligible for preventive dental care through the medical plans.)

Plan Provision	Delta Dental Core	
Annual Maximum	\$1,700 per person	
Maximum Rollover	Up to \$500/year	
Orthodontic Services	50% up to \$1,700 per person lifetime	
Preventive/Diagnostic Services	100% covered	
Basic Services	80% covered	
Major Restorative Services	50% covered	

Vision Care Coverage

Employees have access to a comprehensive vision plan through Davis Vision by MetLife. In-network services are covered with a co-payment or co-insurance amount. Out-of-network benefits are also provided.

Plan Provision	In-Network	Out-of-Network
Routine Eye Exams	\$5 copay at participating providers	\$95 allowance after copay
Eyeglass Frames	Covered in full: Frames from "Davis Vision's Collection" Frame allowance: \$150 towards any frame (or \$200 when purchased at Visionworks) plus 20% off any balance	\$120 allowance
Eyeglass Lenses	Plan covers 100% for most lenses	Allowance dependent on type of lens
Contact Lenses (6-12 month supply)	(6-12 month \$130 allowance plus 15% off balance	

Life, Dependent Life, and Accidental Death & Dismemberment (AD&D) Insurance

Life Insurance is offered to provide financial protection for your loved ones who are dependent on you for their financial needs. Everyone receives an employer paid Basic Life Insurance benefit. AD&D, Optional Life Insurance, and Dependent Life Insurance are available and vary by eligibility group. You can find specific details applicable to you in the benefits section of your Workday account.

Short and Long Term Disability Insurance

Short and Long Term Disability Insurance provide a percentage of your income in the event that you are unable to work due to your own health condition. The coverage options vary by eligibility group. You can find specific details applicable to you in the benefits section of your Workday account.

Medical and Dependent Daycare Flexible Spending Accounts (FSA)

Employees may elect to have money deducted from their pay on a pre-tax basis to reimburse themselves for eligible out-of-pocket healthcare and dependent daycare expenses for expenses incurred during the remainder of the calendar year. This election will only be for eligible expenses incurred between **October 1 – December 31, 2024**.

Medical FSA:

- Contribution limit: Employees may elect up to \$3,200 (if you already contributed to this plan in 2024 those previous contributions do not count towards this maximum).
- <u>Carryover rules:</u> You may carry over up to \$640 of your contributions made between
 October 1 December 31, 2024 into 2025.

Dependent Daycare FSA:

- Contribution limit: Employees may elect up to \$5,000 (if you already contributed to this plan in 2024 your previous contributions made this year DO apply and your combined annual contribution between all employers cannot exceed \$5,000).
- <u>Carryover rules:</u> No carryover of unused funds is available. Expenses for all contributed money must be incurred by December 31, 2024.

You will have until March 31, 2025 to finalize submitting claims for expenses incurred while covered under the BMCHS plan for 2024. See the Benefits FAQ on the BMC.org web page for details on filing claims for the 2024 plan year.

Legal Plan

When you enroll in the MetLife Legal Plan, you and your eligible dependents can receive legal services, such as document preparation, creating a will, immigration assistance, debt matters, and more. The only cost is a per-pay-period payroll deduction.

RETIREMENT BENEFITS

All employees are eligible to contribute to the Boston Medical Center 403(b) Retirement plan. New employees are automatically enrolled after ~30 days of employment, but you may also waive participation or enroll directly. If you would like to change your contribution, you may do so by calling TIAA (800.410.6649) or by making your election online through Workday (Benefits and Pay app \rightarrow 403(b) Retirement Plan link).

- Auto enrollment: Contributions are for 3% of your base earnings and are invested in a lifecycle fund based on your expected year of retirement. Contribution will automatically increase by 1% each year if no action is taken.
- Waive enrollment: Employees can opt out of the automatic enrollment within 90 days of the first automatic withdrawal, and all contributions will be returned.
- **Self-directed:** Employees may change their contribution amount or investment at any time. One-on-one contribution and investment advice is offered to participants at no charge. Call TIAA, the plan record keeper at 800.410.6649 to schedule an appointment.

When deciding how much to contribute into the 403(b) retirement plan, please remember that you cannot exceed a total contribution amount of \$23,000 (or \$30,500 if you are age 50 or older) for **contributions made to all plans during 2024**. This includes other retirement plan types, such as 401(k) plans.

An employer match is provided to eligible employees who have completed one year of service and worked at least 1,000 hours within that year (refer to your CBA). Hours worked with Steward will count toward this service requirement.

WELLBEING BENEFITS

Employee Assistance Program

This 24/7 service provides employees and their families with confidential counseling and referral services by licensed clinicians who can assist with a wide range of behavioral health-related issues. Call 888-628-4824.

Asthma Care Rewards Program

Employees and their family members enrolled in an employee medical plan with HPI can receive personalized support from a health coach to manage their asthma. Participants can earn eligibility for \$0 copays on generic asthma medication and inhalers. Enroll at enroll.trestletree.com or call 866-234-4635.

Hypertension Care Rewards Program

Employees and their family members enrolled in an employee medical plan with HPI can receive personalized support from a health coach to manage their hypertension. Program participants can receive a free blood pressure monitor and their generic high blood pressure medications for free. Enroll at enroll.trestletree.com or by calling 866-234-4635.

Working Credit - Credit Improvement and Debt Management Program

Employees can work 1:1 for free with a credit building financial coach to improve their credit score and manage their debt. The coach will review credit reports and scores, create a personalized Credit Action Plan, and provide ongoing support to execute the plan. Visit http://info.workingcredit.org/join/bmc.

Auto and Home Insurance

Employees are eligible for discounted rates off auto and home insurance through payroll deduction. To request a quote contact:

• Farmers Insurance: 800-438-6381 (Discount Code: "BVO")

Liberty Mutual: 800-730-6975 (Client Number: "300332")

Employee Discounts

Discounts for movie tickets, amusement parks, and retailers are available through Working Advantage. Go to www.workingadvantage.com/bmc and set up your personal account.

Nationwide - Pet Insurance

Nationwide's "My Pet Protection" plans allow for use of any veterinarian, provide reimbursements for eligible vet bills, and includes unlimited 24/7 phone access to a veterinary professional for advice. Optional wellness coverage for dental cleanings, vaccinations, and other preventive services is available. Visit benefits.petinsurance.com/bmc. (To enroll your bird, rabbit, reptile, or other exotic pets, call 877-738-7874.)

Savi – Public Service Loan Forgiveness Support Program

Savi's online platform helps you track your activity and save money on your student loans in the short term and maximize long-term Public Service Loan Forgiveness (PSLF). They offer three plan tiers:

- **DIY:** Get free access to a personalized repayment calculator, forgiveness detection, and a loan assessment tool.
- **Essential:** Get access to digitized applications and one-on-one support with annual paperwork to pursue PSLF for \$70/year
- **Pro:** Receive the services listed above, plus a personalized onboarding support session and dedicated phone support for \$150/year

For more information visit www.tiaa.org/bmc/student.

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Review additional benefits materials on the BMC.org web page
Contact the benefit providers directly with any questions (see contact info below)
Enroll in your benefits in Workday by October 30 and print a copy of your confirmation statement. (While in Workday, be sure to update your mailing address, if needed. This will ensure your ID cards are mailed to the correct address)

CONTACT INFORMATION

If you have questions about the benefits available through BMC Health System, you may review information on the BMC.org web page, view information in Workday, 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