

# 2025 Exeter Benefits Guide

This Guide provides details on the 2025 benefits offered to eligible employees.



**Read** this Guide to determine which benefits meet your needs.



**Review** information made available to you to learn more about your benefit options.



**Enroll** in your benefit choices within 30 days of your date of hire or transfer into a benefits-eligible role.

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# You and BILH — A Partnership

Welcome to Beth Israel Lahey Health (BILH)! We are so happy you've decided to join us, and we value your contribution. We are committed to doing all we can to support the well-being of employees and family members with comprehensive Total Rewards programs and resources.

## Your 2025 Benefits

This Guide provides details on the 2025 benefits offered to eligible employees.

### 2025 Rates and Compliance Notices



You can find 2025 rates and required compliance notices by emailing [Benefits@ehr.org](mailto:Benefits@ehr.org) or contact the **BILH HR Service Center** by calling **617-667-5000**.

**A few important things to note:** The benefit plans summarized in this document highlight the options available to eligible employees who are in a budgeted position 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 benefit 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. We strive to provide the highest quality benefit programs and services possible. Please do not hesitate to contact the **BILH HR Service Center** with any questions, comments, or concerns. You can do so by calling **617-667-5000**. Or you can email questions to [Benefits@ehr.org](mailto:Benefits@ehr.org).



# Introduction

## Eligibility

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

### Eligible Dependents

**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.

### 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 needs and the needs of your family 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.

Use the online enrollment form to make your benefits selections for 2025. If you need assistance using the online enrollment tool, please reach out to your [Human Resources Partner](#) or email [Benefits@ehr.org](mailto:Benefits@ehr.org).

Note that the timeline to enroll in or make changes for the retirement plans is different. See [page 20](#) 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.**

Basic Life Insurance and Basic Long-Term Disability (LTD) benefits are provided automatically at no cost to you, even if you choose not to enroll in other health and well-being 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 2025.

You have 30 days from your date of hire or transfer into a benefits-eligible role to enroll. All of your benefits will be effective as of your date of hire or transfer. No late enrollments will be accepted.

### Get Answers to Your Benefits Questions



The **BILH HR Service Center** is staffed by HR representatives who can answer your questions about the benefits in this guide. The HR Service Center services all of BILH, so remember to identify yourself as an Exeter employee. The BILH HR Service Center is available Monday through Friday from 7:30 a.m. to 5:00 p.m. by calling **617-667-5000**. You may also email [Benefits@ehr.org](mailto:Benefits@ehr.org).

# Paying for Your Benefits

Many benefits described in this Guide are paid for with pre-tax contributions, meaning they are deducted from your pay before Federal, Social Security and State taxes (if applicable) are withheld. This lowers your taxable income and your subsequent tax liability, reducing 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 2025. You can also contact the **BILH HR Service Center** by calling **617-667-5000**.

For 2025 benefits costs, see the [Benefits Rate Sheet](#) or contact the **BILH HR Service Center** by calling **617-667-5000**.

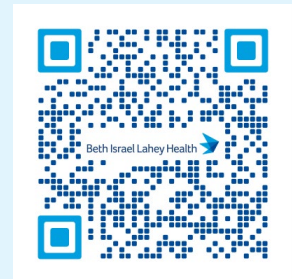
## Your Benefits Resource

### Visit BILH Benefits Central!

BILH Benefits Central is our one-stop shop for everything you need to know about BILH's benefit programs.

- Access it **anytime, any place** from your smartphone, tablet, or laptop
- Easily review **information, tools, and resources** for benefits we offer across BILH (please note that some benefits may differ for Exeter employees)
- Find **contact information** if you have questions about any of our benefit programs

Visit the site by scanning the QR code on your smartphone or by visiting <https://flimp.live/BILH-Benefits>.



# Health Benefits

## Medical Plan Options

You can choose from four new 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.

There are three Health Maintenance Organization (HMO) options and one Preferred Provider Organization (PPO) option. Under the HMO plans, providers and facilities are assigned to Tier 1, 2 or 3 based on a variety of factors including quality and cost; you pay less when you use providers/facilities in the lower Tiers. *Note that employees who live in a zip code which is 20 or more miles from a BILH PCP are eligible to elect the Basic Out-of-Area PPO.*

Detailed comparisons of the plan options can be found at [harvardpilgrim.org/bilh](https://harvardpilgrim.org/bilh). See [page 5](#) for definitions of key terms about the medical plan options.



