

# benefit *matters* 2012

for employees

## A Message from the Benefits Office

“To promote health and prevent disease”... that is a focus of our mission at Tufts Medical Center. It reflects our goal as an organization treating patients and as an employer of more than 4,700 employees. Over the years the Medical Center has created a rich benefits program that helps provide the financial assistance you need when you or a family member becomes ill or injured. The Tufts Medical Center Employee Medical Plan, a key part of this program, is a unique plan that offers choice in how you access and pay for care. Through this plan and your efforts, we have been able to reduce the typical double-digit medical plan cost increases and for 2012 are pleased to announce the lowest rate increase in years.

Introducing

[**wellness**]  
1. 2. 3.

There's more to be done. To support your good health, and to continue our efforts to keep medical plan costs under control, the Medical Center is kicking off a new and innovative wellness initiative: **Wellness 1. 2. 3.** This program will evolve, expand and take shape over time with the help and support of different departments within Tufts Medical Center. Look inside for more details.

### THE BENEFITS OFFICE HAS SET THESE GOALS:

**1:** To provide support to all employees regardless of where they fall along the healthcare continuum: those who are healthy; at risk of developing health problems; or diagnosed with certain chronic conditions

**2:** To broaden our health care strategy to include: the Employee Medical Plan, which encourages use of the high quality, low cost providers at Tufts Medical Center, combined with the flexibility to see other providers; a care management program; and Tufts “Wellness 1. 2. 3.” Plan

**3:** Through Wellness 1. 2. 3., introduce strategies designed to lay the ground work for a healthier work force, with an initial focus on good nutrition, smoking cessation and the importance of physical activity

There is one more goal: To add in some fun for all and maybe a prize or two!

Please take the time to learn more, participate, enjoy good health in the coming year and work with us to keep medical plan costs in check.

## Enrolling for Tufts Medical Center Benefits

CURRENT EMPLOYEES	NEW HIRES DURING THE YEAR
Annual Enrollment for benefits that take effect on January 1, 2012: <b>Monday, November 7 to Friday, November 18, 2011</b>	Enroll within 30 days of your date of hire for coverage to take effect on the first day of the month coincident with or next following your date of hire.
To enroll, log on to the Tufts Medical Center intranet home page to access the ONLINE enrollment system (see page 10).	To enroll, complete the enrollment form included with your new hire materials (see page 11).
Make sure your enrollment is complete by November 18.	Make sure your enrollment is complete within 30 days of your hire date.

Benefit decisions *matter*—for you and your family, and for Tufts Medical Center. Please read this enrollment guide and learn all you can about your 2012 benefit plans and the new Wellness 1. 2. 3. initiative. Refer to your Contribution Rate Sheet for 2012 plan costs.

**NOTE:** You can enroll for the Retirement Savings Plan (RSP-403(b)) anytime; just contact Fidelity as described on page 11.

If you need translation assistance with these materials, contact the Employee Service Center at 617-636-6352.

## WELLNESS: TO PROMOTE GOOD HEALTH

Look for a combination of programs and health tips to keep you on, or get you on, the path to good health. To kick off:

- Take a group exercise class at the Wang YMCA; rates are discounted for Tufts Medical Center employees
- Join (or create) a walking group
- Ride your bike to work; there are bike racks in several convenient locations

**HEALTH HINT:** *Eat less and eat smart (more fruits, vegetables and salads; less sugar, fat and fried food), sleep well, limit alcohol, don't smoke and get your physical exams and screenings at the recommended times.*

## IMPORTANT Notice Concerning Your Medical Plan

Tufts Medical Center believes that the Medical Plan being offered to you is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Act). As permitted by the 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 Act that apply to other plans, for example, full coverage for preventive services. However, grandfathered health plans must comply with certain other consumer protections in the 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 Benefits Office. 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](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

**REMINDER:** Under the terms of the PPACA, you are able to enroll your young adult children (married or unmarried) for medical coverage up to age 26 regardless of student or employment status. Contact the Employee Service Center for details.

# Benefit Plan Highlights

## FOR YOUR GOOD HEALTH

### Tufts Medical Center Employee Medical Plan

Tufts Medical Center offers you a unique approach to medical plan benefits: Tufts Employee Medical Plan, administered by Tufts Health Plan. The Employee Medical Plan is a preferred provider organization (PPO) that offers you choice in coverage and easy access to care. But it's a different kind of choice. You do not have to decide what plan to enroll in; there is only one. Your choices are where to access care when you need it. There are **four** coverage tiers:

- **Tier 1:** Tufts Medical Center and its affiliated physicians
- **Tier 2:** Community hospitals and their affiliated physicians who are part of the Tufts Health Plan network
- **Tier 3:** Academic teaching hospitals and their affiliated physicians who are part of the Tufts Health Plan network
- **Tier 4:** Other facilities and providers outside the Tufts Health Plan network

You do not need to name a primary care physician when you join this plan (although it is important to choose a physician to manage and direct your care), and you do not need to get referrals for care. You and each of your covered family members decide where to go each time you need medical services, and your out-of-pocket costs vary based on that choice.

