

2026 Exeter Benefits Guide

Welcome to Beth Israel Lahey Health. This Guide provides details on the 2026 benefits offered to eligible employees.



Read this Guide to determine which benefits meet your needs.



Review information available on **BILH Benefits Central** and on the home page of The Pulse to learn more about 2026 benefit options.



Enroll in your 2026 benefit choices within 30 days of your date of hire or transfer into a benefits-eligible role.

Table of Contents

Introduction	2
Eligibility	2
If You Don't Enroll	2
Paying for Your Benefits	3
Health Benefits	4
Medical Plan Options	4
MyConnect	10
Prescription Drug Coverage	11
Dental Plan Options	13
Vision Plan Options	14
Flexible Spending Accounts	15
Financial Benefits	17
Disability	17
Life and AD&D Insurance	19
Retirement Plans	21
Earned Time (ET)	22
Wellbeing Benefits	24
BILH Living Well	24
Employee Assistance Program	25
Care.com	26
BenefitHub	26
Benefit Resources	27

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 wellbeing of employees and family members with comprehensive Total Rewards programs and resources.

Your 2026 Benefits

Our programs are focused on total wellbeing. We support your physical and mental health, while providing programs and resources to help you strike a healthy balance between your work and home responsibilities.



2026 Rates and Compliance Notices

You can find 2026 rates on the Benefits page of *The Pulse*. For compliance notices, email Benefits@ehr.org or contact the BILH HR Service Center at **617-667-5000** (be sure to identify yourself as an Exeter employee).



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**.

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.

To make your benefit selections, you will complete the Exeter Benefit Election Form which you received in your welcome email and return it to Benefits@ehr.org. If you are unable to locate the form and need assistance, please email 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 2026.

You have 30 days from your date of hire or change in eligibility to enroll.

All of your benefits will be effective as of your date of hire or change in eligibility.

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 BILH HR Service Center is available Monday through Friday from 7:30 a.m. to 5:00 p.m. by calling **617-667-5000** (be sure to identify yourself as an Exeter employee). You may also email 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 (if applicable) taxes 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 2026. You can also contact the **BILH HR Service Center** by calling **617-667-5000**.

To review the rates for the 2026 benefits, see the Benefits Rates Sheet on *The Pulse* or contact the **BILH HR Service Center** by calling **617-667-5000**.

Explore Your **BENEFIT RESOURCE**

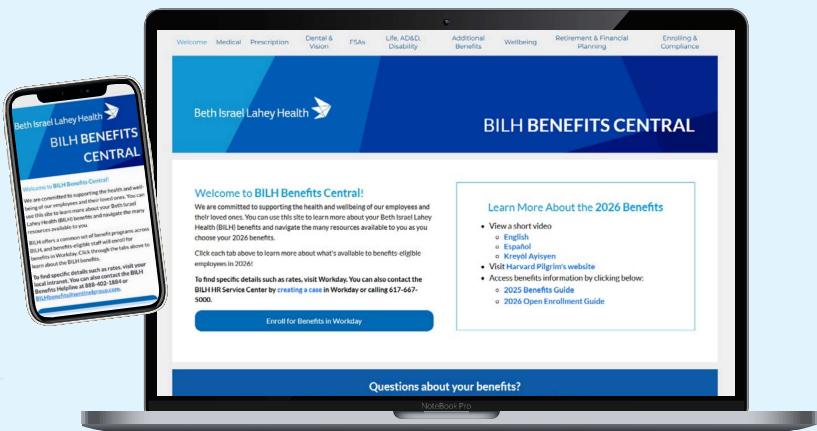
Visit BILH Benefits Central

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

- Access it **any time, any place** from your smartphone, tablet, or laptop
- Easily review **information, tools, and resources** for all of the benefits we offer—from A (AD&D Insurance) to W (Wellbeing)
- Find out **who to contact** if you have questions about any of our benefit programs

Visit the site by scanning the QR code on your smartphone or visit

<https://flimp.live/BILH-Benefits>.



Health Benefits

Medical Plan Options

You can choose from four 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. 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.*** 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.*** 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.*** 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. Be sure to include the provider number of your PCP when you enroll. Visit the online provider directories at harvardpilgrim.org/bilh to find a PCP and verify the Tiers of all your current providers/facilities and where they perform services.

