Brigham and Women’s Hospital
2019 Benefits for Fellows
There are several ways to get information about your benefits. You can find the answers to many of your benefits questions on Ask myHR, your one-stop HR and benefits information resource. Access Ask myHR at www.AskMyHRportal.com. If you need assistance, please contact the HR Support Center by submitting an online request, emailing askmyhr@partners.org, calling 1-833-AskMyHR (1-833-275-6947) or contacting your Benefits Consultant at 857-307-7077, BWHprofstaffbene@partners.org with questions.
Choosing and Updating Your Benefits

Newly eligible Fellows have 30 days to enroll in the BWH *FlexBenefits* Program.

Each year, Brigham and Women’s Hospital (BWH) sponsors a fall benefits Open Enrollment period. During Open Enrollment, employees can make changes to their benefits for any reason. All choices become effective January 1 of the following year. Employees can change or stop contributions to a Tax-Sheltered Annuity account and/or Retiree Medical Savings Account at any time.

*Enroll in Your Benefits using Ask myHR.*

Within 30 days of becoming benefits-eligible, or during fall Open Enrollment:

1. **Go to the Ask myHR portal at**
   If you are accessing Ask myHR from outside of work, you must log in with your username and password and enter a confirmation code, delivered via text message or phone call to a phone number you have pre-registered.
   You can register or update a phone number at:
   http://myprofile.partners.org

2. **Once in Ask myHR,** click myBenefits at the top of the screen. You will be redirected to PeopleSoft Self Service. If prompted, enter your username and password at the log in screen.

3. **On the Benefits Enrollment page**
   click Select. An enrollment screen showing your benefits choices will appear.
   Enroll in or update each benefit for which you are eligible. When you are done enrolling in your benefits, click Submit twice and then OK.

If you need assistance, please contact the HR Support Center.

You must enroll in your benefits via PeopleSoft myBenefits within 30 days of your benefits eligibility date (for most employees, your date of hire). Benefits are effective on your first day of eligibility and deductions will be retroactive to that day.
Qualified Change of Status

After the enrollment deadline has passed, under IRS regulations you may not add, change, or cancel your benefit elections until the next plan year, unless you have a qualified change of status.

A qualified change of status can include:
- Marriage or divorce
- Addition of a dependent through birth, adoption, or change in custody
- Death of spouse or dependent
- Gain or loss of eligibility for Medicaid, Medicare, or other group coverage
- You, your spouse, or your child (up to age 26) change from benefits-eligible to benefits-ineligible status, or vice versa
- Your spouse’s employment ends

You must make your benefit change within 30 days of your qualifying event. Your benefit change must be consistent with your change of status. If you get married, for example, you may change your medical coverage from employee to employee plus spouse within 30 days of the date of your marriage.

Making Your Change

1. Within 30 days of your change of status event, go to the Ask myHR portal at www.AskMyHRportal.com. If you are accessing Ask myHR from outside of work, you must log in with your username and password and enter a confirmation code, delivered via text message or phone call to a phone number you have pre-registered. You can register or update a phone number at: http://myprofile.partners.org

2. Once in Ask myHR, click myBenefits at the top of the screen. You will be redirected to PeopleSoft Self Service. Enter your username and password at the log in screen.

3. Click Life Events. Indicate the appropriate Life Event and follow the instructions.

If you need assistance, please contact the HR Support Center.
Eligibility for Benefits Plans

Employee Eligibility

Brigham and Women’s Hospital provides benefits to eligible Fellows from the first day of employment. To verify eligibility, Fellows should contact their Benefits Consultant or their Department Administrator.

<table>
<thead>
<tr>
<th>Your eligible dependents for medical, dental, vision, and life insurance are:</th>
</tr>
</thead>
<tbody>
<tr>
<td>your legal spouse,</td>
</tr>
<tr>
<td>your dependent children under age 26, and</td>
</tr>
<tr>
<td>your legal spouse’s dependent children under age 26.</td>
</tr>
</tbody>
</table>

Adding Your Dependent Child to Your Benefits

You can add your child who is under age 26 to your medical, dental, and/or vision coverage by going into Ask myHR during Open Enrollment, or if you experience a qualifying life event.

If you are a permanent legal guardian, you may add the child for whom you are a permanent legal guardian to your coverage. Proof of your guardianship may be required.

**PLEASE NOTE:** In order to satisfy government reporting requirements, you must provide your spouse’s and all dependents’ Social Security numbers and dates of birth when enrolling them on your benefits plans.

Children Age 26 and Older

Coverage for your or your legal spouse’s dependent child will end automatically on the last day of the month in which the child turns age 26, at which time they will be offered COBRA.

Dependent children with disabilities who are over age 26 are eligible for the medical, dental, vision plans, and child life insurance if coverage has been continuous and they have applied for and been approved by the carrier for coverage within 30 days of when they would normally lose coverage. Please contact the HR Support Center or your Benefits Consultant before their 26th birthday for details.

BWH reserves the right to request documented proof of a dependent’s eligibility for coverage. Examples of documentation include, but are not limited to:

- Marriage license
- Birth certificate or adoption paperwork that name either the employee or the employee’s spouse as the parent
- Legal Guardianship paperwork that names the employee or the employee’s spouse as the Legal Guardian
Highlights

*FlexBenefits* is designed to allow you to meet the needs of you and your family.