**The BILH Network Premier HMO** offers two Tiers of coverage with the lowest premiums and **no Tier 3 or out-of-network coverage**.<sup>\*</sup> There are different copays, deductibles and coinsurance for Tier 1 and Tier 2 providers/facilities. **Note:** Those with an annual base salary below \$60,000 will pay lower paycheck premiums for this plan. If this applies to you, you will see the lower rate when you enroll.



**The Flex HMO** offers three Tiers of coverage, but no out-of-network coverage.<sup>\*</sup> There is an annual deductible and coinsurance for certain services, and copays for other care, based on the Tier of the provider/facility you use. The premiums for the Flex HMO are priced between the BILH Network Premier HMO and the Flex Plus HMO.



**The Flex Plus HMO** is similar to the Flex HMO, with a higher premium and a lower deductible. This plan offers three Tiers of coverage and no out-of-network coverage.<sup>\*</sup> There is an annual deductible and coinsurance for certain services, and copays for other care, based on the Tier of the provider/facility you use.



**The Access PPO** offers the most flexibility because you can elect to see any provider (no Tiers). You will pay less for care when you use in-network providers but also have access to any provider you choose (out-of-network). You will pay the highest premium from your paycheck for this plan. You are not required to choose a PCP with this plan.

**For HMO Plans,  
You Must Elect  
a Primary Care  
Provider (PCP)—  
Consider a BILH PCP**



With each of the HMO medical plans, you must select

a PCP who coordinates your care and can provide you with referrals to specialists. You can include the name and 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/facilities and where they perform services.

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

## Understanding Provider/Facility Tiers for HMOs

You will pay less when you use a Tier 1 provider/facility and there are no copays for visits to a BILH PCP!

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

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

Coinsurance will apply for certain services and will be higher at Tier 2 and 3.

**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, check to see 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. Your provider and facility may have different Tiers, so be sure to confirm. Contact a Harvard Pilgrim Member Advocate from MyConnect (see [page 10](#)) if you need help finding your provider or facility's Tier.

### 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 Access PPO 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, visit [harvardpilgrim.org/bilh](https://harvardpilgrim.org/bilh) or call your **Harvard Pilgrim Member Advocate team** at **866-623-0194**.

### Key Terms to Know

**Copay:** Flat amount you pay for a medical appointment or service.

**Coinsurance:** Percentage you pay for a medical service.

**Deductible:** Yearly amount you must pay before services are covered.

**Out-of-pocket maximum:** Maximum amount you will pay in deductibles, copays and coinsurance during a plan year.

**Premium:** Amount you pay for insurance from your paycheck.

**Primary Care Provider (PCP):** Administers your annual physical and provides referrals for further care.

**Tier:** Level of a provider or facility for the HMO medical plan options, which determines how much you pay out-of-pocket.

## Hospital Tiers: BILH Network Premier, Flex and Flex Plus HMO Plans

Please see below for the 2025 list of hospitals, by Tier, for Massachusetts and New Hampshire. To find Tiers for PCPs, specialists and hospitals (including those for other states in the Harvard Pilgrim network: Maine, New York, Rhode Island and Vermont), use the BILH provider directory at [harvardpilgrim.org/bilh](http://harvardpilgrim.org/bilh). It's important to note that Tier 3 providers do not participate in the **BILH Network Premier HMO** plan.

### Massachusetts

#### Tier 1 Hospitals

Addison Gilbert Hospital  
 Anna Jaques Hospital  
 Beth Israel Deaconess Medical Center  
 Beth Israel Deaconess Hospital - Needham  
 Beth Israel Deaconess Hospital - Milton  
 Beth Israel Deaconess Hospital - Plymouth  
 Beverly Hospital  
 Lahey Hospital and Medical Center  
 Mount Auburn Hospital  
 New England Baptist Hospital  
 Winchester Hospital

#### Tier 2 Hospitals

Athol Memorial Hospital  
 Baystate Franklin Medical Center  
 Baystate Noble Hospital  
 Baystate Wing Hospital  
 Berkshire Medical Center  
 Boston Children's Hospital  
 Boston Medical Center  
 Charlton Memorial Hospital  
 Dana-Farber Cancer Institute  
 Fairview Hospital  
 Harrington Hospital  
 Heywood Hospital  
 Holyoke Medical Center, Inc.  
 Lawrence General Hospital  
 Mercy Medical Center  
 North Adams Regional Hospital Corporation  
 Saint Vincent Hospital  
 Signature Healthcare Brockton Hospital  
 St. Luke's Hospital  
 Sturdy Memorial Hospital  
 The Cambridge Health Alliance  
 Tobey Hospital