**You receive the highest level of coverage (pay the least out of your own pocket) when you receive care at Tufts Medical Center.** That's because it costs us less if you receive care here at Tufts Medical Center. Recognizing that it may not always be easy for you to come to Boston, you have other care options, including community hospitals and other academic Boston teaching hospitals affiliated with Tufts Health Plan, as well as other providers or facilities outside the Tufts Health Plan network. As you review the chart on page 4, you will see how your choice of where to receive care can impact your share of treatment costs.

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**If you use Tufts Medical Center providers, you'll receive quality care and personal service from the providers affiliated with our Hospital; it's convenient; follow-up care is easy and accessible; you'll have few (if any) out-of-pocket costs; and you can take advantage of our on-site pharmacy.**

The coverage tiers are as follows:

**Tier 1: Tufts Medical Center and affiliated physicians**

When you seek medical treatment at Tufts Medical Center, you receive **100%** coverage for inpatient services and can see our physicians, including specialists, for a \$10 copay. Note that the copay is waived for routine physicals and OB/GYN exams and for well-child care.

Be sure to confirm that the physician you choose is a Tier 1 provider by logging on to

[www.tuftshealthplan.com/tuftsmedicalcenter](http://www.tuftshealthplan.com/tuftsmedicalcenter).

**REMINDER:** You can choose where to receive treatment each time you need medical services, and your share of the cost will depend on that choice. This means that you are free to use local doctors for routine care and then come to Tufts Medical Center if your condition becomes more serious. *Inpatient services received at the Tufts Medical Center are covered in full.*

### WHY GO TO TUFTS MEDICAL CENTER?

- The care is great, so is the access
- It's convenient
- Medical services are broad-based for both adults and kids
- Making appointments is easy; so is getting a referral
- Inpatient care is paid in full; so are outpatient surgery and imaging tests; routine physicals, well child visits and OB/GYN exams
- For office visits, the copay is just \$10
- At the on-site pharmacy, you pay a \$5 copay per generic prescription or refill

If you seek care outside the Tier 1 network, you pay more and so does Tufts Medical Center.

Did you know? More and more plan members are using Tier 1 providers and it's paying off. For 2012, we will have the lowest medical plan rate increase in years.

**Tier 2: Community hospitals and their affiliated physicians (not included in Tier 1) who are part of the Tufts Health Plan network**

We recognize that for some of you it may not be easy to get into the city. Tier 2 coverage includes many local community hospitals affiliated with Tufts Health Plan, such as Newton-Wellesley Hospital, South Shore Hospital, North Shore Medical Center and Winchester Hospital. Inpatient care at these hospitals is covered at 100% after a \$250 copay. You pay a \$30 copay for physician office visits and a \$50 copay for specialists.

**Tier 3: Academic teaching hospitals and their affiliated physicians (not included in Tier 1) who are part of the Tufts Health Plan network**

You may receive treatment at the other academic teaching hospitals in the Boston area, such as Mass General, Brigham & Women's and Children's Hospital Boston. Recognizing the higher cost of these facilities, you pay a \$1,000 copay for each inpatient hospitalization, a \$30 copay for physician office visits and a \$50 copay for specialists.

**Tier 4: Other facilities and providers, outside the Tufts Health Plan network** You may go to providers with no affiliation with Tufts Health Plan. For this level of coverage, you must first meet a deductible and then pay 20% coinsurance for your care, including physician office visits. Also, plan benefits are based on reasonable and customary fee levels in your local area; you pay any charges that are considered above reasonable and customary charges.

Want to know which coverage tier applies for your provider (physicians and hospitals)?

Log on to [www.tuftshealthplan.com/tuftsmedicalcenter](http://www.tuftshealthplan.com/tuftsmedicalcenter) to check.

