

# Your 2024 Benefits Guide

Milford Regional employees are dedicated to creating an environment of high-quality care. In return, we are committed to offering benefits that take care of the whole you. Please take the time to review this Guide so that you understand the benefits available to you and your family—then be sure to take action.

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# Benefits Overview

## Medical Plan Options

Milford Regional offers a choice of two medical plan options, both administered by Blue Cross Blue Shield of MA: the High Deductible Health Plan Plus Health Savings Account (HDHP Plus HSA) and the Health Maintenance Organization (HMO). Under both plan options, you may be able to take advantage of added convenience and cost savings when seeking care from our own high-quality Tier 1 providers. The prescription drug program is administered by Express Scripts.

## Dental Plan Options

You have two options for coverage through MetLife, a High plan and a Low plan.

## Vision Plan

You may elect vision coverage through Vision Service Plan (VSP).

## Flexible Spending Accounts (FSAs)

When you contribute to an FSA on a pretax basis, you decrease your taxable income and can use your account to pay for eligible expenses with a convenient FSA debit card.

## Disability and Leave Benefits

Short-Term Disability (STD) coverage is available for employees to purchase. Core Long-Term Disability (LTD) coverage is paid for by Milford Regional. You can elect to purchase additional LTD coverage.

The Massachusetts Paid Family and Medical Leave law provides leave benefits to eligible workers in Massachusetts. You may be eligible for this Leave, as well as other Leaves of Absence.

## Life and Accident Insurance

Milford Regional provides Group Term Life and Accidental Death and Dismemberment (AD&D) Insurance at no cost to you. You may elect Supplemental Life Insurance coverage for you, your spouse, and/or dependent children.

## Well-Being Programs

Milford Regional offers several programs to support your well-being:

- New Directions® Behavioral Health Employee Assistance Program (EAP) for counseling and work/life support
- Hinge Health for back, knee, hip, neck, shoulder, foot, ankle, elbow, wrist, and hand pain
- Livongo® diabetes support platform

## Voluntary Benefits

Voluntary benefits give you flexibility to purchase additional coverage, depending on your needs:

- Critical Illness Insurance
- Accident Insurance
- Hospital Indemnity Insurance
- Legal Services Plan
- Home and Auto Insurance
- Pet Insurance
- Identity Theft Protection

## 403(b) Partnership Retirement Plan

Milford Regional offers the 403(b) Partnership Retirement Plan to help you save for your financial future, with a discretionary employer match.

## Paid Time Off

It's important to take time away from work to rest and recharge, or if you are sick. Paid Time Off includes Earned Time (for holidays, vacations, sick days, and personal days). Eligible part-time employees accrue Earned Sick Time.

## Additional Benefits

Milford Regional's additional benefits include:

- Tuition Reimbursement
- Education Program
- Employee Health Services
- Adoption Benefit
- Employee Discounts

# Eligibility and Enrollment

## Benefits Eligibility

You are eligible for benefits if you are a part-time employee scheduled to work 24 or more hours per week or a full-time employee scheduled to work 32 or more hours per week. Your benefits coverage is effective on the first day of the month following your date of hire or transfer to a benefits-eligible position.

## Enrollment

Eligible dependents include your **legally married** spouse and your dependent children to the age 26.

If you are newly eligible, you have 30 days from the date of becoming benefits eligible to enroll. Otherwise, you'll be able to enroll during the Open Enrollment period held each fall (unless you experience a qualifying life event during the year). You can enroll in the following benefits:

- Medical
- Dental
- Vision
- Health Savings Account (HSA)
- Flexible Spending Accounts (FSAs)
- Disability and Leave Benefits
- Supplemental Life Insurance
- Accident Insurance
- Hospital Indemnity Insurance
- Identity Theft Protection
- Critical Illness Insurance
- Legal Services Plan

## Qualifying Life Events

You can make changes to your benefits during the year if you experience a qualifying life event, like:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse or dependent
- Gain or loss of coverage through another employer
- A change in spouse's benefits status
- A covered dependent turning age 26

## Paying for Your Benefits

This Guide includes benefits rates. The amount you'll pay, and the frequency at which you pay for benefits, will depend on the benefit options you elect and the eligible family members you cover. Depending on when you enroll, retroactive deductions may apply.

## To Enroll and Access Your Benefits

### alightworklife

You can enroll in and access medical, dental, vision, disability and supplemental life insurance benefits all year (including making changes for qualifying life events) through Alight Worklife®.

- From Milford Regional: Log into the system using the Alight icon on your desktop.
- From outside of Milford Regional: Go to <http://worklife.alight.com/milregssso>. DUO authentication will be required.
- Milford Regional Physician Group employees: You must enter your email login credentials (username and password) regardless of where you are logging in from.
- By telephone: Call the Benefits Resource Center at 844-283-2439, Monday – Friday, 8:00 a.m. to 8:00 p.m. Eastern Time.

