

Open Enrollment Guide 2026

Open Enrollment

October 27 – November 14, 2025



It's Time to Consider Your Benefit Needs

Open Enrollment is **October 27 – November 14, 2025** for coverage effective January 1, 2026. This is the time to review your current benefits and choose the benefits that best meet the needs of you and your family.



Read this Guide to determine which benefits meet your needs.



Review information available on **[BILH Benefits Central](#)** to learn more about 2026 benefit options.



Enroll in your 2026 benefit choices between October 27 – November 14, 2025.

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You and BILH—A Partnership

Beth Israel Lahey Health (BILH) is committed to supporting the wellbeing of employees and family members with comprehensive Total Rewards programs and resources.

Our 2026 benefits program is available for employees who are in a budgeted position regularly scheduled to work 20 or more hours per week and is designed to provide you the flexibility to choose the benefits that best meet the needs of you and your family.

Your 2026 Benefits

We offer a common set of benefit programs across BILH in 2026. BILH continues to pay a substantial share of the cost of medical benefits for our colleagues and covered dependents.

Here's an overview of changes to your 2026 health and wellbeing benefits:

- **Lower cost sharing for pediatric care** received from Tier 3 providers for those in the Flex HMO and Flex Plus HMO plans.
- **Reduced Tier 1 deductibles** in some plans, and **lower out-of-pocket maximums** in all HMO plans.
- Due to ongoing health care cost inflation, **you will see an increase in medical and dental premiums.**
- **Short-Term Disability** will no longer require Evidence of Insurability in order to enroll. Note that pre-existing condition limitations may affect claim approval. See [page 19](#) for details.
- The ability to contribute more to the **Flexible Spending Accounts (FSAs)** for 2026, enhancing potential tax savings.

All other health and welfare benefit offerings will remain the same for the 2026 plan year.

A few important things to note: The benefit plans summarized in this document highlight the options available to eligible employees who are in a budgeted position regularly scheduled to work 20 or more hours per week. This summary is intended to assist you in understanding the benefits available to you and is not a legal document, binding agreement, or contract. For plan specific information or additional benefit information, please refer to the plan documents. The provision of benefits does not indicate continued employment. BILH reserves the right to change, amend, and discontinue benefits at any time. We strive to provide the highest quality benefit programs and services possible. Please do not hesitate to contact the **BILH HR Service Center** with any questions, comments, or concerns. You can do so by [creating a case](#) in Workday or calling **617-667-5000**.



2026 Rates

You can find 2026 rates by navigating the Open Enrollment article in the Help Center on [Workday](#). Or contact the **BILH HR Service Center** by [creating a case](#) in Workday or calling **617-667-5000**.



Introduction

Eligibility

Employees who are in a budgeted position regularly scheduled to work 20 or more hours per week are eligible to enroll in the benefits described in this Guide.

Eligible Dependents

Eligible dependents include:

- Your legal spouse;
- Your dependent children (through the end of the month in which they turn 26); **or**
- A child of any age who has a disability that prevents the child from self-sustaining employment and who is dependent upon you for support.

Enrolling in Your Benefits

Open Enrollment is the time to review your current benefits and choose the benefits that best meet the needs of you and your family. Once Open Enrollment has ended, you may not make changes to your benefits until the next Open Enrollment period, unless you have a qualifying status change such as marriage, divorce, or birth or adoption of a child.

You will enroll for your 2026 benefits in Workday. You can log in to Workday by [computer](#) or use the mobile app on your phone. In the [The Workday Resource Center](#), you can find videos and step-by-step enrollment instructions.

Note: As in the past, Joslin employees will enroll using ADP.

Open Enrollment: October 27 – November 14, 2025

Benefit elections you make during Open Enrollment will be effective January 1, 2026.

Get Answers to Your Benefits Questions



The **BILH HR Service Center** is staffed by HR representatives who can answer questions about the 2026 benefit plan options, where to find more information, how to enroll, and more. The **BILH HR Service Center** is available Monday through Friday from 7:30 a.m. to 5:00 p.m. [Create a case](#) in Workday or call **617-667-5000**.

Coming in 2026: Verify Your Dependents



BILH will be verifying dependents covered under all of our benefit plans in 2026 to ensure they meet eligibility requirements. Take a few minutes during Open Enrollment to review your dependents and confirm the information is accurate.

Having Trouble Logging In to Workday?

For help logging in to Workday or with technical issues, contact the IT Service Desk:

- **Call:** Your local IT Service Desk number
- **Go online:** Go to **BILH Service Desk** where you can chat with a Service Desk technician or fill out the [Create Incident](#) form.

If You Don't Enroll...

We strongly encourage you to review all 2026 plan options and to choose the plan(s) that will best meet your needs for next year. If you do not make an election by 11:59 p.m. on November 14, 2025, you will default to the following benefits beginning January 1, 2026:

Medical, Dental & Vision



- If you are currently enrolled in a BILH plan, you will be enrolled in the same plan for 2026.
- If you are currently waiving coverage, you will not have coverage in 2026 unless you actively enroll during Open Enrollment.

Disability Insurance



- If you are currently enrolled in Short Term Disability (STD), you will be enrolled in the same STD coverage for 2026.
- If you currently participate in Buy-Up Long Term Disability (LTD), your coverage will continue for 2026.
- If you do not currently participate in either program, you will not have coverage in 2026 unless you actively enroll.

Flexible Spending Accounts (FSAs) and Commuter Program



- As always, **you must actively re-enroll in the FSA each plan year**. If you do not, you will not have an FSA account for 2026. Your current plan year election does not carry over into 2026.
- You must **re-enroll** if you want to participate in the commuter program for 2026; your election does not carry over from 2025.

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



- If you currently are enrolled in supplemental life insurance, dependent life insurance and/or voluntary AD&D insurance, your coverage(s) will continue at the same amounts. Evidence of Insurability may be required if you want to increase your coverage (see [page 21](#)).
- If you do not currently have any of these coverages, you will not have coverage in 2026 unless you actively enroll. Evidence of Insurability may be required.

All Other Benefits

(Legal, Critical Illness, Hospital Indemnity, Accident Insurance)



- If you are currently enrolled in legal, critical illness, hospital indemnity, and/or accident insurance, your coverage will continue unless you make a change during Open Enrollment.
- If you do not currently participate in any of these programs, you will not have coverage in 2026 unless you actively enroll during Open Enrollment.

ET/PTO Cashout/Sell

You may have the opportunity to cash out/sell a fixed number of paid time off days, with some changes for 2026, based on your organization's policy. If eligible, you must make this election in Workday during Open Enrollment. Visit **Manage Absence** in Workday to learn more.



You must make your elections by November 14, 2025. No Open Enrollment changes will be accepted after this date.

Paying for Your Benefits

Many benefits described in this Guide are paid for with pre-tax contributions, meaning they are deducted from your pay before Federal, Social Security, and State taxes are withheld. This lowers your taxable income and your subsequent tax liability, reducing your actual cost for these benefits.

Disability, life and AD&D insurance, and voluntary benefits (critical illness, hospital indemnity, accident insurance, and legal) are paid for on an after-tax basis.

To review the rates for the 2026 benefits, visit Workday or contact the BILH HR Service Center by [creating a case](#) or calling 617-667-5000.

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Explore Your BENEFIT RESOURCE

Visit BILH Benefits Central

BILH Benefits Central is your one-stop shop for everything you need to know about BILH's benefit programs.

- Access it **any time, any place** from your smartphone, tablet, or laptop
- Easily review **information, tools, and resources** for all of the benefits we offer—from A (Accident Insurance) to W (Wellbeing)
- Find out **who to contact** if you have questions about any of our benefit programs

Visit the site by scanning the QR code on your smartphone or visit <https://flimp.live/BILH-Benefits>.



Health Benefits

Medical Plan Options

You can choose from four medical plan options available through Harvard Pilgrim Health Care (HPHC). They include a range of coverage levels and costs, giving you the flexibility to select the plan that is right for you and your family.

There are three Health Maintenance Organization (HMO) options and one Preferred Provider Organization (PPO) option. Under the HMO plans, providers and facilities are assigned to Tier 1, 2, or 3 based on a variety of factors including quality and cost; you pay less when you use providers/facilities in the lower Tiers. *Note that employees who live in a zip code which is 20 or more miles from a BILH PCP are eligible to elect the Basic Out-of-Area PPO.*

Detailed comparisons of the plan options can be found at harvardpilgrim.org/bilh. See [page 6](#) for definitions of key terms about the medical plan options.