UMass Memorial HealthAlliance - Clinton Hospital

UMass Memorial - Marlborough Hospital

#### Tier 3 Hospitals

Baystate Medical Center  
 Brigham and Women's Hospital\*  
 Brigham and Women's  
 Faulkner Hospital  
 Cape Cod Hospital  
 Brown University Health - Morton Hospital  
 Brown University Health - Saint Anne's Hospital  
 Cooley Dickinson Hospital  
 Emerson Hospital  
 Falmouth Hospital  
 Good Samaritan Medical Center  
 Holy Family Hospital  
 Holy Family Hospital - Merrimack Valley Campus  
 Lowell General Hospital  
 Martha's Vineyard Hospital  
 Massachusetts Eye and Ear Infirmary  
 Massachusetts General Hospital\*  
 MelroseWakefield Healthcare  
 Metrowest Medical Center (Framingham Union Hospital and Leonard Morse Hospital)  
 Milford Regional Medical Center, Inc.  
 Nantucket Cottage Hospital  
 Newton Wellesley Hospital  
 Northshore Medical Center (Salem Hospital and Union Hospital)  
 South Shore Hospital  
 St. Elizabeth's Medical Center  
 The Shriner's Hospital for Children (Boston and Springfield)  
 Tufts Medical Center  
 UMass Memorial Medical Center (Hahnemann, Memorial and University Campuses)

### New Hampshire

#### Tier 1 Hospitals

Exeter Hospital

#### Tier 2 Hospitals

Alice Peck Day Memorial Hospital  
 Catholic Medical Center  
 Concord Hospital - Franklin  
 Cottage Hospital  
 Frisbie Memorial Hospital  
 Huggins Hospital  
 Monadnock Community Hospital  
 New London Hospital  
 Parkland Medical Center  
 Southern NH Medical Center  
 Speare Memorial Hospital  
 St. Joseph Hospital  
 The Cheshire Medical Center

#### Tier 3 Hospitals

Androscoggin Valley Hospital  
 Concord Hospital  
 Concord Hospital - Laconia  
 Dartmouth Hitchcock Medical Center  
 Elliot Hospital  
 Littleton Regional Hospital  
 MaineHealth Memorial Hospital  
 Portsmouth Regional Hospital  
 Upper Connecticut Valley Hospital  
 Valley Regional Hospital  
 Weeks Medical Center  
 Wentworth-Douglass Hospital

*\* Includes satellite facilities and ancillary services.*

## 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? Review key points to consider in the chart below.

	BILH Network Premier HMO	Flex HMO	Flex Plus HMO	Access PPO
<b>Paycheck Cost</b>	\$	\$\$	\$\$\$	\$\$\$\$
<b>Tiers Covered</b>	Tier 1 and Tier 2 only	Tiers 1, 2, and 3	Tiers 1, 2, and 3	N/A
<b>Plan Highlights</b>	<ul style="list-style-type: none"> <li>Lowest premium of all plan options.</li> <li>2-tier plan.</li> <li><b>No coverage for Tier 3 or out-of-network</b> unless in an emergency.</li> <li>Uses providers from BILH Network Premier HMO network (mostly BILH providers).</li> </ul>	<ul style="list-style-type: none"> <li>Higher premium than BILH Network Premier HMO.</li> <li>3-tier plan.</li> <li><b>No out-of-network coverage</b> unless in an emergency.</li> <li>Uses providers from Flex HMO network.</li> </ul>	<ul style="list-style-type: none"> <li>Similar to Flex HMO, with higher premium and lower deductible.</li> <li>3-tier plan.</li> <li><b>No out-of-network coverage</b> unless in an emergency.</li> <li>Uses providers from Flex HMO network.</li> </ul>	<ul style="list-style-type: none"> <li>Highest premiums.</li> <li>No tiers.</li> <li><b>Coverage for in- and out-of-network providers.</b></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, but sometimes use Tier 2.</li> <li>You never use Tier 3 providers except in an emergency.</li> <li>You want a plan with the lowest premium contribution.</li> </ul> <p><b>Note:</b> Those with an annual base salary below \$60,000 will pay lower paycheck premiums for this plan. If this applies to you, you will see the lower rate when you enroll.</p> <ul style="list-style-type: none"> <li>You would rather pay more for care when received and a lower contribution from your paycheck.</li> </ul>	<ul style="list-style-type: none"> <li>You mostly use Tier 1 and 2 providers, but want access to Tier 3 providers if needed.</li> <li>You want a “mid-range” deduction from each paycheck for your premiums.</li> </ul>	<ul style="list-style-type: none"> <li>You want regular access to Tier 3 providers, along with Tier 1 and 2 providers.</li> <li>You are willing to pay a higher premium from your paycheck to have access to Tier 3 providers, and to pay less when you receive services from those providers.</li> </ul>	<ul style="list-style-type: none"> <li>You want to be able to see any provider (in- and out-of-network).</li> <li>You are willing to pay the highest premiums from your paycheck in exchange for access to any provider you wish.</li> </ul>