You can also access Alight Worklife on your mobile device through the SmartBen NOW app, available on Android and iOS. For Spending Accounts (FSAs, HSA, HRA), you'll enroll through Alight Worklife, and access your account through Voya, our spending account administrator.

For help with your benefits during Open Enrollment or anytime during the year, contact the Benefits Resource Center at 844-283-2439 or email [milfordregional@alight.com](mailto:milfordregional@alight.com).

To enroll in other programs like voluntary and additional benefits including the 403(b) plan, you'll contact the benefit provider. See Benefits Contacts on [page 18](#) for a list of benefit providers.

# Medical and Prescription Drug Benefits

## Medical Coverage

Milford Regional offers a choice of two medical plan options, both administered by Blue Cross Blue Shield of MA: the High Deductible Health Plan Plus Health Savings Account (HDHP Plus HSA) and the Health Maintenance Organization (HMO). In-network preventive care is fully covered no matter which plan you choose.

Under both plan options, out-of-pocket costs are based on the tier in which the provider belongs:

**Tier 1:** Providers employed by and services received at Milford Regional Medical Center/Milford Regional Physician Group

**Tier 2:** Blue Cross Blue Shield in-network providers

**Tier 3:** Out-of-network providers

Tier 1 services from providers employed by MRMC and MRPg are generally the least expensive. Not all providers performing services at a Milford Regional facility are employed by Milford Regional and considered Tier 1. For example, if you receive an x-ray at a Milford Regional facility, the cost of the x-ray would fall under Tier 1. But the cost of reading the x-ray could be outsourced to a non-Milford Regional provider and therefore would not be Tier 1.

## Use Tier 1 and Pay Less

For the HMO plan, there is no cost to you when using a Tier 1 facility for services like primary care office visits, specialist office visits, and urgent care. For the HDHP Plus HSA plan, after you meet your deductible, there is no cost to you when using a Tier 1 facility.

### HDHP Plus HSA

With this plan, you'll have the certainty of lower premiums, no matter how much medical care you need. When you receive care within Tier 1, you will pay out-of-pocket until your deductible is met. You will pay coinsurance for care within Tier 2. You also have the freedom to see out-of-network providers.

To help you help pay your deductible and other out-of-pocket costs, Milford Regional will make a contribution to your HSA—\$500 for Individual or \$1,000 for Family coverage.\*

\* \$250 Individual / \$500 Family contribution if enrolled after June 30

### HMO

You'll pay higher premiums for this plan. When you receive care within Tier 1, you will generally not pay out-of-pocket costs. You will pay a copayment or coinsurance for care received within Tier 2. Out-of-network care is not covered, except for certain emergencies.

You must select a primary care physician (PCP) who will coordinate your care and provide referrals to in-network specialists.

## HDHP Plus HSA

The HDHP Plus HSA offers lower premiums, which means less money will be taken from your paycheck. When you receive care, you'll pay out of pocket until your deductible is met (and pay coinsurance outside of Tier 1). After meeting your deductible, you'll pay coinsurance for medical care and copayments for prescriptions until you reach your out-of-pocket maximum. Once you reach your out-of-pocket maximum, the medical plan covers 100% of your expenses for the remainder of the year.

You will have an HSA to help pay your deductible and other out-of-pocket costs. An HSA is a bank account you own, to be used to pay for current and future health care expenses for yourself and your dependents. You and Milford Regional can make contributions to your account. The funds contributed can grow with investments—and that growth is not subject to taxation when used for qualified health care expenses. The money in your HSA rolls over from year to year, allowing you to save for future health care expenses on a pretax basis.

The HDHP Plus HSA is an extremely competitive medical plan, especially if you are able to receive care within Tier 1!

Milford Regional HSA Contribution	Your 2024 HSA Contribution Limits
Individual: \$500	Individual: \$3,650
Family: \$1,000	Family: \$7,300
<i>If you enroll after June 30, the Milford Regional contribution will be Individual: \$250/Family: \$500.</i>	<i>If you're turning age 55 or older this calendar year, you may contribute an additional \$1,000 per year.</i>

**Please note:** If you have an HSA, you and your spouse/domestic partner (if applicable) are not eligible to contribute to a Flexible Savings Account (FSA). Additionally, if you use your HSA for nonqualified expenses, keep in mind that you will owe taxes on the withdrawals.

### If You Are Not Eligible For The HSA

If you are enrolled in Medicare, your spouse has an HSA, or you are otherwise ineligible for the HSA due to IRS rules, you can enroll in the Blue Cross Blue Shield HDHP Plus Health Reimbursement Account (HRA) Plan. This plan offers an HRA funded by Milford Regional to use toward your deductible and other out-of-pocket expenses—\$500 for Individual or \$1,000 for Family coverage. If you enroll after June 30, the Milford Regional contribution will be \$250 for Individual or \$500 for Family.