BILH Network Premier HMO

The BILH Network Premier HMO offers two Tiers of coverage with the lowest premiums and **no Tier 3 or out-of-network coverage**.* There are different copays, deductibles, and coinsurance for Tier 1 and Tier 2 providers/facilities. **Note:** Those with an annual base salary below \$60,000 will pay lower paycheck premiums for this plan. If this applies to you, you will see the lower rate when you enroll.

Flex HMO

The Flex HMO offers three Tiers of coverage, but no out-of-network coverage.* There is an annual deductible and coinsurance for certain services, and copays for other care, based on the Tier of the provider/facility you use. The premiums for the Flex HMO are priced between the BILH Network Premier HMO and the Flex Plus HMO.

Flex Plus HMO

The Flex Plus HMO is similar to the Flex HMO, with a higher premium and a lower deductible. This plan offers three Tiers of coverage and no out-of-network coverage.* There is an annual deductible and coinsurance for certain services, and copays for other care, based on the Tier of the provider/facility you use.

Access PPO

The Access PPO offers the most flexibility because you can elect to see any provider (no Tiers). You will pay less for care when you use in-network providers but also have access to any provider you choose (out-of-network). You will pay the highest premium from your paycheck for this plan. You are not required to choose a PCP with this plan.

For HMO Plans, You Must Elect a Primary Care Provider (PCP)—Consider a BILH PCP

With each of the HMO medical plans, you must select a PCP who coordinates your care and can provide you with referrals to specialists. Be sure to include the name and provider number of your PCP when you enroll. Visit the online provider directories at harvardpilgrim.org/bilh to find a PCP and verify the Tiers of all your current providers/facilities and where they perform services.

*Except in the case of a medical emergency.

Understanding Provider/Facility Tiers for HMOs

You will pay less when you use a Tier 1 provider/facility and there are no copays for visits to a BILH PCP!

All BILH providers and facilities are Tier 1. By utilizing our system, you will receive high-quality care while paying the lowest copays based on the plan.

Copays and annual deductibles at Tier 2 or Tier 3 providers/facilities will be higher.

Coinsurance will apply for certain services and will be higher at Tier 2 and 3.

Note: Providers may change Tiers, so be sure to confirm the Tier before seeking services by visiting harvardpilgrim.org/bilh.

What Tier Is Your Provider/Facility In?

As you consider which medical plan best meets your needs, check to see the Tier of all providers and the facilities where they perform services. In addition, once you have enrolled in a plan, check the Tier of any new providers before you receive care, even if you were referred by your PCP. Your provider and facility may have different Tiers, so be sure to confirm. Contact a Harvard Pilgrim Member Advocate from MyConnect (see [page 11](#)) if you need help finding your provider or facility's Tier.

Note that the BILH Network Premier HMO uses the BILH Network Premier provider network, and the Flex and Flex Plus HMOs use the same Flex HMO provider network.

Out of State Coverage and Out-of-Area Dependent Coverage

With the HMO Plans, if you have a dependent child up to age 26 who resides outside of the HPHC enrollment area, that child can be registered as an out-of-area dependent with HPHC. Your registered dependent can then receive most of the same coverage available under the plan as though they were in the enrollment area. With the Access PPO plan, employees and their dependents (both spouse and children) living outside of the HPHC enrollment area have access to in-network providers and services through HPHC's national provider network. To learn more, visit harvardpilgrim.org/bilh or call your **Harvard Pilgrim Member Advocate team** at **866-623-0194**.

Key Terms to Know

Copay: Flat amount you pay for a medical appointment or service.

Coinsurance: Percentage you pay for a medical service.

Deductible: Yearly amount you must pay before services are covered.

Out-of-pocket maximum: Maximum amount you will pay in copays and coinsurance during a plan year.

Premium: Amount you pay for insurance from your paycheck.

Primary Care Provider (PCP): Administers your annual physical and provides referrals for further care.

Tier: Level of a provider or facility for the HMO medical plan options, which determines how much you pay out-of-pocket.

Hospital Tiers: BILH Network Premier, Flex and Flex Plus HMO Plans

Please see below for the 2026 list of hospitals, by Tier, for Massachusetts and New Hampshire. To find Tiers for PCPs, specialists, and hospitals (including those for other states in the Harvard Pilgrim network: Maine, New York, Rhode Island, and Vermont), use the BILH provider directory at harvardpilgrim.org/bilh. It's important to note that Tier 3 providers do not participate in the **BILH Network Premier HMO** plan.

Massachusetts

Tier 1 Hospitals

Addison Gilbert Hospital
 Anna Jaques Hospital
 Beth Israel Deaconess Medical Center
 Beth Israel Deaconess Hospital – Needham
 Beth Israel Deaconess Hospital – Milton
 Beth Israel Deaconess Hospital – Plymouth
 Beverly Hospital
 Lahey Hospital and Medical Center
 Mount Auburn Hospital
 New England Baptist Hospital
 Winchester Hospital

Tier 2 Hospitals

Athol Memorial Hospital
 Baystate Franklin Medical Center
 Baystate Noble Hospital
 Baystate Wing Hospital
 Berkshire Medical Center
 Boston Children's Hospital
 Boston Medical Center
 Brown University Health – Morton Hospital
 Brown University Health – Saint Anne's Hospital
 Charlton Memorial Hospital
 Dana-Farber Cancer Institute
 Fairview Hospital
 Good Samaritan Medical Center
 Harrington Hospital
 Heywood Hospital
 Holy Family Hospital
 Holy Family Hospital – Merrimack Valley Campus
 Holyoke Medical Center, Inc.
 Lawrence General Hospital
 Mercy Medical Center
 North Adams Regional Hospital Corporation

Saint Vincent Hospital
 Signature Healthcare
 Brockton Hospital
 St. Elizabeth's Medical Center
 St. Luke's Hospital
 Sturdy Memorial Hospital
 The Cambridge Health Alliance
 Tobey Hospital
 UMass Memorial
 HealthAlliance – Clinton Hospital
 UMass Memorial – Marlborough Hospital

Tier 3 Hospitals

Baystate Medical Center
 Brigham and Women's Hospital*
 Brigham and Women's
 Faulkner Hospital
 Cape Cod Hospital
 Cooley Dickinson Hospital
 Emerson Hospital
 Falmouth Hospital
 Lowell General Hospital
 Martha's Vineyard Hospital
 Massachusetts Eye and Ear Infirmary
 Massachusetts General Hospital*
 MelroseWakefield Healthcare
 Metrowest Medical Center (Framingham Union Hospital and Leonard Morse Hospital)
 Milford Regional Medical Center, Inc.
 Nantucket Cottage Hospital
 Newton-Wellesley Hospital
 Northshore Medical Center (Salem Hospital and Union Hospital)
 South Shore Hospital
 The Shriner's Hospital for Children (Boston and Springfield)
 Tufts Medical Center
 UMass Memorial Medical Center (Hahnemann, Memorial and University Campuses)

New Hampshire

Tier 1 Hospitals

Exeter Hospital

Tier 2 Hospitals

Alice Peck Day Memorial Hospital
 Catholic Medical Center
 Concord Hospital – Franklin
 Cottage Hospital
 Frisbie Memorial Hospital
 Huggins Hospital
 Monadnock Community Hospital
 New London Hospital
 Parkland Medical Center
 Southern NH Medical Center
 Speare Memorial Hospital
 St. Joseph Hospital
 The Cheshire Medical Center

Tier 3 Hospitals

Androscoggin Valley Hospital
 Concord Hospital
 Concord Hospital – Laconia Elliot Hospital
 Littleton Regional Hospital
 Mary Hitchcock Memorial Hospital
 Portsmouth Regional Hospital
 The Memorial Hospital
 Upper Connecticut Valley Hospital
 Valley Regional Hospital
 Weeks Medical Center
 Wentworth-Douglass Hospital

** Includes satellite facilities and ancillary services.*

Choosing Your Medical Coverage

All plans cover a wide range of medical and preventive care. As you make your decision, keep in mind which plan in total will cost you less for the entire year. Consider both paycheck deductions (premiums) and out-of-pocket costs when you receive care that you expect to need this upcoming year. Do you prefer to have a higher premium deduction taken from your paycheck each pay period (cost of coverage) and pay less when you use the medical plan (cost of care)? Or would you be comfortable with a lower premium deduction from your paycheck and pay more when (or if) you use services?

