

# 2024 Benefits Guide

This Guide provides details on the 2024 benefits offered to eligible employees.



**Read** this Guide to help determine the right benefits to meet your needs.



**Review** information made available to you to learn more about 2024 benefits options.



**Enroll** in your benefits choices within 31 days of your date of hire or transfer into a benefits-eligible role.



# You and BILH – A Partnership

**Beth Israel Lahey Health (BILH) is committed to doing all we can to support the well-being of employees and their family members with comprehensive benefits programs and resources.**

This Guide provides an overview of the benefits being offered for 2024. If you have questions related to the benefits:

- Review the [Benefits FAQs](#)
- Reach out to your **Human Resources Partner**, or
- Email [benefits@ehr.org](mailto:benefits@ehr.org).

## Your 2024 Benefits Costs



Many benefits described in this Guide are paid for with pre-tax contributions, meaning the premium is deducted from your pay before Federal, Social Security, and State (if applicable) taxes are withheld. This reduces your taxable income and subsequent tax liability, lowering your actual cost for these benefits. Disability, Life, and AD&D insurance are paid for on an after-tax basis. See the [Benefits Rates Sheet](#) to review per pay period benefits costs for 2024.

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# Introduction

## Eligibility

**Employees who are regularly scheduled to work 20 or more hours per week (40 hours per pay period) are eligible to enroll in most of the benefits described in this Guide.**

You may also enroll your eligible family members under certain plans you choose for yourself. Eligible dependents include:

- Your legal spouse;
- Your dependent children (through the end of the month in which they turn 26); or
- A child of any age who has a disability that prevents the child from self-sustaining employment and who is dependent upon you for support.

**Note:** You must provide Social Security numbers of any dependents you are enrolling.

You have 31 days from your date of hire or transfer into a benefits-eligible position to enroll. No late enrollments will be accepted.

## Enrolling in Your Benefits

**As a new hire or newly benefits-eligible employee, you will want to review the benefits in this Guide and consider your and your family's needs for the upcoming year.**

After your initial enrollment, you may not make changes to your benefits until the next Open Enrollment period, unless you have a qualifying status change such as marriage, divorce or birth or adoption of a child.

Note that the timeline to enroll in or make changes for the retirement plans is different. See [page 16](#) for more details.

## If You Don't Enroll....

**Please review the information about benefit options in this Guide and make the elections that will best suit your needs.**

Eligible employees are automatically provided with Basic Life Insurance at no cost, even if they do not enroll in other benefits. In addition, you automatically have access to the Employee Assistance Program as of your date of hire. For all other benefits, you must actively enroll to have coverage for 2024.



# Health Benefits

## Medical Plan Options

You can choose from three medical plan options available through Harvard Pilgrim Health Care (HPHC). They include a range of coverage levels and costs, giving you the flexibility to select the plan that is right for you and your family.

Providers and hospitals are assigned to Tier 1, 2, or 3 based on a variety of factors including quality and cost; you pay less when you see providers in lower tiers. **Tier 1 is BILH providers and facilities, which includes Core Physicians, Exeter Hospital, and Rockingham VNA & Hospice.** Detailed comparisons of the plan options can be found at [harvardpilgrim.org/bilh](https://harvardpilgrim.org/bilh).

See [page 7](#) for definitions of key terms about the medical plan options.

### Domestic & Community HMO

The Domestic & Community HMO offers two tiers of coverage with the lowest premiums and **no Tier 3 or out-of-network coverage**.<sup>\*</sup> Copays are slightly higher than the HMO Plus and Tiered POS plans. **Tier 1 does not have an annual deductible.** Tier 2 has an annual deductible. Both Tier 1 and 2 have coinsurance for certain services. **Note:** You pay nothing for visits to a BILH PCP!

<sup>\*</sup> Except in the case of a medical emergency.

### HMO Plus

The HMO Plus Plan offers three tiers of coverage and no out-of-network coverage.<sup>\*</sup> There is an annual deductible for Tier 1. Tiers 2 and 3 have an annual deductible and coinsurance for certain services. The premiums for the HMO Plus are priced between the Domestic & Community HMO and the Tiered POS. **Note:** The HMO Plus Out-of-Area Plan is available if you live 20 or more miles from a Tier 1 BILH Primary Care Physician (PCP) and you live within Harvard Pilgrim's enrollment area (MA, ME, NH and certain areas of RI, VT and NY). Under the Out-of-Area Plan, any care received from Tier 2 providers will be processed at Tier 1 costs.

<sup>\*</sup> Except in the case of a medical emergency.

### Tiered POS

The Tiered POS offers three tiers of coverage plus out-of-network coverage, with the lowest copays and an annual deductible in Tier 1. Tiers 2 and 3 and out-of-network coverage have annual deductibles and coinsurance for certain services. The premiums for the Tiered POS are higher than the two HMOs.

#### You Must Elect a Primary Care Physician (PCP) – Consider a BILH PCP



With each of the medical plans, you must select a PCP who coordinates your care and can provide you with referrals to specialists (required for referrals outside the BILH system and for all referrals from non-BILH PCPs). Be sure to include the provider number of your PCP when you enroll. Visit the online provider directories at [harvardpilgrim.org/bilh](https://harvardpilgrim.org/bilh) to find a PCP and verify the tiers of all your current providers and where they perform services.

#### VISION COVERAGE PROVIDED THROUGH HARVARD PILGRIM PLANS

If you are enrolled in a BILH medical plan, Harvard Pilgrim covers a routine vision exam once per calendar year and offers discounts on eyewear, accessories, and vision procedures. Learn more at [harvardpilgrim.org/bilh](https://harvardpilgrim.org/bilh).