Your benefits consist of Core Benefits, paid by BWH, and those you elect to meet your needs.

<table>
<thead>
<tr>
<th>Core benefits, which are paid for by your employer:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Life Insurance</strong> one times annual salary to a maximum of $500,000</td>
</tr>
<tr>
<td><strong>Accidental death and dismemberment insurance (AD&amp;D)</strong> one times annual salary to a maximum of $500,000</td>
</tr>
<tr>
<td><strong>Business Travel Accident Insurance</strong> five times annual salary (to a maximum of $2,000,000)</td>
</tr>
<tr>
<td><strong>Long-term disability plan (LTD)</strong> 60% of base pay (average pay during 26 weeks before disability)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In addition, you can choose from a variety of other benefits through easy payroll deductions:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>You can choose from two medical plans</strong> to protect yourself and your family in the event of illness or injury.</td>
</tr>
<tr>
<td><strong>A prescription drug benefit</strong> managed by CVS/caremark that offers a convenient mail service program</td>
</tr>
<tr>
<td><strong>A dental plan</strong> offering coverage for basic, major and restorative care</td>
</tr>
<tr>
<td><strong>A vision care plan</strong> offering a cost-effective way for you to get an annual comprehensive eye exam and corrective lenses</td>
</tr>
<tr>
<td><strong>Supplemental group term life and AD&amp;D insurance</strong> for yourself, your spouse and dependent children</td>
</tr>
<tr>
<td><strong>Two Flexible Spending Accounts</strong> offering tax savings for eligible health care, dependent child, and adult day care expenses</td>
</tr>
<tr>
<td><strong>Individual or family levels of coverage</strong> (including a qualifying spouse), for medical, dental, and vision care so that you can tailor coverage to fit your family situation</td>
</tr>
<tr>
<td><strong>A Retiree Medical Savings Account</strong> for benefits-eligible Fellows age 50 and over, to save for retiree medical costs, with a BWH Match, up to certain limits</td>
</tr>
<tr>
<td><strong>Tax-sheltered annuity contributions</strong> up to $18,500 a year in 2018 (up to $24,500 if 50 or older)</td>
</tr>
</tbody>
</table>

In addition to the benefits in this guide, there are many perks available to BWH Fellows. Visit *Ask myHR* at [www.AskMyHRportal.com](http://www.AskMyHRportal.com) for the latest discounts and specials.
Medical Coverage

<table>
<thead>
<tr>
<th>Coverage Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>You have the option of choosing medical coverage in the following categories:</td>
</tr>
<tr>
<td>Employee</td>
</tr>
</tbody>
</table>

BWH offers the following medical plans for employees who live in the Greater Boston area. Both plans are administered by AllWays Health Partners. If you live out of state, or outside the Greater Boston area, you are eligible to participate in an “Out of Area” medical plan. See Ask myHR for a map of towns that are considered out of area, and for details on our out of area medical plans.

- **Partners Select:** A medical plan that offers low-cost, high-quality care from providers within the Partners network, referred to as the Tier 1 (Preferred) Network. Coverage is available for non-Partners providers, referred to as Tier 2 (Non-Preferred), but at a higher cost.

- **Partners Plus:** A Preferred Provider Organization (PPO) plan that offers cost-effective, high quality care. You will pay more per paycheck for coverage under Partners Plus than Partners Select, but lower point of care out-of-pocket costs when you receive care from providers outside of the Tier 1 (Preferred) Network.

### Your Networks of Coverage

BWH health plans are designed to offer you the best health care, while maintaining the flexibility to receive care that is best for you and your family.

- You receive the highest level of coverage when you use health care providers and facilities within the Tier 1 (Preferred) Network. This network includes Partners HealthCare primary care physicians (PCPs), specialists and facilities, along with providers at the Dana-Farber Cancer Institute and Emerson Hospital. Services received at South Shore Hospital, but not South Shore affiliated providers, are Tier 1.

- You will still receive comprehensive coverage, at higher point of care costs, when you use a Tier 2 (Non-Preferred) PCP, specialist or facility within the AllWays Health Partners Network. AllWays Health Partners provides national coverage through the Aetna network.

- If you enroll in Partners Plus, you also may receive coverage when you use Out-of-Network specialists and facilities that don’t participate in either the Tier 1 (Preferred) or Tier 2 (Non-Preferred) Networks. However, your costs for Out-of-Network care will be substantially higher. In many cases, you will pay 40% or more of the medical bill for your care. Coverage for Out-of-Network specialists and facilities is not available under Partners Select.

**Starting January 1, 2019:** Before you receive your ID card in the mail, you can access the card electronically at www.allwaysmember.org.