	BILH Network Premier HMO	Flex HMO	Flex Plus HMO	Access PPO
Paycheck Cost	\$	\$\$	\$\$\$	\$\$\$\$
Tiers Covered	Tier 1 and Tier 2 only	Tiers 1, 2, and 3	Tiers 1, 2, and 3	N/A
Plan Highlights	- Lowest premium of all plan options. 2-tier plan. Lower deductible for Tier 1 and out-of-pocket maximum in 2026. No coverage for Tier 3 or out-of-network unless in an emergency. - Uses providers from BILH Network Premier HMO network (mostly BILH providers).	- Higher premium than BILH Network Premier HMO. 3-tier plan. Lower deductible for Tier 1 and out-of-pocket maximum in 2026. Lower cost sharing for pediatric care received from Tier 3 providers. No out-of-network coverage unless in an emergency. - Uses providers from Flex HMO network.	- Similar to Flex HMO, with higher premium and lower deductible. 3-tier plan. Lower deductible for Tier 1 and out-of-pocket maximum in 2026. Lower cost sharing for pediatric care received from Tier 3 providers. No out-of-network coverage unless in an emergency. - Uses providers from Flex HMO network.	- Highest premiums. - No tiers. Coverage for in- and out-of-network providers.
You May Want to Choose This Plan If....	- You mostly use Tier 1 providers, but sometimes use Tier 2. - You never use Tier 3 providers except in an emergency. - You want a plan with the lowest premium contribution. - You would rather pay more for care when received and a lower contribution from your paycheck.	- You mostly use Tier 1 and 2 providers, but want access to Tier 3 providers if needed. - You want a “mid-range” deduction from each paycheck for your premiums.	- You want regular access to Tier 3 providers, along with Tier 1 and 2 providers. - You are willing to pay a higher premium from your paycheck to have access to Tier 3 providers, and to pay less when you receive services from those providers.	- You want to be able to see any provider (in- and out-of-network). - You are willing to pay the highest premiums from your paycheck in exchange for access to any provider you wish.

Basic Out-of-Area PPO

The Basic Out-of-Area PPO is available if you live in a zip code which is 20 or more miles from a Tier 1 BILH Primary Care Provider (PCP). Visit harvardpilgrim.org/bilh to learn more about this plan.

Comparing Your 2026 Medical Plan Options

	BILH Network Premier HMO		Flex HMO			Flex Plus HMO			Access PPO	
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	In-Network	Out-of-Network
Annual Deductible (member/family)	\$800/\$1,600	\$2,500/\$5,000	\$800/\$1,600	\$2,500/\$5,000	\$6,000/\$12,000	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$500/\$1,000	\$2,000/\$4,000
Out-Of-Pocket Maximum (includes medical copays, coinsurance and deductible)	\$2,750/\$5,500 member/family		\$7,500/\$15,000 member/family			\$7,500/\$15,000 member/family			\$6,000/\$12,000 member/family	
Preventive Care Visits	\$0 (covered in full)		\$0 (covered in full)			\$0 (covered in full)			\$0 (covered in full)	30% coinsurance after deductible
PCP Office Visits	\$0 (covered in full)	\$50 copay (covered in full for children up to age 19)	\$0 (covered in full)	\$50 copay (covered in full for children up to age 19)	\$80 copay (\$50 copay for children up to age 19)	\$0 (covered in full)	\$30 copay (covered in full for children up to age 19)	\$50 copay (\$30 copay for children up to age 19)	\$20 copay	30% coinsurance after deductible
Specialist Office Visits	\$40 copay	\$100 copay (\$40 copay for children up to age 19)	\$40 copay	\$100 copay (\$40 copay for children up to age 19)	\$160 copay (\$100 copay for children up to age 19)	\$40 copay	\$60 copay (\$40 copay for children up to age 19)	\$100 copay (\$60 copay for children up to age 19)	\$40 copay	30% coinsurance after deductible
Outpatient Mental Health/ Substance Use Disorder Treatment	\$0 (covered in full)		\$0 (covered in full)			\$0 (covered in full)			\$0 (covered in full)	30% coinsurance after deductible
Inpatient Mental Health/Substance Use Disorder Treatment	10% coinsurance after deductible		10% coinsurance after deductible			10% coinsurance after deductible			10% coinsurance after deductible	30% coinsurance after deductible
Urgent Care	\$40 copay	\$100 copay (\$40 copay for children up to age 19)	\$40 copay	\$100 copay (\$40 copay for children up to age 19)	\$160 copay	\$40 copay	\$60 copay (\$40 copay for children up to age 19)	\$100 copay	\$40 copay	30% coinsurance after deductible
Emergency Room (ER) Care (waived if admitted)	\$200 copay		\$200 copay			\$200 copay			\$150 copay	

Comparing Your 2026 Medical Plan Options (cont'd)

	BILH Network Premier HMO		Flex HMO			Flex Plus HMO			Access PPO	
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	In-Network	Out-of-Network
Emergency Admission	10% coinsurance after deductible		10% coinsurance after deductible			10% coinsurance after deductible			10% coinsurance after deductible	
Inpatient Hospital	10% coinsurance after deductible	30% coinsurance after deductible (10% coinsurance after deductible for children up to age 19)	10% coinsurance after deductible	30% coinsurance after deductible (10% coinsurance after deductible for children up to age 19)	50% coinsurance after deductible (30% coinsurance after deductible for children up to age 19)	10% coinsurance after deductible	20% coinsurance after deductible (10% coinsurance after deductible for children up to age 19)	40% coinsurance after deductible (20% coinsurance after deductible for children up to age 19)	10% coinsurance after deductible	30% coinsurance after deductible
Day Surgery (including scopic procedures, e.g., colonoscopy)	10% coinsurance after deductible	30% coinsurance after deductible (10% coinsurance after deductible for children up to age 19)	10% coinsurance after deductible	30% coinsurance after deductible (10% coinsurance after deductible for children up to age 19)	50% coinsurance after deductible (30% coinsurance after deductible for children up to age 19)	10% coinsurance after deductible	20% coinsurance after deductible (10% coinsurance after deductible for children up to age 19)	40% coinsurance after deductible (20% coinsurance after deductible for children up to age 19)	10% coinsurance after deductible	30% coinsurance after deductible
Hospital Based Lab/ X-Ray/ Diagnostic and High End Radiology (MRI, CT, PET)	\$40 copay	30% coinsurance after deductible (10% coinsurance after deductible for children up to age 19)	\$40 copay	30% coinsurance after deductible (10% coinsurance after deductible for children up to age 19)	50% coinsurance after deductible (30% coinsurance after deductible for children up to age 19)	\$40 copay	20% coinsurance after deductible (10% coinsurance after deductible for children up to age 19)	40% coinsurance after deductible (20% coinsurance after deductible for children up to age 19)	\$40 copay	30% coinsurance after deductible
Non-Hospital Based Lab/X-Ray/ Diagnostic and High End Radiology (MRI, CT, PET)	\$40 copay	\$100 copay (\$40 copay for children up to age 19)	\$40 copay	\$100 copay (\$40 copay for children up to age 19)	\$160 copay (\$100 copay for children up to age 19)	\$40 copay	\$60 copay (\$40 copay for children up to age 19)	\$100 copay (\$60 copay for children up to age 19)	\$40 copay	30% coinsurance after deductible

MyConnect: Personalized, Convenient Support From Harvard Pilgrim



Need help finding a BILH provider? Want to talk to someone about your medical plan options? Looking for support managing a condition? Harvard Pilgrim MyConnect is here to help. Your dedicated Member Advocate team can guide you before, during, and after Open Enrollment—and help you make the most of your medical plan all year long.

