



2023 Benefits Guide

This Guide provides details on the 2023 benefits offered to eligible employees across BILH.



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



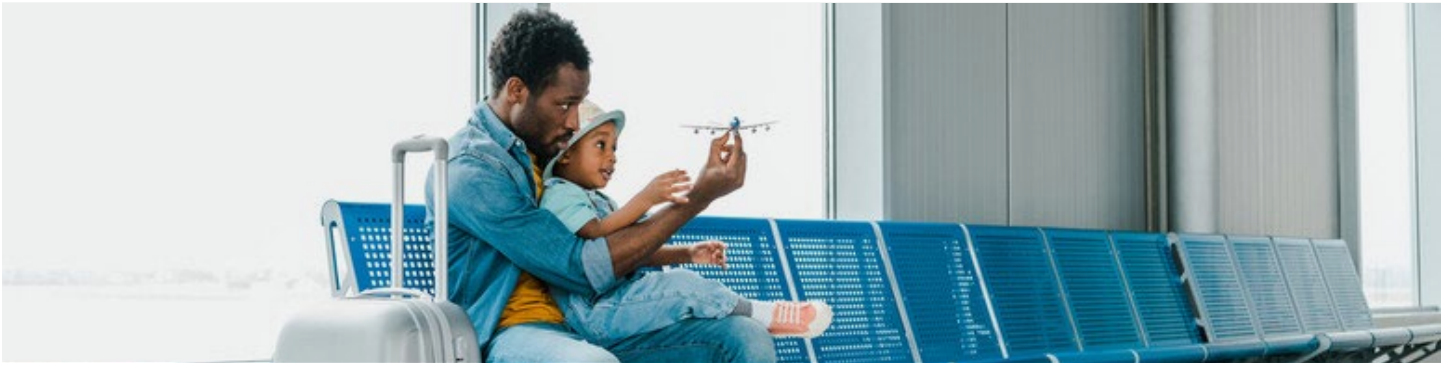
Review information available on **BILH Benefits Central** and your local intranet to learn more about your benefit options.



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

Table of Contents

Introduction	2
Health Benefits	4
Financial Benefits	16
Well-Being Benefits	25
Benefit Resources	28



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 2023 Benefits

This Guide provides details on the 2023 benefits offered to eligible employees across BILH.



Visit BILH Benefits Central!

BILH Benefits Central is our one-stop shop for everything you need to know about BILH's benefit programs. See **page 3** for more information!

2023 Rates and Compliance Notices



You can find 2023 rates and required compliance notices on your **local intranet**, or contact the **BILH Benefits Helpline** at **888-402-1884** or **BILHbenefits@sentinelgroup.com**.

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*. 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 Benefits Helpline** at **888-402-1884** or **BILHbenefits@sentinelgroup.com** with any questions, comments or concerns.

* For those employees covered by a collective bargaining agreement, the terms of the applicable collective bargaining agreement shall apply absent agreement by the Hospital and your union.

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	9
Prescription Drug Coverage	10
Dental Plan Options	12
Vision Plan Options	13
Flexible Spending Accounts	14
Financial Benefits	16
Disability	16
Life and AD&D Insurance	18
Accident Insurance	20
Critical Illness Insurance	21
Hospital Indemnity Insurance	22
Legal Insurance	22
Retirement Benefits	23
Paid Time Off	23
Commuter Program	23
Tuition Assistance Benefit	24
Well-Being Benefits	25
BILH Living Well	25
Employee Assistance Program	26
Care@Work	27
BenefitHub	27
Benefit Resources	28

Introduction

Eligibility

Employees who are in a budgeted position regularly scheduled to work 20 or more hours per week* 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.

Enrolling in Your Benefits

As a new hire, you will want to review the benefits in this Guide and consider your and your family's needs for the upcoming year. After your initial enrollment, you may not make changes to your benefits until the next Open Enrollment period, unless you have a qualifying status change such as marriage, divorce or birth or adoption of a child.

You will enroll for your benefits in Workday. You can log in to Workday by **computer** or use the mobile app on your phone. There will be resources available to help you enroll, including videos and step-by-step enrollment instructions for using a computer or the mobile app. These resources can be found on **The Workday Resource Center**.



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.

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 Core 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 2023.

BILH Benefits Helpline: Get Answers to Your Benefits Questions



The **BILH Benefits Helpline** provides a way to get your benefits questions answered by a live representative as quickly as possible. Helpline representatives can answer your questions about the 2023 benefit plan options, where to get more information, how to enroll and more. The **BILH Benefits Helpline** is available Monday to Friday from 8 a.m. to 6 p.m. Call **888-402-1884** or email **BILHbenefits@sentinelgroup.com** to reach one of our dedicated benefits representatives.

* For those employees covered by a collective bargaining agreement, the terms of the applicable collective bargaining agreement shall apply absent agreement by the Hospital and your union.