An HRA differs from an HSA in that only Milford Regional will make contributions—you do not make contributions, any unused funds do not roll over, and claims must be incurred within the plan year. Milford Regional owns your account, so it is not tax-advantaged or owned by you. And you are eligible to contribute to a Health Care FSA separately.

# Medical and Prescription Drug Benefits cont'd

## HMO

You'll pay significantly higher premiums for this plan. When you seek care within Tier 1, you will generally not pay out-of-pocket costs. You will pay a copayment or coinsurance for care within Tier 2. Out-of-network care is not covered, except for emergencies.

You must choose a primary care physician (PCP) for you and each member of your family. To find a PCP, visit [accounts.bluecrossma.com/mrmc-mrpg](https://accounts.bluecrossma.com/mrmc-mrpg) or call the physician selection service at 800-821-1388.

### TIP

The HMO network includes Blue Cross Blue Shield providers in the six New England states: CT, ME, MA, NH, RI, and VT. There is no coverage outside of the Blue Cross Blue Shield HMO network.

If you have dependents who live outside of this service area (such as college students), you may want to consider the HDHP Plus HSA.

## Medical Plan Comparison Chart

Under both plans, you pay less out of pocket when you use Tier 1 providers. Both plans offer a \$150 gym membership or home gym equipment reimbursement, as well as a \$150 weight loss program reimbursement.

Plan Provision	HDHP Plus HSA			HMO	
	Tier 1 – MRMC/ MRPG Providers	Tier 2 – BCBS In-Network	Tier 3 Out-of-Network	Tier 1 – MRMC/ MRPG Providers	Tier 2 – BCBS In-Network
<b>Annual Deductible</b>	\$1,600 Individual, \$3,200 Family		\$3,000 Individual, \$6,000 Family	\$0 Individual, \$0 Family	\$1,000 Individual, \$2,000 Family
<b>HSA or HRA Funding</b>	\$500 Individual (\$250 if you enroll after June 30) \$1,000 Family (\$500 if you enroll after June 30)			N/A	
<b>Out-of-Pocket Maximum</b>	\$3,000 Individual, \$6,000 Family		\$6,000 Individual, \$12,000 Family	\$2,500 Individual, \$5,000 Family	
<b>Hospital Inpatient</b>	Covered in full after deductible	20% after deductible	40% after deductible	Covered in full	10% after deductible
<b>Hospital Outpatient</b>	Covered in full after deductible	20% after deductible	40% after deductible	Covered in full	10% after deductible
<b>High-Tech Imaging</b>	Covered in full after deductible	20% after deductible	40% after deductible	Covered in full	10% after deductible
<b>Emergency Room</b>	20% after deductible	20% after deductible	20% after deductible	\$150 copay	\$150 copay
<b>Urgent Care</b>	Covered in full after deductible	20% after deductible	40% after deductible	Covered in full	\$25 copay
<b>PCP Office Visit</b>	Covered in full after deductible	20% after deductible	40% after deductible	Covered in full	\$25 copay
<b>Specialist Office Visit</b>	Covered in full after deductible	20% after deductible	40% after deductible	Covered in full	\$35 copay
<b>Preventive Care Office Visit</b>	Covered in full	Covered in full	20% NO deductible	Covered in full	Covered in full
<b>Prescription Drugs Retail</b>	\$15 / \$30 / \$50 copay, after deductible			\$15 / \$30 / \$50 copay	
<b>Prescription Drugs Mail Order</b>	\$30 / \$60 / \$100 copay, after deductible			\$30 / \$60 / \$100 copay	

## Medical Plan Rate Chart (Weekly Rates)

	HDHP Plus HSA	HMO
<b>FULL-TIME (32+ HOURS)</b>		
Employee	\$11.30	\$40.98
Employee + Spouse	\$35.20	\$117.06
Employee + Child(ren)	\$32.60	\$108.39
Employee + Family	\$41.72	\$138.74
<b>PART-TIME (24–31.9 HOURS)</b>		
Employee	\$23.83	\$64.40
Employee + Spouse	\$96.81	\$175.59
Employee + Child(ren)	\$89.64	\$162.58
Employee + Family	\$114.74	\$208.11

### How Can You Lower Your Health Care Costs?

- Seek care from a Tier 1 provider whenever possible.
- Get your preventive care (most services are covered at 100% under both medical plans).
- Use generics and mail order to save on prescription drug costs.
- Participate in an HSA or FSA to put money aside on a pretax basis to pay for care.

### TIP

Use the Smart Recommendations tool in Alight Worklife to help choose your medical plan.