* 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.

Coinurance 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.

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.

Note that the BILH Network Premier HMO uses the BILH Network Premier provider network, and the Flex and Flex Plus HMOs use the same Flex HMO provider network.

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 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.

Coinurance: 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 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 2026 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. 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
Brown University Health – Morton Hospital
Brown University Health – Saint Anne's Hospital
Charlton Memorial Hospital
Dana-Farber Cancer Institute
Fairview Hospital
Good Samaritan Medical Center
Harrington Hospital
Heywood Hospital
Holy Family Hospital
Holy Family Hospital – Merrimack Valley Campus
Holyoke Medical Center, Inc.
Lawrence General Hospital
Mercy Medical Center
North Adams Regional Hospital Corporation

Saint Vincent Hospital
Signature Healthcare
Brockton Hospital
St. Elizabeth's Medical Center
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
Cooley Dickinson Hospital
Emerson Hospital
Falmouth Hospital
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
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
Elliot Hospital
Dartmouth Hitchcock Medical Center
Littleton Regional Hospital
Portsmouth Regional Hospital
The Memorial 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?

	BILH Network Premier HMO	Flex HMO	Flex Plus HMO	Access PPO
Paycheck Cost	\$	\$\$	\$\$\$	\$\$\$\$
Tiers Covered	Tier 1 and Tier 2 only	Tiers 1, 2, and 3	Tiers 1, 2, and 3	N/A
Plan Highlights	<ul style="list-style-type: none"> Lowest premium of all plan options. 2-tier plan. No coverage for Tier 3 or out-of-network unless in an emergency. Uses providers from BILH Network Premier HMO network (mostly BILH providers). 	<ul style="list-style-type: none"> Higher premium than BILH Network Premier HMO. 3-tier plan. No out-of-network coverage unless in an emergency. Uses providers from Flex HMO network. 	<ul style="list-style-type: none"> Similar to Flex HMO, with higher premium and lower deductible. 3-tier plan. No out-of-network coverage unless in an emergency. Uses providers from Flex HMO network. 	<ul style="list-style-type: none"> Highest premium. No tiers. Coverage for in- and out-of-network providers.
You May Want to Choose This Plan If....	<ul style="list-style-type: none"> You mostly use Tier 1 providers, but sometimes use Tier 2. You never use Tier 3 providers except in an emergency. You want a plan with the lowest premium contribution. 	<ul style="list-style-type: none"> You mostly use Tier 1 and 2 providers, but want access to Tier 3 providers if needed. You want a “mid-range” deduction from each paycheck for your premiums. 	<ul style="list-style-type: none"> You want regular access to Tier 3 providers, along with Tier 1 and 2 providers. 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. 	<ul style="list-style-type: none"> You want to be able to see any provider (in- and out-of-network). You are willing to pay the highest premiums from your paycheck in exchange for access to any provider you wish.

Basic Out-of-Area PPO

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

Comparing Your 2026 Medical Plan Options

BILH Network Premier HMO		Flex HMO		Flex Plus HMO		Access PPO		
Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	Tier 3	In-Network	Out-of-Network
Annual Deductible (member/family)	\$800/\$1,600	\$2,500/\$5,000	\$800/ \$1,600	\$2,500/ \$5,000	\$6,000/ \$12,000	\$500/ \$1,000	\$1,500/ \$3,000	\$3,000/ \$6,000
Out-Of-Pocket Maximum (includes medical copays, coinsurance and deductible)	\$2,750/\$5,500 member/family							\$6,000/\$12,000 member/family
Preventive Care Visits	\$0 (covered in full)		\$0 (covered in full)		\$0 (covered in full)		\$0 (covered in full)	
PCP Office Visits	\$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 (\$50 copay for children up to age 19)	\$0 (covered in full)	\$30 copay (\$20 copay for children up to age 19)	\$50 copay (\$30 copay for children up to age 19)
Specialist Office Visits	\$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 (\$100 copay for children up to age 19)	\$40 copay	\$60 copay (\$40 copay for children up to age 19)	\$100 copay (\$60 copay for children up to age 19)
Outpatient Mental Health/Substance Use Disorder Treatment	\$0 (covered in full)			\$0 (covered in full)			\$0 (covered in full)	
Inpatient Mental Health/Substance Use Disorder Treatment	coinsurance after deductible	10% coinsurance after deductible		10% coinsurance after deductible		10% coinsurance after deductible		10% coinsurance after deductible
Urgent Care	\$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)	\$40 copay
Emergency Room (ER) Care (waived if admitted)			\$200 copay			\$200 copay		\$150 copay