Paying for Your Benefits

Many benefits described in this Guide are paid for with pre-tax contributions, meaning they are taken from your pay before Federal, Social Security and State taxes are withheld. This lowers your taxable income and your subsequent tax liability, lowering your actual cost for these benefits. Disability, life and AD&D insurance and voluntary benefits (critical illness, hospital indemnity, accident insurance and legal) are paid for on an after-tax basis.

To review the rates for the 2023 benefits, visit your local intranet, or contact the **BILH Benefits Helpline** at **888-402-1884** or **BILHbenefits@sentinelgroup.com**.

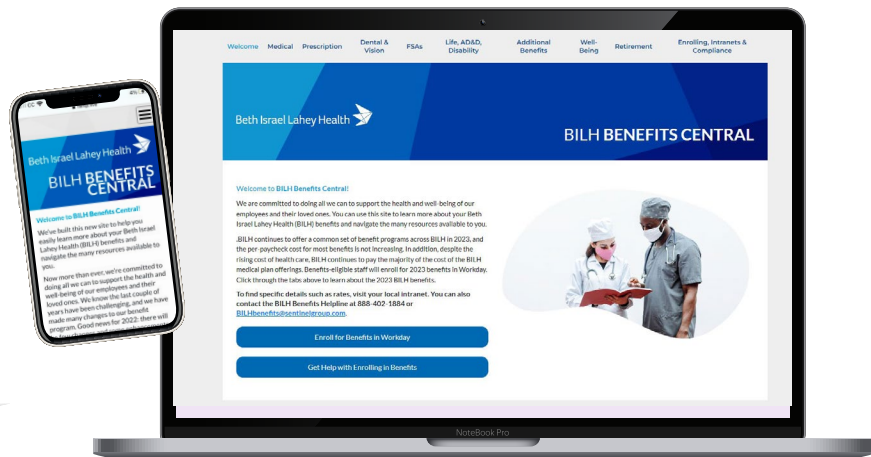
For rates for the 2023 benefits, visit your local intranet, or contact the **BILH Benefits Helpline** at **888-402-1884** or **BILHbenefits@sentinelgroup.com**.

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 all of the benefits we offer – from A (Accident Insurance) to W (Well-Being)
- 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 three medical plan options available through Harvard Pilgrim Health Care (HPHC). They include a range of coverage levels and costs, giving you the flexibility to select the plan that is right for you and your family. Providers and hospitals are assigned to Tier 1, 2 or 3 based on a variety of factors including quality and cost; you pay less when you see providers in lower tiers. Detailed comparisons of the plan options can be found at harvardpilgrim.org/bilh.

See [page 8](#) for definitions of key terms about the medical plan options.

Domestic & Community HMO

The Domestic & Community HMO offers two tiers of coverage with the lowest premiums and **no Tier 3 or out-of-network coverage**.^{*} Copays are slightly higher than the HMO Plus and Tiered POS plans. **Tier 1 does not have an annual deductible.** Tier 2 has an annual deductible. Both Tier 1 and 2 have coinsurance for certain services.

HMO Plus

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

Tiered POS

The Tiered POS offers three tiers of coverage plus out-of-network coverage, with the lowest copays and no annual deductible or inpatient/outpatient charges in Tier 1. Tiers 2 and 3 and out-of-network coverage have annual deductibles and coinsurance for certain services. The premiums for the Tiered POS are higher than the two HMOs.

No Deductible for Tier 1!



There is no deductible for using Tier 1 providers (meaning BILH providers) in any of the medical plans! By utilizing our

Tier 1 physicians and system, you will receive high-quality care from providers you know, while paying the lowest copays with no deductible.

Pay Less When You Use BILH Providers



Since BILH providers and sites are Tier 1, you will receive high-quality care from providers you know, while paying the lowest copays and deductibles based on the plan. If your PCP is not a BILH provider, consider a switch. To find a BILH PCP, contact a Harvard Pilgrim Member Advocate at **888-333-4742** or visit harvardpilgrim.org/bilh.

^{*} Except in the case of a medical emergency.

Understanding Provider Tiers

Providers by Tier: All Medical Plans Offer Tiered Coverage

You will pay less when you see a Tier 1 provider.

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

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

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

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

What Tier is Your Provider/Facility In?

As you consider which medical plan best meets your needs, make sure to confirm the Tier of all providers and the facilities where they perform services. In addition, once you have enrolled in a plan, check the Tier of any new providers before you receive care, even if you were referred by your PCP. Contact a Member Advocate from MyConnect if you need help finding your provider's tier (see [page 9](#)).

What Is Tier 1?

Tier 1 includes all BILH physicians, sites and facilities. You will pay less under the medical plans when you see a Tier 1 provider.

Out of State Coverage & Out-of-Area Dependent Coverage

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



Choosing Your Medical Coverage

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

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



With each of the medical plans, you must select a PCP who coordinates your care and can provide you with referrals to specialists. Visit the online provider directories at harvardpilgrim.org/bilh to find a PCP and verify the tiers of all your current providers and where they perform services.

