Eligibility
(Who we cover)

• You
  – Regular full-time or part-time employees scheduled to work 20 or more hours per week

• Your dependents
  – Spouse, as recognized by the Commonwealth of Massachusetts
  – Dependent children up to age 26 (coverage may continue beyond age 26 for dependent children with mental or physical disabilities)
  – Legal dependent children (see IRS Publication 501)
Effective Date
(When coverage begins)

• Coverage begins on your date of hire or initial date of benefits eligibility

• You must complete your on-line enrollment within 30 days of your date of hire or initial eligibility date for:
  – Medical
  – Dental
  – Vision
  – Supplemental and dependent life insurance
  – Long-term disability
  – Flexible Spending Accounts
  – Group legal plan
Enrollment Periods
(If you miss your initial enrollment window)

• Annual Open Enrollment, which is in the fall (elections are effective the following January 1st)
• After an IRS qualifying event/change in status
  – Marriage, legal separation, divorce, death
  – Birth or adoption of a child
  – Change in eligibility status
  – Changes in a spouse’s coverage
• You will have 30 days from the date of your qualifying event to make changes to some of your benefits
## Benefits Menu
(What we offer)

<table>
<thead>
<tr>
<th>Company Paid</th>
<th>Employee Paid</th>
<th>Shared Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Basic life insurance</td>
<td>• Vision</td>
<td>• Medical &amp; dental</td>
</tr>
<tr>
<td>• Business travel accident</td>
<td>• Long-term disability</td>
<td>• Transit</td>
</tr>
<tr>
<td>• Short-term disability</td>
<td>• Supplemental life insurance</td>
<td></td>
</tr>
</tbody>
</table>
Medical

• BCH offers three plans administered by Blue Cross Blue Shield of Massachusetts (BCBS)
  – Two HMO Plans and one PPO plan, if you enroll in one of the HMO plans, all covered members must have a PCP on file with BCBS
• Pharmacy benefit provided through CVS/Caremark for all three plans
• Your contributions are on a pre-tax basis
• If you have a change in your salary during the year that changes your contribution tier, your contribution amount will change the following pay period
### Medical Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>PPO In-Network</th>
<th>PPO Out-of-Network</th>
<th>Premium HMO</th>
<th>Value HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physician / Referrals</td>
<td>Not required</td>
<td>Not required</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>None</td>
<td>$250 ind. / $500 fam.</td>
<td>None</td>
<td>$500 ind. / $1,000 fam.</td>
</tr>
<tr>
<td>Annual Coinsurance Maximum</td>
<td>None</td>
<td>$1,000 ind. / $2,000 fam.</td>
<td>None</td>
<td>$1,500 ind. / $3,000 fam.</td>
</tr>
<tr>
<td>Annual Copay Maximum *</td>
<td>N/A</td>
<td>N/A</td>
<td>$1,500 ind. / $3,000 fam.</td>
<td>N/A</td>
</tr>
<tr>
<td>Hospital Inpatient</td>
<td>100%</td>
<td>80% after deductible</td>
<td>100% after $250 copay</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Hospital Outpatient</td>
<td>100%</td>
<td>80% after deductible</td>
<td>100% after $150 copay</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>100% after $100 copay</td>
<td>100% after $100 copay</td>
<td>90% after deductible</td>
<td></td>
</tr>
<tr>
<td>X-Ray/Lab **</td>
<td>100%</td>
<td>80% after deductible</td>
<td>100% after $100 copay for high tech imaging only**</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>PCP Office Visits</td>
<td>100% after $15 copay</td>
<td>80% after deductible</td>
<td>100% after $20 copay</td>
<td>100% after $25 copay</td>
</tr>
<tr>
<td>Specialist Office Visits</td>
<td>100% after $15 copay</td>
<td>80% after deductible</td>
<td>100% after $30 copay</td>
<td>100% after $35 copay</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>100%</td>
<td>80% after deductible</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Pharmacy Out-of-Pocket Maximum</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>$5,000 ind. / $10,000 fam.</td>
</tr>
<tr>
<td>Retail Pharmacy</td>
<td>100% after $10 generic/$30 preferred brand/$50 non-preferred brand copays</td>
<td>100% after $20 generic/$60 preferred brand/$150 non-preferred brand copays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail Order Pharmacy</td>
<td>100% after $20 generic/$60 preferred brand/$150 non-preferred brand copays</td>
<td>100% after $20 generic/$60 preferred brand/$150 non-preferred brand copays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016 Grandfathered Plan Status</td>
<td>Retained</td>
<td>Retained</td>
<td>Retained</td>
<td>Forfeited</td>
</tr>
</tbody>
</table>

* Applies to emergency room, hospital inpatient and hospital outpatient copays only.
** High tech imaging copay will be waived at free-standing facilities.
Dental