**Regardess of which medical plan you choose:**
- You **do not need to obtain an insurance referral** when you need to see a specialist.
- Your plan **does not require you to have a PCP of record**, but we encourage you to have one.
- **Emergency Room visits have a $150 co-pay.** This co-pay will be waived if you are admitted as an inpatient to the hospital.
- **Partners HealthCare On Demand telemedicine** and non-Partners telemedicine services are fully covered without a co-pay. For more information on Partners HealthCare On Demand, see Ask myHR.
- When you join a Partners medical plan, you can receive **coverage for one month of membership fees** at a qualified health club for yourself and your covered family members. Contact AllWays Health Partners for details at 1-800-432-9449.
## Highlights of Coverage

<table>
<thead>
<tr>
<th>AllWays Health Partners Plans</th>
<th>Partners Select</th>
<th>Partners Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tier 1 (Preferred):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ No annual deductible: Plan pays 100% of most covered expenses</td>
<td></td>
<td></td>
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<tr>
<td>▪ 100% coverage for inpatient services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ $10 co-pay for primary care, pediatric primary care and outpatient mental health/substance use disorders visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ $15 co-pay for specialist office visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ No co-pay for routine physicals for adults and children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ No co-pay for Partners HealthCare On Demand telemedicine or other telemedicine services</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual Medical Out-of-Pocket Maximum:</strong></td>
<td>$2,500 individual/$5,000 family.*</td>
<td>$2,500 individual/$5,000 family.*</td>
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<table>
<thead>
<tr>
<th>Tier 2 (Non-Preferred):</th>
<th></th>
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<tbody>
<tr>
<td>▪ $4,000 annual deductible per individual, $8,000 per family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ 70% coverage for inpatient services after deductible and payment of $500 co-pay per admission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ $70 co-pay for primary care physician**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ $10 co-pay for outpatient mental health/substance use disorders visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ $100 co-pay for specialist office visits***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ No co-pay for routine physicals for adults and children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ No co-pay for Partners HealthCare On Demand telemedicine or other telemedicine services</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual Medical Out-of-Pocket Maximum:</strong></td>
<td>$5,750 individual/$10,700 family.*</td>
<td>$4,000 individual/$8,000 family.*</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Tier 2 (Non-Preferred):</th>
<th></th>
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<tbody>
<tr>
<td>▪ $750 annual deductible per individual, $1,500 per family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ 85% coverage for inpatient services after deductible and payment of $500 co-pay per admission</td>
<td></td>
<td></td>
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<tr>
<td>▪ $45 co-pay for primary care and pediatric primary care visits</td>
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<td></td>
</tr>
<tr>
<td>▪ $10 co-pay for mental health/substance use disorders visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ $70 co-pay for specialist office visits***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ No co-pay for routine physicals for adults and children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ No co-pay for Partners HealthCare On Demand telemedicine or other telemedicine services</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual Medical Out-of-Pocket Maximum:</strong></td>
<td>$4,000 individual/$8,000 family.*</td>
<td>$4,000 individual/$8,000 family.*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out-of-Network:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>▪ $1,500 annual deductible per individual, $3,000 per family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ 70% coverage for most services after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Maximum annual employee out-of-pocket cost: $5,000 per individual, $10,000 per family*</td>
<td></td>
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</tr>
</tbody>
</table>

* Excludes prescription drug co-pays. A separate Prescription Drug Out-of-Pocket Maximum applies, based on your level of medical coverage (individual or family) and your salary as of January 1, 2019. See page 8 for details.

** Pediatric primary care office visits are covered at the Preferred level ($10 co-pay) for children 18 years of age and younger under Partners Select.

*** Co-pays for physical therapy, speech therapy, and occupational therapy in the Tier 2 (Non-Preferred) Network are $15 starting in 2019.
**Terms to Understand**

**Coinsurance**: The plan’s share of the charges that are paid after you have met any deductibles. If a plan pays 80%, for example, you would pay the remaining 20%, up to the plan’s annual out-of-pocket maximum.

**Co-pay**: The amount you pay per service received, such as office visits, emergency care, prescription drugs, etc. Co-pays range from $10 to $500.

**Deductible**: The amount you pay before a plan pays any benefits.

**Primary Care Physician (PCP)**: The doctor you select to provide your medical care and help you find a specialist. Each covered family member may select his or her own PCP.

**Out-of-Pocket Maximum**: The most you would have to pay in deductibles and coinsurance in a calendar year before the plan pays 100% of covered services. A separate out-of-pocket maximum applies to your prescription drug plan, based on your annual salary and level of medical coverage (individual or family, for example).

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**Learn More About Your Medical Benefits on Ask myHR**

More information is available online, including:

- Rate sheets
- How to find a Partners network provider
- Preventative Care and Routine Care costs under the Patient Protection and Affordable Care Act, including covered services.
- Medical Opt-Out Credit
- Medical Coverage for Employees Living Out of Area
- The latest Health Care Reform Updates, including affordable coverage available under the Children’s Health Insurance Program (CHIP) and the Health Insurance Marketplace
- Your rights to appeal a denied claim
- Michelle’s Law
Prescription Drug Coverage

CVS/caremark provides prescription coverage for those enrolled in a BWH medical plan. You will receive one identification card to use for both your medical and prescription drug coverage.

Co-payments promote the use of medications that work just as well but cost less, where appropriate. The co-payment is based on whether the drug is designated generic, preferred, or non-preferred in the list of covered prescriptions, which is updated throughout the year.