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

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

Comparing Your Medical Plan Options

	Domestic & Community HMO		HMO Plus		
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 3
Annual Deductible	None	\$1,000/\$2,000 member/family	None	\$1,000/\$2,000 member/family	\$2,500/\$5,000 member/family
Out-Of-Pocket Maximum (includes medical copays, coinsurance and deductible)	\$3,500/\$7,000 member/family		\$3,500/\$7,000 member/family		
Preventive Care Visits	\$0 (covered in full)		\$0 (covered in full)		
PCP Office Visit	\$30 copay	\$55 copay (\$30 copay for children up to age 19)	\$25 copay	\$55 copay (\$25 copay for children up to age 19)	\$110 copay
Specialist Office Visit	\$40 copay	\$65 copay (\$40 copay for children up to age 19)	\$35 copay	\$65 copay (\$35 copay for children up to age 19)	\$120 copay
Mental Health/Substance Abuse Office Visits (group and individual)	\$30 copay		\$25 copay		
Inpatient Mental Health/Substance Abuse	10% coinsurance		\$0 (covered in full)		
Urgent Care	\$40 copay	\$90 copay	\$35 copay	\$85 copay	\$125 copay
Emergency Room (ER) Care (waived if admitted)	\$200 copay		\$200 copay		
Emergency Admission	10% coinsurance		\$0 (covered in full)		
Inpatient Hospital	10% coinsurance	30% coinsurance after deductible (10% coinsurance after Tier 1 deductible for children up to age 19)	\$0 (covered in full)	20% coinsurance after deductible (covered in full for children up to age 19)	40% coinsurance after deductible
Day Surgery (including scopic procedures, e.g. colonoscopy)	10% coinsurance	30% coinsurance after deductible (10% coinsurance after Tier 1 deductible for children up to age 19)	\$0 (covered in full)	20% coinsurance after deductible (covered in full for children up to age 19)	40% coinsurance after deductible
Hospital Based Lab/X-Ray/Diagnostic and High End Radiology (MRI, CT, PET)	10% coinsurance	30% coinsurance after deductible (10% coinsurance after Tier 1 deductible for children up to age 19)	\$0 (covered in full)	20% coinsurance after deductible (covered in full for children up to age 19)	40% coinsurance after deductible
Non-Hospital Based Lab/X-Ray/Diagnostic and High End Radiology (MRI, CT, PET)	\$0 (covered in full)	\$75 copay	\$0 (covered in full)	\$75 copay (covered in full for children up to age 19)	\$75 copay

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

	Tiered POS			
	Tier 1	Tier 2	Tier 3	Out-of-Network
Annual Deductible	None	\$500/\$1,000 member/family	\$2,000/\$4,000 member/family	\$2,000/\$4,000 member/family
Out-Of-Pocket Maximum (includes medical copays, coinsurance and deductible)	\$3,000/\$6,000 member/family			
Preventive Care Visits	\$0 (covered in full)			
PCP Office Visit	\$20 copay	\$30 copay (\$20 copay for children up to age 19)	\$75 copay	30% coinsurance after deductible
Specialist Office Visit	\$30 copay	\$45 copay (\$30 copay for children up to age 19)	\$100 copay	30% coinsurance after deductible
Mental Health/ Substance Abuse Office Visits (group and individual)	\$20 copay			30% coinsurance after deductible
Inpatient Mental Health/Substance Abuse	\$0 (covered in full)			30% coinsurance after deductible
Urgent Care	\$30 copay	\$70 copay	\$110 copay	30% coinsurance after deductible
Emergency Room (ER) Care (waived if admitted)	\$150 copay			
Emergency Admission	\$0 (covered in full)			
Inpatient Hospital	\$0 (covered in full)	10% coinsurance after deductible (covered in full for children up to age 19)	20% coinsurance after deductible	30% coinsurance after deductible
Day Surgery (including scopic procedures, e.g. colonoscopy)	\$0 (covered in full)	10% coinsurance after deductible (covered in full for children up to age 19)	20% coinsurance after deductible	30% coinsurance after deductible
Hospital Based Lab/ X-Ray/Diagnostic and High End Radiology (MRI, CT, PET)	\$0 (covered in full)	10% coinsurance after deductible (covered in full for children up to age 19)	20% coinsurance after deductible	30% coinsurance after deductible
Non-Hospital Based Lab/X-Ray/ Diagnostic and High End Radiology (MRI, CT, PET)	\$0 (covered in full)	\$75 copay (covered in full for children up to age 19)	\$75 copay	30% coinsurance after deductible

Key Terms to Know

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

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

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

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

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

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



MyConnect: Your Direct Connection to Harvard Pilgrim



Need help finding a BILH provider? Want to talk to someone about your medical plan options? Looking for support managing a condition? Harvard Pilgrim MyConnect is here to help. Your dedicated Member Advocate team can guide you before, during and after you enroll — 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"> Explain your medical plan options Help you change your PCP Help you find a specialist and other providers Explain how you can save money by seeing Tier 1 providers in the BILH network Go over your deductible and out-of-pocket maximum balances Resolve a billing issue Find out the status of a claim submitted by your provider And 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. Lifestyle management coaching. Get support and motivation from a certified lifestyle coach for issues like managing weight, smoking cessation, reducing stress and increasing physical activity. (Ages 18+)