• BCH offers two plans (Basic and Plus) administered by Delta Dental of Massachusetts
• Both use Delta Dental’s PPO Plus Premier network
• Both include an annual maximum rollover feature
• Both provide access to 95% of MA dentists
• The Plus plan option covers orthodontia up to a $2,000 Delta Dental lifetime maximum
• Your contributions are on a pre-tax basis
# Dental

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Dental Basic Plan</th>
<th>Dental Plus Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$25 individual; $75 family</td>
<td>$25 individual; $75 family</td>
</tr>
<tr>
<td><strong>Type I: Preventive and Diagnostic</strong></td>
<td>(oral exams, cleanings, full-mouth, bitewing and single x-rays, fluoride treatment,* space maintainers* and sealants*)</td>
<td>100%, no deductible</td>
</tr>
<tr>
<td></td>
<td></td>
<td>100%, no deductible</td>
</tr>
<tr>
<td><strong>Type II: Basic Restorative</strong></td>
<td>(fillings, extractions, oral surgery, periodontal surgery, root canal therapy, anesthesia, bridge or denture repair)</td>
<td>50% after deductible</td>
</tr>
<tr>
<td></td>
<td></td>
<td>80% after deductible</td>
</tr>
<tr>
<td><strong>Type III: Major Restorative</strong></td>
<td>(fixed bridges and crowns, dentures, onlays)</td>
<td>50% after deductible</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Orthodontia</strong></td>
<td>N/A</td>
<td>100% up to the lifetime maximum benefit, no deductible, no age limit</td>
</tr>
<tr>
<td>(complete exam and active orthodontic treatment and appliances; kids and adults)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual Benefit Maximum</strong></td>
<td>$1,000 per person per year for Type I, II, and III services</td>
<td>$2,000 per person per year for Type I, II, and III services. $2,000 per person Delta Dental lifetime maximum for orthodontia</td>
</tr>
<tr>
<td><strong>Annual Rollover</strong></td>
<td>This feature allows you to roll over a portion of your current year’s unused benefit maximum into the following year. This increases your maximum benefit limit for future years.</td>
<td></td>
</tr>
</tbody>
</table>

---

* Delta Dental lifetime maximum for orthodontia.
Vision

• BCH offers two plans (Basic and Plus) administered by Vision Services Plan (VSP)

• Plan designs are the same except that the Plus plan has:
  – Accelerated frames frequency
  – Larger allowance for contacts
  – Easy Options

• Your contributions are on a pre-tax basis
# Vision Program

<table>
<thead>
<tr>
<th>Plan Design Features</th>
<th>Base Option</th>
<th>Plus Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam / Lenses / Frames Frequency</td>
<td>12/12/24</td>
<td>12/12/12</td>
</tr>
<tr>
<td>Annual Exam / Materials Copay</td>
<td>$0/$20</td>
<td>$0/$20</td>
</tr>
<tr>
<td>Frames / Contacts Allowance</td>
<td>$130/$150</td>
<td>$130/$200</td>
</tr>
</tbody>
</table>
| Lens Options                                              | Lenticular Lenses  
Scratch-resistant Coating  
Polycarbonate Lenses  
Tints and UV Coatings | Lenticular Lenses  
Scratch-resistant Coating  
Polycarbonate Lenses  
Tints and UV Coatings |
| Easy Options (High Plan)                                  | -           | Choose One Enhancement*:  
Increase frame allowance to $200  
-or-  
Cover Anti-reflective Lens Coating  
-or-  
Cover Progressive Lenses |
| Buy Up Options (High Plan)                                | -           | -           |
| Out-of-network Allowances                                 | Exam $45    | Single Lenses $30  
Bifocal Lenses $50  
Trifocal Lenses $65  
Frame $70  
Elective Contacts $105 |

*The three in-network benefit deviations are chosen from at the point of service. Only one enhancement is chosen per member, per 12 month period.
Life Insurance (Voya)

• Basic Life Insurance
  – Company paid
  – 1 x pay (annual salary)
  – You must name beneficiaries

• Supplemental Life Insurance
  – Employee paid
  – Up to 5 times pay (annual salary) up to $1.5M
  – Up to 3 time pay (annual salary) up to $750,000 without evidence of insurability if elected within 30 days of hire or initial benefits eligibility date
  – You must name beneficiaries

• Spousal & Child Life
  – Employee paid
  – Spouse Life: $10k, $25k, $50k, $75k, or $100k coverage amounts
  – Child Life: $5k or $10k coverage amounts for children to age 26
  – No evidence of Insurability required for up to $25,000 in spousal life elected within 30 days of hire or initial benefits eligibility date
Disability Insurance (The Standard)