## Understanding Provider Tiers

### Providers by Tier: All Medical Plans Offer Tiered Coverage

You will pay less when you see a Tier 1 provider and you pay nothing for visits to a BILH PCP!

All BILH providers and sites are Tier 1. By utilizing our system, you will receive high-quality care from providers you know, while paying the lowest copays based on the plan.

Copays and annual deductibles at Tier 2 or Tier 3 providers will be higher.

Coinsurance will apply at Tier 2 and Tier 3 for the HMO Plus and Tiered POS plans (and for out-of-network care in the Tiered POS). Coinsurance will also apply to Tier 1 and Tier 2 for the Domestic & Community HMO.

**Note:** Providers may change tiers, so be sure to confirm the tier before seeking services by visiting [harvardpilgrim.org/bilh](https://harvardpilgrim.org/bilh).

#### What Tier is Your Provider/Facility In?

As you consider which medical plan best meets your needs, make sure to confirm the Tier of all providers and the facilities where they perform services. In addition, once you have enrolled in a plan, check the Tier of any new providers before you receive care, even if you were referred by your PCP. Contact a Harvard Pilgrim Health Plan Member Advocate at **866-623-0194** if you need help finding your provider's tier.

#### Higher Costs for Using Tier 2 and 3 Providers

You pay more to use Tier 2 and 3 providers. Save money by using a BILH Tier 1 provider, which includes Core Physicians, Exeter Hospital, and Rockingham VNA & Hospice.

#### Out of State Coverage and Out-of-Area Dependent Coverage


With the HMO Plans, if you have a dependent child up to age 26 who resides outside of the HPHC enrollment area, that child can be registered as an out-of-area dependent with HPHC. Your registered dependent can then receive most of the same coverage available under the plan as though they were in the enrollment area. With the Tiered POS plan, employees and their dependents (both spouse and children) living outside of the HPHC enrollment area have access to in-network providers and services through HPHC's national provider network. To learn more, call **Harvard Pilgrim** at **888-333-4742**.





## Choosing Your Medical Coverage

All plans cover a wide range of medical and preventive care. As you make your decision, keep in mind which plan in total will cost you less for the entire year. Consider both paycheck deductions (premiums) and out-of-pocket costs when you receive care that you expect to need this upcoming year. Do you prefer to have a higher premium deduction taken from your paycheck each pay period (cost of coverage) and pay less when you use the medical plan (cost of care)? Or would you be comfortable with a lower premium deduction from your paycheck and pay more when (or if) you use services?

	Domestic & Community HMO	HMO Plus	Tiered POS
<b>Plan Highlights</b>	 <p><b>No cost to you for BILH PCP and outpatient mental health/substance use disorder visits!</b></p>		
	<ul style="list-style-type: none"> <li>• 2-tier plan.</li> <li>• Higher copays for care than the other plan options.</li> <li>• <b>No deductible for Tier 1 providers</b>, but coinsurance is required.</li> <li>• Deductible and coinsurance required for Tier 2 providers.</li> <li>• No coverage for Tier 3 or out-of-network providers unless for emergency.</li> </ul>	<ul style="list-style-type: none"> <li>• 3-tier plan.</li> <li>• Deductible required but no coinsurance for Tier 1 providers.</li> <li>• Deductible and coinsurance required for Tier 2 and Tier 3 providers.</li> <li>• No coverage outside of Tier 1, 2 and 3 unless for emergency.</li> </ul>	<ul style="list-style-type: none"> <li>• 4-tier plan (including out-of-network).</li> <li>• Lowest copays.</li> <li>• Deductible required but no coinsurance for Tier 1 providers.</li> <li>• Deductible and coinsurance required for Tier 2, 3 and out-of-network services.</li> </ul>
<b>You may want to choose this plan if...</b>	<ul style="list-style-type: none"> <li>• You mostly use Tier 1 providers and only occasionally Tier 2 providers.</li> <li>• You do not anticipate major medical services.</li> <li>• You want a plan with the lowest premium contribution.</li> <li>• You would rather pay more for care when received and a lower premium from your paycheck.</li> </ul>	<ul style="list-style-type: none"> <li>• You mostly use Tier 1 providers but want access to Tier 2 and Tier 3 providers.</li> <li>• You prefer to pay a medium (not highest, not lowest) premium from your paycheck.</li> </ul>	<ul style="list-style-type: none"> <li>• You want access to any provider (both in and outside of Tier 1, 2, and 3).</li> <li>• You are willing to pay higher premiums from your paycheck.</li> </ul>