Comparing Your 2026 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 1	Tier 2	Tier 3	In-Network	Out-of-Network
Emergency Admission	10% coinsurance after deductible							
Inpatient Hospital	10% coinsurance after deductible (10% coinsurance after deductible for children up to age 19)	30% coinsurance after deductible (10% coinsurance after deductible for children up to age 19)	10% coinsurance after deductible (10% coinsurance after deductible for children up to age 19)	30% coinsurance after deductible (10% coinsurance after deductible for children up to age 19)	50% coinsurance after deductible (30% coinsurance after deductible for children up to age 19)	10% coinsurance after deductible (10% coinsurance after deductible for children up to age 19)	20% coinsurance after deductible (10% coinsurance after deductible for children up to age 19)	40% coinsurance after deductible (20% coinsurance after deductible for children up to age 19)
Day Surgery (including scope procedures, e.g., colonoscopy)	10% coinsurance after deductible	30% coinsurance after deductible (10% coinsurance after deductible for children up to age 19)	10% coinsurance after deductible (10% coinsurance after deductible for children up to age 19)	30% coinsurance after deductible (10% coinsurance after deductible for children up to age 19)	50% coinsurance after deductible (30% coinsurance after deductible for children up to age 19)	10% coinsurance after deductible (10% coinsurance after deductible for children up to age 19)	20% coinsurance after deductible (10% coinsurance after deductible for children up to age 19)	40% coinsurance after deductible (20% coinsurance after deductible for children up to age 19)
Hospital Based Lab/ X-Ray/ Diagnostic and High End Radiology (MRI, CT, PET)	\$40 copay	30% coinsurance after deductible (10% coinsurance after deductible for children up to age 19)	\$40 copay	30% coinsurance after deductible (10% coinsurance after deductible for children up to age 19)	\$40 copay	50% coinsurance after deductible (30% coinsurance after deductible for children up to age 19)	\$40 copay	40% coinsurance after deductible (20% coinsurance after deductible for children up to age 19)
Non-Hospital Based Lab/X-Ray/ Diagnostic and High End Radiology (MRI, CT, PET)	\$40 copay	\$100 copay (\$40 copay for children up to age 19)	\$40 copay	\$100 copay (\$40 copay for children up to age 19)	\$40 copay	\$100 copay (\$40 copay for children up to age 19)	\$40 copay	30% coinsurance after deductible (\$60 copay for children up to age 19)

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 and help you make the most of your medical plan year long.

How Your Member Advocate Team Can Help

Medical Plan Guidance	Connect You With the Right Resources
<ul style="list-style-type: none">Explain your medical plan optionsHelp you change your PCPHelp you find a specialist and other providersExplain how you can save money by seeing Tier 1 providers in the BILH networkGo over your deductible and out-of-pocket maximum balancesResolve a billing issueFind out the status of a claim submitted by your providerAnd more	<ul style="list-style-type: none">Chronic condition support. 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.Behavioral health support. Get guidance about resources like virtual and digital therapy, pediatric support, 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 and schedule an appointment.

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

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 InScript network includes the BILH Pharmacy as well as CVS, Walgreens, Target, Walmart, Stop & Shop, and more. For a list of participating pharmacies, visit 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:

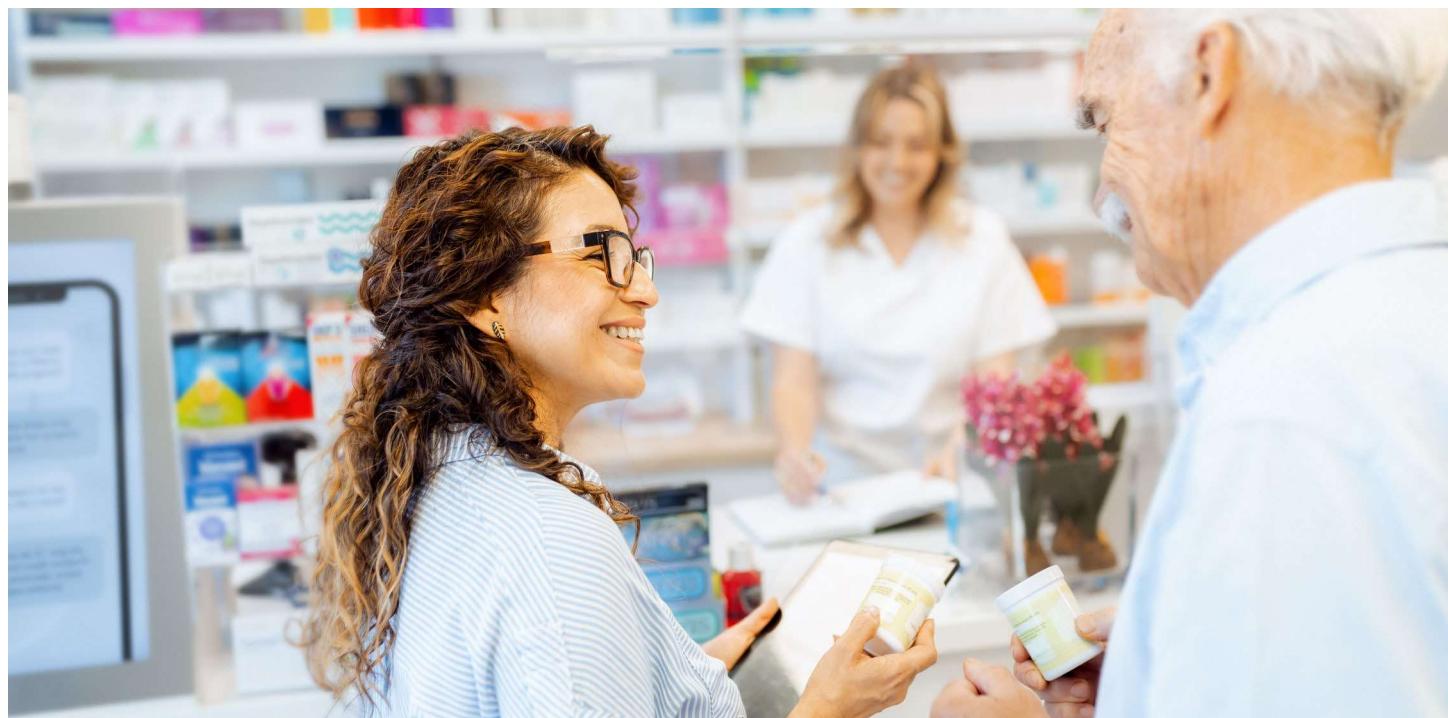
- **Generic**—Generic consists of low-cost generic drugs and are at the lowest-copay level. These drugs contain the same active ingredients as their brand-name counterparts.
- **Preferred**—Preferred consists primarily of brand-name drugs that InScript has determined to be more effective, less costly, 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 or call **781-352-6710**.