## Prescription Drug Coverage

Express Scripts administers the prescription drug program. Each year, there are changes to the drug formulary that impact which prescriptions are covered under the medical plans.

You will receive separate medical and prescription drug ID cards.

For more information about Express Scripts, mail order prescriptions, or formulary changes, visit [www.express-scripts.com](http://www.express-scripts.com) or download the Express Scripts mobile app for iOS or Android.

## Specialty Drugs Copay Assistance Program

This program, offered in partnership with PillarRx, is designed to reduce out-of-pocket expenses for eligible specialty drugs by helping you access copay assistance programs available from drug manufacturers. The manufacturer assistance you receive for these high-cost medications may substantially reduce or completely cover your copayment/coinsurance for a medication. You will only be responsible for the amount returned after assistance is applied, not to exceed your existing prescription benefit copayment/coinsurance.

If you take a medication that is eligible for copay assistance, PillarRx will send you a welcome letter and then follow up with a phone call to help you enroll in the program. You will be able to learn how the program works and ask questions. Once you are enrolled, PillarRx will monitor your claims and check in periodically to ensure your copays are processing as expected and are applied to your out-of-pocket costs appropriately. Please know this process and your prescription information are confidential.

If your medication is included in the program and you do not enroll, you will likely have significantly higher out-of-pocket costs for the medication.

### Key Words to Know

**Coinsurance:** Percentage of the charge that you will pay, typically after you have met the deductible.

**Copay(ment):** Amount you pay for a covered service each time you use that service. It does not apply toward the deductible.

**Deductible:** Amount you pay each year before the plan begins to pay.

**Flexible Spending Account (FSA):** Accounts you contribute to pretax to pay for eligible health care or dependent care expenses.

**Health Reimbursement Account (HRA):** Employer-funded account that reimburses you for eligible health care expenses.

**Health Savings Account (HSA):** Account you and Milford Regional contribute to that grows tax-free to pay for eligible health care expenses.

**Out-of-pocket costs:** Expenses you pay, such as deductibles, copays, and uncovered services.

**Out-of-pocket maximum:** The maximum amount you pay for covered services in a year.

**Provider tiers:** Out-of-pocket costs are based on the tier in which the provider belongs. Tier 1 (generally the least expensive) includes all providers employed by Milford Regional and Milford Regional facilities, both MRMC and MRPG. (NOTE: Not all providers performing services at a Milford Regional facility are employed by Milford Regional and considered Tier 1. For example, if you receive an x-ray at a Milford Regional facility, the cost of the x-ray would fall under Tier 1, but the cost of reading the x-ray could be outsourced to a non-Milford Regional provider and therefore would not be Tier 1.)

Tier 2 includes BCBS in-network providers, and Tier 3 is all other (out-of-network) providers.

**Prescription drug tiers:** Medications are grouped into tiers which determine your portion of the drug cost.



# Medical Plan Scenarios

The Smart Recommendations tool in Alight Worklife can help you choose your medical plan. In addition, check out the sample scenarios below of a low utilizer, a medium utilizer, and a high utilizer of medical coverage. See how different medical expenses add up, depending on the plan you choose.

<b>Expected Medical Care</b> <i>Examples of services received throughout the year.</i> <i>Services are per covered dependent.</i>	<b>Low Utilizer</b> <i>Does Not Reach Deductible</i>	<b>Medium Utilizer</b> <i>Reaches Deductible</i>	<b>High Utilizer</b> <i>Reaches Out-of-Pocket Maximum</i>
	<b>Annual Preventive Visits</b> <b>1-2 Sick Office or Specialist Visits</b> <b>1-2 Prescriptions</b> <b>1-2 Urgent Care Visits</b>	<b>Annual Preventive Visits</b> <b>1-2 Sick Office or Specialist Visits</b> <b>2-3 Prescriptions</b> <b>1 Outpatient (Minor) Surgery</b>	<b>Annual Preventive Visits</b> <b>2 Emergency Room Visits</b> <b>1 Inpatient Admission</b> <b>Monthly Prescription</b>