### Basic Out-of-Area PPO

The Basic Out-of-Area PPO is available to employees who live in a zip code which is 20 or more miles from a Tier 1 BILH Primary Care Provider (PCP). Visit [harvardpilgrim.org/bilh](http://harvardpilgrim.org/bilh) to learn more about this plan.



## Comparing Your Medical Plan Options

	BILH Network Premier HMO		Flex HMO			Flex Plus HMO			Access PPO	
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	In-Network	Out-of-Network
<b>Annual Deductible (member/family)</b>	\$1,000/\$2,000	\$2,500/\$5,000	\$1,000/\$2,000	\$2,500/\$5,000	\$6,000/\$12,000	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$500/\$1,000	\$2,000/\$4,000
<b>Out-Of-Pocket Maximum (includes medical copays, coinsurance and deductible)</b>	\$3,000/\$6,000 member/family		\$8,000/\$16,000 member/family			\$8,000/\$16,000 member/family			\$6,000/\$12,000 member/family	
<b>Preventive Care Visits</b>	\$0 (covered in full)		\$0 (covered in full)			\$0 (covered in full)			\$0 (covered in full)	30% coinsurance after deductible
<b>PCP Office Visits</b>	\$0 (covered in full)	\$50 copay (covered in full for children up to age 19)	\$0 (covered in full)	\$50 copay (covered in full for children up to age 19)	\$80 copay	\$0 (covered in full)	\$30 copay (covered in full for children up to age 19)	\$50 copay	\$20 copay	30% coinsurance after deductible
<b>Specialist Office Visits</b>	\$40 copay	\$100 copay (\$40 copay for children up to age 19)	\$40 copay	\$100 copay (\$40 copay for children up to age 19)	\$160 copay	\$40 copay	\$60 copay (\$40 copay for children up to age 19)	\$100 copay	\$40 copay	30% coinsurance after deductible
<b>Outpatient Mental Health/Substance Use Disorder Treatment</b>	\$0 (covered in full)		\$0 (covered in full)			\$0 (covered in full)			\$0 (covered in full)	30% coinsurance after deductible
<b>Inpatient Mental Health/Substance Use Disorder Treatment</b>	10% coinsurance after deductible		10% coinsurance after deductible			10% coinsurance after deductible			10% coinsurance after deductible	30% coinsurance after deductible
<b>Urgent Care</b>	\$40 copay	\$100 copay (\$40 copay for children up to age 19)	\$40 copay	\$100 copay (\$40 copay for children up to age 19)	\$160 copay	\$40 copay	\$60 copay (\$40 copay for children up to age 19)	\$100 copay	\$40 copay	30% coinsurance after deductible
<b>Emergency Room (ER) Care (waived if admitted)</b>	\$200 copay		\$200 copay			\$200 copay			\$150 copay	

## Comparing Your Medical Plan Options (cont'd)

	BILH Network Premier HMO		Flex HMO			Flex Plus HMO			Access PPO	
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	In-Network	Out-of-Network
<b>Emergency Admission</b>	10% coinsurance after deductible		10% coinsurance after deductible			10% coinsurance after deductible			10% coinsurance after deductible	
<b>Inpatient Hospital</b>	10% coinsurance after deductible	30% coinsurance after deductible (10% coinsurance after deductible for children up to age 19)	10% coinsurance after deductible	30% coinsurance after deductible (10% coinsurance after deductible for children up to age 19)	50% coinsurance after deductible	10% coinsurance after deductible	20% coinsurance after deductible (10% coinsurance after deductible for children up to age 19)	40% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
<b>Day Surgery (including scopic procedures, e.g., colonoscopy)</b>	10% coinsurance after deductible	30% coinsurance after deductible (10% coinsurance after deductible for children up to age 19)	10% coinsurance after deductible	30% coinsurance after deductible (10% coinsurance after deductible for children up to age 19)	50% coinsurance after deductible	10% coinsurance after deductible	20% coinsurance after deductible (10% coinsurance after deductible for children up to age 19)	40% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
<b>Hospital Based Lab/ X-Ray/ Diagnostic and High End Radiology (MRI, CT, PET)</b>	\$40 copay	30% coinsurance after deductible (\$40 copay for children up to age 19)	\$40 copay	30% coinsurance after deductible (\$40 copay for children up to age 19)	50% coinsurance after deductible	\$40 copay	20% coinsurance after deductible (\$40 copay for children up to age 19)	40% coinsurance after deductible	\$40 copay	30% coinsurance after deductible
<b>Non-Hospital Based Lab/X-Ray/ Diagnostic and High End Radiology (MRI, CT, PET)</b>	\$40 copay	\$100 copay (\$40 copay for children up to age 19)	\$40 copay	\$100 copay (\$40 copay for children up to age 19)	\$160 copay	\$40 copay	\$60 copay (\$40 copay for children up to age 19)	\$100 copay	\$40 copay	30% coinsurance after deductible