How Your Member Advocate Team Can Help

Medical Plan Guidance	Connect You With the Right Resources
• Explain your medical plan options • Help you change your PCP • Help you find a specialist and other providers • Explain how you can save money by seeing Tier 1 providers in the BILH network • Go over your deductible and out-of-pocket maximum balances • Resolve a billing issue • Find out the status of a claim submitted by your provider • And more	• Chronic condition support. Harvard Pilgrim's Clinical Care team of nurse care managers and other professionals can help assess your needs, coordinate health care services, develop a customized plan for you and provide ongoing support—all in coordination with your PCP. • Behavioral health support. Get guidance about resources like virtual and digital therapy, pediatric support, specialized services, and self-service tools. For complex concerns, a Harvard Pilgrim Behavioral Health Service Navigator can work with you to find the right care and schedule an appointment.

Get Started Today

Contact your Member Advocate team by phone, via the app or online—whatever is most convenient for you: Tuesday and Thursday: 8 a.m. – 6 p.m., Wednesday: 10 a.m. – 6 p.m. and Friday: 8 a.m. – 5:30 p.m.

- **Phone:** Call **866-623-0194**; (have your Harvard Pilgrim ID number ready); you can receive assistance in multiple languages if needed
- **Chat:** Send a secure message through the MyConnect app
- **Online:** Send a secure message through your Harvard Pilgrim online member account at www.harvardpilgrim.org/bilh

How to Get the Free MyConnect App

Download the Harvard Pilgrim MyConnect app from the Apple App Store or Google Play and use access code **HAPICONNECT**.



Prescription Drug Coverage

If you enroll in one of the medical plans, you will receive prescription drug coverage from InScript. The pharmacy benefit is the same for all the HMO plan options, with different copays for the PPO.

The InScript network includes the BILH Pharmacy as well as CVS, Rite Aid, Walgreens, Target, Walmart, Stop & Shop, and more. For a list of participating pharmacies, visit www.inscriptrx.org/patients. You must fill 90-day supplies of medications as well as certain other types of medications at a BILH Pharmacy.

Your prescription copay amount (how much you pay) is based on the type of drug you are using:

- **Generic**—Generic consists of low-cost generic drugs and are at the lowest-copay level. These drugs contain the same active ingredients as their brand-name counterparts.
- **Preferred**—Preferred consists primarily of brand-name drugs that InScript has determined to be more effective, less costly, or to have fewer side effects than similar medications. These drugs typically do not have a generic equivalent available.
- **Non-Preferred**—Non-preferred consists mostly of high-cost brand-name drugs with lower cost generic and/or brand alternatives. These drugs have been selected by the plan based on review of the relative safety, effectiveness, and cost of the many brand-name drugs on the market. In some cases, non-preferred may include generic drugs determined to be more costly than their brand-name alternatives.
- **Specialty**—Specialty drugs are high-cost medications used to treat rare, chronic and complex health conditions. Note that all specialty medications must be filled through BILH Specialty Pharmacy.

Save Money When You Use a BILH Pharmacy with HMOs

If you enroll in one of the HMO options, you will pay less if you use home delivery or a retail BILH, Lahey, or BIDMC pharmacy.

Transfer your current prescriptions by filling out the [BILH Pharmacy Direct enrollment form](#), and be sure to ask your doctor to send new prescriptions to a BILH pharmacy!

To learn more, email PharmacyEnrollment@bilh.org or call **781-352-6710**.



Prescription Drug Coverage

	BILH Network Premier, Flex & Flex Plus HMOs			Access and Basic Out-of-Area PPOs		
	BILH Pharmacy & Home Delivery		Retail Network Pharmacy	BILH Pharmacy & Home Delivery		Retail Pharmacy
	30-Day Supply	90-Day Supply	30-Day Supply Only	30-Day Supply	90-Day Supply	30-Day Supply Only
Generic	\$5	\$12.50	\$10	\$10	\$25	\$10
Preferred Brand	\$25	\$62.50	\$30	\$30	\$75	\$30
Non-Preferred Brand	\$40	\$100	\$60	\$60	\$150	\$60
Specialty	\$40	\$100	Not covered	\$100	\$250	Not covered
Out-of-Pocket Maximum	\$3,000 member/\$6,000 family			\$3,000 member/\$6,000 family		

Your annual out-of-pocket maximum for prescriptions is \$3,000 if you enroll in individual coverage, or \$6,000 if you have one or more dependents. You can save money on prescriptions by asking your doctor to prescribe generic medications, when possible. You can learn more by visiting www.inscriptrx.org/patients or by downloading the mobile app. If you have questions, you can call InScript at 855-542-1819.

Specialty Medication Copay Assistance Program

The BILH Copay Assistance Program helps reduce out-of-pocket costs incurred by members of our health insurance plans for certain high-cost medications, called “specialty medications.” You and/or your covered dependents will be contacted if you take a qualifying specialty medication. You can also call 617-589-1162 to confirm if your specialty medication is eligible for financial support through the program.



List of Covered Drugs



The prescription drug program uses an official list of covered drugs called the formulary. You can learn more about the formulary by visiting www.inscriptrx.org/patients.

Dental Plan Options

You can choose from two dental plan options available through Delta Dental. When you use Delta Dental PPO or Premier network providers, you will have lower costs when you visit the dentist.

Both plans include the "Right Start 4 Kids Program" that covers 100% of the cost for diagnostic, preventive, basic, and major restorative (in High Option) care for children up to age 13. There are no changes to the plans but there will be an increase in premiums for 2026.

- 1

Low Option—The Low Option offers lower premiums and a lower annual deductible, but does not cover Type 3 (major restorative) services or orthodontia, and does not allow you to roll over unused claim dollars from one year to the next.
- 2

High Option—The High Option has higher premiums and provides a higher level of coverage, including Type 3 (major restorative) services and orthodontia (for dependents up to age 19), and allows you to roll over some of your unused claim dollars from one year to the next.

Verify Your Dentist

Dentists often change networks. For more information or to see if your dentist is in the Delta Dental PPO Plus Premier network, visit deltadentalma.com (and select your plan in the drop-down menu: Delta Dental PPO Plus Premier) or download their app.

To learn more, visit deltadentalma.com or call 800-368-4708.

	Delta Dental Low Option and High Option What You Pay	
	Low Option	High Option
Annual Deductible (amount you pay each year before the plan begins to pay)	\$25 individual/\$75 family Type 2 only; \$0 deductible for children age 12 and under	\$50 individual/\$150 family Type 2 & 3 only; \$0 deductible for children age 12 and under
Type 1: Diagnostic & Preventive (oral exams, cleanings, full-mouth, bitewing, and single-tooth x-rays, fluoride treatments*, space maintainers*, and sealants*)	\$0 (covered in full; includes 2 yearly exams with cleanings)	\$0 (covered in full; includes 2 yearly exams with cleanings)
Type 2: Basic Restorative Services (fillings, extractions, oral surgery, periodontal surgery, root canal therapy, anesthesia, bridge, or denture repair)	40% coinsurance, after deductible for adults; \$0 for children age 12 and under	20% coinsurance, after deductible for adults; \$0 for children age 12 and under
Type 3: Major Restorative Services (fixed bridges and crowns, dentures, onlays)	Not Covered	50% coinsurance, after deductible for adults; \$0 for children age 12 and under
Type 4: Orthodontia Coverage (complete exam and active orthodontic treatment and appliances)	Not Covered	Only for dependents up to age 19; 50% coinsurance up to \$1,000 lifetime maximum
Plan Year Maximum (the maximum amount the plan pays for covered services in a calendar year)	\$1,000 individual	\$5,000 individual
Rollover Maximum (The maximum amount of unused claim dollars you are permitted to rollover from one plan year to the next)	Not available	Up to \$750/year if annual claims are less than \$1,000 (up to a maximum of \$1,500)

* Frequency and age limitations apply.

Both plans also provide reimbursement for care received from providers outside the Delta Dental PPO Plus Premier network. Non-participating providers may balance bill you; see the Dental Plan summary for more information on out-of-network benefits.

Vision Plan Options

Two vision plan options are available from EyeMed Vision Care: The Low Option and the High Option. Both plans cover eye exams*, frames, lenses, and contact lenses as well as offer a variety of discounts on services and materials. There are no changes to the plans or premiums for 2026.

- 1

Low Option—The Low Option offers lower premiums, requires a \$10 eye exam copay, and pays less for frames and contact lenses.
- 2

High Option—The High Option has higher premiums, does not require an eye exam copay, and pays more for frames and contact lenses.