Coverage Tier	Expense Type	Low Utilizer		Medium Utilizer		High Utilizer	
		HMO	HDHP	HMO	HDHP	HMO	HDHP
<b>Individual</b>	Medical/Rx Expenses	\$150	\$900	\$1,000	\$1,600	\$2,500	\$3,200
	Payroll Deductions	\$2,131	\$588	\$2,131	\$588	\$2,131	\$588
	Milford HSA/HRA Funding	\$0	(\$500)	\$0	(\$500)	\$0	(\$500)
	<b>Total Out-of-Pocket Cost*</b>	<b>\$2,281</b>	<b>\$988</b>	<b>\$3,131</b>	<b>\$1,688</b>	<b>\$4,631</b>	<b>\$3,288</b>
<b>Individual &amp; Spouse</b>	Medical/Rx Expenses	\$300	\$1,800	\$2,000	\$3,200	\$5,000	\$6,000
	Payroll Deductions	\$6,087	\$1,830	\$6,087	\$1,830	\$6,087	\$1,830
	Milford HSA/HRA Funding	\$0	(\$1,000)	\$0	(\$1,000)	\$0	(\$1,000)
	<b>Total Out-of-Pocket Cost*</b>	<b>\$6,387</b>	<b>\$2,630</b>	<b>\$8,087</b>	<b>\$4,030</b>	<b>\$11,087</b>	<b>\$6,830</b>
<b>Individual &amp; Child(ren)</b>	Medical/Rx Expenses	\$200	\$1,350	\$2,000	\$3,200	\$5,000	\$6,000
	Payroll Deductions	\$5,636	\$1,695	\$5,636	\$1,695	\$5,636	\$1,695
	Milford HSA/HRA Funding	\$0	(\$1,000)	\$0	(\$1,000)	\$0	(\$1,000)
	<b>Total Out-of-Pocket Cost*</b>	<b>\$5,836</b>	<b>\$2,045</b>	<b>\$7,636</b>	<b>\$3,895</b>	<b>\$10,636</b>	<b>\$6,695</b>
<b>Family</b>	Medical/Rx Expenses	\$400	\$2,700	\$2,000	\$3,200	\$5,000	\$6,000
	Payroll Deductions	\$7,214	\$2,169	\$7,214	\$2,169	\$7,214	\$2,169
	Milford HSA/HRA Funding	\$0	(\$1,000)	\$0	(\$1,000)	\$0	(\$1,000)
	<b>Total Out-of-Pocket Cost*</b>	<b>\$7,614</b>	<b>\$3,869</b>	<b>\$9,214</b>	<b>\$4,369</b>	<b>\$12,214</b>	<b>\$7,169</b>

\* Costs for medical services depend on the provider you see. Costs above are based on receiving care from Tier 2 providers. When care is received from a participating Tier 1 provider, your total out-of-pocket costs will be lower.

# Dental Benefits

You have two options for dental coverage through MetLife:

- **High plan:** This plan covers dental services at a higher percentage, includes orthodontia for dependent children up to age 19, and covers up to four preventive cleanings a year.
- **Low plan:** This plan provides a lower level of dental coverage for a lower premium, does not include orthodontia, and covers up to two preventive cleanings per year.

You will not receive a dental ID card in the mail. If you would like a card, you can access one with the MetLife mobile app.



Your coverage is based on using providers in the MetLife network. For out-of-network providers, MetLife reimburses care up to the 99th percentile of reasonable and customary fees.

Dental Plan Provisions	High Plan	Low Plan
Deductible (Individual/Family)	\$50/\$150	\$50/\$150
Type I (Diagnostic/Preventive)	100%	100%
Type II* (Basic Restorative)	80%	50%
Type III* (Major Restorative)	50%	50%
Orthodontia	50%	Not covered
Orthodontia Maximum	\$2,000 lifetime maximum	Not covered
Calendar Year Maximum	\$5,000	\$1,000

\* Member responsibility based on provider network participation status.

Weekly Rates	High Plan	Low Plan
Employee	\$11.14	\$6.85
Employee + Spouse	\$22.25	\$13.68
Employee + Child(ren)	\$24.50	\$15.07
Employee + Family	\$35.59	\$21.88

# Vision Benefits

You may elect vision coverage through Vision Service Plan (VSP). Coverage includes an annual eye exam and an allowance toward frames every 24 months or contact lenses every 12 months. Costs are lower when you receive care within the VSP network, but you also have the option to go out-of-network for some services (call VSP for details).

There is no vision ID card. Network providers will confirm enrollment at the point of service. Out-of-network providers will require payment at the point of service, and you will submit your receipts to VSP for reimbursement of a portion of your claim..

Weekly Rates	
Employee	\$2.02
Employee + Spouse	\$4.14
Employee + Child(ren)	\$4.43
Employee + Family	\$7.08

Benefit	Coverage with a VSP Provider	Copay	Frequency
<b>Well-vision Exam</b>	Focuses on your eyes and overall wellness	\$10	Every 12 months
<b>Prescription Glasses</b>	See frames and lenses	\$25	See frames and lenses
<b>Frames</b>	<ul style="list-style-type: none"> <li>\$180 featured brand frame allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$100 Costco® frame allowance</li> </ul>	Included in Prescription Glasses	Every 24 months
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every 12 months
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Anti-glare coating</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 40% on other lens enhancements</li> </ul>	<ul style="list-style-type: none"> <li>\$0</li> <li>\$0</li> <li>\$80 – \$90</li> <li>\$120 – \$160</li> </ul>	Every 12 months
<b>Contact Lenses (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$180 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every 12 months

Go to [vsp.com](https://vsp.com) for details on savings for diabetic eye care, and extra savings on glasses, sunglasses, routine retinal screening, and laser vision correction.