Get Started Today

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

- Phone:** Call **(888) 333-4742** (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 MyConnect App

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

Prescription Drug Coverage

If you enroll in one of the medical plans, you will receive prescription drug coverage from CVS Caremark. The pharmacy benefit is the same, regardless of which medical plan you select. You will receive a separate ID card from CVS Caremark to use for your prescription drug services. The CVS Caremark pharmacy network includes the BILH Pharmacy as well as CVS, Walgreens, Target, Walmart, Stop & Shop and more. For a list of participating pharmacies, visit [caremark.com](https://www.caremark.com).

Your prescription copay amount will be based on the type of drug you are using:

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



Save Money When You Use a BILH Pharmacy

You will pay a lower copay: \$5 for a 30-day supply and \$10 for a 90-day supply through home delivery or at a retail BILH, Lahey or BIDMC pharmacy — no matter the prescription type. Using a BILH Pharmacy supports the system and saves you money; it's a win-win for us all!

Transfer your current prescriptions by filling out the **BILH Pharmacy Direct enrollment form**, and be sure to ask your doctor to send new prescriptions to a BILH pharmacy!

To learn more, email PharmacyEnrollment@bilh.org or call **781-352-6640**.

Prescription Drug Coverage for All Medical Plan Options		
	30-day Supply	90-day Supply
BILH Pharmacy/Home Delivery and Select Lahey Pharmacies	\$5 copay (no matter the prescription type)	\$10 copay (no matter the prescription type)
CVS Caremark National Network	In-Network Pharmacies (30-day Supply)	CVS Retail Pharmacy or CVS Mail-Order (90-day Supply)
Generic	\$15 copay	\$30 copay
Preferred Brand	\$40 copay	\$80 copay
Non-Preferred Brand	\$60 copay	\$180 copay
Out-of-Pocket Maximum	\$3,000 member/\$6,000 family	

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

Specialty Medication Copay Assistance Program

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

List of Covered Drugs for 2023



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

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.

- 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.

You and your dependents who enroll in a dental plan option will receive ID cards from Delta Dental. To learn more, visit deltadentalma.com or call **800-368-4708**.

Verify Your Dentist

Dentists often change networks. For more information or to see if your dentist is in the Delta Dental PPO or Premier network, visit deltadentalma.com (and click on the Delta Dental PPO Premier link) or download their app.

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	\$50 individual/\$150 family Type 2 & 3 only
Type 1: 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 (white fillings, extractions, oral surgery, periodontal surgery, root canal therapy, anesthesia, bridge or denture repair)	40% coinsurance, after deductible	20% coinsurance, after deductible
Type 3: Major Restorative Services (fixed bridges and crowns, implants, dentures, onlays)	Not Covered	50% coinsurance, after deductible
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)

* Age limitations apply.

Both plans also provide reimbursement for care received from providers outside the Delta Dental PPO or 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 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.

If you enroll in a vision plan option, you will receive an ID card from EyeMed for 2023.

** 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
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)

You have two FSA options as 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 Benefits and allow you to contribute pre-tax dollars through payroll deductions. You then 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.

Benny Card: FSA Debit Card

If you enroll in the FSA plan, you will automatically receive two Sentinel Benny 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 he or she signs the back of the card). Just activate your cards and you can begin using them to spend your FSA dollars in 2023.

Notes: If you enroll in the Health and/or Dependent Care FSA, as well as either the Parking or Transit Commuter Program, you will use the same Benny Card for all eligible expenses for those programs.

