



Boston Children's Health Physicians

Until every child is wellSM

2018 Fringe Benefit Plans

Boston Children's Health Physicians, LLP (BCHP) provides a comprehensive benefits package to insure the security and well-being of our employees/Physicians and their dependents. It is the intention of BCHP to continue to offer such plans. BCHP does reserve the right at any time and in its sole discretion to modify or discontinue any or all the benefit plans should it become necessary.

HEALTH AND DENTAL INSURANCE ELIGIBILITY

Health and dental insurances are available to all regular full-time (30 hours per week) and regular part-time (20 hours per week) employees/Physicians, and their dependents. Full-Time employees/Physicians must work 30 hours per week, and part time employees/Physicians must work a minimum of 20 hours per week to be eligible for benefits. There is an employee contribution required for coverage, which is deducted from your paycheck on a pre-tax basis. The contribution amounts enclosed are for Full-Time employees/Physicians. If you are a Part-Time employee/Physician and interested in benefits, please contact the HR Department for eligibility and rates. Employee contribution levels are reviewed each year and are subject to change. New employees are eligible to participate the first of the month following or coincident with date of hire. If your status changes due to a "life event" (i.e. marriage, birth of child, etc.) you must notify us within 30 days of this event and the change in status will be effective as of the event date. Otherwise, elections for coverage may only be made once yearly during the open enrollment period.

Health Insurance

There are 3 medical plans from which to choose. All plans are provided by Meritain Health Plans and are Open Access Plans as well as part of the Aetna PPO Network. No referrals are needed. Plan I is an EPO (Exclusive Provider Organization) plan so you must choose an in-network provider. Plan II is a PPO (Preferred Provider Organization) plan so you may choose an in-network or out-of-network provider. Plan III is an HDHP (High Deductible Health Plan) which has both in-network and out-of-network deductibles. You can choose a provider either in-network or out-of-network. **In 2018, BCHP will fund \$500 for a single and \$750 for a family toward the in-network deductible for the HDHP.**

MERITAIN HEALTH	Employee Plan 1 EPO	Employee Plan 2 PPO	Employee Plan 3 HDHP
Within Network	In-Network only plan	In / Out-of-Network Plan	In / Out-of- Network Plan
Single Deductible	\$1,500 Single	\$1,000 (In-Network) \$2,500 (Out-of-Network)	\$1,500 (In-Network) \$4,000 (Out-of-Network)
Family Deductible	\$3,000 Family	\$2,000 (In-Network) \$5,000 (Out-of-Network)	\$3,000 (In-Network) \$8,000 (Out-of-Network)
Coinsurance	20%	In-Network: 10% Out-of-Network: 30%	In-Network: 20% Out-of-Network: 40%
Maximum Out-of-Pocket (including deductible)	Ind Coverage- \$3,500 Family Coverage- \$7,000	\$2,500 Ind (In-Network) \$3,000 Ind (Out-of-Network) \$5,000 Family(In-Network) \$6,000 Family (Out-of-Network)	\$2,500 Ind (In-Network) \$8,000 Ind (Out-of-Network) \$5,000 Family (In-Network) \$16,000 Family (Out-of-Network)
Physician Office visit Copays	Primary: \$25 BCHP Primary: \$10 Specialty: \$50 BCHP Specialist: \$20	Primary: \$20 BCHP Primary: \$10 Specialty: \$40 BCHP Specialist: \$20	Primary: 20% after deductible BCHP: 20% after deductible Specialty: 20% after deductible BCHP: 20% after deductible
Preventive / Wellness care	Covered 100% In-Network	Covered 100% In-Network	Covered 100% In-Network
Prescriptions Copays	\$100 deductible- per individual Tier 1: \$20 - Generic Brand Tier 2: \$40 - Formulary Brand Tier 3: \$60- Non-Formulary Brand Tier 4- 20% coinsurance, \$150 max	\$50 deductible- per individual Tier 1:\$15 -Generic Brand Tier 2: \$30- Formulary Brand Tier 3: \$60- Non-Formulary Brand Tier 4- 20% coinsurance, \$150 max	Pharmacy and Medical Deductibles are combined. Then following copays apply: Tier 1: \$15- Generic Brand Tier 2: \$30 - Formulary Brand Tier 3: \$60- Non-Formulary Brand Tier 4- 20% coinsurance, \$150 max
Maximum Benefit	Unlimited	Unlimited	Unlimited
Emergency Room	20% after deductible	\$100 co-pay (Co-pay waived if admitted) In/Out-of-Network	20% after deductible