# Flexible Spending Accounts (FSAs)

You can elect to contribute to a Health Care FSA to pay for eligible health care expenses, and/or a Dependent Care FSA to pay for eligible dependent care expenses. You set aside pretax dollars, reducing your taxable income. According to IRS rules, you must enroll in the FSAs each year that you want to contribute. **Any amounts left in your FSAs at the end of the year are generally forfeited (other than up to \$640 in the Health Care FSA that can roll over), so plan carefully.**

## Health Care FSA

You can contribute up to \$3,200\* to your account to pay for eligible out-of-pocket medical, dental, and vision care expenses for yourself and your eligible dependents. You will receive an FSA debit card to make payment more convenient. Up to \$640 of unused funds will roll over and must be used in the next calendar year.

## Dependent Care FSA

You can contribute up to \$5,000 (\$2,500 if married and filing separately) to your account to pay for expenses to care for a dependent child under age 13 or a dependent adult while you and your spouse work or look for work. Qualifying expenses include eligible preschool, before- and after-school programs, and child or elder day care. **Dependent health care expenses cannot be reimbursed from a Dependent Care FSA.** FSA nondiscrimination testing rules can restrict eligibility and/or result in reimbursements becoming taxable for highly-compensated employees.

**Note:** FSA limits are set by the IRS and subject to change each year.

If you enroll in the HDHP Plus HSA, you are not eligible to enroll in the Health Care FSA. If you're currently enrolled in the Health Care FSA and have a balance at the end of the year, then you enroll in the HDHP Plus HSA for the following year, your unused balance will automatically move to a Limited Use FSA. You can use the Limited Use FSA for eligible expenses incurred before the end of the calendar year, and will have through March 31 of the following year to submit claims. Any unused funds are then forfeited.

# Disability and Leave Benefits

Disability and leave programs are available if you are unable to work and meet eligibility requirements.

Program	Coverage Details
<b>Short-Term Disability (STD)</b>	<p><b>You may elect to purchase STD coverage through New York Life.</b> The STD plan will provide income replacement of 60% of your weekly pay (based on hourly rate times scheduled hours, exclusive of shift differentials and overtime) up to a maximum of \$3,000 per week for up to 13 weeks.</p> <p><b>IMPORTANT:</b> When deciding if you should purchase STD coverage, it is important to understand that STD income replacement will automatically be offset by any other income you receive, such as Massachusetts Paid Family and Medical Leave (MA PFML) benefits or income from other employment. Depending on your salary, income replacement may be entirely provided through MA PFML.</p> <p>Generally, you will only receive STD benefits if:</p> <ul style="list-style-type: none"><li>• Your MA PFML benefit is less than 60% of your pay (would generally only apply if you earn more than \$99,000 in 2024), OR</li><li>• You experience more than one disability in the same benefit year and have exhausted your MA PFML benefits for that year.</li></ul>
<b>Long-Term Disability (LTD)</b>	<p>Core LTD provides income replacement of 60% of your base monthly earnings, up to \$2,500 per month. <b>Core LTD coverage is paid for by Milford Regional and provided automatically through New York Life, with no enrollment required.</b> You can elect to purchase additional LTD coverage that replaces 60% of your base monthly earnings up to \$10,000 per month.</p> <p>LTD coverage is available after 90 days of disability. If approved, income replacement will automatically be offset by any other income you receive, such as MA PFML benefits or income from other employment.</p>

## MA PFML

The MA PFML law provides paid family and medical leave benefits to eligible workers in Massachusetts. The amount of benefits you're eligible to receive for MA PFML is based on your own average weekly wage when you apply for leave, and the average weekly wage for workers throughout Massachusetts. In 2024, the maximum total amount you can receive in MA PFML benefits is \$1,144.90 per week.

**Go to the [MA PFML Calculator](#) to determine your benefit under MA PFML. If your benefit is \$1,144.90 per week or less, income replacement will be entirely provided by the state. Please note that if you are receiving MA PFML benefits, you cannot also use PTO (other than for the MA PFML waiting period). For more detailed information on MA PFML, please consult [www.mass.gov/DFML](http://www.mass.gov/DFML).**

# Life Insurance Benefits

Life insurance is available to you and your family members through New York Life for extra financial protection.

## Life and Accidental Death and Dismemberment (AD&D)

Milford Regional provides Group Term Life and AD&D Insurance through New York Life equal to your base salary, up to \$250,000, at no cost to you.

## Supplemental Life Insurance

You may elect Supplemental Life Insurance coverage. If you elect coverage for yourself, you can also elect coverage for your spouse and/or dependent children. Please note that you may be required to provide Evidence of Insurability (EOI) to enroll in coverage or adjust current coverage amounts.

