Beth Israel Lahey Health

Open Enrollment Guide 2027

Choose with Confidence

October 26 – November 13, 2026



Get Started

Beth Israel Lahey Health

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Welcome to BILH Benefits

We provide benefits and resources to support your physical, emotional, and financial wellbeing and help you and your family make the most of what's available.

Need Help? BILH HR Service Center is available to answer your questions. Create a case in Workday or call **617-667-5000**.

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 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 a Dependent for the First Time?

If you are enrolling a dependent who has not yet been verified through the BILH Dependent Verification process, you will be required to verify that this individual qualifies as an eligible dependent. Acceptable documentation includes a government-issued marriage certificate, birth certificate, or recent tax return. If you don't successfully verify your dependents by December 31, 2026, they will be removed from coverage.

- **Have your documents ready?** Upload them through your Open Enrollment event in Workday before you submit.
- **Still gathering your documents?** Go ahead and submit your Open Enrollment elections; we'll contact you later with instructions! Just remember to take action in Workday **before December 31, 2026**.

KEY TERMS TO KNOW

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

Coinsurance: Percentage of the total cost of a medical service that you are expected to pay.

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

Flexible Spending Account (FSA): A tax-advantaged account that allows you to set aside pre-tax dollars to pay for eligible expenses.

Health Savings Account (HSA): A tax-advantaged savings account available to individuals enrolled in an HSA-eligible high deductible health plan (HDHP).

Out-of-pocket maximum: Maximum amount you will pay in copays, coinsurances, and deductibles 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.

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****.*

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Your 2027 Open Enrollment Checklist

Open Enrollment is October 26 to November 13, 2026. Coverage is effective January 1, 2027.

Step 1 Review Your Benefit Options

- Read the information you received in your home mail and via your BILH email about 2027 benefit changes; these include a new medical plan offering—the BILH Network High Deductible HSA plan.
- Visit **BILH Benefits Central** and **Workday** to review 2027 plan information and rates.

Step 2 Decide Whether You Want to Make Changes

As you consider the options available in this guide, review your current elections in **Workday** and think about whether you may want to change:

- Medical, dental, and vision coverage
- Tax-advantaged accounts (HSA and FSA)
- Disability coverage
- Life and AD&D insurance
- Legal, accident, critical illness, and hospital indemnity insurance
- Commuter benefits

Step 3 Choose with Confidence

Visit **BILH Benefits Central** to connect with resources that will help you determine which benefits will best meet the needs of you and your family:

- Hyke—an online decision support tool
- One-on-One Consultations with a Harvard Pilgrim medical plan expert
- Educational Webinars
- Open Enrollment Fairs at many locations/sites

Step 4 Complete Your Enrollment

Enroll in Workday between October 26 and November 13, 2026. The enrollment deadline is 11:59 p.m. on November 13, 2026. **No Open Enrollment changes will be accepted after the deadline.**

You can log in to Workday on your computer or mobile web browser, or use the Workday mobile app on your phone. In the **Workday Resource Center**, you can find videos and step-by-step enrollment instructions.

Finally, don't forget to save or print your confirmation statement!

KNOW WHAT HAPPENS IF YOU DON'T ACT

Coverage that automatically continues if currently enrolled:

- Medical, dental, and vision coverage
- Short-Term Disability
- Basic and Buy-up Long-Term Disability
- Basic and Supplemental life insurance
- Dependent life insurance
- Accidental Death & Dismemberment insurance
- Legal insurance
- Accident insurance
- Critical illness insurance
- Hospital indemnity insurance

Coverage that does not carry over:

- Flex Plus HMO enrollments will be defaulted to the Flex HMO
- Health Care FSA
- Dependent Care FSA
- ET/PTO Cashout/Sell Election

Elections must be made during Open Enrollment if you wish to participate in 2027.

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Medical Plan Coverage

BILH offers four medical plan options through Harvard Pilgrim Health Care. All plans provide comprehensive coverage for preventive care, doctor visits, hospital services, prescription drugs, and other health care needs.

They differ in how much you pay from your paycheck, how much you pay when you receive care, and the providers available to you.

QUESTIONS TO ASK YOURSELF

Before selecting a medical plan, consider:

- How often do I expect to need medical care next year?
- Am I comfortable paying more out of pocket before insurance begins sharing costs?
- Would lower paycheck deductions help me more than lower costs when I receive care?
- Do I regularly see specialists or receive ongoing treatment?
- How many prescription medications do I take?
- Which doctors, hospitals, and facilities do I want to use?
- Could I afford an unexpected medical expense if I choose a higher deductible plan?
- Am I interested in building tax-advantaged savings through an HSA?

Hyke, an online enrollment support tool, can help you understand your medical plan options and choose the coverage that best aligns with your unique health care needs.

MEDICAL PLAN COVERAGE AT A GLANCE

Which plan may be right for you?

Plan	Choose this plan if:
BILH Network High Deductible HSA	You are comfortable taking on more upfront medical and prescription costs in exchange for lower premiums and want the opportunity to build tax-advantaged savings for current and future health care expenses.
BILH Network Premier HMO	You primarily use BILH providers and facilities, want the lowest premiums among the non-high deductible medical plan options, and do not need access to Tier 3 providers except in emergencies.
Flex HMO	You want access to Tier 1, Tier 2, and Tier 3 providers and are looking for a balance between paycheck costs and out-of-pocket expenses.
Access PPO	You want the flexibility to see providers both in- and out-of-network and are willing to pay higher premiums in exchange for broader provider access.

Medical Plan Coverage continued

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Comparing Medical Plan Options

Understanding Total Cost

When comparing medical plans, remember to consider both:

- Your per-paycheck premium
  - What you pay each pay period for coverage
- Your costs when you receive care
  - Deductibles
  - Copays
  - Coinsurance
  - Prescription costs

A plan with the lowest premiums may not have the lowest overall cost if you or your family expects significant health care needs during the year.

Use the charts on **pages 7 - 11** to compare deductibles, out-of-pocket maximums, copays, coinsurance, and provider access for each medical plan option. A chart showing prescription drug coverage for all plans can be found on **page 17**.

Understanding Provider/Facility Tiers in the BILH HMO Plans

- You will pay less when you use a Tier 1 provider/facility
- All BILH providers and facilities are Tier 1. By utilizing our system, you will receive high-quality care while paying lower out-of-pocket costs
- Copays, coinsurances, and annual deductibles at Tier 2 or Tier 3 providers/facilities will be higher

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

FOR HMO PLANS, YOU MUST SELECT 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. If available, include the 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.