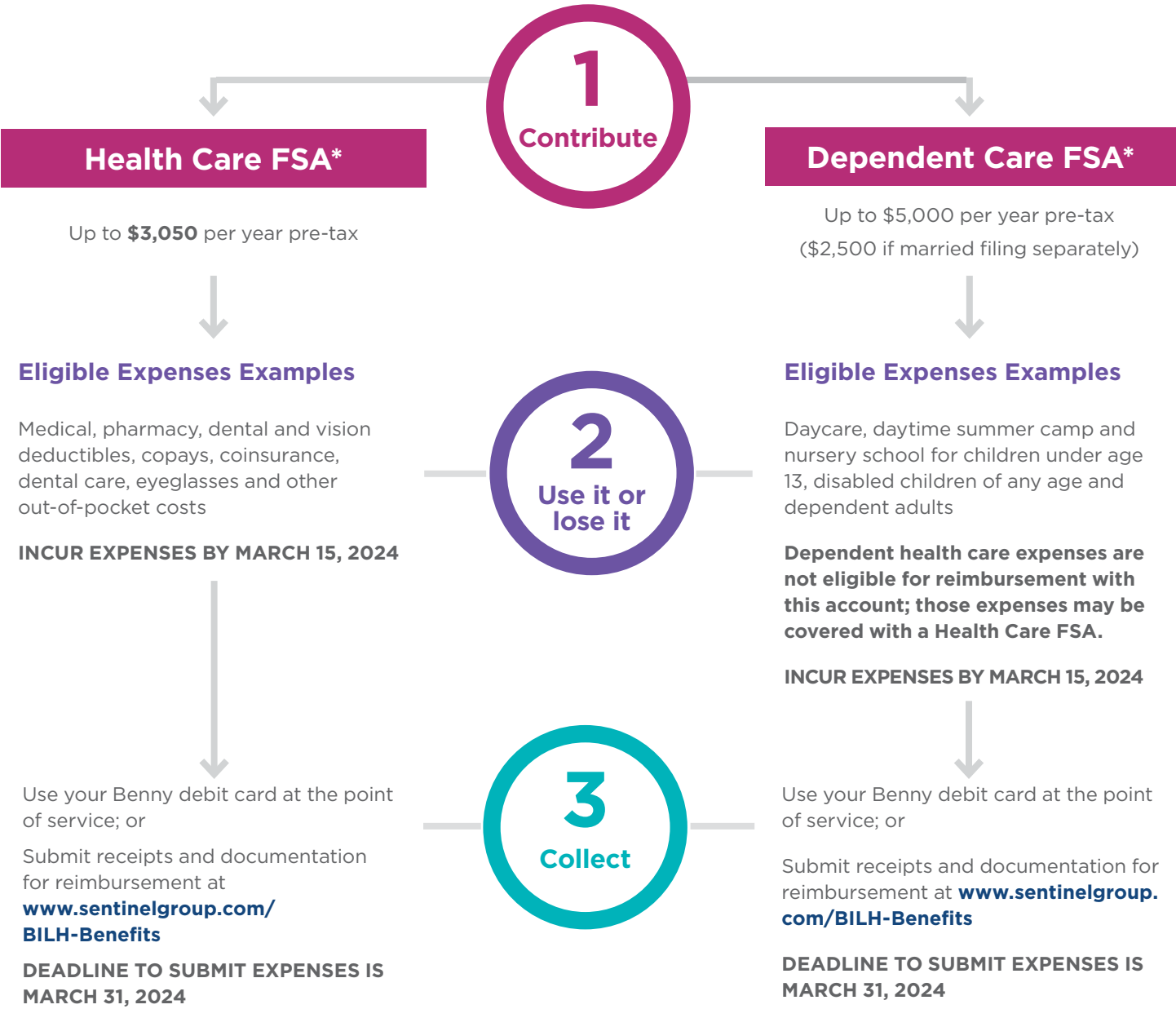


Important

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



* FSAs are subject to discrimination testing under IRS rules and the maximum amount that you can contribute in a plan year may be reduced. You will be notified if any changes in your contributions need to be made.



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. Evidence of Insurability may be required to elect or increase coverage; see [page 17](#).

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:

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.

Massachusetts Paid Family and Medical Leave (MAPFML)

This law provides paid, job-protected family and medical leave benefits to eligible workers in Massachusetts. MAPFML applies to:

- Your own serious health condition
- Bonding with a new child (newborn, recent adoption or foster care placement)
- Complications resulting from the military deployment of a family member
- Caring for a family member with a serious illness or injury

In most instances, MAPFML will run at the same time as the existing federal Family Medical Leave Act (FMLA) and Massachusetts leave laws, including the Earned Sick Time Act and the Massachusetts Parental Leave Act; it will not replace or repeal them. That means when you take time off for a qualifying reason — for example, the birth of a child — it will count toward your maximum leave entitlement under all applicable laws. Weekly benefits under MAPFML are calculated as a percentage of your total earnings up to a maximum of \$1,129.82 per week and will be paid directly by the state.

Please note that there are important regulations that restrict the simultaneous collection of both the MAPFML benefit and any accrued paid time off (i.e., vacation, EIB, sick time). For more detailed information, please consult www.mass.gov/DFML. You can also use this calculator (<https://calculator.digital.mass.gov/pfml/yourbenefits/>) to estimate the benefits you may be eligible for if you plan to take leave.

You should carefully consider if you want to elect STD. See **Considerations for Electing Voluntary STD** on [page 17](#) for more information.

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?**
 - Will the MAPFML benefit provide enough income for you during your leave? The maximum weekly benefit is \$1,129.82. Use the calculator (<https://calculator.digital.mass.gov/pfml/yourbenefits/>) to estimate the amount you may be eligible for if you plan to take leave.
 - If you need more, consider either a) using other available accrued time instead of taking MAPFML leave; or b) electing STD coverage.
- 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.
 - > Note: MAPFML benefits will “offset” STD benefits. This means Unum will pay any additional amount over your MAPFML benefit to achieve 60% or 75% income replacement.
 - **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.
- If you decline STD coverage after your initial enrollment but want to elect in future years, you will need to provide Evidence of Insurability.