Coverage Options		
Who's Eligible?	Coverage Choices	Requirements
Employee	1x–5x annual salary (rounded to nearest \$1,000 of coverage), up to \$1,000,000	EOI is required to enroll for the first time after you are first eligible or to increase your current coverage amount
Spouse	\$10,000 increments to \$250,000 or 100% of employee's coverage amount, whichever is less	EOI is required to enroll for the first time or to increase the current coverage amount
Dependent Child(ren) Birth to Age 26	\$5,000 or \$10,000	No EOI required ever

### TIP

Open Enrollment is a good time to review your beneficiaries. Keep in mind choosing to elect minors as beneficiaries can result in legal issues.

### What is “EOI”?

EOI stands for Evidence of Insurability. If you request coverage or a coverage increase in which EOI applies, you must receive insurance company approval before coverage goes into effect. You will receive a link to a questionnaire in Alight Worklife. If you do not complete the questionnaire, any amount of coverage requiring EOI will not be approved.

# Well-Being Programs

Milford offers several programs to support and enhance your well-being at no cost to you.

## For you, your spouse, and all household members



The New Directions Behavioral Health EAP helps with emotional and personal concerns like stress at home and work, alcohol and drug use, and family and relationship issues. Referrals and resources are also available for topics like life coaching, caregiving, and legal and financial issues. All employees, spouses, and household members have access.

In addition, three free counseling sessions are available per year face-to-face, online, or over the phone.

## For employees enrolled in the medical plan and eligible family members



You and your adult family members may be eligible for this no-cost program to help with back, knee, hip, neck, shoulder, foot, ankle, elbow, wrist, and hand pain. Get access to your own health coach who will tailor exercise therapy and education to you, your schedule, and your pace. The program includes:

- Wearable sensors for live feedback in the app
- Unlimited 1-on-1 health coaching
- Personalized exercise therapy

## For employees enrolled in the medical plan and eligible family members



Digital platform with personal coaching from a certified diabetes educator—free to all qualifying members enrolled in the medical plan and eligible family members.

- Connected meter with secure online account
- Support from Livongo coaches about diabetes, nutrition, or lifestyle
- Free, unlimited blood glucose strips and lancets

If you are eligible, instructions on how to register will be provided by Livongo.



# Voluntary Benefits

Voluntary benefits give you flexibility to purchase extra coverage, depending on your needs.



## Critical Illness Insurance

Critical Illness Insurance offered through MetLife provides protection from the expense of a serious health problem such as a stroke, heart attack, or cancer. Critical Illness Insurance provides a lump-sum payment to be used however you choose. Remember to take advantage of the annual Health Screening Benefit and receive \$50 or \$100 each year you receive qualified preventive care!



## Accident Insurance

Accidents can lead to trips to the emergency room, urgent care facilities, and the doctor's office, which can result in medical bills. MetLife Accident Insurance provides lump-sum payments to help cover costs including fractures, dislocations, and medical treatments or tests.



## Legal Services Plan

Affordable legal counsel from MetLife can help with buying a home, preparing a will, adopting a child, or dealing with an unexpected problem, like a speeding ticket. The plan provides you, your spouse/domestic partner, and your dependent child(ren) with covered legal services. You'll have no deductibles, copays, claim forms, or usage limits when you use one of the 14,000 network attorneys. Or you can choose an out-of-network attorney and be reimbursed for covered services (you pay any difference between the plan's payment and the attorney's charges for services).



## Hospital Indemnity Insurance

A hospital stay can cause serious financial setbacks due to medical costs or loss of income. Optional Hospital Indemnity insurance from MetLife provides added security with benefits to help pay hospital and other bills related to a covered illness or injury.



## Identity Theft Protection

Protect your family's digital identity and finances with ID theft protection. This optional coverage from Allstate detects threats to your identity with proactive monitoring and alerts, and provides support and reimbursement if fraud occurs.



## Home and Auto Insurance

Group home and automobile insurance is offered through RogersGray.



## Pet Insurance

Insurance for your furry friends is offered through Nationwide to reimburse you for veterinary services for certain accidents and illnesses.

# Additional Benefits and Time Off

## Additional Benefits

Milford Regional offers additional plans and programs to provide support for employees.

### 403(b) Partnership Retirement Plan

Milford Regional offers the 403(b) Partnership Retirement Plan with pre-tax and Roth contribution options to help you save for your financial future. You are eligible to participate immediately on your hire date, and after one year of service, Milford Regional will provide a matching contribution of 100% of the first 3% you contribute.

### Tuition Reimbursement

Eligible employees can receive reimbursement for tuition and related fees for job-related courses taken at a college, university, or technical school. Full-time employees may be reimbursed up to \$2,000 per year, and part-time employees up to \$1,500 per year.