## Overview of the Tufts Medical Center Employee Medical Plan

SERVICE	TIER 1: TUFTS MEDICAL CENTER	TIER 2: LOCAL COMMUNITY HOSPITALS	TIER 3: ACADEMIC TEACHING HOSPITALS	TIER 4: OUT-OF-NETWORK PROVIDERS
<b>Annual deductible</b>	N/A	N/A	N/A	\$2,000 per person, \$4,000 family
<b>Annual out-of-pocket limit</b>	N/A	\$1,000 per person	\$4,000 per person	\$6,000 per person, \$12,000 family
<b>Hospital inpatient care</b>	Covered in full	\$250 copay	\$1,000 copay	20% coinsurance after deductible
<b>Doctor office visits</b>	\$10 copay	\$30 copay	\$30 copay	20% coinsurance after deductible
<b>Specialist visits</b>	\$10 copay	\$50 copay	\$50 copay	20% coinsurance after deductible
<b>Routine physicals, OB/GYN visits, and well-child care</b>	\$0 copay	\$30 copay	\$30 copay	20% coinsurance after deductible
<b>Emergency care:</b>				
• ER	\$50 copay	\$75 copay	\$75 copay	\$75 copay
• Doctor office	\$10 copay	\$10 copay	\$10 copay	\$10 copay
<b>Imaging tests (x-rays and ultrasounds)</b>	Covered in full	\$30 copay	\$30 copay	20% coinsurance after deductible
<b>Imaging tests (MRIs, CT/CAT scans, PET scans)</b>	Covered in full	\$200 copay	\$200 copay	20% coinsurance after deductible
<b>Lab tests (diagnostic)</b>	Covered in full	Covered in full	Covered in full	20% coinsurance after deductible
<b>Allergy injections</b>	\$10 copay	\$10 copay	\$10 copay	20% coinsurance after deductible
<b>Eye exams (once every 12 months)</b>	\$10 copay	\$30 copay	\$30 copay	20% coinsurance after deductible
<b>Outpatient day surgery</b>	Covered in full	\$250 copay	\$1,000 copay	20% coinsurance after deductible
<b>Physical/speech therapy</b>	\$10 copay	\$30 copay	\$30 copay	20% coinsurance after deductible
<b>Spinal manipulation by a chiropractor*</b>	\$10 copay	\$10 copay	\$10 copay	20% coinsurance after deductible
<b>Mental health care/ substance abuse care:**</b>				
• Inpatient	Covered in full	Covered in full	Covered in full	20% coinsurance after deductible
• Outpatient	\$10 copay	\$10 copay	\$10 copay	20% coinsurance after deductible
<b>Prescription drugs: Retail copay (30-day supply):</b>	For all coverage tiers:			
• Generic	\$5**/\$10			
• Preferred brand	\$15**/\$20			
• Non-preferred brand	\$30**/\$35			

\* Recognizing that you may wish to seek care for certain conditions outside of Tufts Medical Center, you may go to any licensed provider in Tier 1, 2 or 3 and pay the same copay.

\*\* The lower copay amounts apply for medications prescribed by a Tufts Medical Center provider and filled at the on-site pharmacy. The higher copays apply for medications prescribed by other providers and filled at participating Caremark retail pharmacies. For mail-order prescriptions, you pay two times the higher copay amount for up to a 90-day supply.

### Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help those who are eligible for employer-sponsored health coverage but need assistance in paying their health premiums.

This is a summary only. Please refer to the plan certificate for details on covered services and services not covered under your medical plan and for details on services that have benefit limitations or that require prior authorization from Tufts Health Plan.

## Dental Plan

To encourage regular care, we offer a dental plan through Delta Dental of Massachusetts: DeltaPreferred Option USA. The DeltaPreferred Option USA Plan combines two of Delta Dental's national dental networks: DeltaPreferred Option network, with more than 42,000 participating dentists and DeltaPremier network, with more than 108,000 dentists. You may use a dentist in either network and receive the benefit of discounted fees. However, you will receive the greatest value when you visit a DeltaPreferred Option dentist, as they generally have agreed to deeper discounts for their services. (The Dental Plan also offers coverage for services received from non-participating dentists but your out-of-pocket costs may be much higher and you may need to submit claim forms to receive your plan benefits.)

The Dental Plan covers preventive and diagnostic care and basic and major restorative services. There is no coverage for orthodontia. Before you seek dental care, ask your dentist if he or she participates with the DeltaPreferred Option network or the DeltaPremier network. You may also log on to [www.deltamass.com](http://www.deltamass.com) and click on the *Find a Dentist* section or call Delta Dental's Customer Service at 1-800-872-0500 to check.

## Overview of Dental Plan Covered Services

COVERED SERVICES	DELTA DENTAL PLAN
<b>Preventive/Diagnostic Care to prevent or detect tooth decay and other forms of oral disease</b>	100% coverage
<b>Basic Restorative Services to repair or remove teeth or treat oral disease</b>	80% coverage
<b>Major Restorative Services to replace missing natural teeth with artificial ones and restore severely decayed or fractured teeth</b>	50% coverage
<b>Maximum Benefit</b>	\$1,500 per person, per calendar year

Refer to the *Contribution Rate Sheet* for 2012 Dental Plan costs.

The Dental Plan includes a special feature: **Rollover Max**. With Rollover Max, a portion of your \$1,500 annual benefit maximum that you do not use during a plan year may be *rolled over* to the next year. This rollover money is then added to your next year's annual benefit maximum, making increased dental benefits available to you. This can help with the cost of major and more expensive dental services, such as crowns and bridges (but not orthodontia). Here are the highlights.