Everyone’s needs are different based on their own situation. It’s important that you take time to understand the MAPFML law, 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 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 LTD on an after-tax basis.



Consider Your Needs Carefully!



If you waive STD or Buy-Up LTD coverage at initial offer, Evidence of Insurability will be required to elect coverage in the future.

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. Coverage is insured 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 (Voya)

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.

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.

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.

Choose Your Beneficiaries



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

Consider Your Needs Carefully!



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 2023.



Voluntary AD&D Insurance (Voya)

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

Employee

AD&D INSURANCE AMOUNT

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

Spouse

AD&D INSURANCE AMOUNT

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

Children**

AD&D INSURANCE AMOUNT

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

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

** Children are eligible for coverage until they reach age 26.

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.

Accident Insurance

The accident insurance plan provides benefits to help cover the costs associated with unexpected bills due to a covered accident. When an accident occurs on or off the job, the last thing you should have to worry about is paying for the charges that may be accumulating while you're not at work. You can enroll in coverage for yourself, your spouse or your child(ren) and you can choose between a High and Low plan to best meet your needs.

If you buy this insurance and get hurt in an accident, Voya will provide benefit payments to you for covered injuries. You can use these payments however you'd like, such as for uncovered medical expenses or ongoing living expenses.

Accident insurance includes additional financial protection that can assist you and your family:

- Sport Accident Benefits: Coverage is increased by 25% (up to an additional \$1,000) if the accident occurs during an organized sport or activity.
- Health System Benefits: If you use a BILH provider of facility to treat your injuries, coverage is increased by 25% percent (up to an additional \$1,000).

We encourage you to carefully consider the benefits of accident insurance, and enroll if it makes good sense for you and your family, particularly if active in sports.

To learn more about the accident insurance benefit, visit <https://presents.voya.com/EBRC/BILH2>.

Did You Know...?



Accident insurance can help with more than just medical claims or hospital bills.

Use it to cover ancillary expenses such as groceries, utility bills or lost income from taking time off work to care for yourself or your dependent during their accident-related injury.



About Voluntary Benefits

The accident insurance, critical illness and hospital indemnity plans are not health insurance and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Critical Illness Insurance

Critical illness insurance can help cover the extra expenses associated with a severe, life-threatening illness.

When a serious illness happens to you or a loved one, this coverage provides you with a lump-sum payment upon diagnosis. Payments may be used to help pay for expenses generally not covered by medical and disability income coverage.

Upon diagnosis with a qualifying serious illness after the coverage effective date, you can receive an immediate lump-sum benefit. You can use those funds any way you choose. You can elect coverage for you, your spouse or your child(ren).



Covered Illness

Examples: Heart attack, stroke, coronary artery bypass graft, Alzheimer's and major organ transplant. In addition, this coverage includes an Infectious Disease benefit that will pay \$500 for a covered infectious disease.

<p>You</p> <p>\$15,000 or \$30,000</p>	<p>Your Spouse</p> <p>100% of the employee's benefit</p>	<p>Your Child(ren)</p> <p>50% of the employee's benefit</p>
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Benefits are payable at 100% of the coverage level unless otherwise noted in the certificate and policy document.

The rate you pay depends on your age, amount of coverage elected and who you cover (spouse and/or children).

Added Benefits for Wellness and COVID-19

Every year, you and your covered spouse can also receive \$75 for getting a health screening test, such as blood tests, chest X-rays, stress tests, colonoscopies, mammograms, COVID-19 screenings and other tests listed in your policy. Each covered child will receive \$37.50 as a wellness benefit, up to a maximum of \$150 for all covered children.

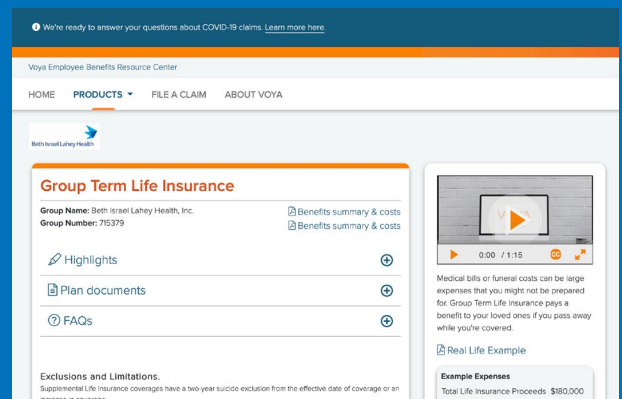
In addition, the plan pays a \$500 benefit if diagnosed with COVID-19 (\$250 for covered children).

Learn About Programs on Voya Website

You can find videos, plan descriptions and more for the programs administered by Voya:

- Life Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance
- Accident Insurance

Visit their website at <https://presents.voya.com/EBRC/BILH2> to learn more about these programs.