### Retail Network for short-term medications

Fill short-term (30- or 60-day) prescriptions for medications such as antibiotics at a CVS/caremark network pharmacy. The network comprises more than 67,000 pharmacies nationwide, including chain pharmacies, independent pharmacies and CVS/pharmacy stores. Massachusetts General Hospital and Brigham and Women's Hospital pharmacies are also included in the network. To locate a participating pharmacy, visit www.caremark.com or download the CVS/caremark app at: www.caremark.com/mymobile.

### Maintenance Choice® for long-term medications

Maintenance Choice® lets you choose how to get 90-day supplies of your maintenance medications: through the CVS Caremark Mail Service Pharmacy or at a CVS/pharmacy store (including CVS/pharmacy locations at Target retail stores). With Maintenance Choice, all long-term maintenance medications you take for chronic conditions need to be filled as 90-day supplies. This saves you one co-pay for each 90-day refill. View a list of Maintenance Choice medications at: http://www.caremark.com/portal/asset/CVS_Caremark_Maint_DrugList.pdf

### Prescription Drug Out-of-Pocket Maximum

Your prescription drug plan includes an out-of-pocket maximum that limits how much you have to pay in prescription drug co-pay expenses during the calendar year. Your out-of-pocket maximum depends on your level of medical coverage (for example, individual or family) and your salary as of January 1, 2019:

<table>
<thead>
<tr>
<th>Salary Level</th>
<th>Out-of-Pocket Maximum Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Prescription Drug Out-of-Pocket Maximum</td>
<td>Under $50,000</td>
</tr>
<tr>
<td></td>
<td>$50,000 to $100,000</td>
</tr>
<tr>
<td></td>
<td>Above $100,000</td>
</tr>
</tbody>
</table>

Your plan also includes a CVS ExtraCare Health Card, so you and your family can enjoy a discount on CVS Brand health-related products.
BWH offers a dental plan:

- Delta Dental PPO Plus Premier

### Coverage Levels

| You have the option of choosing dental coverage in the following categories: |
|-----------------------------|-----------------------------|-----------------------------|
| Employee Only               | Family                      | No Coverage                 |

### Determining Your Dental Coverage Needs

Your need for dental coverage depends on several factors. Your family dental history and your costs for coverage are probably the most important factors.

To make the right decision, ask yourself these questions:

- Do you or a member of your family need special or recurring treatment, such as orthodontia or periodontics?
- How much did you and your family members spend on dental care last year?

### Highlights of Coverage

Before you receive dental care, be sure that your dentist participates in one of the Delta Dental networks covered by your plan.

To find a dentist, go to [http://www.deltadentalma.com](http://www.deltadentalma.com), click "Find a Dentist" and choose Delta Dental PPO, then follow the instructions. Dentists listed as Delta Dental PPO are in both networks. Dentists listed under Delta Dental Premier are in the Premier network only. Your share of the costs for dental care are less if your dentist participates in the Delta Dental PPO network.

### Plan Overview

The plan pays 100% of the charges for diagnostic and preventive care, which includes a checkup and cleaning twice per calendar year. Then,

- After you pay a $25 annual deductible ($50 per family), the plan will pay:
  - 80% of the charges for minor restorative treatment
  - 50% of the charges for major restorative treatment
- Maximum benefit: $2,000 per person annually

**Orthodontia coverage:** 100% no deductible; lifetime maximum $1,500

See the summary on [Ask myHR](https://www.myhr.com) for specific age limitations for certain services.

For more information on dental plan coverage, call Delta Dental 1-800-872-0500.

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**Download the Delta Dental app,** search for a dentist online, manage your dental claims, check coverage, and much more right from your mobile device. The app even has a built-in toothbrush timer!
**Vision Coverage**

*BWH offers a Blue Cross Blue Shield Vision Care Plan*

**Coverage Levels**

You have the option of choosing vision care coverage in the following categories:

<table>
<thead>
<tr>
<th>Employee Only</th>
<th>Family</th>
<th>No Coverage</th>
</tr>
</thead>
</table>

**Determining Your Vision Coverage Needs**

Vision care is necessary to maintain good health. Periodic vision examinations not only determine your need for corrective eyewear, but also may detect the presence of general health problems in their early stages. Blue Cross Blue Shield administers the Vision Care Plan for BWH.

**Ask yourself these questions:**

- What are your anticipated vision care expenses for the coming year?
- Would you be willing to use participating Blue Cross Blue Shield of Massachusetts ophthalmologists and optometrists?

**Highlights of Coverage**

The Blue Cross Blue Shield Vision Care Plan provides coverage for eye exams when performed by a participating Blue Cross Blue Shield of Massachusetts ophthalmologist or optometrist. Eyeglasses or contact lenses are covered. If you plan to go out-of-network, consider setting aside money in a Health Care Flexible Spending Account to pay these expenses on a before-tax basis. Benefits through BCBS are based on a reimbursement schedule, as detailed in the following chart.