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.

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What's Different Between the Plans?

	BILH Network High Deductible HSA	BILH Network Premier HMO	Flex HMO	Access PPO
Designed for:	Employees and families who want lower premiums and are interested in building tax-advantaged savings for health care expenses.	Employees and families who primarily use BILH providers and want the lowest premiums among the non-high deductible medical plan offerings.	Employees and families who want access to a broader network of providers while maintaining lower premiums than the PPO.	Employees and families who prioritize provider choice and flexibility.
It offers:	• Lower premiums than other BILH medical plans, in exchange for higher annual deductibles, out-of-pocket maximums, and coinsurances—**for both medical and prescription coverages** • Access to Tier 1 and Tier 2 providers and facilities, but no Tier 3 coverage except for emergencies • The ability to open and contribute to a Health Savings Account (HSA); use this account to pay for today's medical expenses, or invest and save for the future • A contribution from BILH to your HSA to help offset your out-of-pocket health care expenses	• Access to Tier 1 and Tier 2 providers and facilities, but no Tier 3 coverage except for emergencies • Lower premiums than the Flex HMO and Access PPO • No-cost visits to BILH primary care providers and in-network outpatient mental health services • Lower costs when you use BILH providers (Tier 1)	• Access to Tier 1, Tier 2, and Tier 3 providers • No-cost visits to BILH primary care providers and in-network outpatient mental health services • No out-of-network coverage except for emergencies • The most flexible network of our HMO plans, while maintaining lower costs when you use BILH providers (Tier 1)	• Access to both in- and out-of-network providers and facilities • No provider tiers • No-cost visits for in-network outpatient mental health services • No requirement to select a primary care provider, and no need to receive referrals for specialty care • The broadest provider access available for BILH plans • Higher premiums than all other BILH plan options

IMPORTANT TO UNDERSTAND

The BILH Network High Deductible HSA works differently than the other BILH medical plans.

Because the deductible is higher, you'll pay more out of pocket before the plan begins sharing the cost of most medical and prescription drug services. While your premiums will be lower, your costs when you need care may be significantly higher until you reach the deductible.

This plan may be a good fit if you're comfortable managing higher upfront health care costs and want to take advantage of the HSA's savings opportunities.

Medical Plan Coverage continued

View a side-by-side comparison of the plans.

BILH Network High Deductible HSA

BILH Network High Deductible HSA
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BILH Network Premier HMO

Flex HMO

Access PPO

	Tier 1	Tier 2
Annual Deductible[1]	$2,000 member/$4,000 family (includes prescription drug costs)	$4,000 member/$8,000 family (includes prescription drug costs)
BILH Maximum Annual HSA Contribution[2]	$1,000 member/$2,000 family	
Out-of-Pocket Maximum[3] **(includes medical copays, coinsurance and deductibles)**	$5,000 member/$10,000 family (includes prescription drug costs)	$7,500 member/$15,000 family (includes prescription drug costs)
Preventive Care Visits	$0 (covered in full)	
PCP Office Visits	20% coinsurance after deductible	40% coinsurance after deductible (20% coinsurance after deductible for children ages 18 and under)
Specialist Office Visits	20% coinsurance after deductible	40% coinsurance after deductible (20% coinsurance after deductible for children ages 18 and under)
Outpatient Mental Health/ Substance Use Disorder Treatment	20% coinsurance after deductible	
Inpatient Mental Health/ Substance Use Disorder Treatment	20% coinsurance after deductible	

[1] *If you have family coverage, the family deductible must be met before cost sharing applies (the individual deductible will never apply).*

[2] *BILH contributes to the HSA on a per-pay period basis.*

[3] *In the BILH Network High Deductible HSA plan, prescriptions are also subject to the Deductibles and Out-of-Pocket Maximums shown above.*

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Note: Family applies when one or more dependents are enrolled in the plan.

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BILH Network Premier HMO

Flex HMO

Access PPO

	Tier 1	Tier 2
Urgent Care	20% coinsurance after deductible	40% coinsurance after deductible (20% coinsurance after deductible for children ages 18 and under)
Emergency Room (ER) Care (waived if admitted)	20% coinsurance after deductible	20% coinsurance after deductible
Emergency Admission	20% coinsurance after deductible	20% coinsurance after deductible
Inpatient Hospital	20% coinsurance after deductible	40% coinsurance after deductible (20% coinsurance after deductible for children ages 18 and under)
Day Surgery (including diagnostic scoping procedures)	20% coinsurance after deductible	40% coinsurance after deductible (20% coinsurance after deductible for children ages 18 and under)
Hospital Based Lab/X-Ray/ Diagnostic and High End Radiology (MRI, CT, PET)	20% coinsurance after deductible	40% coinsurance after deductible (20% coinsurance after deductible for children ages 18 and under)
Non-Hospital Based Lab/X-Ray/ Diagnostic and High End Radiology (MRI, CT, PET)	20% coinsurance after deductible	40% coinsurance after deductible (Deductible, then 20% coinsurance for children ages 18 and under)

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BILH Network Premier HMO

BILH Network High Deductible HSA | BILH Network Premier HMO | Flex HMO | Access PPO

	Tier 1	Tier 2
Annual Deductible	$800 member/$1,600 family	$2,500 member/$5,000 family
BILH HSA Contribution	Not Applicable	
Out-of-Pocket Maximum (includes medical copays, coinsurance and deductibles)	$2,750 member/$5,500 family	
Preventive Care Visits	$0 (covered in full)	
PCP Office Visits	$0 (covered in full)	$50 copay (covered in full for children ages 18 and under)
Specialist Office Visits	$40 copay	$100 copay ($40 copay for children ages 18 and under)
Outpatient Mental Health/ Substance Use Disorder Treatment	$0 (covered in full)	
Inpatient Mental Health/ Substance Use Disorder Treatment	10% coinsurance after deductible	
Urgent Care	$40 copay	$100 copay ($40 copay for children ages 18 and under)
Emergency Room (ER) Care (waived if admitted)	$200 copay	
Emergency Admission	10% coinsurance after deductible	
Inpatient Hospital	10% coinsurance after deductible	30% coinsurance after deductible (10% coinsurance after deductible for children ages 18 and under)
Day Surgery (including diagnostic scoping procedures)	10% coinsurance after deductible	30% coinsurance after deductible (10% coinsurance after deductible for children ages 18 and under)
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 ages 18 and under)
Non-Hospital Based Lab/X-Ray/ Diagnostic and High End Radiology (MRI, CT, PET)	$40 copay	$100 copay ($40 copay for children ages 18 and under)

