



Review



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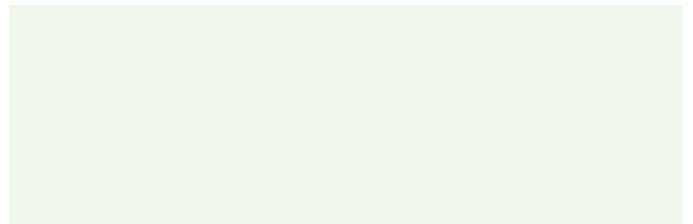
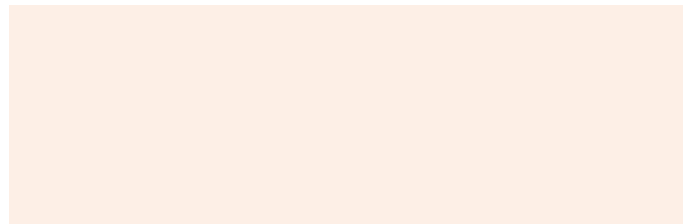
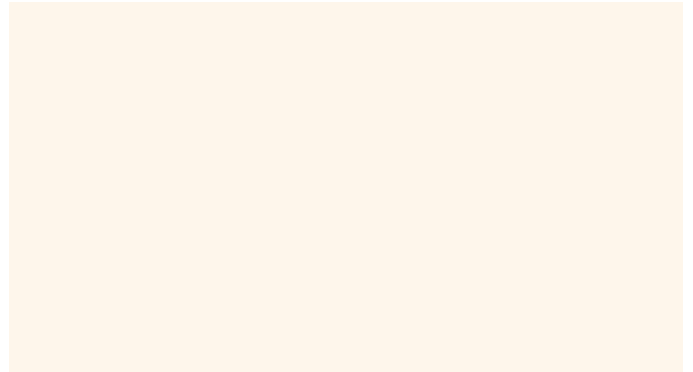
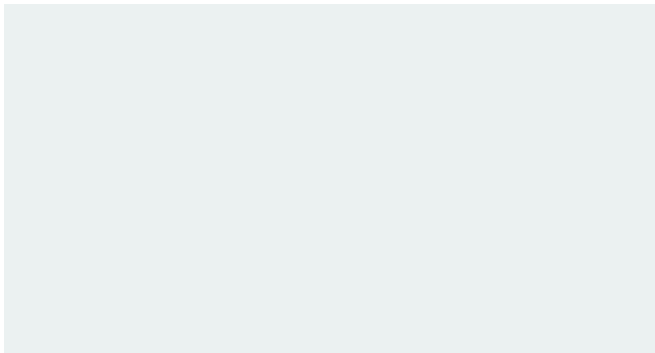
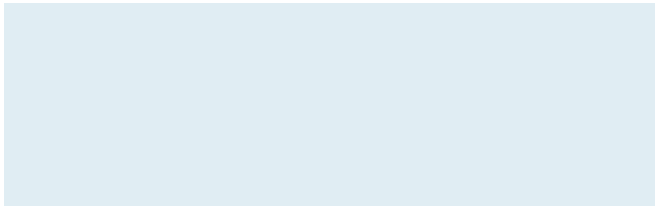
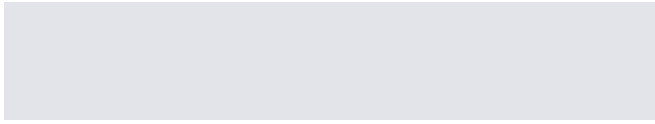



Enroll

# A Guide to Your 2020 Benefits

**BRIGHAM AND WOMEN'S FAULKNER HOSPITAL STAFF**

# Inside this Guide



**HELPFUL TIP:** Tap on **Table of Contents** on the top of each page to be redirected back to this page. 



This guide contains a general overview of benefits available to you. You can find full plan descriptions and 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](http://www.AskMyHRportal.com) to see your:

- ☒ Rate Sheet
- ☒ Medical Plan Comparison Chart
- ☒ Dental Plan Summaries
- ☒ Retirement Overview Booklet
- ☒ Investment Options Guide
- ☒ HIPAA, COBRA, CHIP, FMLA and other notices outlining your legal rights
- ☒ Summary Plan Descriptions, Summaries of Benefits and Coverage and other plan documents
- ☒ Plus much more!