## MyConnect: Personalized, Convenient Support From 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>Behavioral health support.</b> Get guidance about resources like virtual therapy, specialized services and self-service tools. For complex concerns, a Harvard Pilgrim Behavioral Health Service Navigator can work with you to find the right care.</li></ul>

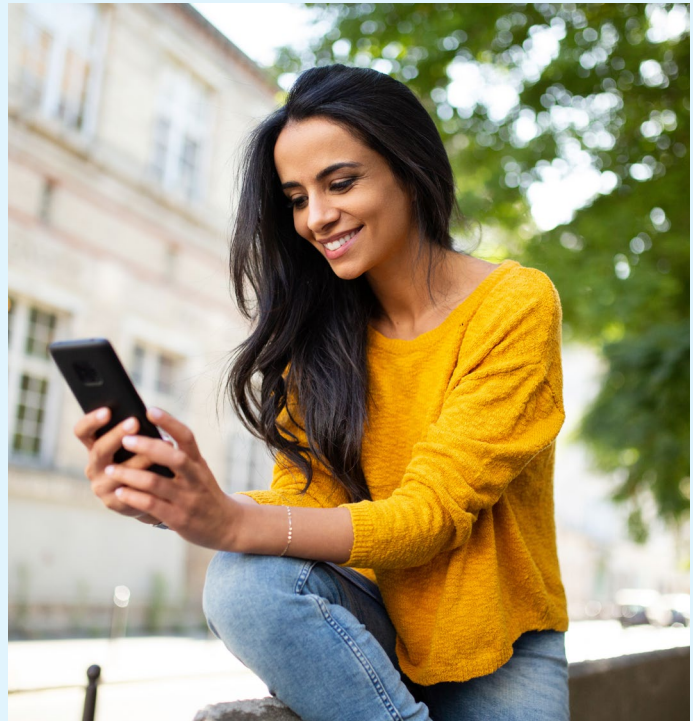
### Get Started Today

Contact your Member Advocate team by phone, via the app or online—whatever is most convenient for you: Tuesday and Thursday: 8 a.m. – 6 p.m., Wednesday: 10 a.m. – 6 p.m. and Friday: 8 a.m. – 5:30 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 Free 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 InScript. The pharmacy benefit is the same for all the HMO plan options, with different copays for the PPO.**

The pharmacy network includes the BILH Pharmacy as well as CVS, Rite Aid, Walgreens, Target, Walmart, Stop & Shop, and more. For a list of participating pharmacies, visit [www.inscriptrx.org/patients](http://www.inscriptrx.org/patients). You must fill 90-day supplies of medications as well as certain other types of medications at a BILH Pharmacy.

Your prescription copay amount (how much you pay) is 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 InScript 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.
- **Specialty**—Specialty drugs are high-cost medications used to treat rare, chronic and complex health conditions. Note that all specialty medications must be filled through BILH Specialty Pharmacy.



### Save Money When You Use a BILH Pharmacy with HMOs

If you enroll in one of the HMO options, you will pay less if you use home delivery or a retail BILH, Lahey or BIDMC pharmacy.

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**.