- If your yearly claims are \$700 or less, you could roll over up to \$500 to use in the next year or beyond, up to an overall capped rollover amount of \$1,250.
- To qualify, you must have at least one cleaning or oral exam in a calendar year, and you must be enrolled before the 4<sup>th</sup> quarter of a year.
- If you leave Tufts Medical Center, you will lose your rollover amount.

## Vision

There are two opportunities for vision coverage, as noted below.

Tufts Health Plan, administrator of the Employee Medical Plan, includes a vision benefit that covers an annual eye exam and offers discounts on eyewear materials (lenses, contact lenses, frames, etc). However, a copay applies for each annual exam and no dollar limits apply. This benefit is included for members of the Tufts Medical Center Employee Medical Plan; there is no separate premium to join.

The UnitedHealthcare Vision Plan is a separate plan offered to all benefits-eligible employees. Under this plan, annual eye exams are covered in full and, in most cases, you just pay a copay for lenses and frames (limits apply). You enroll and pay the low per paycheck cost of this plan with pre-tax dollars.

**GOT A QUESTION  
ABOUT YOUR BENEFITS?**

**Call the Employee Service Center  
at 617-636-6352.**

## Here's how the two plans compare:

SERVICE	UNITEDHEALTHCARE VISION*	TUFTS HEALTH PLAN
Eye exam (every 12 months)	Covered in full	\$20 copay
Eyeglass lenses (single vision, bifocal, trifocal; every 12 months)	Covered in full after a \$20 copay	Discounts available
Eyeglass frames (every 24 months)	Up to a \$130 allowance at retail providers	35% discount off retail prices
Contact lenses (in lieu of eyeglasses; every 12 months)	Covered in full, including fitting, evaluation and two follow-up visits after a \$20 copay for most types of contacts; a \$150 allowance applies to lenses outside the covered-in-full selection	Mail order contact lens replacement program only; no discount available

\* Coverage available through a diversified network of private practice and retail chain providers; reduced benefits available if you use out-of-network providers, including a \$210 allowance for necessary contact lenses.

### Flexible Spending Accounts

Flexible Spending Accounts (FSAs) give you the opportunity to set aside a portion of your salary *before taxes* to pay for certain health (medical, dental and vision) and/or dependent day care expenses. These accounts help you reduce your costs for health expenses not covered by your benefit plans, and the cost of child or elder care services for your eligible dependents.

### Health Care FSA

You may elect to contribute from \$250 up to \$3,000 per calendar year, on a pre-tax basis, to help pay for eligible health care expenses for you and your family.

Eligible expenses include (but are not limited to) deductibles, copays, coinsurance, doctor-prescribed

weight loss and smoking cessation programs, medical equipment, eyeglasses and other out-of-pocket health care expenses that are deductible for federal income tax purposes.\*

If you join this plan, you will be able to take advantage of a Debit Card. Just show it to your providers (physicians, facilities and pharmacies) and they can receive direct reimbursement from your account. It's as easy as that and, in most cases, you will no longer have to submit receipts.

For information on the Debit Card program and access to tools that can help you calculate your estimated expenses and potential tax savings, go to [www.crosbybenefits.com](http://www.crosbybenefits.com). You can also link to complete lists of expenses eligible for reimbursement under both accounts.

\* Please keep in mind that over-the-counter medication is generally not reimbursable through your FSA unless prescribed by a doctor.

**TAX SAVINGS!** The key advantage to FSAs is that you pay no taxes, now or ever, on money you put in your FSAs. With this tax savings, FSAs help reduce your costs for health care expenses not covered by your benefit plans and/or dependent day care expenses. Here is an example:

Let's assume you set aside \$1,500 before-tax in a 2012 Health Care FSA to help pay for out-of-pocket medical and dental expenses, and that you are in a 25% tax bracket. You could save:

- \$375 in federal taxes (25% x \$1,500)
- \$115 in Social Security taxes (7.65% x \$1,500)
- \$75 in state taxes (5% x \$1,500)

That's an estimated tax savings of \$565, which means that your \$1,500 in expenses will cost you only \$935. That's the FSA advantage.

**NOTE:** *This is an example only; your actual tax savings will depend on your personal situation.*

Due to the tax advantages offered by FSAs, there is a use-it-or-lose-it rule that requires any money left in an account at the end of a year be forfeited. Don't let the use-it-or-lost-it rule stop you from enrolling in a Health Care FSA. Here's why:

- If you have a balance in your account at the end of the year, you can purchase that extra pair of glasses or prescription sunglasses.
- You can use expenses incurred during the first 2½ months of the next year to use up your account balance.

You must submit claims incurred during a plan year (including the 2½ month grace period noted above) by March 31 of the next plan year.