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Flex HMO

BILH Network High Deductible HSA | BILH Network Premier HMO | Flex HMO Page 1 Page 2 | Access PPO

	Tier 1	Tier 2	Tier 3
Annual Deductible	$800 member/$1,600 family	$2,500 member/$5,000 family	$6,000 member/$12,000 family
BILH HSA Contribution	Not Applicable		
Out-of-Pocket Maximum (includes medical copays, coinsurance and deductibles)	$7,500 member/$15,000 family		
Preventive Care Visits	$0 (covered in full)		
PCP Office Visits	$0 (covered in full)	$50 copay (covered in full for children ages 18 and under)	$80 copay ($50 copay for children ages 18 and under)
Specialist Office Visits	$40 copay	$100 copay ($40 copay for children ages 18 and under)	$160 copay ($100 copay for children ages 18 and under)
Outpatient Mental Health/ Substance Use Disorder Treatment	$0 (covered in full)		
Inpatient Mental Health/ Substance Use Disorder Treatment	10% coinsurance after deductible		
Urgent Care	$40 copay	$100 copay ($40 copay for children ages 18 and under)	$160 copay
Emergency Room (ER) Care (waived if admitted)	$200 copay		
Emergency Admission	10% coinsurance after deductible		

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Flex HMO (cont'd)

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	Tier 1	Tier 2	Tier 3
Inpatient Hospital	10% coinsurance after deductible	30% coinsurance after deductible (10% coinsurance after deductible for children ages 18 and under)	50% coinsurance after deductible (30% coinsurance after deductible for children ages 18 and under)
Day Surgery (including diagnostic scoping procedures)	10% coinsurance after deductible	30% coinsurance after deductible (10% coinsurance after deductible for children ages 18 and under)	50% coinsurance after deductible (30% coinsurance after deductible for children ages 18 and under)
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 ages 18 and under)	50% coinsurance after deductible (30% coinsurance after deductible for children ages 18 and under)
Non-Hospital Based Lab/X-Ray/ Diagnostic and High End Radiology (MRI, CT, PET)	$40 copay	$100 copay ($40 copay for children ages 18 and under)	$160 copay ($100 copay for children ages 18 and under)

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Access PPO

BILH Network High Deductible HSA | BILH Network Premier HMO | Flex HMO | Access PPO

	In-Network	Out-of-Network
Annual Deductible	$500 member/ $1,000 family	$2,000 member/$4,000 family
BILH HSA Contribution	Not Applicable	
Out-of-Pocket Maximum (includes medical copays, coinsurance and deductibles)	$6,000 member/$12,000 family	
Preventive Care Visits	$0 (covered in full)	30% coinsurance after deductible
PCP Office Visits	$40 copay	30% coinsurance after deductible
Specialist Office Visits	$40 copay	30% coinsurance after deductible
Outpatient Mental Health/ Substance Use Disorder Treatment	$0 (covered in full)	30% coinsurance after deductible
Inpatient Mental Health/ Substance Use Disorder Treatment	10% coinsurance after deductible	30% coinsurance after deductible
Urgent Care	$40 copay	30% coinsurance after deductible
Emergency Room (ER) Care (waived if admitted)	$150 copay	
Emergency Admission	10% coinsurance after deductible	
Inpatient Hospital	10% coinsurance after deductible	30% coinsurance after deductible
Day Surgery (including diagnostic scoping procedures)	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
Non-Hospital Based Lab/X-Ray/ Diagnostic and High End Radiology (MRI, CT, PET)	$40 copay	30% coinsurance after deductible

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Hospital Tiers

For BILH Network High Deductible HSA, BILH Network Premier, and Flex HMO Plan

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 High Deductible HSA or BILH Network Premier HMO plans.

Tiering does not apply to the Access PPO.



In What Tier Is Your Provider/Facility?

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 via MyConnect (see **page 15**) if you need help finding your provider or facility's tier or visit **harvardpilgrim.org/bilh**.

Note that the BILH Network High Deductible HSA and the BILH Network Premier HMO use the BILH Network Premier provider network, and the Flex HMO uses the Flex HMO provider network.

See the list of hospital tiers on **page 14**.

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 child will have access to an expanded network of care through UnitedHealthcare, and all in-network care will be charged as if it were received in the highest tier within your plan. **Click here to learn more**.

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**.

** Includes satellite facilities and ancillary services.*

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Hospital Tiers (cont'd)

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
- NEW Dana-Farber Cancer Institute
- Joslin Diabetes Center
- Lahey Clinic
- 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
- 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*
- Melrose Wakefield Healthcare
- Metrowest Medical Center (Framingham Union Hospital and Leonard Morse Hospital)
- Milford Regional Medical Center, Inc.
- Nantucket Cottage Hospital
- Newton-Wellesley Hospital
- Salem 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 MemorialHospital
- 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

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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 • Find BILH primary care providers (PCPs) and specialists • Schedule your first appointment with a BILH PCP • Explain how you can save money by seeing Tier 1 providers in the BILH network • Provide 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 or online—whatever is most convenient for you:

- Monday, 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.
- **Online:** Send a secure message through your Harvard Pilgrim online member account at **harvardpilgrim.org/bilh** or through the Harvard Pilgrim mobile app.

During Open Enrollment, Harvard Pilgrim Health Care medical plan experts will be available for one-on-one consultations. Find information on **BILH Benefits Central**.

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Prescription Drug Coverage

If you enroll in a BILH medical plan, you will receive prescription drug coverage from InScript.

The InScript Network

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

Copays and Costs

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

- **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** 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** 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** 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.

PRESCRIPTION DRUG COVERAGE AT A GLANCE

- If you're enrolled in a BILH medical plan, prescription drug coverage is included through InScript
- Those who enroll in the following plans can save money by using a BILH Pharmacy or home delivery service:
  - BILH Network High Deductible HSA (once deductible has been met)
  - BILH Network Premier HMO
  - Flex HMO
- For all plans, specialty medications must be filled through BILH Specialty Pharmacy
- Financial assistance may be available for certain specialty medications. See **page 18** for details.

LIST OF COVERED DRUGS

The prescription drug program uses an official list of covered drugs, including those considered preventive, called the formulary. You can learn more about the formulary by visiting **inscriptrx.org/patients**.