<table>
<thead>
<tr>
<th>Covered Service</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive eye exam</td>
<td>In full after a $5 co-payment</td>
</tr>
</tbody>
</table>

**Reimbursement for:**

<table>
<thead>
<tr>
<th>Eyeglass frames</th>
<th>$30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pair of lenses for the frames</td>
<td></td>
</tr>
<tr>
<td>— Single</td>
<td>$45</td>
</tr>
<tr>
<td>— Bifocal</td>
<td>$50</td>
</tr>
<tr>
<td>— Trifocal</td>
<td>$55</td>
</tr>
<tr>
<td>OR Contact Lenses</td>
<td>$70</td>
</tr>
</tbody>
</table>

Coverage is provided every 12 months for children up to age 26, and every 24 months for adults. See page 3 for details on Dependent Eligibility. There is no coverage for eye exams performed by non-participating or out-of-state ophthalmologists or optometrists. You may, however, purchase frames, lenses and contact lenses anywhere and apply for reimbursement.
Disability Coverage

BWH provides a core long-term disability (LTD) plan.

Highlights of Coverage

- After being disabled for 90 days, you’ll receive 60% of your pay offset by any Social Security or Workers’ Compensation benefits you or your family are eligible to receive, subject to carrier approval.
- Benefits continue for as long as you remain disabled or until you reach age 65 (if you are age 60 or older when you become disabled, benefits continue for up to five years until age 70, but not less than one year).
- The maximum monthly benefit available from the plan is $10,000.
- BWH pays the full cost of this coverage for Fellows.
- Fellows receive LTD coverage as part of their benefits program. As a result, monthly LTD income is taxable.
Life and AD&D Insurance

**Employee Coverage**

BWH provides you with *basic employee life and accidental death & dismemberment (AD&D) insurance of 1 times your annual base salary (up to $500,000 in each program)* at no cost to you.

- Basic life insurance amounts in excess of $50,000 are subject to imputed income according to IRS rules. If you don't need that much coverage and wish to avoid paying imputed income tax, you can elect basic life coverage equal to just $50,000.

- In addition, you can purchase supplemental group term life and/or AD&D insurance:

  You may elect up to 8 times your annual salary, to a limit of $2 million in each program. Newly-eligible employees can elect up to 4 times base salary in supplemental life and/or AD&D coverage, without providing proof of good health for life insurance if they elect this coverage within 30 days of benefits eligibility. Proof of good health is never required for AD&D coverage.

  During Open Enrollment or within 30 days of a Qualified Change of Status event, you may elect to increase your life and/or AD&D insurance coverage by 1 times your annual base salary. If you are electing more than 1 times your annual salary, or more than $800,000 of coverage, you will be required to provide proof of good health for life insurance.

<table>
<thead>
<tr>
<th>Reductions Due to Age</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Your basic life insurance will be reduced as follows:</strong></td>
</tr>
<tr>
<td>At age 65, <strong>it reduces to 65%</strong>.</td>
</tr>
<tr>
<td>At age 70, <strong>it reduces to 50%</strong>.</td>
</tr>
<tr>
<td><strong>Your supplemental life insurance does not decrease with age.</strong></td>
</tr>
</tbody>
</table>

**Will you be traveling soon?** Your new, employer-paid travel assistance coverage through MetLife offers a downloadable app you can use for assistance with medical or other needs while you’re away from home for personal or business travel – including overseas teleconsultation and emergency services. See Ask myHR for details.

**Spouse Coverage**

- You may enroll your spouse in supplemental life and/or AD&D coverage of $10,000, $25,000, or any $25,000 increment up to $200,000.

- No proof of good health is required for life insurance if your spouse is enrolled within 30 days of initial eligibility or marriage, except for coverage over $50,000. Otherwise, evidence of insurability will be required for life insurance.

- You may elect spouse coverage without electing optional life coverage for yourself.
**Dependent Child(ren) Coverage**

- You may enroll your child(ren) under age 26 in supplemental life and/or AD&D coverage of $5,000, $10,000, $15,000 or $20,000.
- No proof of good health is required.
- Dependent child(ren) are covered for life insurance from birth until the last day of the month in which they turn age 26.
- You may elect dependent child(ren) coverage without electing optional life coverage for yourself.
- The cost for coverage is not affected by the number of dependent children you have.

**Business Travel Accident Insurance**

- Most BWH employees are insured for 5 times base pay up to $2 million if accidental death or dismemberment occurs while traveling on Hospital business.
- BWH pays the full cost of this coverage.

* See “Dependent Eligibility” on page 3.

**Value-Added Services**

Your supplemental MetLife coverage also includes these core services, included at no cost:

- Will Preparation/Estate Resolution Services
- Funeral Planning/Discounts
- Retirement Planning
Flexible Spending Accounts

**BWH offers these two plans:**

<table>
<thead>
<tr>
<th>Health Care Account</th>
<th>Dependent Care Account</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defer up to $2,650 (pre-tax) in 2018*</td>
<td>Defer up to $5,000 (pre-tax) in 2018*</td>
</tr>
<tr>
<td>For your or your dependents’ eligible medical, dental, and vision expenses not paid for by your health plan.</td>
<td>Eligible Dependent Care</td>
</tr>
<tr>
<td></td>
<td>Daycare for children up to age 13</td>
</tr>
<tr>
<td></td>
<td>Disabled Dependents</td>
</tr>
<tr>
<td></td>
<td>Adult Dependents</td>
</tr>
</tbody>
</table>

**Highlights of the Plan**

**Submitting Your Claims**

Benefit Strategies is the administrator for your Flexible Spending Account (FSA) claims. If you enroll in an FSA for 2019, you will submit claims to Benefits Strategies using a debit card, mobile app, online system or paper claim form. See Ask myHR for more information.