## Prescription Drug Coverage

	BILH Network Premier, Flex & Flex Plus HMOs			Access and Basic Out-of-Area PPOs		
	BILH Pharmacy & Home Delivery		Retail Network Pharmacy	BILH Pharmacy & Home Delivery		Retail Pharmacy
	30-Day Supply	90-Day Supply	30-Day Supply Only	30-Day Supply	90-Day Supply	30-Day Supply Only
<b>Generic</b>	\$5	\$12.50	\$10	\$10	\$25	\$10
<b>Preferred Brand</b>	\$25	\$62.50	\$30	\$30	\$75	\$30
<b>Non-Preferred Brand</b>	\$40	\$100	\$60	\$60	\$150	\$60
<b>Specialty</b>	\$40	\$100	Not covered	\$100	\$250	Not covered
<b>Out-of-Pocket Maximum</b>	\$3,000 member/\$6,000 family			\$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 [www.inscriptrx.org/patients](http://www.inscriptrx.org/patients). If you have questions, you can call **855-542-1819**.

## Specialty Medication Copay Assistance Program

The BILH Copay Assistance Program helps reduce out-of-pocket costs incurred by members of our 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.



### List of Covered Drugs



The prescription drug program uses an official list of covered drugs called the formulary. You can learn more about the formulary by visiting [www.inscriptrx.org/patients](http://www.inscriptrx.org/patients).

# Dental Plan Options

**You can choose from two dental plan options available through Delta Dental. 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.

## 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](http://deltadentalma.com) (and select your plan in the drop-down menu: Delta Dental PPO Plus Premier) or download their app.

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

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.

# Vision Plan Options

Two vision plan options are available from EyeMed Vision Care: The Low Option and the High Option. Both plans cover eye exams\*, frames, lenses and contact lenses as well as offer a variety of discounts on services and materials.

**1 Low Option** — The Low Option offers lower premiums, requires a \$10 eye exam copay, and pays less for frames and contact lenses.

**2 High Option** — The High Option has higher premiums, does not require an eye exam copay, and pays more for frames and contact lenses.

You have access to a custom provider network that includes BILH providers. You can also access EyeMed’s nationwide network of independent, retail and online providers — including LensCrafters, Target Optical, Pearle Vision and Contacts Direct. Visit the [EyeMed directory](#) to search for providers in the Select network.

You have access to a custom provider network that includes BILH providers.

\* If you do not elect vision coverage, routine eye exams will be covered under your medical insurance.

Vision Plan Comparison Chart (In-Network)		
Type of Service	Low Option	High Option
<b>Routine Eye Exam</b> (once per calendar year)	\$10 copay	\$0 copay
<b>Frames</b> (once every two calendar years)	\$150 allowance, plus 20% off balance	\$175 allowance, plus 20% off balance
<b>Lenses</b> (once per calendar year)	<ul style="list-style-type: none"> <li>• \$10 copay for single vision, bifocal and trifocal lenses</li> <li>• \$75 copay for standard progressive lenses</li> <li>• \$95-\$185 copay for premium progressive lenses</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay for single vision, bifocal and trifocal lenses</li> <li>• \$50 copay for standard progressive lenses</li> <li>• \$70-\$175 copay for premium progressive lenses</li> </ul>
<b>Contact Lenses</b> (in lieu of lenses; once per calendar year)	<ul style="list-style-type: none"> <li>• <b>Conventional:</b> \$150 allowance, plus 15% off balance</li> <li>• <b>Disposable:</b> \$150 allowance</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Conventional:</b> \$175 allowance, plus 15% off balance</li> <li>• <b>Disposable:</b> \$175 allowance</li> </ul>
<b>Plus Other Discounts!</b>	<ul style="list-style-type: none"> <li>• 40% off additional pairs of glasses</li> <li>• 40% off hearing exams and discounted pricing on hearing aids</li> <li>• 15% off LASIK surgery</li> <li>• And more!</li> </ul>	

Contact EyeMed at **866-723-0514** or visit [member.eyemedvisioncare.com](http://member.eyemedvisioncare.com).

## 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. Benefits are effective on the first of the month on or after date of hire or date of change to benefit-eligible status.

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 2025, you may contribute up to \$3,300 to cover qualified medical expenses incurred by you, your spouse, and your children up to age 26.

**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 2025 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 2025, 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

## Disability

Disability insurance, provided through Unum, is a source of financial protection if you are unable to work due to illness or injury. To learn more visit <https://flimp.live/BethIsraelLaheyHealth> or call 866-679-3054.

### Voluntary Short-Term Disability (STD)

STD coverage protects your income in the event of an illness, injury, or during maternity leave. The STD plan pays either 60% or 75% of your base pay (weekly base earnings), up to \$3,000 per week for up to 26 weeks while you remain unable to work due to a qualifying non-work-related illness or injury. You pay the full cost of STD coverage if elected, which is based on the coverage level and elimination period\* you select as well as your salary and age as of January 1, 2025.