**Note:** Prescription drug coverage is the same for all three medical options.

## Comparing Your Medical Plan Options

	Domestic & Community HMO		HMO Plus		
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 3
<b>Annual Deductible</b>	None	\$1,500/\$3,000 member/family	\$250/\$500 member/family	\$2,000/\$4,000 member/family	\$3,500/\$7,000 member/family
<b>Out-Of-Pocket Maximum (includes medical copays, coinsurance and deductible)</b>	\$4,000/\$8,000 member/family		\$3,500/\$7,000 member/family	\$4,500/\$9,000 member/family	
<b>Preventive Care Visits</b>	\$0 (covered in full)		\$0 (covered in full)		
<b>PCP Office Visit</b>	\$0 copay (covered in full)	\$55 copay (covered in full for children up to age 19)	\$0 copay (covered in full)	\$60 copay (covered in full for children up to age 19)	\$110 copay
<b>Specialist Office Visit</b>	\$40 copay	\$65 copay (\$40 copay for children up to age 19)	\$35 copay	\$75 copay (\$35 copay for children up to age 19)	\$120 copay
<b>Outpatient Mental Health/Substance Use Disorder Treatment (group and individual)</b>	\$0 copay (covered in full)		\$0 copay (covered in full)		
<b>Inpatient Mental Health/Substance Use Disorder Treatment (group and individual)</b>	10% coinsurance		Tier 1 deductible, then no charge		
<b>Urgent Care</b>	\$40 copay	\$90 copay (\$40 copay for children up to age 19)	\$35 copay	\$85 copay (\$35 copay for children up to age 19)	\$125 copay
<b>Emergency Room (ER) Care (waived if admitted)</b>	\$200 copay		\$200 copay		
<b>Emergency Admission</b>	10% coinsurance		Tier 1 deductible, then no charge		
<b>Inpatient Hospital</b>	10% coinsurance	30% coinsurance after deductible (10% coinsurance after Tier 1 deductible for children up to age 19)	Tier 1 deductible, then no charge	30% coinsurance after deductible (Tier 1 deductible, then no charge for children up to age 19)	50% coinsurance after deductible
<b>Day Surgery (including scopic procedures, e.g. colonoscopy)</b>	10% coinsurance	30% coinsurance after deductible (10% coinsurance after Tier 1 deductible for children up to age 19)	Tier 1 deductible, then no charge	30% coinsurance after deductible (Tier 1 deductible, then no charge for children up to age 19)	50% coinsurance after deductible
<b>Hospital Based Lab/ X-Ray/Diagnostic and High End Radiology (MRI, CT, PET)</b>	10% coinsurance	30% coinsurance after deductible (10% coinsurance after Tier 1 deductible for children up to age 19)	Tier 1 deductible, then no charge	30% coinsurance after deductible (covered in full for children up to age 19)	50% coinsurance after deductible
<b>Non-Hospital Based Lab/ X-Ray/Diagnostic and High End Radiology (MRI, CT, PET)</b>	\$0 (covered in full)	\$75 copay (covered in full for children up to age 19)	\$0 (covered in full)	\$75 copay (covered in full for children up to age 19)	\$75 copay

For more details on the medical plans, see the Benefit Comparison Chart at [harvardpilgrim.org/bilh](http://harvardpilgrim.org/bilh).

	Tiered POS			
	Tier 1	Tier 2	Tier 3	Out-of-Network
<b>Annual Deductible</b>	\$250/\$500 member/family	\$2,000/\$4,000 member/family	\$3,500/\$7,000 member/family	\$5,000/\$10,000 member/family
<b>Out-Of-Pocket Maximum (includes medical copays, coinsurance and deductible)</b>	\$3,000/\$6,000 member/family	\$4,500/\$9,000 member/family		\$6,000/\$12,000 member/family
<b>Preventive Care Visits</b>	\$0 (covered in full)			50% coinsurance after deductible
<b>PCP Office Visit</b>	\$0 copay (covered in full)	\$60 copay (covered in full for children up to age 19)	\$75 copay	50% coinsurance after deductible
<b>Specialist Office Visit</b>	\$30 copay	\$75 copay (\$30 copay for children up to age 19)	\$100 copay	50% coinsurance after deductible
<b>Outpatient Mental Health/Substance Use Disorder Treatment (group and individual)</b>	\$0 (covered in full)			50% coinsurance after deductible
<b>Inpatient Mental Health/Substance Use Disorder Treatment (group and individual)</b>	Tier 1 deductible, then no charge			50% coinsurance after deductible
<b>Urgent Care</b>	\$30 copay	\$70 copay (\$30 copay for children up to age 19)	\$110 copay	50% coinsurance after deductible
<b>Emergency Room (ER) Care (waived if admitted)</b>	\$150 copay			
<b>Emergency Admission</b>	Tier 1 deductible, then no charge			
<b>Inpatient Hospital</b>	Tier 1 deductible, then no charge	30% coinsurance after deductible (Tier 1 deductible, then no charge for children up to age 19)	40% coinsurance after deductible	50% coinsurance after deductible
<b>Day Surgery (including scopic procedures, e.g. colonoscopy)</b>	Tier 1 deductible, then no charge	30% coinsurance after deductible (Tier 1 deductible, then no charge for children up to age 19)	40% coinsurance after deductible	50% coinsurance after deductible
<b>Hospital Based Lab/X-Ray/Diagnostic and High End Radiology (MRI, CT, PET)</b>	Tier 1 deductible, then no charge	30% coinsurance after deductible (covered in full for children up to age 19)	40% coinsurance after deductible	50% coinsurance after deductible
<b>Non-Hospital Based Lab/X-Ray/Diagnostic and High End Radiology (MRI, CT, PET)</b>	\$0 (covered in full)	\$75 copay (covered in full for children up to age 19)	\$75 copay	50% coinsurance after deductible

### Key Terms to Know

**Copay:** The amount you pay for a covered service each time you use that service. It does not apply toward the deductible.

**Coinsurance:** Percentage of the charge that you will pay, generally after you have met the deductible (if applicable).

**Deductible:** The amount you pay each year before the plan begins to pay. It does not include office visit or prescription drug copays.

**Out-of-pocket costs:** Expenses you pay yourself, such as deductibles, copays, and uncovered services.

**Out-of-pocket maximum:** The maximum amount you pay for covered services in a year. There are separate out-of-pocket maximums for medical services and prescription drugs filled at a retail pharmacy or through mail order.