Prescription Drug Coverage continued

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Prescription Coverage: All Plans

		BILH Network High Deductible HSA	BILH Network Premier HMO	Flex HMO	Access PPO
Deductible*		Combined with Medical Deductible: $2,000 member/$4,000 family for BILH Pharmacy & Home Delivery; $4,000 member/$8,000 family for Retail Pharmacy	N/A	N/A	N/A
Preventive Medications		$0 (covered in full)	$0 (covered in full)	$0 (covered in full)	$0 (covered in full)
BILH Pharmacy and Home Delivery – 30 Day Supply	Generic	20% coinsurance after deductible	$5	$5	$10
	Preferred		$25	$25	$30
	Non-preferred		$40	$40	$60
	Specialty		$40	$40	$100
BILH Pharmacy and Home Delivery – 90 Day Supply	Generic	20% coinsurance after deductible	$12.50	$12.50	$25
	Preferred		$62.50	$62.50	$75
	Non-preferred		$100	$100	$150
	Specialty		$100	$100	$250
Retail Network Pharmacy – 30 Day Supply Only	Generic	40% coinsurance after deductible Specialty medications not covered	$10	$10	$10
	Preferred		$30	$30	$30
	Non-preferred		$60	$60	$60
	Specialty		Not covered	Not covered	Not covered
Out-of-Pocket Maximum		Combined with Medical Out-of-Pocket Maximum: $5,000 member/$10,000 family for BILH Pharmacy & Home Delivery; $7,500 member/$15,000 family for Retail Pharmacy	Separate Prescription Drug Out-of-Pocket Maximum: $3,000 member/ $6,000 family	Separate Prescription Drug Out-of-Pocket Maximum: $3,000 member/ $6,000 family	Separate Prescription Drug Out-of-Pocket Maximum: $3,000 member/ $6,000 family

** Deductible does not apply for generic drugs on the HDHP Preventive Drug list.*

Note: Family applies when one or more dependents are enrolled in the plan.

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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.



ONE WAY TO SAVE

For most BILH medical plans, the lowest copays are available when prescriptions are filled through a BILH Pharmacy or home delivery service.

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Health Savings Account (HSA)

Available to those who enroll in the BILH Network High Deductible HSA medical plan.

When you enroll in the BILH Network High Deductible HSA, BILH will initiate creation of your Health Savings Account with Fidelity, subject to any required account verification steps.

Why Consider an HSA?

You control your account	• You can decide whether you want to contribute funds pre-tax each pay period, up to the IRS maximum • You can invest your funds using Fidelity's suite of investment options
IRS maximum contribution	For 2027, the IRS set the HSA contribution limits at $4,500 for employee-only coverage and $9,000 for family coverage. Those age 55 or older can make an additional catch up contribution of $1,000.
BILH contributes to your account	• $1,000 per plan year if you enroll in employee-only coverage* • $2,000 per plan year if you enroll with one or more dependents*
Save on taxes	HSAs offer triple-tax advantages: • Contributions are tax-free • Earnings grow tax-free when invested • Withdrawals for qualified health care expenses are tax-free
Use funds for eligible health care expenses	HSA dollars can be used for expenses such as: • Medical deductibles • Office visit costs • Prescription drugs • Dental expenses • Vision expenses • Eligible health-related purchases
Your money stays with you	Unlike a Flexible Spending Account (FSA), HSA funds never expire. Any unused balance: • Rolls over from year to year • Remains yours if you leave BILH • Can be used for future health care expenses, including during retirement

Setting Up Your HSA

After you enroll in an HSA-eligible health plan, BILH will work with **Fidelity** to create your Health Savings Account (HSA).

Keep in mind:

- If additional actions are required to verify your account, Fidelity will reach out via email
- You'll need to activate your account with Fidelity in order to receive your HSA debit card
- You can control your investments and reimbursement options through your Fidelity account

CURRENTLY ENROLLED IN A HEALTH CARE FLEXIBLE SPENDING ACCOUNT?

If you plan to enroll in the BILH Network High Deductible HSA plan for 2027 and are currently enrolled in a Health Care Flexible Spending Account (FSA), you must spend your remaining balance by December 31, 2026. **If you have remaining funds in your FSA on January 1, 2027, your Health Savings Account will not be created, and you will not be able to make your own contributions or receive employer contributions until April 1, 2027.**

**BILH HSA contributions are made on a per-paycheck basis and count toward the annual IRS maximum for HSA contributions. You will receive the full BILH contribution if you are enrolled in the plan for the entire plan year.*

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Flexible Spending Accounts (FSAs)

Three FSA options give you smart and convenient ways to stretch your benefit dollars and receive real tax savings: The Health Care FSA, Limited Purpose FSA, and Dependent Care FSA.

Plan	Choose this plan if:
Health Care FSA	• You expect to pay out-of-pocket for: – Deductibles – Copays – Coinsurance – Dental expenses – Vision expenses – Prescription medications • IRS Contribution Limit: $3,400
Limited Purpose FSA	• You're enrolled in the BILH Network High Deductible HSA medical plan and want another tax-advantaged way to save for eligible dental and vision expenses • You expect to have out-of-pocket dental or vision expenses, such as orthodontia, eyeglasses, contact lenses, or dental care • You want to preserve your HSA balance for future health care expenses while using pre-tax dollars for eligible dental and vision costs today • You're looking for additional opportunities to lower your taxable income through pre-tax contributions • IRS Contribution Limit: $3,400
Dependent Care FSA	• You pay for: – Daycare – Nursery school – Daytime summer camp – Care for an eligible dependent adult • IRS Contribution Limit: $7,500 for single filers or married filing jointly; $3,750 for married filing separately

FSAs AT A GLANCE

Should you consider an FSA?

- An FSA allows you to pay for eligible expenses with pre-tax dollars
- Health Care FSAs can be used for eligible medical, dental, vision, and prescription expenses. **Note:** this plan is not available to those enrolled in the BILH Network High Deductible HSA medical plan
- Limited Purpose FSAs are available to those who enroll in the BILH Network High Deductible HSA plan. Use your Limited Purpose FSA to pay for dental and vision expenses, preserving your HSA funds for medical expenses or future saving and investing
- Dependent Care FSAs can help pay for eligible childcare and dependent care expenses while you work
- You must enroll each year if you want to participate. Elections do not carry over

GOOD TO KNOW

A Limited Purpose FSA can be used only for eligible dental and vision expenses. It cannot be used for medical or prescription drug expenses. However, it can be paired with an HSA, allowing you to take advantage of both accounts while maximizing your tax savings.

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What's the Difference? HSA vs. Health Care FSA

Both accounts let you set aside pre-tax dollars for eligible health care expenses, but they work differently.