Coverage:	Employee 26 checks	Faculty 24 checks	Employee 26 checks	Faculty 24 check	Employee 26 checks	Faculty 24 check
	Low	Low	High	High	HDHP	HDHP
Single	\$77.34	\$83.79	\$181.25	\$196.35	\$52.14	\$56.48
Single+ 1 dependent	\$150.76	\$163.33	\$353.07	\$382.49	\$98.16	\$106.34
Family	\$233.02	\$252.43	\$535.32	\$579.92	\$154.27	\$167.13

High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

The High Deductible Health Plan allows employees to proactively contribute money into a Health Savings Account (HSA) to be used to pay for qualified medical, dental, and vision expenses. These funds belong to you and will roll over year after year. HSA deductions come out of your paycheck before taxes and are deposited into your HSA for future use. The Health Savings Account can be used to cover you, your spouse, and eligible dependents such as children as they are enrolled in the plan.

If you would like to minimize your monthly contributions toward the plan, and be able to save for future health care expenses, this is a good plan for you to consider. **The maximum contributions to the HSA 2018 are \$3,450 for an individual and \$6,900 for a family. Remember to consider the BCHP contribution of \$500 for single and \$750 for family when thinking about your contribution to the plan. There is a \$1,000 catch up contribution that can be made by individuals 55+.**

BCHP has worked with Mellon Bank / My BenefitWallet to automatically set up a Health Savings Account when you enroll in the HDHP.

Dental Insurance

The Plan is provided by MetLife and is a PPO (preferred network plan) or DHMO (Pre-Paid Plan). You do not have the option to switch between the plans. Find out if your dentist is in MetLife's core network at www.metlife.com.

Dental Coverage	PPO		Pre-Paid
	Participating	Non-Participating	DHMO
Calendar-year deductible			
Individual	\$50	\$50	None
Family	\$150	\$150	None
Preventive Service (e.g. cleanings)	100% plan pays Deductible waived	100% of UCR plan pays Deductible waived	You pay a copay for each covered procedure
Basic Care (e.g. fillings)	90% plan pays	80% of UCR plan pays	You pay a copay for each covered procedure
Prosthodontics (crown/bridges, etc.)	60% plan pays	50% of UCR plan pays	You pay a copay for each covered procedure
Annual Benefit Maximum	\$1,500	\$1,500	Unlimited
Office Visit Co-pay	N/A	N/A	\$5
Orthodontic Services"	Not Covered	Not Covered	\$1,850 copay

"The deductible applies to: Basic & Major services only

"Orthodontia is covered for children only (appliance must be placed prior to age 20)

Cost of Coverage	STAFF 26 checks	FACULTY 24 checks
Individual	\$2.37 PPO/ \$0.00- DHMO	\$2.57 PPO/ \$0.00-DHMO
Employee + Spouse	\$23.02 PPO/ \$0.00- DHMO	\$24.94 PPO/ \$0.00- DHMO
Employee + Child(ren)	\$30.29 PPO/ \$0.00-DHMO	\$32.82 PPO/ \$0.00- DHMO
Family	\$50.95 PPO/ \$0.00-DHMO	\$55.20 PPO/ \$0.00- DHMO

Non- Contributory Life Insurance – BCHP Paid

This insurance is provided by VOYA. BCHP provides basic life and accidental death and dismemberment insurance to all regular full-time employees at no cost to the employee. The amount is equal to **two times your annual base salary** rounded to the next highest \$1,000 to a maximum of \$100,000. At age 65 this benefit is reduced to 65%. At the age of 70 the benefit is reduced to 50%.

Supplemental Life Insurance – Employee Paid

This insurance is provided by VOYA and offered to all regular full-time employees. Contributory Life is available with benefits in \$10,000 increments up to 5 times annual salary to a maximum of \$500,000 (minimum \$10,000). Amounts over \$150,000 are subject to evidence of insurability.

Monthly rate per \$1,000 of benefit is as follows:

AGE	Bi-Weekly Rates per \$1,000 of benefit	Available Amounts
< 30	0.020	
30 – 34	0.025	
35 – 39	0.040	
40 – 44	0.070	
45 – 49	0.10	
50 – 54	0.205	
55 – 59	0.315	
60 – 64	0.325	
65 – 69	0.585	
70 – 74	1.55	\$4,000 - \$20,000 Max
75 – 79	6.300	\$2,500 - \$12,500 Max

Spouse

This insurance is provided by VOYA on a contributory basis. Spousal coverage is available in \$5,000 increments up to a maximum of \$30,000 (minimum \$5,000). Rates are the same as the employee rates based upon spouse's age (see previous age and rate table).

