

2021 benefits summary

Brigham and Women's Faulkner Hospital Post-Tax Benefits for Nurses

Employee benefits represent a significant portion of total compensation for employees and their families. At Brigham and Women's Faulkner Hospital, we recognize this, and are pleased to offer employees a comprehensive benefits package tailored to meet your needs. Medical Plans may be elected for employee only, employee and spouse, employee and child(ren), or employee and family (for eligible dependents). Dental and Vision plans may be elected for employee only or employee and family (for eligible dependents). Employees regularly scheduled to work 16 hours or more per week* are eligible for the following benefits:

Medical and dental plans

Choose from two medical plans to protect yourself and your family:

✓ **AllWays Health Partners or Tufts:** Two medical plans that offer coverage both in and out of the Mass General Brigham network and allow for cost-effective, high-quality care.

You choose a primary care physician (PCP) who can provide treatment or refer you to an extensive network of physicians.

✓ **Prescription drugs** are covered by CVS caremark, regardless of which of our medical plans you enroll.

✓ **Delta Dental:** We offer two plan choices, Basic or Major. Routine cleanings & diagnostic are covered 100%. There is an annual benefit maximum per covered person of \$1,000 for Basic or \$2,000 for Major. The Major Plan also covers a portion of orthodontia.

Please note: This document contains a **brief** explanation of our **post-tax** medical plans and other benefits. For detailed information regarding BWFH benefits, please refer to your Collective Bargaining agreement.

Additional benefits

Short-term disability (STD)

You automatically receive Core STD coverage of 60% of your pay up to \$3,000 per week at no cost to you. You have the option to increase your Core STD coverage to 75% of your pay. You pay for this additional coverage. After being disabled for 7 days you will receive a percentage of your pay through your return to work or 26 weeks (180 days).

Long-term disability (LTD)

BWFH provides 60% of your earnings after a 180-day period of disability, up to \$5,000 a month, offset by worker's compensation. You pay for this optional coverage.

Life and AD&D insurance

BWFH provides Basic Employee Life Insurance and Accidental Death & Dismemberment (AD&D) Insurance at 1x your base annual salary (up to \$500,000 in each program) at no cost to you. You automatically receive this coverage.

You can also choose Optional Group Life and AD&D Insurance for yourself and your dependents. You pay for this additional coverage.

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.

Employee Assistance Program

The Employee Assistance Program (EAP) is a free and confidential work and life resource that provides short-term counseling, consultation, referral to resources and seminars. The EAP has helped thousands of employees put their problems in perspective and get the help they need to be happy and productive.

Retirement program



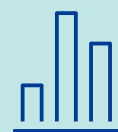
Cash Balance Retirement Plan: Eligible employees over age 21 and with a year of service are automatically enrolled. Each year that you work at least 1,000 hours, the

Hospital credits your account based on an age plus years of service formula ranging from 1.5 to 4.5% of base pay. Your account grows in value through interest guaranteed to be at least 5%. Contributions are vested after completing three years of vesting service.



403(b) Retirement Savings Plan:

Benefits-eligible employees are enrolled automatically at a 2% per-pay period contribution. You may change your deferral rate (including opting out) at any time of the year. You may choose Traditional (pre-tax) and/or Roth (after-tax) contributions. There is an automatic default to the appropriate Vanguard Target Date Fund based on age or you may change to a wide range of investments available through Fidelity and TIAA. Once eligible for 403(b) employer match, the Hospital will match 50% of employee contributions per-pay period, up to 2% of total pay that you contribute to your 403(b) each pay period. The employer match does not count toward the annual voluntary contribution limit. You are vested immediately in your own contributions, and vested in the employer match after three years of vesting service (1,000 hours worked).



Retiree Medical Savings Account:

Benefits-eligible employees age 50 or older can save for retirement medical expenses by contributing up to \$4,500/year towards a retirement medical savings account. The Hospital provides a match of 50% of the first \$1,500, up to \$750 a year and \$11,250 over the course of employment. Vesting for the employer match contribution requires five years of vesting service under the retirement program and termination after attaining age 55. The RMSA account accrues guaranteed interest credits of at least 5% per year.