### Education Program

Continuing education is central to our mission—ensuring that we have qualified caregivers. All employees are eligible for required vocational in-services, and optional learning opportunities are also available.

### Employee Health Services

Employee Health clinicians offer pre-placement exams, immunization review, and many recommended immunizations free of charge to employees. The clinicians also promote employee well-being and safety by offering prevention and treatment of work-related injuries, and encouraging health promotion activities.

### Adoption Benefit

Eligible employees may be reimbursed up to \$3,000 per adoption per calendar year for eligible expenses.

### Employee Discounts

Employees have access to discounts from Verizon Wireless, as well as travel and entertainment discounts through Working Advantage.

## Paid Time Off

It's important to take time away from work to rest and recharge, or if you are sick. Paid Time Off includes Earned Time (ET) for holidays, vacations, sick days, and personal days, and is accrued by eligible employees scheduled to work 24 or more hours per week. Eligible part-time employees accrue Earned Sick Time.

# Benefits Contacts

Please take note of the following contact information for each of your benefit providers.

For questions about your benefits, contact Human Resources at 508-422-2509 or [benefits@milreg.org](mailto:benefits@milreg.org). For assistance enrolling in or making life event changes for medical, dental, vision, spending accounts, disability, and supplemental life insurance benefits, contact the Benefits Resource Center at 844-283-2439, Mon. – Fri., 8:00 a.m. to 8:00 p.m. ET. Or email [milfordregional@alight.com](mailto:milfordregional@alight.com).

Benefit	Provider	Contact information
Medical Plans	Blue Cross Blue Shield	<a href="http://www.bluecrossma.org">www.bluecrossma.org</a> 800-832-3871
HSA/HRA/FSAs	Voya	<a href="http://myhealthaccountsolutions.voya.com">myhealthaccountsolutions.voya.com</a> 833-232-4673
Prescription Drug Plan	Express Scripts	<a href="http://express-scripts.com">express-scripts.com</a> 877-799-5777
Dental Plans	MetLife	<a href="http://metlife.com/mybenefits">metlife.com/mybenefits</a> 800-438-6388
Vision Plan	Vision Service Plan	<a href="http://vsp.com">vsp.com</a> 800-877-7195
Critical Illness, Accident, and Hospital Indemnity Insurance	MetLife	<a href="http://mybenefits.metlife.com">mybenefits.metlife.com</a> 866-626-3705
Short-Term and Long-Term Disability Insurance	New York Life	<a href="http://www.newyorklife.com/group-benefit-solutions">www.newyorklife.com/group-benefit-solutions</a> 888-842-4462
Massachusetts Paid Family & Medical Leave (MA PFML)	State of Massachusetts	<a href="http://www.mass.gov/DFML">www.mass.gov/DFML</a> 833-344-7365
Life, Supplemental Life, and AD&D Insurance	New York Life	<a href="http://www.newyorklife.com/group-benefit-solutions">www.newyorklife.com/group-benefit-solutions</a> 888-842-4462
Legal Plan	MetLife Legal Plans	<a href="http://members.legalplans.com">members.legalplans.com</a> 800-821-6400
Employee Assistance Program (EAP)	New Directions	<a href="https://eap.ndbh.com">https://eap.ndbh.com</a> (company code: milford regional) 800-624-5544
Identity Theft Protection	Allstate	<a href="http://www.myaip.com/">www.myaip.com/</a> 800-789-2720
Livongo Diabetes Program	Livongo	<a href="mailto:membersupport@livongo.com">membersupport@livongo.com</a> 800-945-4355
Hinge Health	Hinge Health	<a href="http://hingehealth.com/milford">hingehealth.com/milford</a> 855-902-2777
Pet Insurance	Nationwide	<a href="http://www.petinsurance.com/milfordregional">www.petinsurance.com/milfordregional</a> 877-738-7874
Auto and Home Insurance	RogersGray	<a href="http://www.rogersgray.com/mrmc/">www.rogersgray.com/mrmc/</a> 508-209-6057
403(b) Partnership Retirement Plan	Transamerica	<a href="http://www.transamerica.com/portal/">www.transamerica.com/portal/</a> 800-755-5801
Employee Discounts	Working Advantage	<a href="http://workingadvantage.com">workingadvantage.com</a> company code: 804346359

This document serves as your Summary of Material Modification, as required by ERISA. The benefit guides, benefit summaries, contracts and summary plan descriptions are components of the official Plan document, which legally governs the administration of each welfare benefit plan. Milford Regional reserves the right to amend or terminate any or all of the benefits described in your open enrollment materials, in whole or in part, at any time. No statement in this or any other document, and no oral representation, should be construed as a waiver of this right.