**Premium:** The amount you pay for insurance from your paycheck.

For more details on the medical plans, see the Benefit Comparison Chart at [harvardpilgrim.org/bilh](https://harvardpilgrim.org/bilh).



## MyConnect: Your Direct Connection to Harvard Pilgrim



Need help finding a BILH provider? Want to talk to someone about your medical plan options? Looking for support managing a condition? Harvard Pilgrim MyConnect is here to help. Your dedicated Member Advocate team can guide you before, during and after open enrollment — and help you make the most of your medical plan all year long.

### How Your Member Advocate Team Can Help

Medical Plan Guidance	Connect You With the Right Resources
<ul style="list-style-type: none"> <li>• Explain your medical plan options</li> <li>• Help you change your PCP</li> <li>• Help you find a specialist and other providers</li> <li>• Explain how you can save money by seeing Tier 1 providers in the BILH network</li> <li>• Go over your deductible and out-of-pocket maximum balances</li> <li>• Resolve a billing issue</li> <li>• Find out the status of a claim submitted by your provider</li> <li>• And more</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Chronic condition support.</b> Harvard Pilgrim’s Clinical Care team of nurse care managers and other professionals can help assess your needs, coordinate health care services, develop a customized plan for you and provide ongoing support — all in coordination with your PCP.</li> <li>• <b>Lifestyle management coaching.</b> Get support and motivation from a certified lifestyle coach for issues like managing weight, smoking cessation, reducing stress and increasing physical activity. (Ages 18+)</li> </ul>

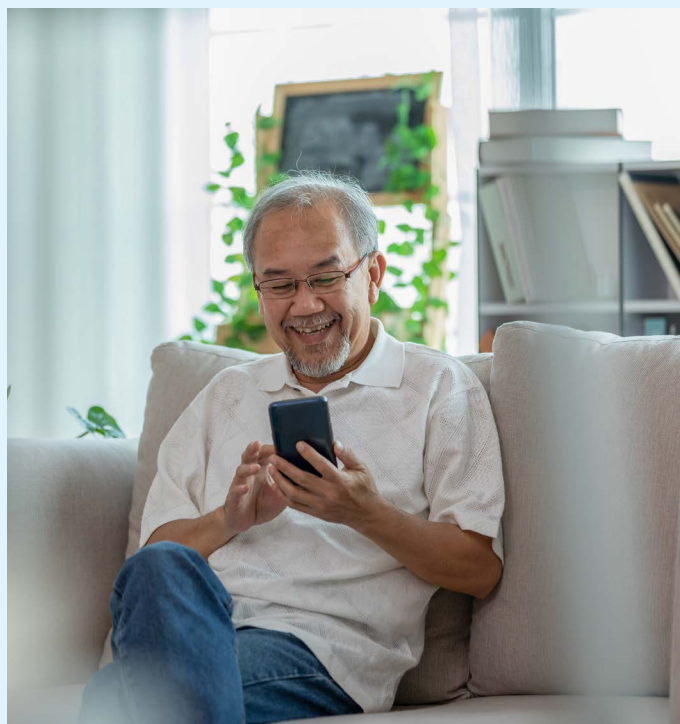
### Get Started Today

Contact your Member Advocate team by phone, via the app or online — whatever is most convenient for you: Monday, Tuesday, Thursday and Friday: 8 a.m. – 8 p.m., and Wednesday: 10 a.m. – 8 p.m.

- **Phone:** Call **866-623-0194**; (have your Harvard Pilgrim ID number ready); you can receive assistance in multiple languages if needed
- **Chat:** Send a secure message through the MyConnect app
- **Online:** Send a secure message through your Harvard Pilgrim online member account at [www.harvardpilgrim.org/bilh](http://www.harvardpilgrim.org/bilh)

### How to Get the MyConnect App

Download the Harvard Pilgrim MyConnect app from the Apple App Store or Google Play and use access code **HAPICONNECT**.



## Prescription Drug Coverage

**If you enroll in one of the medical plans you will receive prescription drug coverage from CVS Caremark. The pharmacy benefit is the same, regardless of which medical plan you select.**

You will receive a **separate ID card** to use for your prescription drug services in the CVS Caremark network, which includes the BILH Pharmacy as well as CVS, Rite Aid, Walgreens, Target, Walmart, Stop & Shop, and more. For a list of participating pharmacies visit [caremark.com](https://www.caremark.com).

**If you use a retail pharmacy (not BILH Pharmacy) for a 30-day supply, your prescription copay amount will be based on the type of drug you are using:**

- **Generic** — Generic consists of low-cost generic drugs and are at the lowest-copay level. These drugs contain the same active ingredients as their brand-name counterparts.
- **Preferred** — Preferred consists primarily of brand-name drugs that CVS Caremark has determined to be more effective, less costly or to have fewer side effects than similar medications. These drugs typically do not have a generic equivalent available.
- **Non-Preferred** — Non-preferred consists mostly of high-cost brand-name drugs with lower cost generic and/or brand alternatives. These drugs have been selected by the plan based on review of the relative safety, effectiveness and cost of the many brand-name drugs on the market. In some cases, non-preferred may include generic drugs determined to be more costly than their brand-name alternatives.



Note that all specialty medications must be filled through BILH Specialty Pharmacy.