Hospital Indemnity Insurance

With an average cost of \$10,000 per hospital stay in the U.S., it's easy to see why having hospital insurance coverage may make good financial sense to help complement your medical coverage.



Hospital Indemnity Insurance is **NOT** a substitute for medical insurance.

The plan pays a fixed daily benefit payment if you have a covered stay in a hospital. If you are admitted to the hospital (non-ICU), you can receive a \$500 hospital admission benefit and a \$50 per day confinement benefit. **The plan provides a higher level of benefit – two times the above amount – if you are admitted to a BILH facility.**

Features of this insurance include:

- Guaranteed acceptance for you and other eligible family members (you can elect coverage for yourself only, or for your spouse and/or eligible children)
- Benefits double if you are admitted to or confined at a BILH facility
- Payments are made directly to you, not your health care provider
- Covers maternity care admission with no pre-existing condition limitation

The amount you pay for coverage depends on the amount of coverage elected and who you cover (spouse and/or children).

To learn more about the hospital indemnity benefit, visit <https://presents.voya.com/EBRC/BILH2>.

Legal Insurance

You have the option of purchasing legal coverage through ARAG.

Legal coverage isn't just for the serious issues, it's for your everyday needs, too. Legal insurance helps you address common situations like creating wills, transferring property or buying a home.

With ARAG, you have access to a network of attorneys that cover 100% of the cost of most covered matters, including:

- Preparation of wills and trusts
- Family law
- Tax issues
- Bankruptcy
- Administrative hearings
- Debt matters
- Real estate transactions
- And more

To learn more about the ARAG legal insurance plan, visit ARAGlegal.com/myinfo (enter access code 10183bil) or call **800-247-4184**.



Retirement Benefits

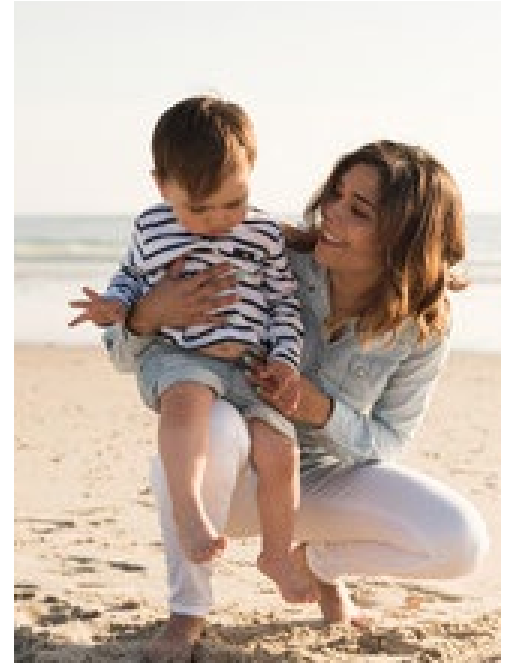
Saving for a more secure financial future is important, and retirement benefits to help you save are a valuable component of our comprehensive Total Rewards program.

You can find information about your organization's retirement benefits on your local intranet or by contacting your HR representative.

Paid Time Off

BILH offers paid time off that can be used when you are absent due to vacation, holidays, illness, personal reasons and emergency situations.

You can find information about your organization's time off benefits on your local intranet or by contacting your HR representative.



Commuter Program

The Commuter program* allows you to put away pre-tax dollars for situations where you have to pay to park and/or take public transportation in the process of commuting to and from work. This program — which does not replace local subsidized parking or commuter programs — is available to all organizations within the BILH system.* There are two different Commuter plan types to choose from:

- The **Parking FSA** allows you to use pre-tax dollars to pay for parking at or near work, as well as at or near a location from which you commute to work by mass transit, by vanpooling, in a commuter highway vehicle, by carpool or by any other means.
- The **Transit FSA** allows an employee to use pre-tax dollars to pay for any pass, token, voucher or similar item that provides transportation on mass transit facilities, including: train, bus and ferry. It also covers eligible vanpool arrangements.

Note: If you enroll in the BILH Commuter program for 2023, you will automatically receive two Sentinel Benny Cards to use, which are tied to your FSA account. Just activate your cards and you can begin using them to spend your 2023 Commuter dollars.

More information about the Commuter program can be found at www.sentinelgroup.com/BILH-Benefits.

* If you participate in a subsidized parking or transit plan through a BILH organization, you are not eligible to enroll in the Sentinel Commuter program.

The Commuter program allows you to put away pre-tax dollars for situations where you have to pay to park and/or take public transportation.

Tuition Assistance Benefit

The Tuition Assistance Program, administered by Sentinel Benefits, reimburses you for expenses incurred in pursuing additional education and, in some cases, certifications. The criteria for becoming eligible, amount available to you for reimbursement and various types of covered education expenses are all defined in your hospital's Tuition Policy. Please consult your hospital's policy for specific information about the benefit provided to you.