Refer to page 9 for a summary of the Dependent Care FSA.

## FOR YOUR FINANCIAL SECURITY

### Disability Benefits

**Short Term Disability (STD):** This is the bridge between sick leave and Long Term Disability protection. Once your sick leave benefits are used up, the STD plan continues to pay 50% of your annual salary, less other state or group disability plan benefits, after a waiting period you choose: 15, 40 or 60 calendar days. STD benefits are payable for up to six months. The maximum benefit is \$2,500 per week. Short term disability payments are offset by any benefits you receive through a state-sponsored or other group disability program (Social Security for example).

**Long Term Disability (LTD):** If your disability lasts longer than 180 days (six months) and you are approved for LTD benefits, the LTD plan pays 50% of your annual base salary, offset by other group disability benefits, up to \$6,600 per month. This benefit is fully paid by Tufts Medical Center.

**Additional LTD Benefit:** You may elect to purchase an additional 15% benefit, for a total LTD benefit of 65% of your annual base salary, up to \$8,000 per month.

LTD benefits are payable up to age 65 (or longer, depending on when your disability begins).

### Life and AD&D Insurance

**Basic Life Insurance:** You receive one times your annual salary, fully paid by Tufts Medical Center.

**Supplemental Life Insurance:** You may purchase an additional one to five times your annual salary.

*The maximum amount of Basic and Supplemental Life Insurance combined is \$1,500,000.*

**Spouse and Dependent Life Insurance:** You may elect coverage for your spouse (\$10,000); dependent children (\$5,000 per child); or both (\$10,000 spouse; \$5,000 per child).

### AD&D (Accidental Death & Dismemberment):

You may elect from one to three times your annual salary, up to a maximum benefit of \$1,000,000. AD&D pays a benefit if you die or suffer certain injuries as a result of an accident.

Note: Refer to the *Contribution Rate Sheet* for the 2012 cost of STD coverage, additional LTD coverage and Supplemental, Spouse and Dependent Life Insurance

## REMINDERS ON EVIDENCE OF INSURABILITY FOR LIFE AND DISABILITY PLANS

- When you are first eligible, if your combined basic and supplemental life insurance equals \$500,000 or more, evidence of insurability will be required before coverage above \$500,000 takes effect.
- At a later annual enrollment, if you increase your life insurance amount by more than one salary level (or if coverage exceeds \$500,000), evidence of insurability will be required before the new coverage amount takes effect.
- When you are first eligible, you may choose your STD waiting period. At a later annual enrollment, evidence of insurability will be required if you are electing a shorter elimination period (60 days to 15 days). Evidence of insurability will also be required if you are enrolling for the first time (after your initial eligibility date) and you elect the 15- or 40-day elimination period. Pending approval of your evidence of insurability, you will be enrolled in the 60-day plan.

## FOR YOUR RETIREMENT

**Retirement Savings Plan (RSP-403(b)):** This plan gives you the opportunity to save money for retirement on a tax-deferred basis, through regular payroll deductions. You can contribute up to 75% of your annual salary (up to annual IRS limits), pre-tax. After one year (1,000 hours) of service, for eligible participants, **Tufts Medical Center will match 100% of the first 2% you contribute to the plan.\*** You can invest your savings and the hospital match among a broad range of Fidelity investment options.

Other plan features include:

- You are always **100% vested** in your contributions and the Tufts Medical Center match.
- You may change your contributions and investment choices any time.
- Eligible participants may apply for loans, withdrawals in cases of financial hardship or “in-service” withdrawals after attaining age 59½.
- When you terminate employment from Tufts Medical Center, you may leave your account balance in the plan and continue to manage your account; elect a direct rollover into another eligible retirement plan; elect a lump sum payment (subject to income taxes); or purchase an annuity contract for monthly payments.

All plan transactions are subject to the terms and conditions of the plan document and ERISA.

\* Research fellows in job codes 750 and 840 are not eligible to join the RSP-403(b). Residents, students, interns, fellows, temporary and per diem employees are not eligible for the hospital match.

## Silver Dollars Program — A Retiree Medical Savings Account Program

**For employees age 50 and older:** During any annual enrollment period only, you may enroll for the first time or change your contributions. You may end your participation anytime. Here are some highlights of the Silver Dollars Program:

- This Program helps you set aside money now to help pay for medical expenses in retirement.
- You may contribute from \$520 up to \$4,500 per year, after-tax.
- Tufts Medical Center will **match** 20% of the first \$2,000 you contribute each year, or \$400, up to an overall lifetime match of \$6,000.
- You will be 100% vested in the Tufts Medical Center contributions after five years of employment and attainment of age 55 or older.
- When you retire or terminate employment, your contributions and your vested Tufts Medical Center contributions will be available for reimbursement of future medical expenses, subject to the Program's claims procedures.