You have access to a custom provider network that includes BILH providers. You can also access EyeMed’s nationwide network of independent, retail, and online providers—including LensCrafters, Target Optical, Pearle Vision, and Contacts Direct. Visit the [EyeMed directory](#) to search for providers in the Select network.

You have access to a custom provider network that includes BILH providers.

* If you do not elect vision coverage, routine eye exams will be covered under your medical insurance.

	Vision Plan Comparison Chart (In-Network)	
	Low Option	High Option
Routine Eye Exam (once per calendar year)	\$10 copay	\$0 copay
Frames (once every two calendar years)	\$150 allowance, plus 20% off balance	\$175 allowance, plus 20% off balance
Lenses (once per calendar year)	\$10 copay for single vision, bifocal, and trifocal lenses \$75 copay for standard progressive lenses \$95-\$185 copay for premium progressive lenses	\$0 copay for single vision, bifocal, and trifocal lenses \$50 copay for standard progressive lenses \$70-\$175 copay for premium progressive lenses
Contact Lenses (in lieu of lenses; once per calendar year)	Conventional: \$150 allowance, plus 15% off balance Disposable: \$150 allowance	Conventional: \$175 allowance, plus 15% off balance Disposable: \$175 allowance
Plus Other Discounts!	40% off additional pairs of glasses 40% off hearing exams and discounted pricing on hearing aids 15% off LASIK surgery - And more!	

Contact EyeMed at 866-723-0514 or visit [member.eyemedvisioncare.com](#).

Flexible Spending Accounts (FSAs)

Two FSA options give you a smart and convenient way to stretch your benefit dollars and receive real tax savings: the Health Care FSA and Dependent Care FSA. Both are administered through Sentinel Group and allow you to contribute pre-tax dollars through payroll deductions.

You are reimbursed tax-free through the account for eligible expenses. Be sure to review the list of eligible and ineligible FSA expenses on Sentinel's website at www.sentinelgroup.com/BILH-Benefits.

Benefits Card: FSA Debit Card

If you enroll in the FSA plan, you will automatically receive two Sentinel Benefits Cards to use, which are tied to your FSA account. Both cards will come in your name as the BILH employee; however, one of the cards can be given to a spouse or eligible dependent to use (as long as they sign the back of the card). Just activate your cards and you can begin using them to spend your FSA dollars as of January 1, 2026.

Notes: If you enroll in the Health and/or Dependent Care FSA, as well as either the Parking or Transit Commuter Program, you will use the same Benefits Card for all eligible expenses for those programs. **If you enrolled in 2025, you can continue to use the same Benefits Card until it expires.**



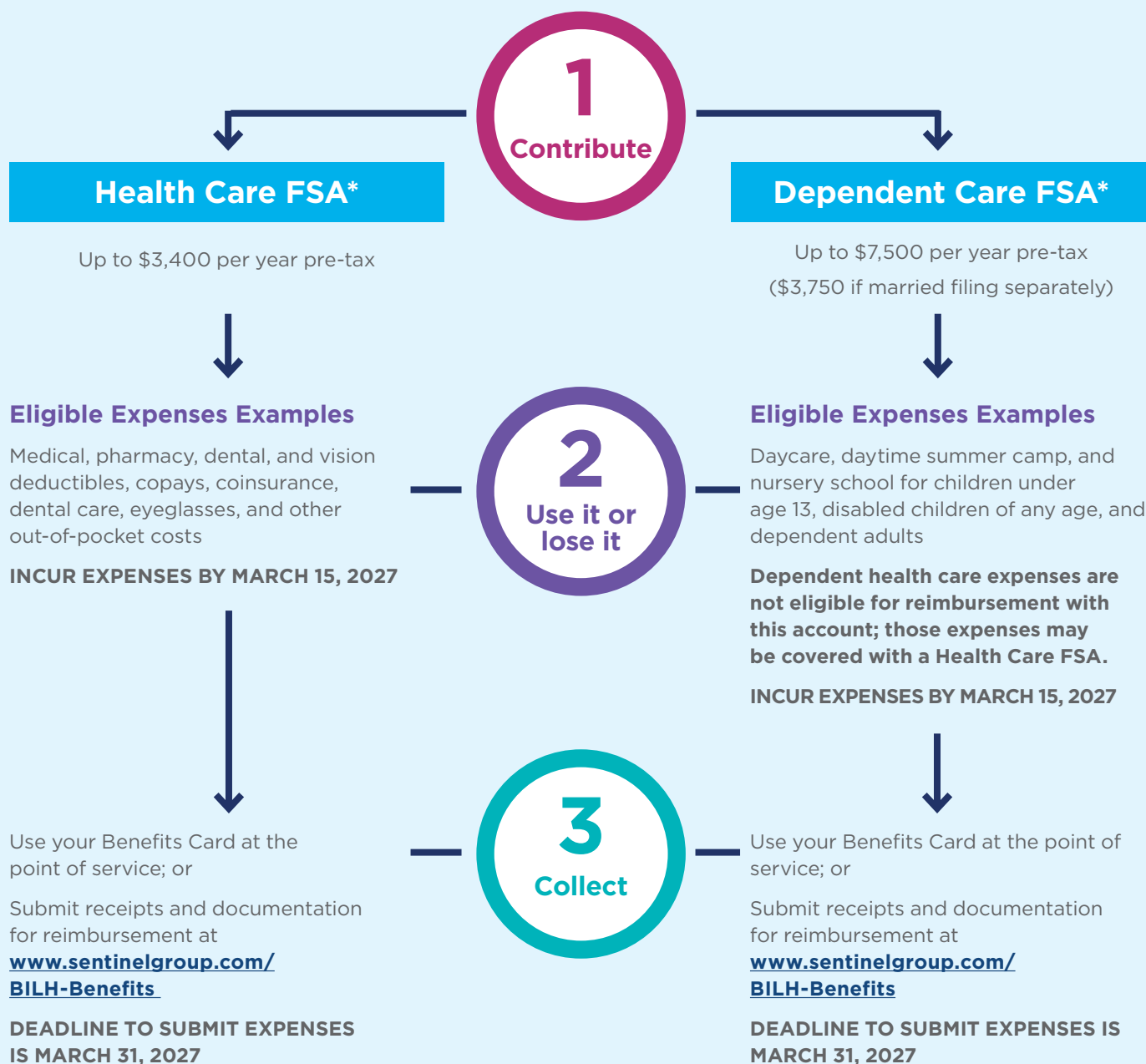
Important

If you want to participate in an FSA, IRS rules require that **you enroll each year (FSA elections do NOT carry over to the next year) and elect an annual amount. You must use the amount you set aside in your account by the deadline or you will lose any remaining funds.**

More information about Flexible Spending Accounts can be found at www.sentinelgroup.com/BILH-Benefits.



How FSAs Work



* FSAs are subject to non-discrimination testing under IRS rules and the maximum amount that you can contribute in a plan year may be reduced. If a change to your contribution is required, you will be notified in the 2026 plan year when the non-discrimination testing audit takes place.

Financial Benefits

Disability

Disability insurance, provided through Unum, is a source of financial protection if you are unable to work due to illness or injury. To learn more visit <https://flimp.live/BethIsraelLaheyHealth> or call 866-679-3054.

Voluntary Short-Term Disability (STD)

STD coverage protects your income in the event of an illness, injury, or during maternity leave. The STD plan pays either 60% or 75% of your base pay (weekly base earnings), up to \$3,000 per week for up to 26 weeks while you remain unable to work due to a qualifying non-work-related illness or injury. You pay the full cost of STD coverage if elected, which is based on the coverage level and elimination period* you select as well as your salary and age as of January 1, 2026.

New this year: Evidence of Insurability is not required for enrolling in STD for the first time. You can elect coverage even if you have been turned down by Unum in the past. Note that pre-existing condition limitations may affect claim approval. See [page 19](#) to learn more.

60% Coverage			75% Coverage
OPTION 1	OPTION 2	OPTION 3	OPTION 4
7 DAY ELIMINATION PERIOD	14 DAY ELIMINATION PERIOD	30 DAY ELIMINATION PERIOD	7 DAY ELIMINATION PERIOD

* Benefit elimination period is the number of consecutive calendar days you need to be out of work totally disabled before your STD benefit would begin.