Child(ren)

Premium of \$0.095 bi-weekly covers all dependent children from birth to the age of 20; students to the age of 24. Coverage is available in increments of \$1,000. Minimum election is \$2,000, maximum election is \$10,000.

LONG TERM DISABILITY

This insurance is provided by The Standard for a non-work-related disability that exceeds three months in duration. BCHP provides Long Term Disability to all regular full-time employees at no cost to the employee. Basic coverage provides 60% of monthly earnings to a maximum of \$5,000. Coverage allows for an offset from Social Security.

Benefits start on the first day of the month after three months of continuous disability. The duration of the benefit is to the end of the disability or to the greater of age 65 or employee's normal Social Security retirement age.

VOLUNTARY VISION BENEFIT

This insurance is provided by MetLife Vision on a voluntary employee-paid basis.

Vision Coverage

Exam (once every 12 months)	\$10 (out of network up to \$40)	
Lenses (once every 12 months)	\$25 co-pay	
Frames (once every 24 months)	\$25 co-pay	
Cost of Coverage	Staff	Faculty
	26 paychecks	24 paychecks
Individual	\$3.95	\$4.28
Employee + Spouse	\$7.92	\$8.58
Employee+ Child(ren)	\$6.7	\$7.2
Family	\$11.06	\$11.98

Once Enrolled: Your SSN will act as your ID # when at the provider. To locate a Provider near you please log onto Metlife.com, and select "Find a Vision Provider" on the right-hand side of the screen, or call Provider Locator at 855-MET-EYE1 (855-638-3931). You can also call customer Service at 855-MET-EYE1. To view your benefits, you can go to www.mybenefits.metlife.com

Supplemental Insurances

Unum provides a menu of voluntary insurance products that fill gaps in the benefits package offered by BCHP. These voluntary products are paid for by means of payroll deduction. Benefits are paid on top of and in addition to any other benefits an employee receives from another source. New employees must call Simply Unum at 1-800-219-2396 with Customer Number 0376517 (Semi-Monthly) or 0381061 (Bi-weekly) to enroll in these products.

The products that are available to BCHP employees are as follows:

Short Term Disability Coverage - Individual short term income protection, that allows employees to elect their desired coverage amount up \$5,000 of monthly benefit.

Whole Life- Interest sensitive individual whole life policy in which up to a maximum of \$200,000 Coverage is available for spouse and children where applicable

Benefits received are take-home tax-free. If an employee leaves BHP to work at another company or to retire, coverage is portable, which means you can take the policy with you.

DEPENDENT TUITION BENEFIT

This plan provides a tuition benefit for eligible children of full-time employees who are enrolled in a degree-granting full time under-graduate program of an accredited college or university. BHP will provide tuition support of \$1,000 per child per semester with a per annual maximum payment of \$2,000 per child. The maximum amount payable toward the attainment of the undergraduate degree is \$8,000. In no instance will the level of tuition support exceed the actual cost of tuition. All tuition payments are made directly to the school in the name of the dependent.

NYMC GRADUATE SCHOOL TUITION BENEFIT

Regular full-time employees who attend New York Medical College's Graduate School Program are eligible for a 10% reduction in tuition.

FLEXIBLE SPENDING ACCOUNT

Flexible Spending Account (FSA) which is administered by **PAYCHEX** allows employees to put aside tax-free money to pay for pre-determined medical, dental, vision and dependent care expenses. FSA deductions come out of your paycheck before taxes are computed. Since these deductions are a pretax benefit, less wages are taxed, resulting in more take home pay for you. For a complete listing of reimbursable expenses, check the IRS website @ www.IRS.gov. The expenses may be incurred by you, your spouse, and eligible dependents such as children's, siblings, parents and other for whom an exemption may be claimed. Anyone who has regular or predictable out-of-pocket expenses for such things as child and dependent care costs or medical costs, not reimbursed by your current insurance plan should consider participating in an FSA.

The 2018 annual maximum for Medical FSA is \$ 2,650 and for Dependent Care the FSA is \$5,000.

PENSION PLAN - 401(k)

This 401(k)-pension plan is administered by Madison Pension. The plan investments are with VOYA. Employees are eligible to participate in the plan upon attaining age 21 and completion of 6 months of service. Employees can enter the plan at the beginning of each calendar quarter following completion of the above requirements.