All plan transactions are subject to the terms and conditions of the plan document and ERISA.

**NOTE:** Your only opportunity to enroll in this program will be during the annual enrollment period that is held each fall.

**Social Security:** Tufts Medical Center matches your contributions to Social Security.

## THE TUFTS MEDICAL CENTER BENEFITS PROGRAM

Supporting you and your family with the following plans and programs...

Each year, Tufts Medical Center contributes more than \$30 million to support its employee benefit plans!

- Medical\*
- Dental\*
- Basic Life Insurance
- Supplemental Life Insurance\*
- Spouse and Dependent Life Insurance\*
- Accident Insurance\*
- Short Term Disability\*
- Long Term Disability
- Flexible Spending Accounts (FSAs)\*
- HIV Occupational Insurance
- Retirement Savings Plan (RSP-403(b))\*
- Paid Time Off
- Tuition Reimbursement
- Credit Union
- Employee Assistance Plan (EAP)
- Retiree Medical Savings Account Program\*
- Subsidized MBTA or Parking Expenses\*
- On-site Child Care (Bright Horizons)
- And more...

\* You must enroll to participate in these programs.

## WELLNESS: TO PREVENT DISEASE BEFORE IT STARTS

Take advantage of these programs to help get you back on the road to good health:

- To lose weight and improve eating habits: Join Weight Watchers at discounted fees; call the Employee Service Center at 617-636-6352 for details
- For help with personal and work-related problems, stress, parenting, legal and financial issues, and substance abuse: Contact the KGA Employee Assistance Program at 800-648-9557 for confidential access to qualified counselors who can help you cope with and find solutions to your problems and keep you on a more even keel.
- To stop use of tobacco products: Log on to [www.kgreer.com](http://www.kgreer.com) click Member Login (to right), user name: tuftsmc, password: 9557. "Click here" under Learning center (to the right), then "Health and Behavior", then "Smoking and Tobacco."

**HEALTH HINT:** *When it comes to losing weight, don't forget the importance of exercise, at least 30 minutes a day... go the gym, ride a bike, take a swim, go for a brisk walk... and have your kids join you.*

## PROGRAMS TO HELP BALANCE YOUR WORK AND PERSONAL LIFE

**Dependent Care FSA:** You may elect to contribute to this account, on a pre-tax basis, to help pay for eligible child and elder care services that are incurred so you (or you and your spouse, if you are married) can work. You may contribute from \$250 up to \$5,000 per calendar year if you are married and file a joint income tax return, or if you are single and file as head of household; up to \$2,500 per calendar year if you are married and file a separate income tax return.

Eligible dependent care expenses include fees for babysitting services during working hours, nursery school, licensed day care centers, summer day camps, and in-home care for a dependent who is not capable of self-care. To qualify for reimbursement under the dependent care account the expense must be either for the care of a dependent:

- Who is under the age of 13 and can be claimed as a dependent on your federal tax return, or
- Who lives in your house one-half of the year, is fully dependent upon you, and is claimed as a dependent on your federal tax return. If expenses for this dependent are incurred outside your home, then the expenses are qualified only if this dependent regularly spends at least 8 hours a day in your home.

Dependent care expenses typically not reimbursable include housekeeping, food, clothing, transportation, overnight camps, educational programs and education for children in kindergarten or higher.

Under IRS regulations, you must file reimbursement requests by March 31st of the next plan year. You must have incurred the expenses during the calendar year in which the account was in effect. You forfeit all funds remaining in the account after March 31.

### Dependent Care: Tax Considerations

Before you sign up for the Dependent Care FSA, be sure to look at the federal dependent tax credit. This credit covers the same expenses that qualify for reimbursement through the Dependent Care FSA. You may use both the Dependent Care FSA and federal child care tax credit to pay for your dependent care expenses. However, the IRS will deduct any amount you deposit to the dependent care account from the maximum you are allowed to take as a tax credit. You may want to consult a tax specialist for more information.

### Other Programs:

**Paid Holidays:** You receive nine per year.

**Vacation Time:** You accrue vacation time at a rate of three weeks per year.

**Personal Choice Days:** You have up to three per year, depending on your date of hire.

**Sick Time:** For income protection purposes when you are ill and unable to report to work, you accrue sick time at one day per month.

**Employee Assistance Plan (EAP):** The EAP offers short-term counseling to you and your family for problems such as stress, a death in the family, divorce, substance abuse or financial concerns. It's confidential and available 24 hours a day, 7 days a week.

**And more:** Tuition Reimbursement, HIV Occupational Insurance, subsidized MBTA or parking expenses, Bright Horizons child care services, YouDecide (with favorable rates on group automobile and homeowners insurance, and more), direct deposit of your paycheck and an on-site Credit Union!