- **Health Savings Account (HSA):** Only available with the BILH Network High Deductible HSA medical plan. Unused funds roll over from year to year and remain yours to keep and invest, even if you leave BILH
- **Health Care Flexible Spending Account (FSA):** Only available to those who enroll in the BILH Network Premier HMO, Flex HMO, and Access PPO plans. Funds are generally intended for expenses incurred during the plan year and are subject to plan grace period rules

Choose the account that works best with your medical plan and anticipated health care expenses.

ALL FSAs ARE ADMINISTERED BY THE SENTINEL GROUP

All three FSA options offered by BILH are administered by the Sentinel Group. If you enroll in one or more FSAs, you will automatically receive two Sentinel Benefits Cards to use, which are tied to your FSA account(s). 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, 2027.

Note: If you enroll in multiple FSAs, 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 2026, you can continue to use the same Benefits Card until it expires.

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

IMPORTANT!

Estimate carefully. Any unused FSA funds remaining after applicable deadlines are forfeited. Health Care, Limited Purpose, and Dependent Care Flexible Spending Account expenses must be incurred by March 15, 2028.

The deadline to submit for reimbursement of eligible expenses is March 31, 2028.



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Dental Plan Options

BILH offers two dental plan options—the Low Option and the High Option. Both plans are administered through Delta Dental.

What's Different Between the Two Plans?

While both plans help you pay for routine dental care, the biggest differences come into play when you need more extensive treatment.

Low Option

Designed for employees and families who expect routine dental care and want lower paycheck deductions. It offers:

- Lower premiums
- Lower annual deductible
- Coverage for preventive care and basic restorative services
- No coverage for major restorative services or orthodontia
- No rollover feature for unused annual benefits

High Option

May be worth considering if you expect higher dental expenses in the coming year. It offers:

- Coverage for major restorative services, such as crowns and dentures
- Orthodontia coverage for eligible dependents ages 18 and under
- A higher plan year maximum
- The ability to roll over unused claim dollars for future use

DENTAL COVERAGE AT A GLANCE

Which dental plan may be right for you?

Plan	Choose this plan if:
Low Option	You mainly use your dental plan for cleanings, exams, and occasional basic care, and you want the lowest premium.
High Option	You expect major dental work, have a child who may need braces, or want more comprehensive coverage and rollover features.

Both plans include the Right Start 4 Kids Program and cover preventive care at 100%.

GOOD TO KNOW

- **Using In-Network Dentists Can Save You Money:** You will generally pay less when you use providers in the Delta Dental PPO Plus Premier network. Because dentists can change network participation, it's a good idea to verify your dentist before enrolling.
- **Need to Check Your Dentist?** Visit Delta Dental's provider directory or contact Delta Dental to confirm whether your dentist participates in the PPO Plus Premier network.
- **Out-of-Network Coverage:** 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.

Dental Plan Options continued

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Dental Plan Options: Compare the Details

Use the chart below to compare deductibles, coinsurance, annual maximums, orthodontia coverage, and rollover features for each plan.

	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 ages 18 and under; 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.*

Note: Family applies when one or more dependents are enrolled in the plan.

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Vision Plan Options

BILH offers two vision plan options—the Low Option and the High Option. Both plans are administered through EyeMed.

Compare the Details

	What You Pay	
	Low Option	**High Option**
Routine Eye Exams (once per calendar year)	$10 copay	$0 copay
Frames (once every other calendar year)	$150 allowance, plus 20% of balance	$175 allowance, plus 20% of 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 for glasses; once per calendar year)	Conventional: $150 allowance Disposable: $150 allowance	Conventional: $175 allowance, plus 15% off balance Disposable: $175 allowance

** Frequency and age limitations apply.*

Your EyeMed Coverage Comes with Discounts!

If you enroll in either Vision plan, you also receive the following 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**.

VISION COVERAGE AT A GLANCE

Which vision plan may be right for you?

Plan	Choose this plan if:
Low Option	You want lower premiums and primarily need routine eye exams and basic vision benefits.
High Option	You purchase glasses or contacts regularly and want richer benefits for exams, frames, and contact lenses.

Both plans cover eye exams, frames, lenses, and contact lenses.

Both plans provide access to EyeMed's network, including participating BILH providers. Visit the EyeMed directory to search for providers in the Select network.

Ask yourself:

- Do I wear glasses or contact lenses?
- Am I likely to purchase new eyewear next year?
- Would higher allowances offset the higher premium?

GOOD TO KNOW

If you do not enroll in vision coverage, routine eye exams remain covered under your medical plan.

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Disability

If you're unable to work because of your own illness, injury, pregnancy, or recovery from a medical condition, disability benefits from MetLife can help replace a portion of your income while you're away from work.

Voluntary Short-Term Disability (STD)

Employee-paid coverage helps replace income during a qualifying non-work-related illness, injury, or maternity leave.

Coverage options:

- Choose 60% or 75% income replacement, for a maximum of $3,000 per week
- You can choose when your benefits begin: Choice of 7-, 14-, or 30-day waiting period from the date of your disability
- You will pay less for a longer elimination period, however, you will need to wait longer for your benefits to begin paying
- Benefits are payable for up to 26 weeks

Basic Long-Term Disability (LTD)

BILH provides Basic Long-Term Disability (LTD) coverage at no cost to eligible employees. This coverage replaces 60% of your income and begins when you have been out of work for 180 days.

Buy-Up LTD

You have the option to purchase additional LTD income protection ("Buy-Up LTD"):

- Increases coverage to 66 2/3% of monthly pay; maximum of $15,000 per month
- You pay for this coverage on an after-tax basis

DISABILITY AT A GLANCE

- STD and LTD programs will be administered by MetLife
- BILH provides Basic Long-Term Disability (LTD) coverage at no cost to eligible employees. This coverage replaces 60% of your income and begins when you have been out of work for 180 days
- You may be eligible for additional benefits under state leave of absence programs, including **Massachusetts Paid Family and Medical Leave (MAPFML)**
- You can elect additional Short-Term Disability (STD) and Buy-Up LTD coverage

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. This includes a pregnancy that begins prior to your Short-Term Disability coverage effective date.

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 MetLife to learn more.

Disability continued

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Massachusetts Paid Family and Medical Leave (MAPFML)

MAPFML is a state-provided leave program for eligible Massachusetts employees. This program provides paid leave for:

- Your own serious health condition
- Bonding with a new child
- Caring for a qualifying family member
- Certain military-related family leave events

Benefit amount:

- Weekly benefits are paid directly by the state.
- Maximum benefit: $1,284.61 per week.