If you need assistance, please contact the [HR Support Center](#) by submitting an [online request](#) or calling [1-833-Ask-MyHR \(1-833-275-6947\)](tel:1-833-Ask-MyHR). You may also contact your local HR Office for assistance.



# CHOOSING AND UPDATING YOUR BENEFITS

## NEWLY-ELIGIBLE EMPLOYEES HAVE 30 DAYS TO ENROLL IN BENEFITS.

Each year there is a fall **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.

### ENROLL IN YOUR BENEFITS USING ASK *myHR*.

**1** Go to the **Ask myHR** portal at [www.AskMyHRportal.com](http://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 where you will enter your PeopleSoft password. If you are at home, you will need to log in using your username and password.

**3** On the **Benefits Enrollment page**, click **Start**. An enrollment screen showing your benefits choices will appear. Click tiles individually to enroll in or update each benefit for which you are eligible. Make sure to enroll any dependents (and select the checkbox) before selecting your plan. The blue information button next to the plan selections will give more details including cost comparisons. Click **Done** after each tile you change. Once you have made all changes, hit the **Submit Enrollment** button. Your status will then be changed to "Submitted." To view a benefits summary of your elections, click the **Review Selections** button.

If you need assistance, please contact the **HR Support Center** at **1-833-Ask-MyHR (1-833-275-6947)**.



**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

## MAKING YOUR CHANGE

1

Within 30 days of your change of status event, go to the **Ask myHR** portal at [www.AskMyHRportal.com](http://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 where you will enter your PeopleSoft password. If you are at home, you will need to log in using your username and PeopleSoft password.

3

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

If you need assistance, please contact the **HR Support Center**. While making your change, if you have questions about your benefit plan options, please refer to the Summary Plan Description on **Ask myHR**.

### 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 have a baby, for example, you may change your medical coverage level from employee to employee and family within 30 days of your child's birth.



# UNDERSTANDING YOUR ELIGIBILITY FOR BENEFITS

## EMPLOYEE ELIGIBILITY

**YOU ARE ELIGIBLE FOR BENEFITS IF YOU ARE A WEEKLY-PAID EMPLOYEE REGULARLY SCHEDULED TO WORK AT LEAST 16 HOURS PER WEEK.**



**Your eligible dependents for medical, dental, vision, and life insurance are:**

- your **legal spouse**,
- your **dependent children under age 26**, and
- your **legal spouse's dependent children under age 26**.

## 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](#) when you are newly eligible for benefits, 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** before their 26th birthday for details.

## **BWFH 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



# BUILDING YOUR FOUNDATION

**EMPLOYEE BENEFITS REPRESENT A SIGNIFICANT PORTION OF TOTAL COMPENSATION FOR EMPLOYEES AND THEIR FAMILIES. WE ARE PLEASED TO OFFER A COMPREHENSIVE BENEFITS PACKAGE TAILORED TO MEET YOUR NEEDS. FOR MORE INFORMATION ON BENEFIT COSTS, PLEASE SEE YOUR RATE SHEET ON [Ask myHR](#).**