# Enrolling for Coverage

## CURRENT EMPLOYEES

If you are enrolled for benefits at Tufts Medical Center, your current elections, with the exception of Flexible Spending Accounts, will continue in 2012, at the new 2012 rates, unless you elect otherwise by the November 18 enrollment deadline.

To make a change, or to elect one or both FSAs for 2012 (required every year under IRS rules), go online and enter your election, as described below. For 2012 rates, refer to the enclosed *Contribution Rate Sheet*.

**IMPORTANT:** When you enroll online, be sure to print a confirmation of your elections and keep it with your important papers.

## How to Enroll for 2012 Benefits

IF YOU WANT TO....	YOU SHOULD....
<ul style="list-style-type: none"> <li>Keep your current 2011 coverage in 2012 (except Health Care and Dependent Care FSAs)</li> </ul>	<ul style="list-style-type: none"> <li><b>Do nothing.</b> Your current coverage will continue automatically at 2012 rates.</li> </ul>
<ul style="list-style-type: none"> <li>Enroll for medical, dental and/or vision coverage for the first time.</li> <li><b>Enroll or reenroll for one or both FSAs (a must every year)</b></li> <li>Change benefit plans</li> <li>Change coverage levels (add or drop a dependent or change elections for medical and/or dental coverage, life and AD&amp;D insurance, disability benefits or HIV Occupational Insurance)</li> <li>Drop coverage</li> <li>Correct or add dependent information</li> </ul> <p><b>NOTE:</b> To enroll in the Silver Dollars Program, or make changes in your current elections, look for the materials mailed to the homes of eligible employees.</p> <p>To enroll or make changes to your participation in the RSP-403(b), contact Fidelity.</p>	<ul style="list-style-type: none"> <li>Log on to the Tufts Medical Center intranet home page to access the easy-to-use and secure Annual Enrollment ONLINE system. Once you are logged on, enter your "user name," which is the letter E followed by your Employee ID number.* Then enter your "password," which is an upper case OE plus the MMDDYY of your date of birth with no dashes. <b>For example, if your Employee ID number is 123456 and you were born on August 25, 1960, you would enter username E123456 and password OE082560.</b> Then follow the prompts to enter your choices for 2012 benefits at Tufts Medical Center. When you are done, review the summary of your elections and your biweekly deductions for 2012, and <b>print this summary as confirmation of your 2012 benefit elections.</b></li> </ul> <p><b>NOTE:</b> The Tufts Medical Center intranet cannot be accessed from your home computer.</p>

\* If you do not know your Employee ID number, please refer to the numbers in the upper right hand corner of your pay stub (without leading zeroes).

## CARE MANAGEMENT: TO HELP MANAGE A CHRONIC CONDITION

Tufts Health Plan makes available care management programs to help those with a chronic medical condition, such as arthritis, cancer, heart disease or high blood pressure. These programs are designed to give you tools and resources to gain a better understanding of your condition and help you learn how to control your symptoms so that you can avoid complications (and high costs) down the road. Through these programs you have access to:

- A personal care manager for help, support and guidance
- Advice on lifestyle changes important for your long-term good health
- Help finding community resources you may need

These programs are voluntary, confidential and free. If you qualify to participate, you will be contacted by a representative from Tufts Health Plan.

**HEALTH HINT:** Avoid sugary drinks; they are a major contributor to obesity and development of chronic disease such as Type 2 diabetes, heart disease and cancer.

## NEWLY ELIGIBLE EMPLOYEES IN 2012

To enroll for benefits, complete the enrollment form included in your new hire materials (or available from the Employee Service Center) indicating your choices for coverage and your beneficiary designations for life and accident insurance.

Sign and return the form to the Employee Service Center **within 30 days of your date of hire or initial eligibility date**, if later. If you don't enroll within 30 days, you will have to wait until the next open enrollment period to enroll for benefits at Tufts Medical Center unless you have a qualifying change in status as described to the right and on the back side of your enrollment form.

You may enroll in the Silver Dollars Program only during the annual enrollment period for the next plan year. Eligible employees will receive a mailing to their homes with enrollment instructions as part of the annual enrollment process each fall.

To enroll or make changes in the Retirement Savings Plan (RSP-403(b)), contact Fidelity Investments at **1-800-343-0860** or [www.fidelity.com/atwork](http://www.fidelity.com/atwork).

## Benefit Updates and Reminders

**Eligibility.** You are eligible to participate in the Tufts Medical Center Benefits Program if you are a regular employee scheduled to work 30 or more hours per week. Part-time employees scheduled to work 20 or more hours per week may enroll for medical and dental coverage, FSAs and the Silver Dollars Program (special rules apply).

Your eligible dependents include:

- Your legal spouse

### For Medical, Dental and Vision coverage

- Dependent children, married or unmarried, up to age 26, provided they are not eligible for their own employer-sponsored coverage.