If you live in a state other than Massachusetts, you may be eligible for family and/or medical leave programs in the state where you live.



KEY DECISION

Ask yourself: If I couldn't work for several weeks or months, would my current savings, paid time off balances, and MAPFML payments be enough to cover my expenses?

UNDERSTANDING MAPFML AND STD

Wondering whether you need STD if you have access to MAPFML or another state leave program? Here's the key difference:

- **MAPFML** provides income replacement through a state program but may not replace as much income as you need. **Estimate your weekly payments here.**
- **STD** can help supplement your income and increase your overall level of income replacement during a qualifying disability leave. MAPFML benefits are coordinated with STD benefits.

Is Short-Term Disability Right for You?

You may want to consider STD if:

- You want additional income protection during a medical leave
- You are planning a surgery, maternity leave, or other medical procedure
- The MAPFML benefit alone may not provide enough income for your household
- You would have difficulty covering expenses during an extended absence from work

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

Life and AD&D Insurance from Voya can provide financial protection for your loved ones if something happens to you.

Basic Life Insurance (Paid by BILH)

BILH automatically provides eligible employees with Life Insurance:

- Coverage equal to 1x your annual base pay
- Up to a combined maximum of $2,250,000 (when combined with supplemental coverage)
- No enrollment required

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.



LIFE AND AD&D INSURANCE AT A GLANCE

- BILH provides Basic Life Insurance at no cost to eligible employees
- You can purchase additional coverage for yourself, your spouse, and your children
- Voluntary AD&D provides additional protection for covered accidental injuries and losses
- Open Enrollment is a good time to review your beneficiaries and coverage levels
- Consider increasing coverage if you recently:
  - Got married
  - Had a child
  - Bought a home
  - Took on additional financial responsibilities

Don't Forget!

Review and update your beneficiary information in Workday whenever life changes occur.

Life and AD&D Insurance continued

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Additional Coverage You Can Purchase

Supplemental Life Insurance

Supplemental Life Insurance can help provide additional financial protection for your loved ones by offering extra coverage for you and your eligible dependents, helping ease the financial impact of an unexpected loss.

You can purchase additional coverage for:

Yourself	• 1 to 8 times your annual base pay; in 0.5x salary increments • Up to $2,250,000 combined maximum • EOI may be required
Your spouse*	• $10,000 to $300,000* in $10,000 increments • Cannot exceed 100% of the approved employee supplemental coverage amount • EOI may be required
Your child(ren):**	• $10,000 or $15,000 • Cannot exceed 100% of the approved employee supplemental coverage amount

** 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.*

Voluntary AD&D Insurance

AD&D Insurance provides an additional benefit if death or certain serious injuries result from an accident. You pay for this coverage, in addition to any supplemental life insurance benefits in which you enroll. No Evidence of Insurability (EOI) is required.

Like Supplemental Life Insurance, you can purchase AD&D insurance for:

Yourself	• 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
Your spouse*	• $10,000 to $300,000* in $10,000 increments • Cannot exceed 100% of the approved employee supplemental coverage amount
Your child(ren):**	• $10,000 or $15,000* • Cannot exceed 100% of the approved employee supplemental coverage amount

** 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.*

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.

Life and AD&D Insurance continued

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Do You Need Additional Coverage?

The questions below may help you decide if purchasing Supplemental Life and/or AD&D insurance for yourself or your dependents is the right move for you:

1 *How much coverage do I already have?*

Start with your Basic Life Insurance benefit:

Annual Base Salary × 1

For example:

- $75,000 salary = $75,000 BILH-paid life insurance
- $120,000 salary = $120,000 BILH-paid life insurance

Consider whether this amount would provide enough support for those who depend on you in the event of your death.

2 *Who relies on my income?*

Consider:

- A spouse or partner
- Children
- Aging parents
- Other dependents

The more people who depend on your income, the more supplemental coverage you may want to consider.

3 *How long would I want financial protection to last?*

Consider the financial commitments your family would need to cover if something happened to you, including:

- Mortgage payments
- Education costs
- Everyday living expenses

If those obligations could continue for many years, additional coverage may help provide greater financial security.

4 *Is AD&D coverage important to me?*

AD&D may be worth considering if you want additional financial protection for accidental death or certain serious accidental injuries in addition to your life insurance coverage.

COVERAGE OPTIONS FOR MARRIED COLLEAGUES

Married colleagues who both work at BILH cannot cover each other under Spouse Life and Spouse AD&D, and only one can cover the child(ren) for Child Life and Child AD&D.



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Voluntary Benefits

Voluntary Benefits can provide additional health and financial support when you're facing a covered accident, serious illness, or hospital stay, helping you manage out-of-pocket expenses and other costs that may not be covered by your medical plan.

Note: these are supplemental financial support benefits and are not intended to substitute medical insurance.

BILH offers three types of Voluntary Benefits through Voya:

- **Accident Insurance**
- **Critical Illness Insurance**
- **Hospital Indemnity Insurance**

GOOD TO KNOW

Voluntary Benefits can be used for any expenses during recovery, including medical bills, household expenses, childcare, or groceries.

Accident Insurance

Coverage Options

When an accident occurs on or off the job, the last thing you should have to worry about is paying for the costs 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.

To learn more about the accident insurance benefit, and to compare between the High and Low options, visit **presents.voya.com**.

You may want to consider this coverage if:

- You or a family member participate in sports
- You have an active lifestyle
- You want help covering unexpected expenses after an accident

ACCIDENT INSURANCE AT A GLANCE

- Provides cash benefits if you experience a covered accident
- Benefits are paid directly to you and can be used however you choose
- Coverage is available for you, your spouse, and your children
- Additional benefits may apply for sports-related injuries and care received through a BILH provider or facility

Voluntary Benefits continued

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Critical Illness Insurance

Coverage Options

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:

Yourself	• $15,000 or $30,000
Your spouse	• 100% of the benefit you choose for yourself
Your child(ren)	• 50% of the benefit you choose for yourself

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).