There are three potential sources of funding for your 401(k):

1. Your own pre-tax salary deferral - subject to IRS limitations
2. Match to be determined each year. Current match = 25%. The lesser of 25% for each dollar of salary deferral to a maximum of 1% of salary. Only regular full-time employees and part time employees working 20 hours or more per week are eligible for the match.
3. Discretionary profit-sharing contribution to be determined each year. – Eligibility is contingent upon being employed on December 31st

You will determine where your contributions are invested among twenty-five investment options provided by Madison Pension. BCHP will match your contributions as determined annually. BCHP will also determine after each year the amount, if any, of the discretionary profit-sharing contribution.

Employee contributions are automatically fully vested. Employer contributions, when applicable, are vested based upon the following schedule:

Less than 2 years of service – 0% vested

2 years, but less than 3 – 20% vested

4 years, but less than 5 – 75% vested

5 or more years – 100% vested

Although you are not required to make contributions to the plan yourself through salary reduction, you are encouraged to do so because this is an excellent way to build your retirement savings. In addition, your contributions are made on a pretax basis, lowering your taxable income for that calendar year. The money is tax deferred until you withdraw it at retirement. Loan provisions are available through Madison Pension.

TIME OFF

Holidays

BCHP is closed in observance of the following holidays:

New Year's Day

Martin Luther King, Jr.'s Day

President's Day

Memorial Day

Independence Day

Labor Day

Thanksgiving Day

Day after Thanksgiving

Christmas Day

PERSONAL DAYS

All regular full-time employees accrue up to four personal days per calendar year that may be taken subject to supervisory approval. Personal days are earned at the rate of one per full calendar quarter, for a total of four per calendar year. Regular part-time employees are entitled to pro-rated days based on hours worked per week. One personal day can be carried over into the next calendar year. Unused personal days (up to a maximum of one year's entitlement) are compensated for the final paycheck at the time of termination or lay-off.

VACATION ACCRUAL:

Regular full-time and part-time employees are eligible to earn and use vacation time as described in this policy. The amount of paid vacation time employees receive each year increases with the length of their employment as shown in the following schedule:

- Regular Full-Time Faculty Professional Staff = 4.6 weeks per year
- Regular Full-Time Employees:
 - 1st through 4th year – 2 weeks per year
 - 5th through 9th year – 3 weeks per year
 - 10th and each year thereafter – 4 weeks per year
- Regular Full-Time Exempt Staff (Managers, RNs, Nurse Practitioners, etc.) = 20 days per year
- Regular part-time employees accrue vacation on a prorated basis based upon hours regularly scheduled and worked.

Vacation time is accrued on the basis of an academic year (July 1-June 30). Once an employee is hired, they begin to earn paid vacation time according to the schedule. However, before vacation time can be used, a waiting period of six months must be completed. After that time, employees can request use of earned vacation time including that accrued during the waiting period.

General Provisions

Vacation should be taken during the year in which it is earned. Up to one-half the current annual vacation benefit, may be carried forward on July 1, for up to one year.

Employees who terminate with negative vacation balances shall have their final paycheck adjusted as recovery of unearned compensation. Any additional amount outstanding shall be paid directly by the employee to BHP

To take vacation, employees should request advance approval from their supervisor. Requests will be reviewed based on a number of factors, including scheduling needs and staffing requirements. Employees are encouraged to use their vacation time. If available vacation is

not used by June 30, employees may carry one-half a year's entitlement forward to the next academic year.

Employees are not charged for vacation when a recognized paid holiday falls within his/her vacation period. Paid time off for vacation will not be counted as hours worked for the purposes of determining overtime.

Unused vacation time may not be paid out except upon termination of employment. Upon termination of employment, employees who have successfully completed probation will be paid for unused vacation time that has been earned through the last day of work.

SICK POLICY

Regular full-time and part-time employees are eligible to receive sick pay after six months of service. Following the initial six months, one sick day is accrued for each month of service to a maximum of 65 days. Regular part-time employees are entitled to prorated days based on hours worked per week.

The condition for payment of sick time benefits is absence from work due to a personal illness or accident, which prevents a person from performing the duties of his/her position. BCHP expects all employees to schedule medical/dental visits after normal working hours.

If an employee is absent for three or more consecutive days due to illness or injury, a personal statement indicating the medical reason for the absence may be required. If you do not provide a personal statement upon request, you will not be paid. BCHP may request a physician's statement verifying the condition causing the absences at its discretion. If an employee is absent 5 or more days in any 2-month period, BCHP at its discretion may request a physician's statement indicating the reason for the absences. Such verification may be requested for other sick leave absences as well and may be required as a condition to receiving sick leave benefits.