As a new hire or newly benefits-eligible employee, you may elect any level of Short-Term Disability coverage without being subject to Evidence of Insurability (EOI). If you choose to waive Short-Term Disability coverage during your initial enrollment period, you will be required to complete EOI if you elect in the future. See [page 17](#).

60% Coverage			75% Coverage
<b>OPTION 1</b>	<b>OPTION 2</b>	<b>OPTION 3</b>	<b>OPTION 4</b>
7 DAY ELIMINATION PERIOD	14 DAY ELIMINATION PERIOD	30 DAY ELIMINATION PERIOD	7 DAY ELIMINATION PERIOD

\* Benefit elimination period is the number of consecutive calendar days you need to be out of work totally disabled before your STD benefit would begin.



## Considerations for Electing Voluntary STD

Consider your needs carefully as you decide whether to elect voluntary Short-Term Disability coverage. Here are questions to think about as you make your decision:

- **Are you anticipating a leave for your own medical condition (such as pregnancy, planned surgery or other)?**
- **How much income do you need to replace during your leave?**
- If you decide to elect STD coverage, you have a number of decisions:
  - **How much income replacement do you need?**
    - > There are two plan options: 60% or 75% income replacement, up to a weekly maximum of \$3,000.
  - **When do you need the STD benefit to start paying?**
    - > Shorter elimination period (7 or 14 days) starts STD benefits sooner but costs more.
    - > Longer elimination period (30 days) costs less but requires more time before benefits pay.

Everyone's needs are different based on their own situation. It's important that you take time to review all available information and think carefully about your needs for the upcoming year.

## Long-Term Disability (LTD)

If you experience a covered disability, the LTD plan will replace a portion of your salary if you are disabled and out of work for more than 180 days. Generally, benefits are payable to age 65. LTD benefits and/or payment periods may reduce beginning at age 65.

### Basic LTD

We automatically provide eligible employees working 20 or more hours a week with Basic LTD coverage equal to 60% of monthly pay (maximum of \$10,000 per month). Basic LTD is provided at no cost to you.

### Buy-Up LTD

If you would like additional coverage, you may elect Optional Buy-Up LTD (for a total of 66 2/3% coverage up to a monthly maximum of \$15,000). You pay for Optional Buy-Up LTD on an after-tax basis.

## Consider Your Needs Carefully!



If you waive STD coverage at initial offer, Evidence of Insurability will be required to elect coverage in the future. When Evidence of Insurability is required, coverage will become effective the later of: the first day of the next plan year or the date Unum approves your application.

**Note:** Evidence of Insurability is not required to elect Optional Buy-Up LTD or to increase your STD benefit once enrolled.

# 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 coverage specifically for accidental death or injury.

Life and AD&D insurance is administered by Voya.

**Notes:** Basic, supplemental and dependent life insurance and voluntary AD&D insurance coverage reduces beginning at age 65. In addition, when Evidence of Insurability is required, coverage will not become effective until approved by the insurance company.



## 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

You may purchase 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 your date of hire for coverage for yourself and your spouse; the cost for children is a single rate no matter how many you cover. As a new hire or newly benefits-eligible employee, you may elect up to \$500,000 in supplemental life insurance for yourself and up to \$50,000 for your spouse without Evidence of Insurability. No Evidence of Insurability is required for child life insurance. Evidence of Insurability is a process in which Voya must review your medical background to approve or deny your enrollment in the plan prior to your enrollment taking effect.

**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.

### Consider Your Needs Carefully!



As a new hire or newly benefits-eligible employee, you have the one-time opportunity to enroll in coverage without Evidence of Insurability. You may choose life insurance up to \$500,000 in supplemental life insurance coverage and up to \$50,000 in spouse life insurance coverage without Evidence of Insurability. After the initial offer, Evidence of Insurability may be required to elect or increase coverage in the future. So be sure to think about your family's needs as you elect coverage for 2025.



### 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.

### Voluntary AD&D Insurance

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 benefit 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.

## 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 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.

**Contributions:** Exeter contributes 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 Fidelity Investments 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 Physicians 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</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>	.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 a fixed amount of ET from year to year; any amount of time above the limit will be forfeited.

## 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.



# Well-Being Benefits

## BILH Living Well: Resources to Help You Focus on YOU

**BILH and Harvard Pilgrim are making it easy for you to put your well-being first.**

Get moving and reduce stress with this customized well-being program. Plus, learn about the \$150 wellness reimbursement, discounts and other extras to help you stay healthy.