• Short-term Disability
  – Company paid
  – 60% of pay up to $1,500 per week
  – Benefit duration for up to 26 weeks
  – Replaces lost wages due to non-work related illness or injury

• Long-term Disability
  – Employee paid
  – 40% or 60% of pay up to $15,000 per month
  – Benefits begin after a 26 week waiting period
  – Replaces lost wages due to non-work related illness or injury
  – Benefits are non-taxable when received
  – Evidence of Insurability required if electing or increasing coverage beyond 30 days of hire or initial benefits eligibility date
Flexible Spending Accounts

• Health Care Flexible Spending Account
  – Pay for between $260 and $2,500 in qualified expenses (copays, deductibles, eyeglasses, etc.) with pre-tax dollars
  – New election required each year
  – Plan administered by Crosby Benefits and includes a debit card
  – “Use it or lose it” provision with a grace period through March 15th of the following year (otherwise you forfeit any remaining account balance)

• Dependent Care Flexible Spending Account
  – Pay for between $260 and $5,000 ($2,500 if married and filing separately) qualified expenses with pre-tax dollars per household
  – Eligible dependents include children under age 13 and other dependents physically or mentally unable to care for themselves
  – New election required each year
  – “Use it or lose it” provision with a grace period through March 15th of the following year (otherwise you forfeit any remaining account balance)
403(b) Plan

- **Plan highlights**
  - Fidelity Investments is the administrator
  - Automatically enrolled at an employee savings rate of 2% of eligible pay (Fidelity provides 30 day opt out option notice)
  - Default age based investment option
  - 100% vesting in employee contributions
  - Ability to change contributions and investment elections during the year
  - Contributions can be Traditional pre-tax and/or Roth post-tax, up to annual maximum
  - Loans and withdrawals for financial hardship available for employee contributions only

- **Company match**
  - Dollar for dollar up to 1% of pre-tax base pay
  - 100% vesting over 3 years

- **Distribution options when you leave Children’s**
  - Take your account balance with you,
  - Roll it over into another tax-qualified plan or IRA, or
  - Leave it in the plan and continue to manage the investments
Cash Balance “Pension” Plan

- You are automatically enrolled on the first of the month coincident with or following one year (1,000 hours) of service
- Annual Hospital contributions range from 5% to 11% of your eligible pay, based on your age and years of service
- Annual interest credit each year tied to long-term treasury rate
- 100% vesting after three years of service
- Distribution options when you leave the Hospital
  - Take your vested account balance with you in a lump sum payment or in annuity payments,
  - Roll it over to another tax-qualified plan or IRA, or
  - Delay distribution until you reach age 65
Earned Time

• A bank of hours to cover your time off for:
  – Vacation and Hospital Holidays
  – Your own or family member Illnesses
  – Unpaid leaves of absence
  – Personal days

• Accrues per pay period based on hours worked and years of service

• To start, full-time employees earn up to 30 days per year

• Balance shown on pay stub and on your Employee Self Service paycheck view

• You must complete three months of services prior to using Earned Time (with the exception of Hospital Holidays)
Wellness Program

Eligibility
• To earn the cash incentives, an employee must be enrolled in the Hospital’s medical program.
• Those benefit eligible employees not enrolled in the Hospital’s medical program may still participate in all of the RedBrick programs described above.

Programs
• **Health Screenings**: Employees can visit a local commercial clinic or lab through the RedBrick community access voucher program or print the online Health Screening form to take to a preferred provider.
• **Health Assessment**: Confidential, online questionnaire that provides you with snapshot of your current health. Based on your responses, RedBrick will develop personalized recommendations.
• **Next-Steps Consult**: Confidential phone call with an expert RedBrick guide to discuss your assessment and screening results. Learn how to engage in RedBrick’s programs.
• **Coaching**: Certified expert health coaches answer health questions, provide support overcoming obstacles and help set small goals to work on between meetings.
• **Journeys®**: Online programs that guide you through small steps as you learn about and try out new healthy behaviors in categories such as physical activity, weight loss and stress reduction.
• **RedBrick Track™**: A tool designed to help you build and reinforce healthy habits in just a few minutes a day – from physical activity to life balance to healthy eating. Automatically sync activities with your Track account using compatible devices, apps and programs.
• **Rally**: Fun and social Hospital-wide team “challenges”. Competition is based on physical activity, nutrition, and/or life balance activities.
Wellness Program

Incentive payments
• Up to $300 in payments for participation in some combination of the RedBrick programs during 2016

Fitbit Flex Drawings
• Each month10 incentive eligible new hires who complete assessment and screening will win a Fitbit Flex

Enrolling
• You will need to login to the Boston Children’s Hospital (BCH) and RedBrick website to register and then you can start participating in programs. http://BCH.RedBrickHealth.com