Additional benefits (cont.)

Earned time (ET)

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:

- ✓ 480 hours have accrued;
- ✓ work status changes to an ineligible category, (ie: Per Diem); or
- ✓ upon termination.

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

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 program

The Perks Program offers discounts with a variety of local vendors, ranging from cell phone companies, to movie theaters, local attractions and businesses. More information on Perks is available on the Ask My HR portal.

For detailed information regarding BWFH benefits, please refer to your Collective Bargaining agreement.

2021 medical plan comparison chart for post-tax nurses*

Brigham and Women's Faulkner Hospital

*Represented by collective bargaining agreement

This chart is only a summary. For details, limitations, and exclusions, please contact the HR Support Center at **1-833-Ask-myHR (1-833-275-6947)** for the specific plan's benefit description.

AllWays Health Partners

General provisions

Annual deductible (individual/family)	None
The plan's coinsurance	Covered in full
Medical out-of-pocket maximum (individual/family)	\$2,500/\$5,000
Pre-admission certification	Required
Primary care physician	Required

Inpatient medical and surgical services

Semiprivate room and ancillary services	Covered in full
Inpatient physician	Covered in full
Inpatient mental health	Covered in full
Inpatient substance use	Covered in full
Surgeon/anesthesia	Covered in full
Private duty nursing	Not covered

Outpatient covered services

Physician visits	Covered in full
Routine physicals/other preventive care	Covered in full
Hospital outpatient	Covered in full
Hospital emergency room	\$25 co-pay (waived if admitted)
Second surgical opinion	Covered in full
Outpatient surgery	Covered in full
Pre-hospital admission testing/labs	Covered in full
Routine pediatric care	Covered in full
Immunizations and inoculations (adult)	Covered in full
Pap smear	Covered in full
Routine mammogram (one baseline mammogram between ages 35–39; one mammogram per year after age 40)	Covered in full
Hearing exams	Covered in full
Hearing aids and batteries	Not covered (except for children under age 22) ¹
Diagnostic x-ray and lab services	Up to 100 visits per benefit period
Physical therapy	100% up to 90 consecutive days per condition
Mental health and substance use disorders – outpatient	Covered in full
Durable medical equipment	Plan pays 80% coverage
Ambulance service	Covered in full
Allergy testing and treatment	Covered in full

Maternity coverage

In-hospital (delivery)	Covered in full
Out-of-hospital (prenatal care)	Covered in full

Other services

Skilled nursing facilities	Covered in full (up to 100 days per calendar year)
Home health services	Covered in full
Hospice care	Covered in full, when approved
Cardiac rehabilitation	Covered in full
Chiropractic services	Not covered
Podiatrist services (limited services only)	Covered in full

¹ Hearing aids are covered up to age 22 under the state mandate. Coverage is \$2,000 per ear every 36 months.

Tufts Total Health Plan

Please see the back page of this document for additional information about this plan.

General provisions

Annual deductible (individual/family)	None
The plan's coinsurance	Covered in full
Medical out-of-pocket maximum (individual/family)	None
Pre-admission certification	Required
Primary care physician	Required

Inpatient medical and surgical services

Semiprivate room and ancillary services	Covered in full
Inpatient physician	Covered in full
Inpatient mental health	Covered in full
Inpatient substance use	Covered in full
Surgeon/anesthesia	Covered in full
Private duty nursing	Not covered

Outpatient covered services

Physician visits	\$10 co-pay
Routine physicals/other preventive care	Covered in full
Hospital outpatient	Covered in full
Hospital emergency room	\$50 co-pay (waived if admitted)
Second surgical opinion	Covered in full
Outpatient surgery	Covered in full
Pre-hospital admission testing/labs	Covered in full
Routine pediatric care	Covered in full
Immunizations and inoculations (adult)	Covered in full
Pap smear	Covered in full
Routine mammogram (one baseline mammogram between ages 35–39; one mammogram per year after age 40)	Covered in full
Hearing exams	\$10 co-pay
Hearing aids and batteries	Not covered (except for children under age 22; see durable medical equipment)
Diagnostic x-ray and lab services	Covered in full
Physical therapy	\$10 Co-pay; (60 consecutive days per condition)
Mental health and substance use disorders – outpatient	\$10 co-pay
Durable medical equipment	Plan pays 80% coverage (up to \$5,000 per calendar year)
Ambulance service	Covered in full
Allergy testing and treatment	\$5 co-pay