If you wish to take advantage of the Tuition Assistance Program, you will work with Sentinel Benefits to request and receive payment under the policy. Sentinel will provide an electronic application to apply for the program. If your application is approved, your request and any corresponding payment will be processed once you provide the required supporting documentation, which is also defined in your organization's Tuition Policy. You can provide this supporting documentation through your online account with Sentinel Benefits. Additional information about logging into your Tuition account with Sentinel can be found by visiting www.sentinelgroup.com/BILH-Benefits.



Well-Being Benefits

BILH Living Well: Resources to Help You Focus on YOU

BILH and Harvard Pilgrim are making it easy for you put your well-being first. Get moving and reduce stress with this customized well-being program. Accumulate points for completing fun challenges and webinars, then get rewarded! Plus, learn about \$150 fitness 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*	Extras for Harvard Pilgrim Members
<ul style="list-style-type: none"> • Sign up for your online account and download the Limeade app • Earn rewards for completing monthly well-being challenges, webinars and activities • Focus on what matters to you – physical activity, healthy eating, healing, recovery, stress management and more 	<ul style="list-style-type: none"> • Ompractice: Virtual yoga via two-way video, so your teacher can always see and support you • Savory Living: Learn how to use food as medicine to reduce inflammation for a variety of conditions in this 12-session online healthy eating program • Living Well at Home virtual classes for the whole family (yoga, Zumba, guided mindfulness, health and wellness webinars and more) 	<ul style="list-style-type: none"> • Up to \$150 in fitness reimbursement (see below) • Discounts and savings on health and well-being products and services • Lifestyle management coaching helps members age 18+ with issues like managing weight, smoking cessation, reducing stress and increasing physical activity

* Available to BILH employees and their spouses.

Fitness Reimbursement



Whether you prefer going to the gym or practicing yoga, Harvard Pilgrim will reimburse you for up to \$150 in fees

you pay toward a fitness facility or other qualified membership. You can even use your reimbursement toward a virtual fitness class subscription.

Note: You must be enrolled in the medical plan and have a fitness 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.kgalifetimeservices.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@Work

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

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


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


Call **855-781-1303**, ext. 4 or email expertassistance@care.com to connect with a Care Specialist to get started. You can also visit bilh.care.com and register using your work email. 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 for your pets. 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!

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 Benefits Helpline	Sentinel Benefits	888-402-1884 BILHbenefits@sentinelgroup.com
Medical	Harvard Pilgrim Health Care	888-333-4742 harvardpilgrim.org/bilh
Prescription Drug	CVS Caremark	855-303-3980 caremark.com
	BILH Pharmacy	781-352-6640 PharmacyEnrollment@bilh.org
Dental	Delta Dental	800-368-4708 deltadentalma.com
Vision	EyeMed	866-723-0514 member.eyemedvisioncare.com
Flexible Spending Accounts/ Commuter/Tuition Assistance Benefit	Sentinel Service Center	888-762-6088 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
Critical Illness/Hospital Indemnity/Accident Insurance	Voya	877-236-7564 https://presents.voya.com/EBRC/BILH2
Legal	ARAG	800-247-4184 ARAGlegal.com/myinfo Access Code: 10183bil
Employee Assistance Program (EAP)	KGA	855-760-BILH (2454) https://my.kgalifeservices.com/?org_code=bilh
Care@Work	Care.com	855-781-1303 bilh.care.com
Discounts/Other	BenefitHub	866-664-4621 bilhperks.benefitHub.com Referral Code: BEIUCI

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. The company reserves the right to amend, modify or terminate any of the plans in any manner in whole or part, at any time. For those employees covered by a collective bargaining agreement, the terms of the applicable collective bargaining agreement shall apply absent agreement by the Hospital and your union.

About This Guide

This Guide provides information on benefits offered to employees of the following organizations:

- Anna Jaques Hospital, Inc.
- Beth Israel Deaconess Hospital – Milton, Inc.
- Beth Israel Deaconess Hospital – Needham, Inc.
- Beth Israel Deaconess Hospital – Plymouth, Inc.
- Beth Israel Deaconess Medical Center, Inc.
- Beth Israel Lahey Health, Inc.
- Beth Israel Lahey Health Primary Care, Inc.
- BILH Performance Network, LLC
- Community Physician Associates
- Joslin Diabetes Center
- Lahey Clinic Hospital, Inc.
- Lahey Clinic, Inc.
- Lahey Health Shared Services, Inc.
- Medical Care of Boston Management Corp., Inc.,
d/b/a Beth Israel Deaconess HealthCare
a/k/a Affiliated Physicians Group
- Mount Auburn Hospital
- Mount Auburn Professional Services, Inc.
- New England Baptist Hospital
- New England Baptist Medical Associates
- Northeast Behavioral Health Corporation
- Northeast Hospital Corporation
- Northeast Medical Practice, Inc.
- Northeast Professional Registry of Nurses, Inc.
- Northeast Senior Health Corporation
- Seacoast Affiliated Group Practice, Inc.
- Winchester Hospital
- Winchester Physician Associates, Inc.