Prescription Drug Coverage for All Medical Plan Options			
	BILH Pharmacy & Home Delivery (includes retail BILH, Lahey, or BIDMC pharmacy and Pharmacy Direct Home Delivery)		CVS Retail Network Pharmacy
	30-Day Supply	90-Day Supply	Up to 30-Day Supply Only
You Pay (copay)	\$5	\$10	Generic: \$20 Preferred Brand: \$65 Non-Preferred Brand: \$100
Out-of-Pocket Maximum	\$3,000 member/\$6,000 family		

Your annual out-of-pocket maximum for prescriptions is \$3,000 if you enroll in individual coverage, or \$6,000 if you have one or more dependents. You can save money on prescriptions by asking your doctor to prescribe generic medications, when possible. You can learn more by visiting [caremark.com](https://www.caremark.com) or by downloading the CVS Caremark app. If you have questions, you can call CVS Caremark at **855-303-3980**.

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## LIST OF COVERED DRUGS FOR 2024

The prescription drug program uses the Advance Control Formulary as the official list of covered drugs. You can learn more about the formulary by visiting [caremark.com](https://www.caremark.com).

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## Specialty Medication Copay Assistance Program

The BILH Copay Assistance Program helps reduce out-of-pocket costs incurred by members of our employer-sponsored health insurance plans for certain high-cost medications, called “specialty medications.” You and/or your covered dependents will be contacted if you take a qualifying specialty medication. You can also call **781-352-6635** to confirm if your specialty medication is eligible for financial support through the program.

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## Save Money When You Use a BILH Pharmacy



You will pay a lower copay: \$5 for a 30-day supply and \$10 for a 90-day supply for covered medications through home delivery or at a retail BILH, Lahey or BIDMC pharmacy. Using a BILH Pharmacy supports the system and saves you money; it's a win-win for us all! Transfer your current prescriptions by filling out the [BILH Pharmacy Direct enrollment form](#), and be sure to ask your doctor to send new prescriptions to a BILH pharmacy! To learn more, email [PharmacyEnrollment@bilh.org](mailto:PharmacyEnrollment@bilh.org) or call **781-352-6710**. [Click here](#) for a list of pharmacies, contact information and hours of operation.



# Dental Plan Options

**You can choose from two dental plan options available through Delta Dental of Massachusetts. When you use Delta Dental PPO or Premier network providers, you will have lower costs when you visit the dentist.**

Both plans include the "Right Start 4 Kids Program" that covers 100% of the cost for diagnostic, preventive, basic, and major restorative (in High Option) care for children up to age 13.

**1 Low Option** — The Low Option offers lower premiums and a lower annual deductible, but does not cover Type 3 (major restorative) services or orthodontia, and does not allow you to roll over unused claim dollars from one year to the next.

**2 High Option** — The High Option has higher premiums and provides a higher level of coverage, including Type 3 (major restorative) services and orthodontia (for dependents up to age 19), and allows you to roll over some of your unused claim dollars from one year to the next.

To learn more, visit [deltadentalma.com](https://deltadentalma.com) or call **800-368-4708**.

## ORTHODONTIA COVERAGE

The High Option includes orthodontia coverage for dependents up to age 19.

### Verify Your Dentist

Dentists often change networks. For more information or to see if your dentist is in the Delta Dental PPO Plus Premier network, visit [deltadentalma.com](https://deltadentalma.com) (and select your plan in the drop-down menu: Delta Dental PPO Plus Premier) or download their app.

Delta Dental Low Option and High Option: What You Pay		
	Low Option	High Option
<b>Annual Deductible</b> (amount you pay each year before the plan begins to pay)	\$25 individual/\$75 family Type 2 only; \$0 deductible for children age 12 and under	\$50 individual/\$150 family Type 2 & 3 only; \$0 deductible for children age 12 and under
<b>Type 1: Diagnostic &amp; Preventive</b> (oral exams, cleanings, full-mouth, bitewing and single-tooth x-rays, fluoride treatments*, space maintainers* and sealants*)	\$0 (covered in full; includes 2 yearly exams with cleanings)	\$0 (covered in full; includes 2 yearly exams with cleanings)
<b>Type 2: Basic Restorative Services</b> (fillings, extractions, oral surgery, periodontal surgery, root canal therapy, anesthesia, bridge or denture repair)	40% coinsurance, after deductible for adults; \$0 for children age 12 and under	20% coinsurance, after deductible for adults; \$0 for children age 12 and under
<b>Type 3: Major Restorative Services</b> (fixed bridges and crowns, dentures, onlays)	Not Covered	50% coinsurance, after deductible for adults; \$0 for children age 12 and under
<b>Type 4: Orthodontia Coverage</b> (complete exam and active orthodontic treatment and appliances)	Not Covered	Only for dependents up to age 19; 50% coinsurance up to \$1,000 lifetime maximum
<b>Plan Year Maximum</b> (the maximum amount the plan pays for covered services in a calendar year)	\$1,000 individual	\$5,000 individual
<b>Rollover Maximum</b> (The maximum amount of unused claim dollars you are permitted to rollover from one plan year to the next)	Not available	Up to \$750/year if annual claims are less than \$1,000 (up to a maximum of \$1,500)

\* Frequency and age limitations apply.

Both plans also provide reimbursement for care received from providers outside the Delta Dental PPO Plus Premier network. Non-participating providers may balance bill you; see the Dental Plan summary for more information on out-of-network benefits.