## MEDICAL

- Choose from **two health plans, Partners Select and Partners Plus**, administered by AllWays Health Partners.
- Both plans offer two tiers of coverage. You pay less when you use providers in the Tier 1 Network. Tier 1 providers include Partners HealthCare primary care physicians (PCPs), specialists and facilities, along with providers at the Dana-Farber Cancer Institute, Emerson Hospital, and services rendered at South Shore Hospital. Partners Plus also covers Out-of-Network care, at a higher cost.
- You will still receive comprehensive coverage, at higher point of care costs, when you use a Tier 2 PCP, specialist or facility within the AllWays Health Partners Network.
- Employees who live in zip codes outside of Greater Boston have “Out of Area” versions of Partners Select and Partners Plus with a slightly different tiering structure. Refer to the Out of Area map and comparison chart on [Ask myHR](#).
- You may opt out of medical coverage. Subject to plan rules, you may receive an opt out credit in your paycheck. See [Ask myHR](#) for details.
- **Regardless of which medical plan or network you choose:**
  - You do not need to obtain an insurance referral when you see a specialist.
  - Your plan does not require you to have a PCP, 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 to that hospital as a result of your ER visit.
  - Partners HealthCare On Demand and non-Partners telemedicine services are fully covered without a co-pay.
  - Tier 1 and Tier 2 Mental health and treatment for Substance Use Disorders, Physical, Occupational and Speech Therapy, and Chiropractic Services are not subject to tiering.
- When you enroll in a Partners medical plan, you can receive coverage for one month of membership fees at a qualified health club for either yourself or a covered dependent.



**FOR MORE DETAILS ON CO-PAYS, DEDUCTIBLES AND OTHER OUT-OF-POCKET COSTS, please see your medical plan comparison chart, available on [Ask myHR](#).**

## NEED TO FIND A PROVIDER IN YOUR NETWORK?

Visit: <https://www.allwayshealthpartners.org/partners-directory>



## PRESCRIPTION DRUGS

- When you enroll in a medical plan, prescription drugs are covered by CVS/caremark.
- You pay lower out-of-pocket costs for generic medications than for medications designated as preferred or non-preferred brand names. See the list of covered medications (also referred to as the “formulary”) on [Ask myHR](#).

SHORT-TERM MEDICATIONS	LONG-TERM MEDICATIONS
<p><b>Fill 30- or 60-day prescriptions for medications such as antibiotics at a CVS/caremark network pharmacy.</b> The network comprises more than 67,000 pharmacies nationwide, including chain pharmacies, independent pharmacies and CVS/caremark stores.</p>	<p><b>All long-term medications for chronic conditions (such as diabetes) must be filled as a 90-day supply either through CVS/caremark mail service or a CVS pharmacy location.</b> Filling these medications in a 90-day supply saves you one co-pay for each refill and avoids a penalty.</p>



## DENTAL

### Your Dental Plan options

You can choose the **Basic Dental** or **Major Dental** plan.

Both plans:

- Provide 100% coverage for routine cleanings and diagnostic services.
- Have an annual deductible
- Reimburse a percentage of minor and major restorative treatment
- Have a maximum annual benefit
- Orthodontia coverage is only available under the Major Plan.

If you expect to utilize the plan beyond routine cleanings you may want to consider the Major plan, which has a lower deductible, higher annual maximum and higher reimbursement for minor restorative treatments.

See the Dental Summaries posted on [Ask myHR](#) for more details.



**TO FIND A DENTIST:** Visit

[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 the PPO and Premier networks. Dentists listed under Delta Dental Premier are in the Premier network only. Your costs are less if your dentist participates in the Delta Dental PPO network.



**DOWNLOAD THE DELTA DENTAL APP FROM THE APP STORE OR GOOGLE PLAY.**

Search for a dentist online, manage your dental claims, check coverage, and much more right from your mobile device.