**Internal Revenue Service Rules: Use It or Lose It**

Be sure to estimate your health care and/or dependent care expenses carefully. Under IRS rules, you must forfeit any unused account balance(s) remaining in your account. Generally, you cannot change or stop contributing during the year unless you have a qualified change of status. You have until March 15 of the following year to incur expenses for reimbursement, and up to March 31 of the following year to submit your expenses for reimbursement; otherwise, you will forfeit your balance.

Flexible spending accounts are subject to yearly non-discrimination testing under federal regulations. Annual limits may be adjusted based on results of testing.

* Limits and eligible items are subject to change. See Ask myHR for 2019 contribution limits.

**Determining Your Needs for the Health Care Flexible Spending Account**

Review what you have spent on medical expenses for the last two years. Consider how participation in a health benefit plan may affect the amount you contribute. Remember! With the range of medical, dental, and vision plans available through BWH, some expenses may be partially or fully covered by your insurance provider. Any amount covered by your plans is not an eligible expense. In addition, insurance premium payments and long-term care expenses or premiums are not eligible for reimbursements.

**Examples of Eligible Health Care Expenses:**

- **Health Care** – deductibles, co-pays, coinsurance, treatment or services not covered by your medical plan, and other eligible expenses
- **Prescription Drugs** – expenses not covered by your plan, including co-payments
- **Hearing Care** – routine hearing exams, hearing aids and batteries not covered by your medical plan
- **Dental Care** – all uninsured dental care including deductibles, coinsurance, and amounts over maximums
- **Vision Care** – exam, and all vision aids not covered by your plan; laser vision correction treatment, contact lens solution

See a comprehensive list of eligible and ineligible expenses at: [https://www.benstrat.com/downloads/FSA_Extended_Eligible_Expenses.pdf](https://www.benstrat.com/downloads/FSA_Extended_Eligible_Expenses.pdf)
Determined Your Needs for the Dependent Care Account

A Dependent Care Flexible Spending Account allows you to set aside tax-free dollars to pay for dependent care expenses you incur so that you (and your spouse, if you are married) can work. You may also use a Dependent Care Account if your spouse is attending school full-time or is disabled and is unable to care for your dependents. You may contribute up to $5,000 tax-free in a Dependent Care FSA in 2018* ($2,500 if married and filing separately).

Examples of Eligible Dependent Day Care Expenses

- Nursery schools, day care centers, and summer day camps for dependents, up to age 13. If you are caring for a family member who resides with you and who is physically or mentally incapable of caring for his/her own needs, regardless of age, and whom you claim as a dependent for income tax purposes, you may also submit those expenses to your Dependent Care FSA.
- Dependent care providers in or outside your home
- Dependent care centers that provide day care (not residential care) for dependent adults.

The following dependent care expenses do NOT qualify for reimbursement from your account:

- General “babysitting”, other than during work hours
- Care provided by a relative who is your (or your spouse’s) dependent and will be under age 19 at the end of the year
- Expenses for tuition at the kindergarten level or above
- Expenses for overnight camps

NOTE: Final determination on eligible expenses rests with the Internal Revenue Service. For more information, download IRS Publication 503 “Child and Dependent Care Expenses” from the IRS website: www.irs.gov

Dependent Care Flexible Spending Account

Before you decide how much to contribute to your Dependent Care Account, consider:

- Holidays and vacations during which your dependent care needs might change;
- Whether one of your dependents will begin school during the year and need less dependent care; and
- Whether any of your dependents will become ineligible during the year (for example, by reaching age 13).

The federal government strictly limits the amount of expenses for which you may be reimbursed under a Dependent Care FSA. While reimbursements from your account are generally tax-free to you, federal law states that the amount excluded from your gross income cannot exceed the least of:

- $5,000 annually if single or if married, filing jointly ($2,500 if you are married and filing separate federal income tax returns); or
- Your annual income (if married, the annual earned income of the lesser earning spouse).

If your spouse is a full-time student for at least five months during the year or is physically and/or mentally handicapped, there is a special rule to determine his or her annual income: the amount is the greater of his/her actual earned income or the assumed monthly income amounts of either $250 or $500.

Tax Credit or Dependent Care Flexible Spending Account?

You cannot participate in the Dependent Care Account and utilize the Dependent Care tax credit for the same year. Before enrolling in the Dependent Care Account, evaluate whether the tax credit you can take on your federal income tax 1040 form will save you more money than the Dependent Care Account.

An information sheet is available for assistance in determining which approach is best for you: https://benstrat.com/downloads/DCA_Income_Tax_Credit_Comparison.pdf

* Limits and eligible items are subject to change. See Ask myHR for 2019 contribution limits.
Retiree Medical Savings Account

**Highlights of Participation**

When you are 50 or older, you may choose to contribute to a Retiree Medical Savings Account. When you do, BWH will match your contribution. During Open Enrollment, you can enroll in a Retiree Medical Savings Account via PeopleSoft. To enroll in a Retiree Medical Savings Account at other times of the year, please contact the HR Support Center or your Benefits Consultant and request that a Retiree Medical Savings Account enrollment event be opened for you in PeopleSoft. Once this transaction is open, you will be able to enroll in or change your Retiree Medical Savings Account election.