Maternity coverage

In-hospital (delivery)	Covered in full
Out-of-hospital (prenatal care)	Covered in full

Other services

Skilled nursing facilities	Covered in full (up to 100 days per calendar year)
Home health services	Covered in full (with authorization)
Hospice care	Covered in full
Cardiac rehabilitation	\$10 co-pay
Chiropractic services	\$10 co-pay (up to 12 visits per year)
Podiatrist services (limited services only)	\$10 co-pay per visit

Prescription drug coverage (CVS/caremark or participating pharmacies)

New! You can now pick up 90-day maintenance drugs at Mass General Brigham pharmacies in addition to CVS pharmacies.

Up to a 30-day supply			90-day maintenance drug supply		
\$10 co-pay Generic drugs	\$30 co-pay Preferred brand-name	\$50 co-pay Non-preferred brand-name	\$20 co-pay Generic drugs	\$60 co-pay Preferred brand-name	\$100 co-pay Non-preferred brand-name

Specialty medications treat complex and often chronic health conditions. These medications may need special storage and can be expensive. All specialty medications must be received through either a Mass General Brigham or CVS Specialty Pharmacy.*

*Select exclusions apply for certain medications

Medical coverage 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.



Deductible: The amount you pay before a plan pays any benefits. Neither post-tax medical plan has a deductible.



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.

Additional information about Tufts Total Health Plan

Mass General Brigham believes the plans in this comparison chart are "grandfathered health plans" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the HR Support Center at 1-833-Ask-MyHR (1-833-275-6947). You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.



Mass General Brigham

Brigham & Women's Faulkner Hospital

RN Post-tax Rates

January 1, 2021

MEDICAL

Service Prior to 12/5/07

	Weekly 35-40 Hours		Weekly 24-34 Hours		Weekly 16-23 Hours	
	Individual	Family	Individual	Family	Individual	Family
AllWays Health Partners	\$0.00	\$0.00	\$52.74	\$131.85	\$214.52	\$536.31
Tufts	\$16.59	\$41.49	\$85.93	\$214.83	\$247.71	\$619.29

Service On or After 12/5/07

	Weekly 35-40 Hours		Weekly 24-34 Hours		Weekly 16-23 Hours	
	Individual	Family	Individual	Family	Individual	Family
AllWays Health Partners	\$6.52	\$16.29	\$68.92	\$172.30	\$214.52	\$536.31
Tufts	\$39.71	\$99.27	\$102.11	\$255.28	\$247.71	\$619.29

DENTAL

	Weekly 35-40 Hours		Weekly 16-34 Hours	
	Individual	Family	Individual	Family
<1 Year				
Delta Basic	\$8.08	\$20.19	\$8.08	\$20.19
Delta Major	\$11.17	\$27.94	\$11.17	\$27.94

	Weekly 35-40 Hours		Weekly 16-34 Hours	
	Individual	Family	Individual	Family
>1 Year				
Delta Basic	\$0.00	\$0.00	\$8.08	\$20.19
Delta Major	\$3.09	\$7.75	\$11.17	\$27.94

SHORT TERM DISABILITY

	Weekly Cost	Max Benefit
Basic Benefit 60% of salary	No Cost	\$3,000
Buy Up 75% of salary	.083/100 of monthly salary	\$3,000

Calculate your weekly rate = Monthly salary (max \$17,333)/100*0.083

*Employees working in Massachusetts will be required to contribute to the MA Paid Medical and Family Leave Program

LONG TERM DISABILITY

	Weekly Cost	Max Benefit
Basic Benefit 60% of salary	0.098 per \$100 of monthly salary (max \$8,333)	\$5,000

Calculate your weekly rate = Monthly salary (max \$8,333)/100*0.098