## Flexible Spending Accounts (FSAs)

**FSAs are tax advantaged accounts that let you use pre-tax dollars to pay for eligible medical or dependent care expenses.**

FSAs allow you to redirect a portion of your salary, on a pre-tax basis, to pay for qualified, unreimbursed medical or dependent care expenses incurred during that plan year. Once FSAs have begun, only certain family status changes allow you to change or stop your deduction. FSA “debit” cards are available to automatically deduct eligible expenses from your Medical and Dependent Care accounts. Both plans are administered by Voya (formerly Benefit Strategies).

For further info, including IRS forfeiture rules for unused account balances at the end of the plan year, and substantiation requirements, go to the [HR/Benefits/Flexible Spending](#) page of The Pulse Intranet site.

### Medical FSA

For 2024, you may contribute up to \$3,050 to cover qualified medical expenses incurred by you, your spouse, and your children up to age 26.

**Starting in 2024, the plan does not permit unused funds to be rolled over to the next year. Be sure to plan carefully how much to contribute for 2024 so you do not forfeit unused funds.**

Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions
- Dental treatment
- Orthodontia
- Eye exams/eyeglasses

**For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).**



### Dependent Care FSA

For 2024, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses; \$2,500 if you and your spouse file separate tax returns or may be less for participants who meet the IRS definition of “highly compensated” (you will be notified if impacted).

Some eligible expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-schools, or daycare centers.
- Care of a household member who is physically or mentally incapable of caring for themselves and qualifies as your federal tax dependent.

**For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf).**

**NOTE:** Dependent Care FSAs do not cover medical care for your dependents. (Those costs, however, may qualify under a Medical FSA).



# Financial Benefits

## Life and Accidental Death & Dismemberment Insurance

**BILH provides basic life insurance to eligible employees. For added protection, you may purchase supplemental life insurance for yourself and your dependents.**

You can also purchase voluntary accidental death & dismemberment (AD&D) insurance for coverage specifically for accidental death or injury. Coverage is administered through Voya.

### Basic Life Insurance

We automatically provide you with basic employee life insurance coverage at no cost to you.

**The benefit is: 1 x your annual base pay, up to the maximum (combined with supplemental life) of \$2,250,000**



**Note: Imputed income tax applies to basic life insurance benefits valued at over \$50,000.**

You may elect to reduce your basic life insurance to \$50,000 (called the “Tax Choice”) so you do not have to pay imputed income tax.

### Supplemental Life Insurance (Voya)

You may purchase or increase supplemental life insurance coverage for yourself, your spouse, and your children, as described in the boxes below. You pay the rate based on your age as of date of hire for coverage for yourself and your spouse; the cost for children is a single rate no matter how many you cover. **Note:** If you wish to enroll a spouse and/or child, you must elect supplemental life insurance for yourself of equal or greater value.

#### Employee

##### LIFE INSURANCE AMOUNT

1 to 8x your annual base pay in increments of 0.5x, rounded to the next higher \$1,000, up to \$2,250,000 maximum  
*(combined with basic life)*

#### Spouse

##### LIFE INSURANCE AMOUNT

\$10,000 to \$300,000\*  
in \$10,000 increments

#### Children\*\*

##### LIFE INSURANCE AMOUNT

\$10,000 or \$15,000\*

\* Cannot exceed 100% of the approved employee supplemental life insurance amount.

\*\* Children are eligible for coverage until they reach age 26, except an eligible child of any age who has a disability that prevents the child from self-sustaining employment and who is dependent upon you for support.

### Choose Your Beneficiaries



As part of electing coverage, you will choose beneficiaries for each policy. It is important to keep your beneficiary information updated as life changes occur.

### Consider Your Needs Carefully!



Because we are introducing new life and accident insurance benefits for 2024, you have the **one-time** opportunity to enroll in coverage without providing Evidence of Insurability. You may choose up to \$500,000 in supplemental life insurance coverage for yourself, and up to \$50,000 in life insurance coverage for your spouse, without Evidence of Insurability.

To elect or increase coverage in the future, if eligible to do so, you may be required to provide Evidence of Insurability. So be sure to think about your family's needs as you elect your coverage for 2024.



### Voluntary Accidental Death & Dismemberment (AD&D) Insurance (Voya)

You have the option to purchase additional protection if you suffer certain injuries or die as the result of an accident. You can elect AD&D coverage as shown in the boxes below. You pay the rate for the amount of coverage as well as who you will cover (spouse and/or children).

#### Employee

##### AD&D INSURANCE AMOUNT

1 to 6x your annual base pay in increments of 0.5x, rounded to the next higher \$1,000, up to \$1,500,000 maximum

#### Spouse

##### AD&D INSURANCE AMOUNT

\$10,000 to \$300,000\* in \$10,000 increments

#### Children\*\*

##### AD&D INSURANCE AMOUNT

\$10,000 or \$15,000\*

\* Cannot exceed 100% of the employee voluntary AD&D insurance amount.

\*\* Children are eligible for coverage until they reach age 26, except an eligible child of any age who has a disability that prevents the child from self-sustaining employment and who is dependent upon you for support.

This voluntary plan will pay AD&D benefits in addition to any other life insurance. Depending on the type of physical loss, you may receive part or all of your benefit. In the event of death, your beneficiary would receive the benefit amount. No Evidence of Insurability is required.

## Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness. We offer Short-Term Disability (STD) and Long-Term Disability (LTD) coverage. The plans are administered by Sun Life Financial.

### Short-Term Disability

Following a six-month waiting period after initial enrollment, the plan provides income protection for up to 24 weeks for non-work related injury or illness. Because you pay for STD on an after-tax basis, any benefit you receive is not subject to taxes.