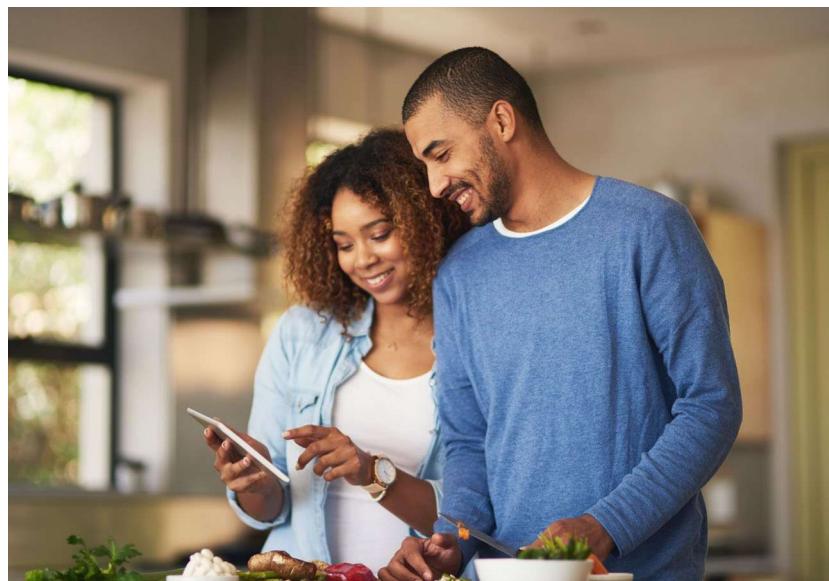
Prescription Drug Coverage

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
Generic	\$5	\$12.50	\$10	\$10	\$25	\$10
Preferred Brand	\$25	\$62.50	\$30	\$30	\$75	\$30
Non-Preferred Brand	\$40	\$100	\$60	\$60	\$150	\$60
Specialty	\$40	\$100	Not covered	\$100	\$250	Not covered
Out-of-Pocket Maximum	\$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 or by downloading the mobile app. If you have questions, you can call InScript at **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 **617-589-1162** 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.

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 (and select your plan in the drop-down menu: Delta Dental PPO Plus Premier) or download their app.

To learn more, visit deltadentalma.com or call 800-368-4708.

Delta Dental Low Option and High Option What You Pay		
	Low Option	High Option
Annual Deductible (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
Type 1: Diagnostic & Preventive (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)
Type 2: Basic Restorative Services (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
Type 3: Major Restorative Services (fixed bridges and crowns, dentures, onlays)	Not Covered	50% coinsurance, after deductible for adults; \$0 for children age 12 and under
Type 4: Orthodontia Coverage (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
Plan Year Maximum (the maximum amount the plan pays for covered services in a calendar year)	\$1,000 individual	\$5,000 individual
Rollover Maximum (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)		
	Low Option	High Option
Routine Eye Exam (once per calendar year)	\$10 copay	\$0 copay
Frames (once every two calendar years)	\$150 allowance, plus 20% off balance	\$175 allowance, plus 20% off balance
Lenses (once per calendar year)	<ul style="list-style-type: none"> \$10 copay for single vision, bifocal, and trifocal lenses \$75 copay for standard progressive lenses \$95-\$185 copay for premium progressive lenses 	<ul style="list-style-type: none"> \$0 copay for single vision, bifocal, and trifocal lenses \$50 copay for standard progressive lenses \$70-\$175 copay for premium progressive lenses
Contact Lenses (in lieu of lenses; once per calendar year)	<ul style="list-style-type: none"> Conventional: \$150 allowance, plus 15% off balance Disposable: \$150 allowance 	<ul style="list-style-type: none"> Conventional: \$175 allowance, plus 15% off balance Disposable: \$175 allowance
Plus Other Discounts!	<ul style="list-style-type: none"> 40% off additional pairs of glasses 40% off hearing exams and discounted pricing on hearing aids 15% off LASIK surgery And more! 	

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

Flexible Spending Accounts (FSAs)

Two FSA options give you a smart and convenient way to stretch your benefit dollars and receive real tax savings: the Health Care FSA and Dependent Care FSA. Both are administered through Sentinel Group and allow you to contribute pre-tax dollars through payroll deductions.

You are reimbursed tax-free through the account for eligible expenses. Be sure to review the list of eligible and ineligible FSA expenses on Sentinel's website at www.sentinelgroup.com/BILH-Benefits.

Benefits Card: FSA Debit Card

If you enroll in the FSA plan, you will automatically receive two Sentinel Benefits Cards to use, which are tied to your FSA account. Both cards will come in your name as the BILH employee; however, one of the cards can be given to a spouse or eligible dependent to use (as long as they sign the back of the card). Just activate your cards and you can begin using them to spend your FSA dollars in 2026.

Notes: If you enroll in the Health and/or Dependent Care FSA you will use the same Benefits Card for all eligible expenses for those programs.



Important

If you want to participate in an FSA, IRS rules require that **you enroll each year (FSA elections do NOT carry over to the next year) and elect an annual amount. You must use the amount you set aside in your account by the deadline or you will lose any remaining funds.**

More information about Flexible Spending Accounts can be found at www.sentinelgroup.com/BILH-Benefits.