## DAVIS VISION PLAN

- Your vision plan covers a comprehensive eye exam with just a \$10 co-pay every 12 months when performed by a participating Davis Vision provider. See the instructions on how to find a participating provider on [Ask myHR](#) (search for "Davis Vision").
- Benefits are significantly less for services outside of the Davis Vision network. You may want to consider setting aside money in a Health Care Flexible Spending Account to pay these expenses on a before-tax basis.
- Your plan covers one pair of eyeglasses with plain or tinted lenses from the Davis Designer selection or a credit towards the purchase of non-Davis Designer frames. You can also order eyewear or contact lenses online exclusively at [www.visionworks.com](http://www.visionworks.com).
- Laser Vision Correction Surgery is covered at \$500 per eye. This benefit is available from any provider; however, if you use a Davis Vision provider, you will get a discount and your \$500 will go further. A \$1,000 lifetime maximum benefit applies.
- To use your vision plan, call the network provider of your choice and schedule an appointment. Identify yourself as a Davis Vision Plan participant and a Partners employee or covered dependent.

**DOWNLOAD THE DAVIS VISION APP FROM THE MOBILE APP STORES FOR IOS AND ANDROID.** You can use the app to easily locate an in-network vision provider, check the status of a claim or contact Davis Vision.

## CHOOSING YOUR LEVEL OF COVERAGE



**Medical, Dental and Vision coverage may be elected for:**

- employee only
- employee and spouse
- employee and child(ren); or
- employee and family (for eligible dependents)



## PAID TIME-OFF (PTO)

### Earned Time

Earned Time (ET) is used for paid time away from the Hospital.

- Permanent full-time and part-time employees regularly scheduled to work 16-40 hours per week are eligible.
- ET is paid at the employee's current base hourly rate. Shift differential is included as part of the base rate for purposes of paying ET, after the employee has worked a permanently scheduled evening or night shift for six months.

- ET accrues weekly and may accrue up to a maximum of 480 hours. ET stops accruing when:
  - a) 480 hours have accrued;
  - b) work status changes to an ineligible category (ie: Per Diem); or
  - c) upon termination.

When accrual stops because of ineligibility, termination or Per Diem status, accumulated ET hours are paid out in a lump sum.

## HEALTH CARE AND DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS

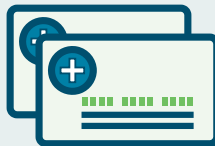
### CONTRIBUTE

- ✓ Put aside money from each paycheck **tax-free** in a Health Care and/or Dependent Care FSA.
- ✓ You may contribute up to **\$2,700 tax-free in a Health Care FSA** and up to **\$5,000 tax-free in a Dependent Care FSA** (\$2,500 if married and filing separately). Contributions are subject to annual limits.\*



### USE IT OR LOSE IT

- ✓ **Eligible Health Care FSA** expenses include co-pays, prescriptions, contact lenses and solution, glasses, sunscreen, first aid products, flu shots, physical therapy, counseling and more.\*
- ✓ **Eligible Dependent Care FSA** expenses include day care, day camp, preschool tuition, babysitter/nanny/au pair services for dependents up to age 13, and some disabled/elder adult care.\*
- ✓ You have until **March 15, 2021 to incur expenses** and until **March 31, 2021 to submit expenses**. After that, you will forfeit any remaining balance left in your FSA(s).
- ✓ Visit our FSA vendor, Benefit Strategies, to view a full list of eligible expenses and learn more: [www.benstrat.com/partners](http://www.benstrat.com/partners).



### GET REIMBURSED

- ✓ **For Health Care FSA expenses**, use your FSA debit card at the point of purchase.
- ✓ **For Health Care FSA or Dependent Care FSA expenses**, submit receipts and documentation for reimbursement at: [www.benstrat.com/partners](http://www.benstrat.com/partners).

\* Amounts based on 2019 limits. Flexible spending accounts are subject to yearly nondiscrimination testing under federal regulations. Annual limits and eligible items are subject to change and may be adjusted based on results of testing.