Short-Term Disability	
Benefit Percentage	60% of basic weekly earnings
Weekly Benefit Maximum	Up to \$3,058
When Benefits Begin	After 14 day waiting period
Maximum Benefit Duration	24 weeks

### Long-Term Disability

Provides protection for disabilities that extend beyond six months. You may choose from the following levels of coverage:

Long-Term Disability	
LTD Basic (EHR Paid)	50% of total eligible earnings to a maximum of \$1,500/month. <b>(Note:</b> any benefit you receive is subject to taxes.)
LTD Enhanced Level 1	60% of total eligible earnings to a maximum of \$10,000/month
LTD Enhanced Level 2 (Physicians/Dentists only)	60% of eligible earnings to a max of \$20,000/month
Assisted Living Benefit	Allows for an increase of 20% of the LTD monthly benefit (to a maximum of \$5,000 per month) in the event that the participant were to suffer a loss of two activities of daily living (e.g., the ability to dress or feed oneself) or cognitive impairment while out on long term disability.



## Retirement Plans

**Saving for a more secure financial future is important, and retirement benefits to help you save are a valuable component of our comprehensive Total Rewards program.**

### Account Balance Pension Plan

*For employees of Exeter Hospital and Exeter Health Resources only*

**Eligibility:** Must be 21 years old and must have completed one year of employment in which you have worked at least 1,000 hours. You will receive notification when you are eligible to participate.

**Cost:** We contribute the equivalent of 3% of your salary each year in which you have worked 1000 hours. You have the option to contribute an additional 1%, 2%, or 3% of your salary, after-taxes. Your contribution is matched dollar-for-dollar by the organization, on top of the 3% automatic contribution. You become 100% vested in your own contributions immediately and vested in the employer contributed portion of your account after three years during which you have worked at least 1,000 hours in each year.

Refer to the Summary Plan Description on the [Human Resources/Benefits/Retirement](#) page of The Pulse for details.

### 403(b) Retirement Savings Plan

*Pre-tax and after-tax deductions available*

The organization offers a 403(b) retirement savings plan through Lincoln Financial Group that allows all employees to save for retirement. Participants become 100% vested immediately. You may join the plan upon hire date by choosing a percentage of your salary to contribute, not to exceed the IRS limit for the current year. Loans on a portion of your account are also permissible.

**Eligibility:** There are no age or service requirements to participate in the 403(b) plan. To be eligible for any discretionary employer match (Core and Rockingham VNA & Hospice employees only) you must be employed on the last day of the calendar year and must have worked at least 501 hours during that calendar year.

**Cost:** You may elect pre-tax or after-tax (Roth) deductions (subject to IRS limit).

Refer to the Summary Plan Description on the [Human Resources/Benefits/Retirement](#) page of The Pulse for complete details.



## Earned Time (ET)

Does not apply to physicians/dentists or contracted providers.

Vacation, holiday, and sick time plan. Eligibility is effective immediately for all regular employees. Accruals are calculated on the following pay categories: Regular time, ET (excluding ET payout), Bereavement, and Jury Duty. The sum of these hours (not to exceed 80 hours per pay period) will be multiplied by the Earned Time accrual factor. There are increases for length of service, as noted in the accrual tables below.

<b>EARNED TIME Accrual Table for Core Physicians</b> <i>Does not apply to physicians/dentists or contracted staff</i>			
<b>Length of Service</b>	<b>Per Hour Accrual</b>	<b>Biweekly Accrual</b> <i>Based on 80 hrs/ppd</i>	<b>Annual Accrual</b> <i>Based on 2080 hrs/year</i>
<b>New hire to the end of year 2</b>	.0770	6.16	20 days
<b>Beginning year 3 to end of year 5</b>	.1154	9.23	30 days
<b>Beginning to end of year 6</b>	.1193	9.54	31 days
<b>Beginning to end of year 7</b>	.1231	9.85	32 days
<b>Beginning to end of year 8</b>	.1270	10.16	33 days
<b>Beginning to end of year 9</b>	.1308	10.47	34 days
<b>Beginning of year 10 and beyond</b>	.1347	10.78	35 days

<b>EARNED TIME Accrual Table for Exeter Hospital, Exeter Health Resources, and RVNA &amp; Hospice</b>			
<b>Length of Service</b>	<b>Per Hour Accrual</b>	<b>Biweekly Accrual</b> <i>Based on 80 hrs/ppd</i>	<b>Annual Accrual</b> <i>Based on 2080 hrs/year</i>
<b>New hire to the end of year 2</b>	.0961	7.69	25 days
<b>Beginning year 3 to end of year 5</b>	.1154	9.23	30 days
<b>Beginning to end of year 6</b>	.1193	9.54	31 days
<b>Beginning to end of year 7</b>	.1231	9.85	32 days
<b>Beginning to end of year 8</b>	.1270	10.16	33 days
<b>Beginning to end of year 9</b>	.1308	10.47	34 days
<b>Beginning of year 10 and beyond</b>	.1347	10.78	35 days

### Earned Time Sell Back Program

During our annual Benefits Open Enrollment, you may pre-elect to cash in up to 100% of the Earned Time (ET) you will accrue in the upcoming calendar year. Payouts occur in the first pay period in July and last pay period in December and are verified at the time of payment to ensure they do not exceed the accrual. Employees may carry over up to 480 hours of ET from year to year. Any amount of time in excess of 480 hours will be forfeited.