Privacy
• RedBrick Health continuously monitors and updates its information systems to provide the highest level of protection possible for your Protected Health Information (PHI)
• No one at Boston Children’s Hospital will have access to your PHI unless you volunteer to share it
• Only aggregate data will be shared with Boston Children’s to administer the program, such as paying your Wellness Program rewards
• Your PHI may not be used for any employment-related purpose
Other Benefits

• Group legal
• Tuition assistance
• Transit & parking
• Employee Assistance Plan (KGA)
• Group auto insurance
• Pet insurance
• Adoption assistance
• Recreational discount tickets
How to Enroll

• Review the benefits enrollment guide
• Complete your online enrollment
  – Create a BCH password through password manager (instructions available on next page)
  – Activate your new password
  – Access PeopleSoft via the BCH homepage
• Print a confirmation of your elections
• Make any 403(b) changes directly through Fidelity
  – Set up your username and password at www.netbenefits.com/BCH
  – Choose your investment elections
  – Change your payroll contributions
  – Designate your beneficiary
## Where to Go for Help

<table>
<thead>
<tr>
<th>Provider</th>
<th>Phone</th>
<th>Website/Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR Service Center</td>
<td>617-355-7780</td>
<td><a href="mailto:hresc@childrens.harvard.edu">hresc@childrens.harvard.edu</a></td>
</tr>
<tr>
<td>Blue Cross Blue Shield MA</td>
<td>800-241-1263</td>
<td><a href="http://www.bluecrossma.com/bch">www.bluecrossma.com/bch</a></td>
</tr>
<tr>
<td>Caremark (RX)</td>
<td>888-771-7270</td>
<td><a href="http://www.caremark.com">www.caremark.com</a></td>
</tr>
<tr>
<td>Delta Dental</td>
<td>800-872-0500</td>
<td><a href="http://www.deltadental.com">www.deltadental.com</a></td>
</tr>
<tr>
<td>Vision Services Plan</td>
<td>800-877-7195</td>
<td><a href="http://www.vsp.com">www.vsp.com</a></td>
</tr>
<tr>
<td>Crosby Benefit Systems (Flexible Spending Accounts)</td>
<td>800-462-2235</td>
<td><a href="http://www.crosbybenefits.com">www.crosbybenefits.com</a></td>
</tr>
<tr>
<td>Voya - Life Insurance</td>
<td>800-955-7736</td>
<td></td>
</tr>
<tr>
<td>Fidelity Investments</td>
<td>855-242-4032</td>
<td><a href="http://www.netbenefits.com/BCH">www.netbenefits.com/BCH</a></td>
</tr>
<tr>
<td>Commuter/Parking Services</td>
<td>617-355-6251</td>
<td><a href="mailto:parking@childrens.harvard.edu">parking@childrens.harvard.edu</a></td>
</tr>
<tr>
<td>Payroll</td>
<td>857-218-3523</td>
<td><a href="mailto:payroll-dl@childrens.harvard.edu">payroll-dl@childrens.harvard.edu</a></td>
</tr>
<tr>
<td>Hyatt Legal Plan</td>
<td>800-821-6400</td>
<td><a href="http://www.legalplans.com">www.legalplans.com</a></td>
</tr>
</tbody>
</table>
Where to Go for Help

Visit the Benefits Page! Select Human Resources from the Home Page, then Employee Benefits on the left hand side of the page.
Online Benefit Enrollment Instructions:

**STEP ONE – CREATE A BCH PASSWORD WITH “Password Manager”-YOU MUST COMPLETE THIS STEP PRIOR TO ENROLLING IN BENEFITS:**

- Turn On your computer
- Click on **“Switch User”** box
- Click on **“Courion BCH Password Manager”**
- Click **“Click Here to Reset Password”**
- Click on **“Register for Password Manager”** You will be asked for a PIN. The PIN is either the last four digits of the social security number or 9999.
- Enter your ID # (excluding the CH)
- Answer security questions
- Click “Reset Password” and follow the next steps
- Log out of password manager

**STEP TWO – ACTIVATE YOUR NEW PASSWORD**

- Log back into your computer to activate your new password so it will take effect
- Once you log in, your desktop icons will appear

**STEP THREE – ENROLL IN YOUR BENEFITS**

- Double click on Internet Explorer Icon
- This will bring you to the BCH Intranet – “Children’s Today”
- On the left hand side scroll bar find and click on “PeopleSoft” (alphabetical)
- The next screen brings you to PeopleSoft/ERP – On Right hand side find and click PeopleSoft Functions
- Click on Employee Self Service – you will be prompt to sign in with ID & Password
- The next screen will be Oracle
- Select Main Menu – then Self Service
- Click on “Benefits”
- Click on “Benefits Enrollment”
- After enrolling in your benefits save and then submit. Print your Confirmation Statement: go to File, then Print