### For Dependent Life

- Any unmarried dependent children under the age of 19.
- Unmarried full-time student dependents to age 23; full-time student dependents must provide proof of status each year.

Coverage may extend beyond age 19, 23 or 26 for children with mental or physical disabilities; contact the Employee Service Center for details.

**Dependent Information.** If you need to update or correct any of the information on your Personal Enrollment Form, go to the Tufts Medical Center intranet site and enter your changes.

**NOTE FOR RESIDENTS OF MASSACHUSETTS:** You are required under state law to be enrolled for medical coverage. If you decline medical coverage at Tufts Medical Center, you will be required to complete an Employee Health Insurance Responsibility Disclosure Form (HIRD). This form is available from the Employee Service Center.

### PLAN DEDUCTIONS

The last pay period deductions for 2011 benefits will be in the December 31 paycheck. Deductions for 2012 benefits will begin with the first paycheck of the new year: January 15, 2012.

### Making Changes During the Year\*

Your benefit elections will remain in effect through December 31, 2012, unless you have a qualifying change in status during the year, as defined by the Internal Revenue Service (IRS), which results in the gain or loss of eligibility for coverage. Generally, a qualified status change includes marriage or divorce, birth or adoption of a child, death of a dependent, a change in your or your spouse's employment status, or a change in your spouse's benefits enrollment through his or her employer.

When you have a change in status, you may make a corresponding change in your coverage consistent with the status event. For example, for medical and dental coverage you may change from single to family coverage or vice versa, or drop or add coverage. You may not, however, change plans. If you have a change in status and wish to change your coverage, you must report it to the Employee Service Center within 30 days of the status change. If you do not report the change within 30 days, you must wait until the next annual enrollment period to change your coverage.

\* This does not apply to the Silver Dollars Program, which does not allow changes during the year.

## Where to Go for Help

If you have questions or need more information, please contact any of our plan providers at the following numbers and/or web sites or call the Employee Service Center:

Tufts Health Plan	800-462-0224 <a href="http://www.tuftshealthplan.com">www.tuftshealthplan.com</a> <a href="http://www.tuftshealthplan.com/tuftsmedicalcenter">www.tuftshealthplan.com/tuftsmedicalcenter</a> to find out the coverage tier for your provider
Caremark (prescription drug coverage)	800-386-9404 <a href="http://www.caremark.com">www.caremark.com</a>
Delta Dental of Massachusetts	800-872-0500 <a href="http://www.deltamass.com">www.deltamass.com</a>
UnitedHealthcare Vision Plan	800-638-3120 <a href="http://www.myuhcvision.com">www.myuhcvision.com</a>
Flexible Spending Accounts and Tuition Reimbursement	800-462-2235 <a href="http://www.crosbybenefits.com">www.crosbybenefits.com</a>
Silver Dollars Program	888-401-3539 Benefit Strategies
Life Insurance; Disability (STD and LTD); HIV Occupational Insurance	617-636-6352 Tufts Medical Center Employee Service Center
Retirement Savings Plan (RSP-403(b)) Fidelity Investments	800-343-0860 <a href="http://www.fidelity.com/atwork">www.fidelity.com/atwork</a>
Employee Assistance Program	800-648-9557 <a href="http://www.kgreer.com">www.kgreer.com</a>
Tufts Medical Center Employee Service Center	617-636-6352

**LOOK FOR PERIODIC ISSUES OF OUR NEW WELLNESS BULLETIN** and periodically check the Medical Center Intranet for tips on how to maintain your good health, details on upcoming Wellness 1. 2. 3. programs and events, as well as resources to help and support you. For another great source of information, log on to [www.tuftshealthplan.org](http://www.tuftshealthplan.org).

**Enroll for your Tufts Medical Center benefits by the deadline: November 18, 2011. Enroll online! Click on the link on the Tufts Medical Center intranet homepage.**

**Notes for Residents of Massachusetts.** You are required under state law to be enrolled for medical coverage. If you decline medical coverage, you will be required to complete an Employee Health Insurance Responsibility Disclosure Form (HIRD). This form is available from the Employee Service Center.

Employees residing in MA with limited household income may be eligible for assistance in paying for their (and their family member's) health insurance through MassHealth. Look for details at [www.mass.gov/masshealth](http://www.mass.gov/masshealth) or call 1-800-841-2900.

**Note for All Employees.** Under the Women's Health and Cancer Rights Act of 1998, Tufts Medical Center is required to inform you each year that our medical plan options provide benefits for mastectomy-related services, including reconstruction and surgery to achieve symmetry between the breasts, prostheses and for complications resulting from a mastectomy.

*This is a summary only. Official plan documents govern plan provisions and payment of plan benefits. Tufts Medical Center reserves the right to amend, change or terminate its benefit plan at any time, in its sole discretion, subject to the terms of any collective bargaining agreement.*