An employee who is out ill for more than five consecutive working days is required to complete a New York State Disability Form (08450). Sick leave benefits will be used to supplement any payments that an employee is eligible to receive from state disability insurance or workers' compensation. The combination of such disability payments and sick leave benefits cannot exceed the employee's normal weekly earnings.

The six-month eligibility period begins from date hired as a regular employee. Once an employee receives maximum sick benefit payments, an eligible employee may receive disability benefits directly from the New York State disability insurance fund. No further payments under this policy are made from BCHP for the same or any other disability. The employee may, however, apply for long-term disability payments if disability continues beyond three months.

Recognized holidays that fall during a period of disability are designated as holiday pay.

Sick pay benefits normally available to an employee may be denied or discontinued if:

- The employee refuses to submit medical evidence or other information as requested by BCHP
- The employee is absent from work without prior notification and approval
- The employee misrepresents the reason for his/her absence

SICK PAY BENEFITS DUE TO PREGNANCY

When an attending physician determines that an employee can't continue to work prior to childbirth, sick pay benefits will begin, provided that the individual has presented the supervisor or administrator with an acceptable written statement from the attending physician. At that time, any accrued sick days will commence to be paid.

A tentative date of return to work must be established. Normally, end of maternity disability should be no more than six weeks following the birth of the child, unless there are medical complications that require an extension of the disability. If the disability is to be continued, an acceptable written statement from the attending physician is necessary (as well as the attending physician's estimate of a return to work date). An employee may request an extended leave under The Family and Medical Leave Act. (See Family Leave) In all cases, paid sick days will not exceed the amount of days accrued. Unused vacation or personal days should be used to supplement unpaid time.

LEAVES OF ABSENCE

Paid Leave

Paid Leave is defined as any absence for other than illness lasting two weeks or less (except for military service) for which you will receive pay.

Bereavement Days

If you are a regular full-time or part-time employee, you may be excused with pay for up to three days of absence due to a death in the immediate family. (Family for these purposes includes spouse, children, brother, sister, father, mother, stepchildren, adopted children, father-in-law, mother-in-law, grandparents and grandchildren.) Additional time may be taken, but such time is charged against vacation or personal time or taken without pay.

Jury Duty

All employees who are required by subpoena or notice (not volunteered) to serve as jurors receive pay to a maximum of 10 days. A subpoena or the notice to report for jury duty must be provided immediately to the supervisor/administrator to be eligible for jury duty pay.

Military Leave

BCHP will grant a military leave of absence if you are absent from work because you are serving in the U.S. uniformed services in accordance with the Uniformed Services Employment and Reemployment Rights Act (USERRA). You must give your supervisor advance notice of upcoming military service, unless military necessity prevents advance notice or it is otherwise impossible or unreasonable.

Unpaid Leave

Unpaid leave is defined as any authorized absence for which the employee does not receive pay.

Religious Observances

You may take time off for religious observances, but such time is charged against vacation or personal days or taken without pay and must be cleared in advance with your supervisor.

Family Leave

The Family and Medical Leave Act of 1993 requires employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for certain family and medical reasons.

Employees are eligible if they have worked for a covered employer for at least one year, and for 1,250 hours over the previous 12 months.

Family Leave is defined as absence from work for the following reasons:

- ✓ The birth of a child of the employee and to care for such child.
- ✓ The placement of a child with the employee for adoption or foster care.
- ✓ The care of a family member of the employee with a serious health condition.
- ✓ A serious health condition of the employee that renders the employee unable to perform the functions of his/her position.

A family member is a member of the immediate family including spouse, child or parent. "Child(ren)" includes biological, adopted, and foster child, as well as step-child, legal ward or a "child" of a person acting in the capacity of a parent provided the child is under 18 years of age or over 18 years of age but unable to care for themselves because of a disability. Parent includes biological parents as well as a person that acted in the capacity of a parent toward the employee. A spouse is defined in accordance with state law.

Serious health conditions include:

- That which renders the employee unable to perform the functions of his/ her job.
- A mental or physical illness, injury or impairment that involves inpatient care at a medical care facility or continuing treatment by a health care provider.

Eligible part-time employees may be granted benefits pro-rated to the total hours normally scheduled and worked.

Continuation of Benefits

BCHP continues to provide employee benefits during Family and Medical Leave (unless otherwise noted) on the same basis as if the employee were actively employed. Employees must continue to pay all required employee contributions on a monthly basis. An initial 30-day grace period in which to make payments will be granted; thereafter benefits will be canceled unless payments are made.