# PROTECTING YOU AND YOUR FAMILY

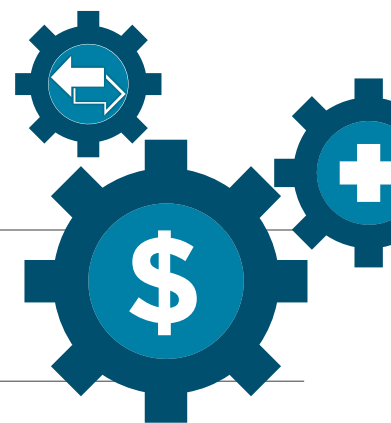
## BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

- You are enrolled automatically in your choice of coverage equal to 1x your annual salary (\$500,000 maximum in each program) or \$50,000. There is no cost to you for this coverage.
- Amounts in excess of \$50,000 are subject to imputed income according to IRS rules.
- Benefit coverage reductions may apply after age 65.

## SUPPLEMENTAL LIFE AND AD&D INSURANCE: EMPLOYEE, SPOUSE, CHILD



**YOU MAY PURCHASE ADDITIONAL GROUP LIFE AND/OR AD&D INSURANCE**  
for you, your spouse and/or your dependents.



- You pay for this coverage.
- You may elect up to 8x your annual salary (maximum of \$2 million). Newly-eligible employees can elect up to 4x base salary, up to \$800,000, without providing proof of good health.
- During the annual benefits Open Enrollment or within 30 days of a Qualified Change of Status event, you may increase your life insurance coverage by 1 times your annual base salary. If you elect more than 1 times your annual salary, or more than \$800,000 in coverage, you must provide proof of good health.
- You can purchase spouse term life insurance and/or AD&D coverage up to \$200,000. You can purchase child term life insurance and/or AD&D insurance up to \$20,000 when newly eligible, during Open Enrollment or within 30 days of a Qualified Change of Status event.
- Newly-eligible employees may elect spouse life coverage without providing proof of good health for elections up to \$50,000. Coverages over \$50,000 require proof of good health.
- During the annual benefits Open Enrollment all spouse life elections require proof of good health.
- Proof of good health is not required for child life insurance or any AD&D elections.

## BUSINESS TRAVEL ACCIDENT INSURANCE

- You are enrolled automatically in coverage equal to 5x your annual salary (\$2 million maximum).

**IT IS IMPORTANT TO NAME AND UPDATE BENEFICIARIES FOR YOUR LIFE INSURANCE BENEFITS** so that the right people receive the proceeds should you die. Please review your beneficiaries at least once a year, or when you have a major life event such as a marriage, birth, divorce, or death.

For instructions on naming and updating your beneficiaries, visit [Ask myHR \(askmyhrportal.com\)](https://askmyhrportal.com) and enter the search term “beneficiaries”.

**NOTE:** Do not assume that if someone is listed as dependent, they are automatically a beneficiary. *Beneficiaries must be elected for each separate benefit (Basic Life and AD&D, Optional Life and AD&D, Retirement).*



## SHORT-TERM DISABILITY (STD) PLAN

- You are enrolled automatically in coverage equal to 60% of your base pay for up to 13 weeks (\$2,000 weekly maximum). There is no cost to you for this coverage.
- A buy-up option to 75% of your base weekly salary (up to \$2,500 a week) is available. You pay for this extra coverage. Proof of good health is required unless you elect this option within 30 days of your initial eligibility.
- There is a 14-day elimination period.
- You may use Earned Time (ET) to supplement STD for up to 100% of your pay.
- A Partial Disability benefit is available if you have a 20% income loss due to disability during 2 consecutive weeks.
- Your STD benefit is taxable income.

## LONG-TERM DISABILITY (LTD) PLAN

- BWFH offers an optional long-term disability (LTD) plan: You may elect coverage of 60% of your earnings (up to \$5,000 a month, offset by Workers' Compensation and Social Security disability benefits) after 90 days of disability.
- The maximum length of payment is determined by your age at the time of disability.
- Benefits continue while you remain disabled or until age 65; if you are 60 or older when you become disabled, benefits continue for up to five years, but not less than one year.
- Proof of good health is required unless you elect this option within 30 days of your initial eligibility.
- Your LTD benefit is non-taxable income.