**Here’s how it works:**

- You are eligible to participate in the Retiree Medical Savings Account in the year in which you reach age 50.
- Once you are eligible, you may contribute up to $4,500 a year and change or suspend your contributions at any time.
- You may contribute a minimum of $50 per month. You make your contributions with after-tax dollars.
- When you contribute to a Retiree Medical Savings Account, BWH will provide a year-end match of 50% of the first $1,500 you save each year, up to $750 a year to a maximum of $11,250 over the course of your career; of course, when you stop contributing, BWH’s match also stops.
- You earn tax-free interest guaranteed to be at least 5% on your account — on both your own savings and on BWH’s match.
- You forfeit the BWH’s match (and interest) if you terminate your employment before you are vested under the plan.
- Participants become vested under the RMSA plan when they have reached age 55 and completed at least 5 years of vesting service. You will then be able to enroll in BWH-sponsored medical coverage at retirement.
- Upon termination or retirement you can draw on your account tax-free for reimbursement of qualified medical, dental and hearing expenses.
Tax-Sheltered Annuity Contributions

The 403(b) Tax-Sheltered Annuity (TSA) Plan offers a tax-deferred savings opportunity for your retirement. If you participate, contributions are deducted automatically from each paycheck and invested in funds offered through our retirement administrators, Fidelity and TIAA. As of 2018, the maximum amount that you contribute to a Tax-Sheltered Annuity is $18,500. Employees age 50 or older can contribute up to $24,500. Different maximum contributions may apply for 2019. See Ask myHR for the 2019 contribution limits.

Your Savings

- You have two ways to save:
  - A flat dollar amount per pay period or
  - A percentage of pay each pay period

BWH offers two types of TSA contributions:

<table>
<thead>
<tr>
<th></th>
<th>Traditional (pre-tax) contributions are deducted from each paycheck before taxes are deducted — so you reduce the federal and state income taxes you pay now. Balances and their investment earnings grow on a tax-deferred basis, and are taxable later when you take distributions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Roth contributions are deducted from the after-tax dollars in your paycheck. Because you pay income taxes now, your monthly take-home pay will be less than with traditional contributions. However, you will pay no taxes later when you receive qualified distributions from your retirements savings plan.</td>
</tr>
</tbody>
</table>

You may change the amount you save, or stop your contributions, at any time through PeopleSoft. BWH reserves the right to adjust your TSA deduction if your contribution exceeds IRS limits.

Updating Your TSA Beneficiaries

When you enroll in a TSA, you must name the person(s) you want to receive your proceeds in the event you should die. It is your responsibility to make sure that this information is accurate and up-to-date. Make sure to review your TSA beneficiaries at least once a year.

To name beneficiaries for your Tier 1, 2, or 3 funds:
Log in to your account at http://www.netbenefits.com/partners. Click “Profile” at the top of the screen, then click “Beneficiaries” and follow the instructions.

To name beneficiaries for your Tier 4 TIAA Annuity Choice funds: Visit https://www.tiaa.org.

Starting, changing, or stopping TSA contributions:

- TSA changes are allowed throughout the year.*

If you are newly benefits-eligible:

- In Ask myHR, click myBenefits at the top of the screen. You will be redirected to PeopleSoft Self Service.
- Enter your username and password at the log in screen.
- Click Benefits Enrollment. On the Enrollment Summary page, scroll through your benefit plan options until you see your TSA options. Click on the Edit button to make a change. You may choose a flat amount or a percent.
- Click Continue, review your election and click on Continue again. You may also elect/change the Roth TSA at this time.
- Make any needed changes to your other employee benefits. When finished, scroll to the bottom of the page. You will be asked to click Submit twice and then OK.

To change your TSA contribution after 30 days of benefits eligibility: In Ask myHR, click myBenefits. Log in to PeopleSoft Self Service, then click Retirement Contributions. Click the TSA account (traditional or Roth) for which you want to edit your contribution amount, then click Save.

* Employees cannot be reimbursed for contributions already deducted from paycheck(s).
Choosing Your Investments

While it is important to begin early to save for your own retirement, it is also just as important to allocate your investments based on your individual goals and overall comfort level with making investment decisions.

Our investment lineup is designed to help you pick investments based on your goals, your other available retirement savings, and your comfort in making investment decisions. Each tier in the lineup includes a carefully researched, unique menu of investment options that targets different objectives and levels of engagement. You may pick investments from a single tier or across multiple tiers and change them anytime during the year in order to meet all of your goals. The tiers are:

<table>
<thead>
<tr>
<th>Tier</th>
<th>Available Investment Options</th>
<th>May be right for you if...</th>
</tr>
</thead>
<tbody>
<tr>
<td>One: Easy Choice</td>
<td>Vanguard Target Retirement Date Funds</td>
<td>You want a diversified, low-cost retirement portfolio that utilizes the expertise of professional investment managers, and automatically rebalances funds to become more conservative as you approach retirement. Many employees may find this option is best for them. If you take no action, your funds will automatically be defaulted into the Vanguard Target Retirement Date Fund closest to the year in which you will turn age 65.</td>
</tr>
<tr>
<td>Two: Guided Choice</td>
<td>Several pre-screened mutual funds</td>
<td>You want to build a diversified retirement portfolio without having to sort through a large array of fund choices. These funds have been specifically selected for use by participants who wish to manage their own asset allocation to match their personal investment goals and risk level.</td>
</tr>
<tr>
<td>Three: Open Choice</td>
<td>Thousands of mutual funds from over 350 investment companies available through a brokerage window, via Fidelity BrokerageLink®</td>
<td>You want to build your own retirement portfolio through the thousands of mutual funds that are available through a brokerage account. Unlike Tiers 1, 2 and 4, these funds have not been selected by the plan managers and fund performance will not be monitored by your employer.</td>
</tr>
<tr>
<td>Four: Annuity Tier</td>
<td>Three TIAA annuities: TIAA Traditional Annuity, CREF Stock Account Variable Annuity and TIAA Real Estate Account Variable Annuity</td>
<td>You want to invest in a vehicle that will provide the assurance of a lifetime income upon retirement. Annuities can help protect you from outliving your assets. And unlike mutual funds, an annuity offers the opportunity to receive the assurance of a lifetime income in retirement. By creating a portfolio utilizing both fixed and variable annuities, you can benefit from an income stream for life, while retaining some growth potential for your annuity payments.</td>
</tr>
</tbody>
</table>

For questions about the lineup, please contact:

Fidelity
1-855-999-1PHS (1747)
http://netbenefits.com/partners

TIAA (annuities only)
1-800-842-2776
https://www.tiaa.org
**Benefit Extras**

**Family Care Programs**

**Longwood Medical Area Child Care Center (LMACCC)/Bright Horizons at Landmark Child Care Center**

These licensed child care centers are available to BWH staff and employees working in the Longwood Medical Area. The LMACCC is located at 395 Longwood Avenue and Bright Horizons is in the Landmark Center. Both Centers offer services for infant, toddler and preschool care and education. A number of the spaces are reserved for children of staff and employees on a first come, first served basis. BWH also offers a tuition assistance program, at both centers, to BWH benefits-eligible employees whose total family income is below $70,000. Tuition assistance for full-time enrolled children works on a sliding scale and can make child care here a more affordable option. To enroll, you must complete the application process with LMACCC or Bright Horizons at Landmark. Once you are accepted to either center, you may apply for the BWH tuition assistance program.

If you want more information or would like a tour of the facility, you may call the Centers directly:

LMACCC: 617-632-2755
Bright Horizons: 617-450-0790
Or contact the BWH Perks Office with additional questions: BWHPerks@partners.org

**BWH Backup Child Care Center**

In recognition of the complex needs of families today, particularly working families and families experiencing a breakdown in child care, Partners Child Care Services operates the BWH Backup Child Care Center. The Center provides emergency child care to the children of BWH, BWFH, and DFCI employees and their patients.

**CENTER HOURS**

Monday through Friday, 6:30 a.m. to 5:45 p.m., year-round, including school vacations and snow days.

**AGES SERVED**
Infant, toddler, preschool and school age children up to 12 years old.

**LOCATION AND CONTACT INFORMATION:**

BWH Backup Child Care Center
850 Boylston Street Rte. 9 East
Chestnut Hill, MA
Phone: 617-732-9543 Fax: 617-732-9544

**Care.Com-Backup Care**

Partners Child Care Services contracts with Care.Com-Backup Care to offer in-home backup child care and nanny search assistance.

**HOURS**

Day or evening, seven days a week.

**ELIGIBILITY**

Infants, toddlers, preschoolers and school age children. Parents must be benefits-eligible employees working for BWH, MGH, NWH or PHS.

For contact information, rates and how to apply, please visit the PCCS website: http://www.partners.org/childcare or contact Care.Com-Backup Care directly at 855-781-1303.

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**Partners Child Care Services**

Partners Child Care Services provides high quality child care options to benefits eligible employees at Partners HealthCare and its affiliated hospitals. For more information, please visit our website at www.partners.org/childcare.
Partners Employee Assistance Program (EAP) Child and Eldercare Resources and Referrals

The EAP is a resource for employees to contact when looking for child care and elder care information. The EAP offers resources and referrals in the following areas for children:

- Exploring child care options
- Resources and referrals for:
  - licensed family day care
  - center based care, and
  - in home (nanny) care
- Information on Partners affiliated centers and back up care
- Financial and tax information related to child care expenses
- Summer care resources and referrals

The EAP offers the following services for assistance with aging relatives:

- Caregiver support
- Referral to appropriate community resources and programs
- Information on continuing care options

Contact the Employee Assistance Program at 1-866-724-4327 and set up an appointment to meet with an EAP counselor to best assess what information or resources you need. You can also visit the EAP's website at: www.eap.partners.org
BWH Staff PERKS Program

The PERKS Program consists of a network of vendors in Boston and the surrounding area offering discounts on a wide variety of goods and services. With an ID badge, Employees may receive discounts including mobile phones and cellular service, wholesale club memberships, car rental, movie and museum passes, hair styling, and day spas. The discounts also include theater shows, TD Garden performances, reduced rates on tickets to several amusement parks, and much more.

View a list of the latest PERKS on Ask myHR.