How FSAs Work



Health Care FSA*

Up to \$3,400 per year pre-tax

Dependent Care FSA*

Up to \$7,500 per year pre-tax
(\$3,750 if married filing separately)



Eligible Expenses Examples

Medical, pharmacy, dental, and vision deductibles, copays, coinsurance, dental care, eyeglasses, and other out-of-pocket costs

Eligible Expenses Examples

Daycare, daytime summer camp, and nursery school for children under age 13, disabled children of any age, and dependent adults

Dependent health care expenses are not eligible for reimbursement with this account; those expenses may be covered with a Health Care FSA.

INCUR EXPENSES BY MARCH 15, 2027

INCUR EXPENSES BY MARCH 15, 2027



Use your Benefits Card at the point of service; or

Submit receipts and documentation for reimbursement at
[www.sentinelgroup.com/
BILH-Benefits](http://www.sentinelgroup.com/BILH-Benefits)

**DEADLINE TO SUBMIT EXPENSES
IS MARCH 31, 2027**

Use your Benefits Card at the point of service; or

Submit receipts and documentation for reimbursement at
[www.sentinelgroup.com/
BILH-Benefits](http://www.sentinelgroup.com/BILH-Benefits)

**DEADLINE TO SUBMIT EXPENSES IS
MARCH 31, 2027**

* FSAs are subject to non-discrimination testing under IRS rules and the maximum amount that you can contribute in a plan year may be reduced. If a change to your contribution is required, you will be notified in the 2026 plan year when the non-discrimination testing audit takes place.

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 your date of hire.

Evidence of Insurability is not required for enrolling in STD. Note that pre-existing condition limitations may affect claim approval. See below to learn more.

60% Coverage		75% Coverage	
OPTION 1	OPTION 2	OPTION 3	OPTION 4
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.

Pre-Existing Condition Limitation for STD

A pre-existing condition is a condition for which you received medical treatment, consultation, care or services, including diagnostic measures, or took prescribed drugs or medicines for your condition during the three months before you enrolled in STD. The plan will not cover any disability related to your pre-existing condition until 12 months after your coverage effective date. You may be eligible to use your STD coverage for a disability claim that is not related to your pre-existing condition within the first 12 months of coverage. Contact Unum to learn more.



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)?**
- **Have you or will you receive treatment for any condition in the three months before the effective date? If so, this may be considered a pre-existing condition that will not be covered by STD.**
- 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.

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 spouse life insurance and voluntary AD&D insurance coverage reduces beginning at age 65. In addition, when Evidence of Insurability (EOI) 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: 1x your annual base pay, up to the maximum (combined with supplemental life) of \$2,250,000

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.



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.

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.

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 2026.



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.

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

EARNED TIME Accrual Table for Exeter Hospital <i>Does not apply to physicians or contracted staff</i>			
Length of Service	Per Hour Accrual	Biweekly Accrual <i>Based on 80 hrs/ppd</i>	Annual Accrual <i>Based on 2080 hrs/year</i>
New hire to the end of year 2	.0961	7.69	25 days
Beginning year 3 to end of year 5	.1154	9.23	30 days
Beginning to end of year 6	.1193	9.54	31 days
Beginning to end of year 7	.1231	9.85	32 days
Beginning to end of year 8	.1270	10.16	33 days
Beginning to end of year 9	.1308	10.47	34 days
Beginning of year 10 and beyond	.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.



Wellbeing Benefits

BILH Living Well: Resources to Help You Focus on YOU

BILH and Harvard Pilgrim are making it easy for you to put your wellbeing first.

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

Go to 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">Sign up for your online account and download WebMD's Wellness At Your Side appParticipate in monthly wellbeing challenges, webinars, and activitiesFocus on what matters to you—preventive care, physical activity, healthy eating, healing, recovery, stress management, and more	<ul style="list-style-type: none">Pre-recorded mindfulness videos created exclusively for BILH to address the needs of health care workersLiving Well Community virtual classes for the whole family (yoga, cardio dance, strength training, guided mindfulness, health, and wellness webinars and more)	<ul style="list-style-type: none">Up to \$150 in wellness reimbursement (see below)Discounts and savings on health and wellbeing products and servicesUp to \$150 in childbirth class reimbursementOvia Health: Get app-based support along your journey through reproductive health, pregnancy, and parenthood

* 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 use, etc.
- **COVID-19:** Practical resources and consultations for 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

The program is available 24/7 to all employees.