Massachusetts Paid Family and Medical Leave (MAPFML)

This law provides paid, job-protected family and medical leave benefits to eligible workers in Massachusetts. MAPFML applies to:

- Your own serious health condition
- Bonding with a new child (newborn, recent adoption, or foster care placement)
- Complications resulting from the military deployment of a family member
- Caring for a family member with a serious illness or injury

In most instances, MAPFML will run at the same time as the existing federal Family Medical Leave Act (FMLA) and Massachusetts leave laws, including the Earned Sick Time Act and the Massachusetts Parental Leave Act; it will not replace or repeal them. That means when you

take time off for a qualifying reason—for example, the birth of a child—it will count toward your maximum leave entitlement under all applicable laws. Weekly benefits under MAPFML are calculated as a percentage of your total earnings up to the maximum of \$1,230.39 per week and will be paid directly by the state.

Please note that there are important regulations that impact the simultaneous collection of both the MAPFML benefit and any accrued paid time off (i.e., vacation, EIB, sick time). For more detailed information, please consult www.mass.gov/DFML. You can also use this calculator (<https://calculator.digital.mass.gov/pfml/yourbenefits/>) to estimate the benefits you may be eligible for if you plan to take leave.

You should carefully consider if you want to elect STD. See **Considerations for Electing Voluntary STD** on [page 19](#) for more information.

Considerations for Electing Voluntary STD

Consider your needs carefully as you decide whether to elect voluntary Short-Term Disability coverage. Here are questions to think about as you make your decision:

- **Are you anticipating a leave for your own medical condition (such as pregnancy, planned surgery or other)?**
- **Have you or will you receive treatment for any condition in the three months before the effective date? If so, this may be considered a pre-existing condition that will not be covered by STD.**
- **How much income do you need to replace during your leave?**
 - Will the MAPFML benefit provide enough income for you during your leave? The maximum weekly benefit is \$1,230.39. Use the calculator (<https://calculator.digital.mass.gov/pfml/yourbenefits/>) to estimate the amount you may be eligible for if you plan to take leave.
 - If you need more, consider either a) using available accrued time to supplement your MAPFML benefits; and/or b) electing STD coverage to supplement your MAPFML benefits.
- If you decide to elect STD coverage, you have a number of decisions:
 - **How much income replacement do you need?**
 - > There are two plan options: 60% or 75% income replacement, up to a weekly maximum of \$3,000.
 - > Note: MAPFML benefits will “offset” STD benefits. This means Unum will pay any additional amount over your MAPFML benefit to achieve 60% or 75% income replacement.
 - **When do you need the STD benefit to start paying?**
 - > Shorter elimination period (7 or 14 days) starts STD benefits sooner but costs more.
 - > Longer elimination period (30 days) costs less but requires more time before benefits pay.

Everyone’s needs are different based on their own situation. It’s important that you take time to understand the MAPFML law, review all available information and think carefully about your needs for the upcoming year.

Long-Term Disability (LTD)

If you experience a covered disability, the LTD plan will replace a portion of your salary if you are disabled and out of work for more than 180 days. Generally, benefits are payable to age 65. LTD benefits and/or payment periods may reduce beginning at age 65.

Basic LTD

We automatically provide eligible employees working 20 or more hours a week with Basic LTD coverage equal to 60% of monthly pay (maximum of \$10,000 per month). Basic LTD is provided at no cost to you.

Buy-Up LTD

If you would like additional coverage, you may elect Optional Buy-Up LTD (for a total of 66 2/3% coverage up to a monthly maximum of \$15,000). You pay for Optional Buy-Up LTD on an after-tax basis.

Pre-Existing Condition Limitation for STD

A pre-existing condition is a condition for which you received medical treatment, consultation, care or services, including diagnostic measures, or took prescribed drugs or medicines for your condition during the three months before you enrolled in STD. The plan will not cover any disability related to your pre-existing condition until 12 months after your coverage effective date. You may be eligible to use your STD coverage for a disability claim that is not related to your pre-existing condition within the first 12 months of coverage. Contact [Unum](#) to learn more.

Life and Accidental Death & Dismemberment Insurance

BILH provides basic life insurance to eligible employees. For added protection, you may purchase supplemental life insurance for yourself and your dependents.

You can also purchase Voluntary Accidental Death & Dismemberment (AD&D) insurance coverage specifically for accidental death or injury.

Life and AD&D insurance is administered by Voya.

Notes: Basic, supplemental and spouse life insurance and voluntary AD&D insurance coverage reduces beginning at age 65. In addition, when Evidence of Insurability (EOI) is required, coverage will not become effective until approved by the insurance company.

Basic Life Insurance

We automatically provide you with basic employee life insurance coverage at no cost to you.

The benefit is: 1x your annual base pay, up to the maximum (combined with supplemental life) of \$2,250,000

Supplemental Life Insurance

You may purchase or increase supplemental life insurance coverage for yourself, your spouse, and your children, as described in the boxes below. You pay the rate based on your age as of January 1, 2026 for coverage for yourself and your spouse; the cost for children is a single rate no matter how many you cover.

Note: If you wish to enroll a spouse and/or child, you must elect supplemental life insurance for yourself of equal or greater value.



Note: Imputed income tax applies to basic life insurance benefits valued at over \$50,000.

You may elect to reduce your basic life insurance to \$50,000 (called the “Tax Choice”) so you do not have to pay imputed income tax.

Choose Your Beneficiaries



As part of electing coverage, you will choose beneficiaries for each policy. It is important to keep your beneficiary information updated as life changes occur.

Employee

LIFE INSURANCE AMOUNT

1 to 8x your annual base pay in increments of 0.5x, rounded to the next higher \$1,000, up to \$2,250,000 maximum
(combined with basic life)

Spouse

LIFE INSURANCE AMOUNT

\$10,000 to \$300,000* in \$10,000 increments

Children**

LIFE INSURANCE AMOUNT

\$10,000 or \$15,000*

* Cannot exceed 100% of the approved employee supplemental life insurance amount.

** Children are eligible for coverage until they reach age 26, except an eligible child of any age who has a disability that prevents the child from self-sustaining employment and who is dependent upon you for support.

Evidence of Insurability May Be Required



If you are not currently enrolled in Employee Supplemental Life Insurance, Evidence of Insurability (EOI) is required to elect coverage. EOI is a process in which Voya must review your medical background to approve or deny your enrollment in the plan prior to your enrollment taking effect. If you are currently enrolled in Employee Supplemental Life Insurance, you can increase coverage by 0.5x or 1x salary to a total maximum of \$500,000 without EOI. For Spouse Life Insurance, any enrollment after first becoming eligible or any increase in spouse life insurance coverage will require Evidence of Insurability. EOI is not required for electing or increasing Child Life Insurance.



Voluntary AD&D Insurance

You have the option to purchase additional protection if you suffer certain injuries or die as the result of an accident. You can elect AD&D coverage as shown in the boxes below. You pay the rate for the amount of coverage as well as who you will cover (spouse and/or children).

Employee	Spouse	Children**
AD&D INSURANCE AMOUNT 1 to 6x your annual base pay in increments of 0.5x, rounded to the next higher \$1,000, up to \$1,500,000 maximum	AD&D INSURANCE AMOUNT \$10,000 to \$300,000* in \$10,000 increments	AD&D INSURANCE AMOUNT \$10,000 or \$15,000*

* Cannot exceed 100% of the employee voluntary AD&D insurance amount.
** Children are eligible for coverage until they reach age 26, except an eligible child of any age who has a disability that prevents the child from self-sustaining employment and who is dependent upon you for support.

This voluntary benefit plan will pay AD&D benefits in addition to any other life insurance. Depending on the type of physical loss, you may receive part or all of your benefit. In the event of death, your beneficiary would receive the benefit amount. No Evidence of Insurability is required.

Accident Insurance

The accident insurance plan through Voya provides benefits to help cover the costs associated with unexpected bills due to a covered accident.

When an accident occurs on or off the job, the last thing you should have to worry about is paying for the charges that may be accumulating while you're not at work. You can enroll in coverage for yourself, your spouse, or your child(ren) and you can choose between a High and Low plan to best meet your needs.