Go to [harvardpilgrim.org/bilhlivingwell](https://harvardpilgrim.org/bilhlivingwell) for complete details.

Interactive Programs Through Your Online Account*	Featured Ongoing Programs*	Healthy Extras for Harvard Pilgrim Members
<ul style="list-style-type: none"><li>• Sign up for your online account and download WebMD's Wellness At Your Side app</li><li>• Participate in monthly well-being challenges, webinars and activities</li><li>• Focus on what matters to you—physical activity, healthy eating, healing, recovery, stress management and more</li></ul>	<ul style="list-style-type: none"><li>• Pre-recorded mindfulness videos created exclusively for BILH to address the needs of health care workers</li><li>• Living Well at Home virtual classes for the whole family (yoga, Zumba, guided mindfulness, health and wellness webinars and more)</li></ul>	<ul style="list-style-type: none"><li>• Up to \$150 in wellness reimbursement (see below)</li><li>• Discounts and savings on health and well-being products and services</li><li>• Up to \$150 in childbirth class reimbursement</li><li>• Ovia Health: Get app-based support along your journey through reproductive health, pregnancy, and parenthood</li></ul>

\* Available to BILH employees and their spouses (enrollment in a BILH medical plan not required).

### Wellness Reimbursement



Get reimbursed for fees you pay for a variety of wellness activities. By going to the gym, doing virtual yoga, or practicing mindfulness on an app, you can be reimbursed up to \$150 per year. **Note:** You must be enrolled in the medical plan and have a qualified wellness membership or subscription for at least 4 months to qualify for this reimbursement.





## 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 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 find nannies and babysitters, tutors, special needs caregivers, pet sitters and groomers, adult companion care, and housekeepers.

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

# Benefit Resources

Benefits Contacts		
Benefit	Administrator	Contact Information
<b>BILH HR Service Center</b>	<b>BILH</b>	617-667-5000
<b>Medical</b>	<b>Harvard Pilgrim Health Care</b>	866-623-0194 <a href="http://harvardpilgrim.org/bilh">harvardpilgrim.org/bilh</a>
<b>Prescription Drug</b>	<b>InScript</b>	855-542-1819 <a href="http://www.inscriptrx.org/patients">www.inscriptrx.org/patients</a>
	<b>BILH Pharmacy</b>	781-352-6710 <a href="mailto:PharmacyEnrollment@bilh.org">PharmacyEnrollment@bilh.org</a>
<b>Dental</b>	<b>Delta Dental</b>	800-368-4708 <a href="http://deltadentalma.com">deltadentalma.com</a>
<b>Vision</b>	<b>EyeMed</b>	866-723-0514 <a href="http://member.eyemedvisioncare.com">member.eyemedvisioncare.com</a>
<b>Flexible Spending Accounts</b>	<b>Voya</b>	888-401-3539 <a href="http://MyHealthAccountSolutions.voya.com">MyHealthAccountSolutions.voya.com</a>
<b>Disability</b>	<b>Unum</b>	866-679-3054 (general questions) 866-330-3266 (to file a claim) <a href="https://flimp.live/BethIsraelLaheyHealth">https://flimp.live/BethIsraelLaheyHealth</a>
<b>Life and AD&amp;D Insurance</b>	<b>Voya</b>	800-955-7736 <a href="https://presents.voya.com/EBRC/BILH2">https://presents.voya.com/EBRC/BILH2</a>
<b>Employee Assistance Program (EAP)</b>	<b>KGA</b>	855-760-BILH (2454) <a href="https://my.kgalifeservices.com/?org_code=bilh">https://my.kgalifeservices.com/?org_code=bilh</a>
<b>Care.com</b>	<b>Care.com</b>	<a href="http://bilh.care.com">bilh.care.com</a>
<b>Retirement Benefits</b>	<b>Fidelity Investments (403(b) Plan)</b>	800-343-0860 <a href="http://www.netbenefits.com/atwork">www.netbenefits.com/atwork</a>
	<b>Pension Plan</b>	<a href="mailto:Benefits@ehr.org">Benefits@ehr.org</a>

This Guide is intended for benefits-eligible employees only. Complete details of the benefit plans are included in the official plan documents. If there is any difference between the information presented in this summary and the official plan documents, the plan documents will govern. This statement does not constitute an employment contract, nor does it provide guarantee of future employment. BILH reserves the right to amend, modify or terminate any of the plans in any manner in whole or part, at any time.