# PREPARING FOR THE FUTURE

EMPLOYEES OVER AGE 21 WHO HAVE COMPLETED A YEAR OF SERVICE (1,000 HOURS WORKED) ARE ELIGIBLE.

## CASH BALANCE RETIREMENT PLAN

- Each year that you work at least 1,000 hours, your employer credits your account based on age plus years of service (1.5% to 4.5% of base pay):

Age plus years of service	Annual credit as a percentage of base pay
Less than 35	1.5%
35 to 44	2%
45 to 54	2.5%
55 to 59	3%
60 to 64	3.5%
65 to 69	4%
70 or more	4.5%

- Annual interest is guaranteed to be at least 5%.
- Contributions are vested after completing three years of service (you must work at least 1,000 hours each year).
- Grandfathering may apply based on hire date. Visit [Ask myHR](#) for more information.



**IT IS IMPORTANT TO NAME AND UPDATE BENEFICIARIES FOR YOUR RETIREMENT BENEFITS** so that the right people receive the proceeds should you die. For instructions on naming and updating your beneficiaries, visit [Ask myHR](#) and enter the search term **"beneficiaries"**.

## 403(b) RETIREMENT SAVINGS PLAN

- You are enrolled automatically at a 2% per-pay period contribution. You may change your deferral rate or opt out of contributing at any time.\*
- Choose Traditional (pre-tax) and/or Roth (after-tax) contributions.
- You default automatically to the appropriate Vanguard Target Date Fund based on your age, or you may change to a wide range of investments from Fidelity and TIAA.



**After you meet eligibility requirements, your employer will match 50% OF THE FIRST 2% OF PAY THAT YOU CONTRIBUTE to your 403(b) each pay period.**

- You are vested immediately in your own contributions and vested in the employer match after three years of vesting service (1,000 hours worked).

\* Under auto-enrollment rules, employees cannot be reimbursed for contributions already deducted from paycheck(s). Contributions are subject to annual limits set by the IRS.

## RETIREE MEDICAL SAVINGS ACCOUNT (RMSA)

- Benefits-eligible employees age 50 or older can save for retirement medical expenses by contributing a certain amount from each paycheck – up to \$4,500/year – toward a retirement medical savings account.
- During Open Enrollment, you can enroll in a RMSA via PeopleSoft. To enroll in a RMSA at other times of the year, please contact the **HR Support Center**.
- When you enroll, your employer provides a match of 50% of the first \$1,500 you contribute, up to \$750 a year and \$11,250 over the course of your employment.
- You may change your contribution amount or stop contributing at any time. If you stop, your employer match stops as well.
- You receive guaranteed interest credits of at least 5% per year.
- Participants become vested under the RMSA plan when they have reached age 55 and completed 5 years of vesting service under the retirement program. If you are vested, you may qualify for an employer-sponsored group medical plan when you retire.

# SUPPORTING YOU IN OTHER WAYS

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

- Free, confidential consultation, short-term counseling, resources and referrals are available for work/life, family or personal concerns.
- Visit <http://eap.partners.org> for details.

## TUITION REIMBURSEMENT\*

- Full-time employees are eligible to receive up to \$2,500 per calendar year to pay for academic courses taken for credit at an accredited educational institution.
- This benefit is prorated for part-time employees who work 24 hours or more.
- Reimbursement is not available for books and fees.
- If you are attending a Massachusetts state college or university, the Hospital, in its discretion, will pay fees that are surrogates for tuition.

\*Benefits may vary based on union contract.

## TRANSPORTATION

- BWFH is easily accessible by public transportation. Monthly discounted MBTA passes are available through a pre-tax payroll deduction.
- Parking is available on a limited basis.

## PERKS AND OTHER BENEFITS



The **Perks Program** offers discounts on many goods and services, including mobile phones, movie and museum passes, theater shows and amusement park tickets.