Contact KGA at:

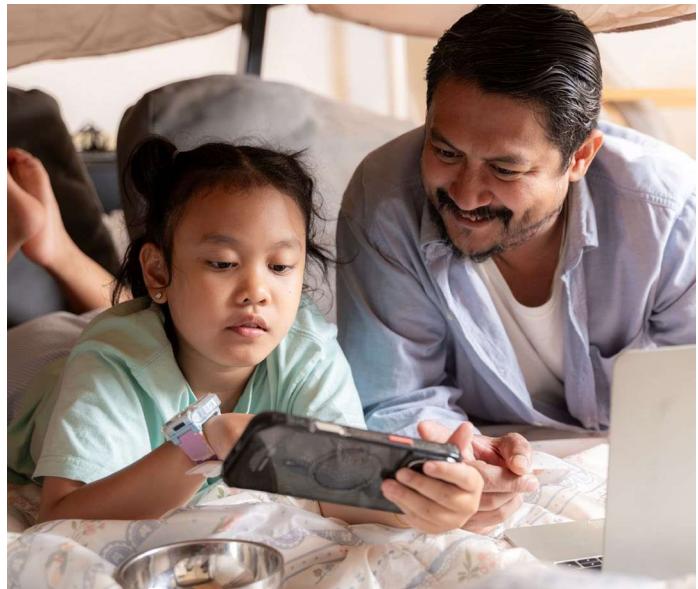
Online: https://my.kgalifeservices.com/?org_code=bilh

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>

- **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 your current role or exploring a new career



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 use Care.com to find nannies and babysitters, tutors, special needs caregivers, pet sitters and groomers, adult companion care, and housekeepers.

Visit bilh.care.com to register using your work email and get started finding the care you need.

Please visit your local intranet for information on other childcare benefits that may be available through your organization.

Benefits and Discounts Through BenefitHub

BenefitHub is a centralized website with access to benefits and discounts specifically for our employees.

When you log on to BenefitHub, you'll have access to:



Auto and Home Insurance. Discounted rates for auto and home insurance from Liberty Mutual or Farmers Insurance. You can log on to BenefitHub for access to new coverage and rates at the end of your policy period.



Pet Insurance. Discounted insurance for your pets through Nationwide that provides medical protection for accidents and illness. You can log on to BenefitHub for access to new coverage and rates at the end of the policy period.



Identity Theft Protection Insurance. Protect and monitor your personal information and guard against identity theft.



Discounts on everything from hotels, movie tickets, apparel, and more!



Help Finding Tickets to Concerts, Games, & More through The Best Seats VIP.

You can access and enroll in programs and policies any time during the year through BenefitHub.

Log into BenefitHub at <http://bilhperks.benefithub.com> and enter the Referral Code: BE1UCI.

Benefit Resources

Benefits Contacts		
Benefit	Administrator	Contact Information
BILH HR Service Center	BILH	617-667-5000
Medical	Harvard Pilgrim Health Care	866-623-0194 harvardpilgrim.org/bilh
Prescription Drug	InScrip	855-542-1819 www.inscriptrx.org/patients
	BILH Pharmacy	781-352-6710 PharmacyEnrollment@bilh.org
Dental	Delta Dental	800-368-4708 deltadentalma.com
Vision	EyeMed	866-723-0514 member.eyemedvisioncare.com
Flexible Spending Accounts	Sentinel Group	888-762-6088 https://www.sentinelgroup.com/BILH-Benefits
Disability	Unum	866-679-3054 (general questions) 866-330-3266 (to file a claim) https://flimp.live/BethIsraelLaheyHealth
Life and AD&D Insurance	Voya	800-955-7736 https://presents.voya.com/EBRC/BILH2
Employee Assistance Program (EAP)	KGA	855-760-BILH (2454) https://my.kgalifeservices.com/?org_code=bilh
Care.com	Care.com	bilh.care.com
Discounts/Other	BenefitHub	866-664-4621 bilhperks.benefithub.com Referral Code: BE1UCI

This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the "plan documentation") for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual's rights under any employee benefit plan or program. BILH reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.