If you buy this insurance and get hurt in an accident, Voya will provide benefit payments to you for covered injuries. You can use these payments however you'd like, such as for uncovered medical expenses or ongoing living expenses.

Accident insurance includes additional financial protection that can assist you and your family:

- **Sport Accident Benefits:** Coverage is increased by 25% (up to an additional \$1,000) if the accident occurs during an organized sport or activity.
- **Health System Benefits:** If you use a BILH provider or facility to treat your injuries, coverage is increased by 25% percent (up to an additional \$1,000).

We encourage you to carefully consider the benefits of accident insurance, and enroll if it makes good sense for you and your family, particularly if active in sports.

To learn more about the accident insurance benefit, and to compare between the High and Low options, visit <https://presents.voya.com/EBRC/BILH2>.

Did You Know...?



Accident insurance can help with more than just medical claims or hospital bills.

Use it to cover ancillary expenses such as groceries, utility bills, or lost income from taking time off work to care for yourself or your dependent during their accident-related injury.



About Voluntary Benefits

The accident insurance, critical illness, and hospital indemnity plans are not health insurance and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

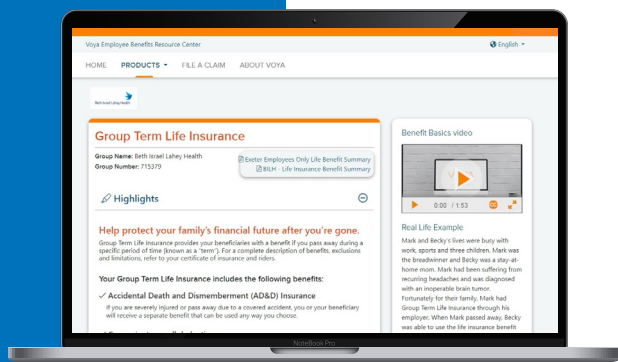
Learn About Programs on Voya Website

You can find videos, plan descriptions, and more for the programs administered by Voya:

- Life Insurance
- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance



Scan this QR code or visit <https://presents.voya.com/EBRC/BILH2> to learn more about these programs.



Critical Illness Insurance

Critical illness insurance through Voya can help cover the extra expenses associated with a severe, life-threatening illness.

When a serious illness happens to you or a loved one, this coverage provides you with a lump-sum payment upon diagnosis. Payments may be used to help pay for expenses generally not covered by medical and disability income coverage.

Upon diagnosis with a qualifying serious illness after the coverage effective date, you can receive an immediate lump-sum benefit. You can use those funds any way you choose. You can elect coverage for you, your spouse, or your child(ren).

You \$15,000 or \$30,000	Your Spouse 100% of the employee's benefit	Your Child(ren) 50% of the employee's benefit
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Benefits are payable at 100% of the coverage level for most covered illnesses unless otherwise noted in the certificate and policy document.

The rate you pay depends on your age, amount of coverage elected, and who you cover (spouse and/or children).

Added Benefits for Wellness

Every year, you, your covered spouse and covered child can also receive \$75 for getting a health screening test, such as blood tests, chest X-rays, stress tests, colonoscopies, mammograms, COVID-19 screenings, and other tests listed in your policy.



Covered Illness Examples:

Heart attack, stroke, coronary artery bypass graft, Alzheimer's, and major organ transplant. In addition, this coverage includes an Infectious Disease benefit that will pay \$100 benefit upon diagnosis of a covered infectious disease, and additional amounts if it requires hospital confinement.

Hospital Indemnity Insurance

With an average cost of more than \$15,000 per hospital stay in the U.S., it's easy to see why having hospital indemnity insurance coverage through Voya may make good financial sense to help complement your medical coverage.

The plan pays a fixed daily benefit payment if you have a covered stay in a hospital. If you are admitted to the hospital (non-ICU), you can receive a \$550 hospital admission benefit and a \$50 per day confinement benefit. **The plan provides a higher level of benefit—two times the above amount—if you are admitted to a BILH facility.**

Features of this insurance include:

- Guaranteed acceptance for you and other eligible family members (you can elect coverage for yourself only, or for your spouse and/or eligible children)
- Benefits double if you are admitted to or confined at a BILH facility
- Payments are made directly to you, not your health care provider
- Covers maternity care admission for mother and newborn

The amount you pay for coverage depends on the amount of coverage elected and who you cover (spouse and/or children).

To learn more about the hospital indemnity benefit, visit <https://presents.voya.com/EBRC/BILH2>.

Legal Insurance

You have the option of purchasing legal coverage through ARAG.

Legal insurance isn't just for the serious issues, it's for your everyday needs, too. Legal insurance helps you address common situations like creating wills, transferring property, or buying a home.

With ARAG, you have access to a network of attorneys that cover 100% of the cost of most covered matters, including:

- Preparation of wills and trusts
- Divorce and family law matters
- Tax issues
- Bankruptcy
- Administrative hearings
- Debt matters
- Real estate transactions
- And more

To learn more about the ARAG legal insurance plan, visit www.araglegal.com/plans?access_code=10183bil or call **800-247-4184**.

Hospital Indemnity Notice



IMPORTANT: This is a fixed indemnity policy, **NOT** health insurance.

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most federal consumer protections that apply to health insurance.

Retirement Benefits

Saving for a more secure financial future is important, and retirement benefits to help you save are a valuable component of our comprehensive Total Rewards program.

You can find information about your organization's retirement benefits on your local intranet or by contacting the BILH HR Service Center.

Paid Time Off

BILH offers paid time off that can be used when you are absent due to vacation, holidays, illness, personal reasons and emergency situations.

You can find information about your organization's time off benefits on your local intranet or by contacting the BILH HR Service Center.

As a reminder, you may be eligible to cash out/sell paid time off (PTO) days during Open Enrollment. See [page 3](#) and review your organization's time off policy to learn more.

Commuter Program

The Commuter program* allows you to put away pre-tax dollars for situations where you have to pay to park and/or take public transportation in the process of commuting to and from work.

This program—which does not replace local subsidized parking or commuter programs—is available to all organizations within the BILH system.* There are two different Commuter plan types to choose from:

- The **Parking FSA** allows you to use pre-tax dollars to pay for parking at or near work, as well as at or near a location from which you commute to work by mass transit, by vanpooling, in a commuter highway vehicle, by carpool, or by any other means.
- The **Transit FSA** allows an employee to use pre-tax dollars to pay for any pass, token, voucher, or similar item that provides transportation on mass transit facilities, including: train, bus, and ferry. It also covers eligible vanpool arrangements.

You can enroll at any time using the **Commuter Transit or Parking Change** event on Workday and your benefit will be effective the first day of the month following your enrollment. If you enroll in the BILH Commuter program for 2026, you will automatically receive two Sentinel Benefits Cards to use, which are tied to your FSA account. Just activate your cards and you can begin using them to spend your 2026 Commuter dollars. **If you enrolled in 2025, you can continue to use the same Benefits Card until it expires.**

More information about the Commuter program can be found at www.sentinelgroup.com/BILH-Benefits.

* If you participate in a subsidized parking or transit plan through a BILH organization, you are not eligible to enroll in the Sentinel Commuter program.



The Commuter program allows you to put away pre-tax dollars for situations where you have to pay to park and/or take public transportation.

Tuition Assistance Benefit

The Tuition Assistance Program, administered by Sentinel Benefits, reimburses you for expenses incurred in pursuing additional education and, in some cases, certifications.

The criteria for becoming eligible, amount available to you for reimbursement, and various types of covered education expenses are all defined in your organization's Tuition Policy. Please consult your organization's policy for specific information about the benefit provided to you.

If you wish to take advantage of the Tuition Assistance Program, you will work with Sentinel Benefits to request and receive payment under the policy. You may access Sentinel's electronic application through their [online portal](#). Your completed application must be received before your course begins. If your application is approved, your request and any corresponding payment will be processed once you provide the required supporting documentation, which is also defined in your organization's Tuition Policy. You can provide this supporting documentation through your online account with Sentinel Benefits. Additional information about logging into your Tuition account with Sentinel can be found by visiting www.sentinelgroup.com/BILH-Benefits.



Need Help with Student Loan Forgiveness?