You may want to consider this coverage if:

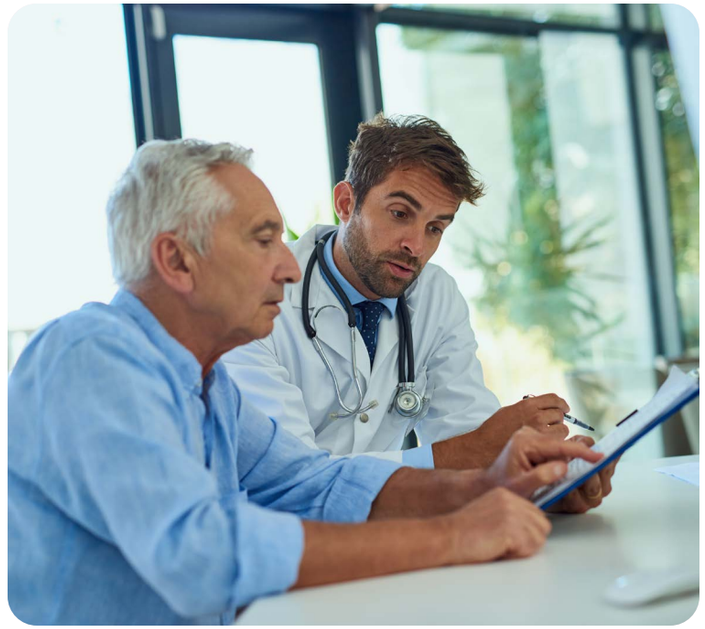
- You want additional financial protection beyond your medical plan
- A serious diagnosis would create financial stress for your household
- You want flexibility to cover expenses during treatment and recovery

ADDED BENEFITS FOR WELLNESS

Covered family members may earn a $75 wellness benefit each year for completing eligible health screenings.

CRITICAL ILLNESS INSURANCE AT A GLANCE

- Critical Illness Insurance pays a lump-sum benefit following a covered diagnosis
- You choose how the benefit is used
- Coverage is available for you, your spouse, and your children
- Covered conditions include illnesses such as heart attack, stroke, major organ transplant, and certain other serious conditions



Voluntary Benefits continued

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Hospital Indemnity Insurance

Coverage Details

The plan pays a fixed daily benefit payment if you have a covered stay in a hospital. If you are admitted to the hospital, you can receive a $550 hospital admission benefit and a $50 per day confinement for up to ten days. The plan provides a higher level of benefit—two times the above amount—if you are admitted to a BILH facility and/or if you are admitted to a Critical Care Unit (CCU).

Coverage includes:

- 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 and/or you are admitted to a CCU
- Payments are made directly to you, not your health care provider
- The amount you pay for coverage depends on the amount of coverage elected and who you cover (spouse and/or children)

You may want to consider this coverage if:

- You are concerned about unexpected hospitalization costs
- You expect a hospital stay—perhaps for a planned surgery or giving birth—in the upcoming year
- You want extra financial protection beyond your medical plan
- You may need additional funds to help cover household expenses during a hospital stay

HOSPITAL INDEMNITY INSURANCE AT A GLANCE

- Hospital Indemnity Insurance pays a cash benefit for covered hospital admissions and stays
- Benefits are paid directly to you
- Payments are doubled if you are admitted to a BILH facility and/or a CCU
- Coverage includes maternity admissions for mother and newborn

IMPORTANT

Hospital Indemnity Insurance supplements your medical coverage. It is 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

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Legal Insurance

Coverage from ARAG gives you access to professional legal guidance and services at a predictable cost, helping you address everyday legal needs with greater confidence and peace of mind.

Coverage Details

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. When you enroll in coverage, you'll 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
- Immigration support
- And more

You may want to consider this coverage if you expect to:

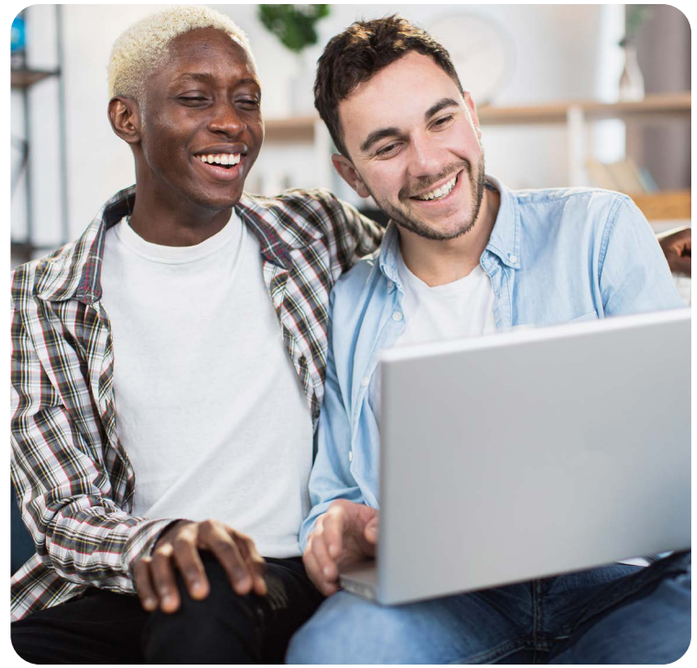
- Create or update a will or trust
- Buy or sell a home
- Address family law matters
- Handle tax or debt-related issues

Bonus: You can receive reduced fee legal services if your legal matter is not fully covered under your policy and is not listed as an exclusion.

To learn more about the ARAG legal insurance plan, visit **araglegal.com/plans** (enter Access Code **10183bil**) or call 800-247-4184.

LEGAL INSURANCE AT A GLANCE

- Legal Insurance provides access to a network of attorneys for many common legal matters
- Most covered services are available at no additional attorney fee when using network attorneys
- Coverage can help with both expected and unexpected legal needs
- Without coverage, one legal matter may cost more than a full year of premiums for this plan



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- **Retirement Benefits**
- **Paid Time Off**
- **Commuter Program**
- Tuition Assistance and Loan Support

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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.

Visit **BILH Benefits Central** for more information about your retirement plans, including contribution limits and resources from Fidelity. Detailed information about your organization's retirement benefits can be found 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**.

Reminder: You may be eligible to cash out/sell paid time off (PTO) days during Open Enrollment. 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 Account** 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 Account** 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 in Workday and your benefit will be effective the first day of the month following your event date. If you enroll in the BILH Commuter program for 2027, you will automatically receive two Sentinel Benefits Cards to use. If you have a Health Care or Dependent Care FSAs, you will use the same card. If you enrolled in 2026, you can continue to use the same Benefits Card until it expires.

More information about the Commuter program can be found at **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.*

Additional Benefits continued

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Tuition Assistance and Loan Support



Tuition Assistance Benefit

The Tuition Assistance Program, administered by Sentinel Group, 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 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. Additional information about logging into your Tuition account with Sentinel can be found by visiting **sentinelgroup.com/BILH-Benefits**.