# Additional Benefits

## Education Benefits

Tuition Assistance: Employees regularly scheduled for 40+ hours per pay period are eligible. Financial Assistance is available for undergraduate and graduate courses that are job-related or that lead to a job-related degree. To receive tuition assistance, you must complete the course with a grade of "C" or better.

Tuition Reimbursement, Tuition Discounts, and Public Service Loan Forgiveness: For more detailed information on other Education Benefits, please refer to the [HR - Education Benefits](#) page of The Pulse where the full details are outlined.

## Employee Assistance Program (EAP)

**The Employee Assistance Program (EAP), offered through KGA, provides free, confidential consultations, counseling and referrals at no cost to you and your adult household members. Contact the EAP for convenient, expert and confidential support.**

Here are some ways KGA will be able to help:

- **COUNSELING:** In-person, phone or video sessions for emotional and mental health issues
- **CRISIS:** Immediate intervention for depression, anxiety, substance misuse, etc.
- **COVID-19:** Practical resources and consultations for the ongoing issues resulting from the pandemic
- **CONVENIENCE:** Referrals for home and community-based services
- **ELDERCARE:** Consultations and referrals for eldercare services and caregiver support
- **FAMILY & CHILDCARE:** Referrals for childcare needs and support for parenting challenges. Access to family/couples counseling
- **FINANCIAL:** Consultations with licensed professionals for debt management, budgeting, identity theft and financial planning
- **LEGAL:** Consultations with an attorney and referrals for most legal issues
- **NUTRITION:** Consultations with a registered dietitian on weight management, food allergies, children's nutrition and other dietary questions
- **STRESS:** Assessment of stress level and techniques/tips for managing stress
- **WORK & CAREER:** Guidance on navigating current role or exploring new career

The program is available 24/7 to all employees.

Contact KGA at:

Online: [https://my.kgalifeservices.com/?org\\_code=bilh](https://my.kgalifeservices.com/?org_code=bilh)

Phone: 855-760-BILH (2454)

**Get the App:** KGA Mobile allows access by phone, text, chat or email when you need assistance. Download KGA Mobile *free* from the App store (iPhone) or Play store (Android).

**Learn More:** Watch this 90-second overview video at <https://kgreer.wistia.com/medias/wnpcz0w6vy>



## Care.com

**Care.com can help you find caregivers for your whole family, including your child(ren), parents/grandparents and/or pets as well as your home.**

Your employee benefits include a free Care.com membership, Expert Assistance, and **up to 15 Backup Care days per year**. You can book Backup Care for children or adults up to 90 days in advance (for in-home care) or 30 days in advance (for in-center care), and up to 2 - 4 hours before care begins. In-home care requires a \$16 hourly copay, and in-center care requires a \$10 daily copay, and BILH pays the remaining cost.

In addition to the Backup Care benefit, you can use Expert Assistance to find nannies and babysitters, tutors, special needs caregivers, pet sitters and groomers, adult companion care, and housekeepers.

Visit [bilh.care.com](https://bilh.care.com) to register using your work email and get started finding the care you need.

## Other Benefits

- Discounts at local merchants; movie tickets; and admission fees to events, water parks, ski areas, etc. can be found on the [Join The Fun/Employee Perks](#) page of The Pulse.
- Direct Deposit (Refer to [HR/Payroll](#) page of The Pulse for information).
- Bereavement Leave (Refer to policy HR 951.610).
- Discounts on home and auto insurance are offered through Liberty Mutual (800-852-6500). If you have a policy with another insurance company, be sure to have the policy available when you call.



# Benefit Resources

Benefits Contacts		
Benefit	Administrator	Contact Information
Medical	Harvard Pilgrim Health Care	888-333-4742 (general questions) 866-623-0194 (to reach a Member Advocate) <a href="http://harvardpilgrim.org/bilh">harvardpilgrim.org/bilh</a>
Prescription Drug	CVS Caremark	855-303-3980 <a href="http://caremark.com">caremark.com</a>
	BILH Pharmacy	781-352-6710 <a href="mailto:PharmacyEnrollment@bilh.org">PharmacyEnrollment@bilh.org</a>
Dental	Delta Dental of Massachusetts	800-368-4708 <a href="http://deltadentalma.com">deltadentalma.com</a>
Flexible Spending Accounts	Voya	888-401-3539 <a href="http://MyHealthAccountSolutions.voya.com">MyHealthAccountSolutions.voya.com</a>
Disability	Sun Life Financial	800-247-6875 <a href="http://www.sunlife-usa.com">www.sunlife-usa.com</a>
Life and AD&D Insurance	Voya	800-955-7736 <a href="https://presents.voya.com/EBRC/BILH2">https://presents.voya.com/EBRC/BILH2</a>
Retirement Plans	Lincoln Financial Group	800-234-3500 <a href="http://lfg.com">lfg.com</a> To view or make changes to account contributions: <a href="http://lfg.com/public/individual">lfg.com/public/individual</a> To schedule personal consultations: <a href="http://lfg.com/EXETERschedule">lfg.com/EXETERschedule</a> or email <a href="mailto:Jenny.Billings@lfg.com">Jenny.Billings@lfg.com</a>
Home & Auto Insurance	Liberty Mutual	800-852-6500

The benefit plans summarized in this document highlight the options available to eligible employees who are regularly scheduled to work 20 or more hours per week (40 hours per pay period). This summary is intended to assist you in understanding the benefits available to you and is not a legal document, binding agreement or contract. For plan specific information or additional benefits information, please refer to the plan documents. The provision of benefits does not indicate continued employment. BILH reserves the right to change, amend and discontinue benefits at any time.