BILH offers Tuition.io which provides support **at no cost to you**. Visit BILH.tuition.io to create an account using your work email to learn more and see if you are eligible for student loan forgiveness.

Wellbeing Benefits

BILH Living Well: Resources to Help You Focus on YOU

BILH and Harvard Pilgrim are making it easy for you to put your wellbeing first.

Get moving and reduce stress with this customized wellbeing program. Plus, learn about the \$150 wellness reimbursement, discounts and other extras to help you stay healthy.

Go to harvardpilgrim.org/bilhlivingwell for complete details.

Interactive Programs Through Your Online Account*	Featured Ongoing Programs*	Healthy Extras for Harvard Pilgrim Members
• Sign up for your online account and download WebMD's Wellness At Your Side app • Participate in monthly wellbeing challenges, webinars, and activities • Focus on what matters to you—preventive care, physical activity, healthy eating, healing, recovery, stress management, and more	• Pre-recorded mindfulness videos created exclusively for BILH to address the needs of health care workers • Living Well Community virtual classes for the whole family (yoga, cardio dance, strength training, guided mindfulness, health, and wellness webinars and more)	• Up to \$150 in wellness reimbursement (see below) • Discounts and savings on health and wellbeing products and services • Up to \$150 in childbirth class reimbursement • Ovia Health: Get app-based support along your journey through reproductive health, pregnancy, and parenthood

* Available to BILH employees and their spouses (enrollment in a BILH medical plan not required).

Wellness Reimbursement



Get reimbursed for fees you pay for a variety of wellness activities. By going to the gym, doing virtual yoga, or practicing mindfulness on an app, you can be reimbursed up to \$150 per year. **Note:** You must be enrolled in the medical plan and have a qualified wellness membership or subscription for at least 4 months to qualify for this reimbursement.



Employee Assistance Program (EAP)

The Employee Assistance Program (EAP), offered through KGA, provides free, confidential consultations, counseling, and referrals at no cost to you and your adult household members. Contact the EAP for convenient, expert, and confidential support.

Here are some ways KGA will be able to help:

- **COUNSELING:** In-person, phone, or video sessions for emotional and mental health issues
- **CRISIS:** Immediate intervention for depression, anxiety, substance use, etc.
- **COVID-19:** Practical resources and consultations for ongoing issues resulting from the pandemic
- **CONVENIENCE:** Referrals for home and community-based services
- **ELDERCARE:** Consultations and referrals for eldercare services and caregiver support
- **FAMILY & CHILDCARE:** Referrals for childcare needs and support for parenting challenges. Access to family/couples counseling
- **FINANCIAL:** Consultations with licensed professionals for debt management, budgeting, identity theft, and financial planning
- **LEGAL:** Consultations with an attorney and referrals for most legal issues
- **NUTRITION:** Consultations with a registered dietitian on weight management, food allergies, children's nutrition, and other dietary questions
- **STRESS:** Assessment of stress level and techniques/tips for managing stress
- **WORK & CAREER:** Guidance on navigating your current role or exploring a new career

The program is available 24/7 to all employees.

Contact KGA at:

Online: https://my.kgalifeservices.com/?org_code=bilh

Phone: 855-760-BILH (2454)

Get the App: KGA Mobile allows access by phone, text, chat or email when you need assistance. Download KGA Mobile *free* from the App store (iPhone) or Play store (Android).

Learn More: Watch this 90-second overview video at <https://kgreer.wistia.com/medias/wnpcz0w6vy>



Care.com

Care.com can help you find caregivers for your whole family, including your child(ren), parents/grandparents, and/or pets as well as your home.

Your employee benefits include a free Care.com membership, Expert Assistance, and **up to 15 Backup Care days per year**. You can book Backup Care for children or adults up to 90 days in advance (for in-home care) or 30 days in advance (for in-center care), and up to 2 – 4 hours before care begins. In-home care requires a \$16 hourly copay, and in-center care requires a \$10 daily copay, and BILH pays the remaining cost.

In addition to the Backup Care benefit, you can use Expert Assistance to find nannies and babysitters, tutors, special needs caregivers, pet sitters and groomers, adult companion care, and housekeepers.

Visit bilh.care.com to register using your work email and get started finding the care you need.

Please visit your local intranet for information on other childcare benefits that may be available through your organization.

Benefits and Discounts Through BenefitHub

BenefitHub is a centralized website with access to benefits and discounts specifically for our employees.

When you log on to BenefitHub, you'll have access to:



Auto and Home Insurance. Discounted rates for auto and home insurance from Liberty Mutual or Farmers Insurance. You can log on to BenefitHub for access to new coverage and rates at the end of your policy period.



Pet Insurance. Discounted insurance for your pets through Nationwide that provides medical protection for accidents and illness. You can log on to BenefitHub for access to new coverage and rates at the end of the policy period.



Identity Theft Protection Insurance. Protect and monitor your personal information and guard against identity theft.



Discounts on everything from hotels, movie tickets, apparel, and more!



Help Finding Tickets to Concerts, Games, & More through The Best Seats VIP.

You can access and enroll in programs and policies any time during the year through BenefitHub.

Log into BenefitHub at <http://bilhperks.benefithub.com/> and enter the Referral Code: BE1UCI.

Benefit Resources

Benefits Contacts		
Benefit	Administrator	Contact Information
BILH HR Service Center	BILH	Create a case in Workday 617-667-5000
Medical	Harvard Pilgrim Health Care	866-623-0194 harvardpilgrim.org/bilh
Prescription Drug	InScript	855-542-1819 www.inscriptrx.org/patients
	BILH Pharmacy	781-352-6710 PharmacyEnrollment@bilh.org
Dental	Delta Dental	800-368-4708 deltadentalma.com
Vision	EyeMed	866-723-0514 member.eyemedvisioncare.com
Flexible Spending Accounts/ Commuter/Tuition Assistance Benefit	Sentinel Group	888-762-6088 https://www.sentinelgroup.com/BILH-Benefits
Disability	Unum	866-679-3054 (general questions) 866-330-3266 (to file a claim) https://flimp.live/BethIsraelLaheyHealth
Life and AD&D Insurance	Voya	800-955-7736 https://presents.voya.com/EBRC/BILH2
Critical Illness/Hospital Indemnity/Accident Insurance	Voya	877-236-7564 https://presents.voya.com/EBRC/BILH2
Legal Insurance	ARAG	800-247-4184 https://www.araglegal.com/plans?access_code=10183bil
Employee Assistance Program (EAP)	KGA	855-760-BILH (2454) https://my.kgalifeservices.com/?org_code=bilh
Care.com	Care.com	bilh.care.com
Discounts/Other	BenefitHub	866-664-4621 bilhperks.benefithub.com Referral Code: BE1UCI

About this Guide

This Guide provides information on benefits offered to employees of the following organizations:

- Anna Jaques Hospital
- Beth Israel Deaconess Hospital Milton, Inc.
- Beth Israel Deaconess Hospital Needham, Inc.
- Beth Israel Deaconess Hospital Plymouth, Inc.
- Beth Israel Deaconess Medical Center, Inc.
- Beth Israel Lahey Health, Inc.
- Beth Israel Health Performance Network, LLC
- Beth Israel Lahey Health Primary Care, Inc.
- Beth Israel Lahey Health Specialty Care, Inc.
- Community Physician Associates, Inc.
- Joslin Diabetes Center
- Lahey Clinic Hospital, Inc.
- Lahey Clinic, Inc.
- Medical Care of Boston Management Corp., Inc., d/b/a Beth Israel Deaconess HealthCare a/k/a Affiliated Physicians Group
- Mount Auburn Hospital
- Mount Auburn Professional Services, Inc.
- New England Baptist Hospital
- New England Baptist Medical Associates, Inc.
- Northeast Behavioral Health Corporation
- Northeast Hospital Corporation
- Northeast Professional Registry of Nurses
- Northeast Senior Health Corporation
- Seacoast Affiliated Group Practice, Inc.
- Winchester Hospital

This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the “plan documentation”) for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual’s rights under any employee benefit plan or program. BILH reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause. This document serves as a Summary of Material Modifications (SMM) and supplements the Health and Welfare Summary Plan Description (SPD). It describes changes effective January 1, 2026 and is intended to supplement the SPD. Please retain this guide for future reference and share it with your covered family members.