Student Loan Management and Forgiveness

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

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Wellbeing@BILH

Your Wellbeing, All in One Place

Wellbeing@BILH is your destination for programs, resources, and tools designed to support you and your family's overall wellbeing! Whether you're looking for help managing everyday challenges, planning for the future, or finding ways to improve your wellbeing, **Wellbeing@BILH** makes it easy to access the support available to you.

Explore resources and programs focused on:

- Emotional wellbeing and mental health support
- Financial wellbeing tools and education
- Family, caregiving, and work-life balance resources
- Health and wellness information
- Live webinars, workshops, and events from trusted wellbeing partners

You'll also find helpful guides, program information, and easy access to many of the wellbeing benefits available through BILH—all in one convenient location!

WELLIST

Don't Have Time to Browse? Let Wellist Find What You Need

Wellist is a resource that helps you find and access benefits, programs, and support available across BILH and within your local community. Wellist provides personalized recommendations and clear guidance on what is available, when it may be helpful, and how to get started.

Wellist makes it easy for you to:

- Find mental health support, stress management tools, and peer networks
- Get financial guidance, budgeting tools, and assistance programs
- Explore career development, mentorship, and training opportunities
- Access fitness, nutrition, and wellness programs
- Discover hidden gems in your benefits, such as music for better sleep and life coaching

BILH HAS A RESOURCE FOR THAT!

No matter your wellbeing need, BILH has a resource to help! Check out these and hundreds of other resources on Wellbeing@BILH:

- **24/7 Mental Health Support from SupportLinc EAP**
- **Caregiver Wellbeing and Support**
- **Child Care Discounts**
- **Bereavement Support**
- **Managing Student Loan Debt**
- **Discounts on Everyday Essentials**
- **1:1 Financial Consultations**
- **Women's Health Support from Ovia**
- **Wellness Program Reimbursement**
- **Eldercare Planning Support from ARAG**
- **Discounts on Senior Services**
- **Find After School Care and Summer Camps**
- **Pet Care**
- **Postpartum and Breastfeeding Support**
- **Auto and Home Insurance Savings**
- **Dining and Meal Delivery Discounts**

Some resources listed here are available only to those who are enrolled in BILH-offered benefit plans. For more information, visit **Wellbeing@BILH.*

Contacts and Resources

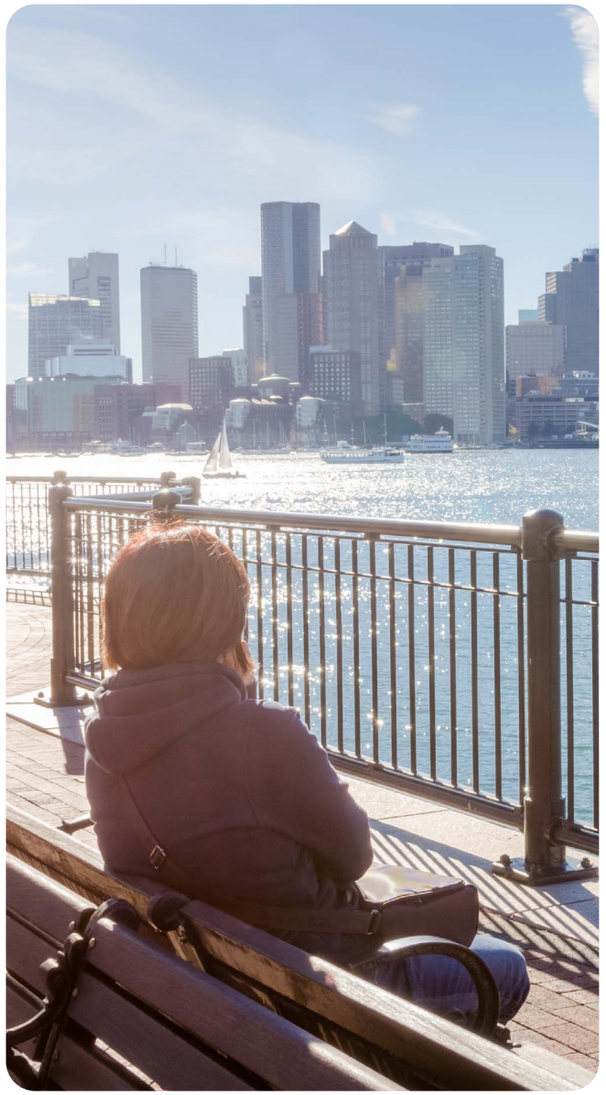
Benefits Contacts			
Benefit	**Administrator**	**Website**	**Phone**
BILH HR Service Center	BILH	**Create a case in Workday**	**617-667-5000**
BILH Benefits Central	BILH	**bilh.org/benefits**	**617-667-5000**
Medical	Harvard Pilgrim Health Care	**harvardpilgrim.org/bilh**	**866-623-0194**
Prescription Drug	InScript BILH Pharmacy	**inscriptrx.org/patients** **PharmacyEnrollment@bilh.org**	**855-542-1819** **781-352-6710**
Dental	Delta Dental	**deltadentalma.com**	**800-368-4708**
Vision	EyeMed	**member.eyemedvisioncare.com**	**866-723-0514**
Health Savings Account (HSA)	Fidelity	**netbenefits.com/atwork**	**800-544-3716**
Flexible Spending Accounts/ Commuter/Tuition Assistance Benefit	Sentinel Group	**sentinelgroup.com/BILH-Benefits**	**888-762-6088**
Disability	MetLife	**metlife.com/insurance/disability-insurance/**	**833-622-0135**
Life and AD&D Insurance	Voya	**presents.voya.com/EBRC/BILH2**	**800-955-7736**
Accident Insurance/Critical Illness/ Hospital Indemnity	Voya	**presents.voya.com/EBRC/BILH2**	**877-236-7564**
Legal Insurance	ARAG	**araglegal.com/plans?access_code=10183bil**	**800-247-4184**
Employee Assistance Program (EAP)	SupportLinc	**mysupportlinc.com**, use code bilh	**855-760-BILH (2454)**
Retirement	Fidelity	**netbenefits.com/atwork**	**800-343-0860**
Wellbeing Resources	BILH	**bilh.org/wellbeing**	**617-667-5000**
Personalized Wellbeing Support	Wellist	**bilh.wellist.com**	**855-953-8450**

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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.
- Core Physician Services
- Exeter Hospital
- 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, 2027 and is intended to supplement the SPD. Please retain this guide for future reference and share it with your covered family members.

Beth Israel Lahey Health