

A fresh start

LOOKING INTO YOUR 2020 BENEFITS



My Life
My Health
My Family



Franciscan
Children's
So every kid can.

Greetings from the Office of John Nash

Dear Colleagues

The time has come for you to take a fresh look at your benefits for 2020! Open Enrollment has arrived once again! Starting October 21, 2019 through November 8, 2019, you will have the perfect opportunity to see what benefits and programs are available to you.

Our goal is to provide you with a benefits package that helps you and your family with your needs related to health, wealth and life. We recognize how hard you work and how dedicated you are to our patients and families. That makes it all the more important to help you in balancing your professional and personal needs.

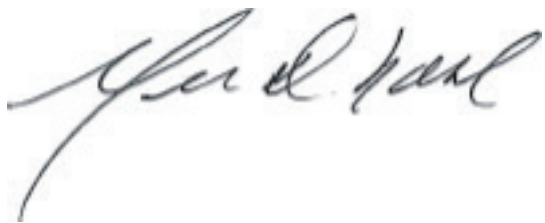
The Benefit Guide will give you an overview of each plan that we are offering for 2020. In addition to the benefit overview, you will find details regarding benefit eligibility and the process to enroll.

Our benefit offerings for 2020 are:

- ▶ Medical and Prescription Drug Coverage
- ▶ Dental
- ▶ Vision
- ▶ Flexible Spending Accounts (Medical and Dependent Care)
- ▶ Group Term Life and AD&D (Company Paid)
- ▶ Voluntary Supplemental Life Insurance
- ▶ Voluntary Disability Plans (Short Term and Long Term)
- ▶ Accident and Critical Illness Plans
- ▶ 401(k)
- ▶ Student Debt Management Program
- ▶ Employee Assistance Program (EAP)

There is more information regarding benefits located on the Human Resources page of the FRAN. Please reach out to Human Resources at extension 4900 or email benefits@franciscanchildrens.org if you have any questions.

Best,



John D. Nash

President & CEO

Open Enrollment 2020

Open Enrollment starts on October 21st and ends on November 8, 2019. Changes will go into effect on January 1, 2020.

This year is an active enrollment. Benefit-eligible employees must complete the enrollment process, even if you will be declining coverage for 2020.

Benefit elections will be selected through Kronos under the **My Information** section.

Please use this Benefit Guide to review your options and as an aid to assist with making your choices. More detailed information (plan documents, for example) are available on The Fran under Human Resources / Benefits. Additional resources are available in Human Resources at X4900 or at Benefits@FranciscanChildrens.org.

Once you enroll in the programs of your choice, look for new cards if you elect any of the following:

- ▶ Medical
- ▶ Dental
- ▶ Reimbursement Accounts

There are no cards for the Vision Program or for the Fidelity Programs.

Medical Plans

We are pleased to offer you a choice among three different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offers many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Blue Cross Blue Shield MA HMO Blue New England Options Deductible

Like the HMO Blue New England \$1,000 Deductible plan, you will select a primary care physician. This HMO offers three different tier plans with a single maximum out-of-pocket cost. Each tier—Enhanced, Standard and Basic—provides a high level of quality care. However, in order to reduce your out-of-pocket costs, such as the deductible, you must determine the hospital you select for care. For example, if you choose any of the hospitals that fall under the Enhanced Benefits Tier, you will pay the lowest out-of-pocket expenses. On the other hand, if you choose a hospital in the Basic Benefits Tier, you may have higher out-of-pocket expenses.

Enhanced Benefits (least expensive)—Includes 51 Massachusetts hospitals and PCPs that meet the standards for quality and offer the lowest out-of-pocket costs compared to Tier 2 and Tier 3 Benefits.

Standard Benefits (moderately expensive)—Includes 21 Massachusetts hospitals and PCPs that meet the standards for quality and offer moderate out-of-pocket expenses. To ensure members have provider access in certain geographic areas, the Standard Benefits Tier includes some providers whose scores would otherwise put them in the Tier 3 Basic Benefits.

Basic Benefits (most expensive)—Includes 9 Massachusetts hospitals which have the highest out-of-pocket costs relative to Tier 2 and Tier 3 Benefits which have lower out-of-pocket costs. Listed below are each hospital's name and benefit tier. For more detail on how a hospital performed on our cost and quality benchmarks, visit www.bluecrossma.com/findadoctor. Please contact your human resource representative for a complete list of hospitals.

Blue Cross Blue Shield MA HMO Blue New England \$1,000 Deductible

With this plan, you select a primary care physician (PCP) from the participating network of providers who will coordinate your health care needs, refer you to specialists (if needed) and approve further medical treatment. Services received outside of the HMO's network are not covered, except in the case of emergency medical care.

Blue Cross Blue Shield MA Preferred Blue PPO \$1,000 Deductible with HCCS

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Blue Cross Blue Shield network. The calendar-year deductible must be met before certain services are covered.

Medical Plans (Cont'd)

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Blue Cross Blue Shield MA					
	HMO Blue New England Options Deductible			HMO Blue New England \$1,000 Deductible	Preferred Blue PPO \$1,000 Deductible with HCCS	
	Enhanced	Standard	Basic ¹	In-Network Only	In-Network	Out-of-Network ¹
Deductible (per calendar year)						
Individual / Family	None	\$1,000 / \$2,000	\$2,000 / \$4,000	\$1,000 / \$2,000	\$1,000 / \$2,000	
Out-of-Pocket Maximum (per calendar year)						
Individual / Family	\$5,450 / \$10,900			\$2,000 / \$4,000	\$2,000 / \$4,000	
Prescription Drugs Out-of-Pocket Maximum (per calendar year)						
Individual / Family	\$1,000 / \$2,000			\$1,000 / \$2,000	\$1,000 / \$2,000	
Covered Services						
Office Visits (physician/specialist)	\$25 / \$50 copay	\$35 / \$50 copay	\$50 / \$50 copay	\$30 / \$50 copay	\$30 / \$50 copay	20%*
Routine Preventive Care	No charge	No charge	No charge	No charge	No charge	20%*
Outpatient Diagnostic Lab & Xray	No charge	No charge*	No charge*	No charge*	No charge* / Labs: \$35 copay*; X-Ray: \$100 copay*	20%*
Complex Imaging	\$75 copay	\$75 copay*	\$450 copay*	No charge*	No charge* / \$450 copay*	20%*
Chiropractic	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	20%*
Ambulance	No charge	No charge	No charge	No charge	No charge*	Subject to Deductible
Emergency Room	\$200 copay ²	\$200 copay ²	\$200 copay ²	\$250 copay ²	\$250 copay ²	
Urgent Care Facility	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	20%*
Inpatient Hospital Stay (low cost share / high cost share)	\$250 copay ³	\$500 copay* ⁵	\$2,000 copay* ⁵	\$500 copay*	No charge* / \$1,000 copay* ³	20%*
Outpatient Surgery (low cost share / high cost share)	\$250 copay ³	\$500 copay* ⁵	\$2,000 copay* ⁵	\$250 copay*	No charge* / \$1,000 copay* ³	20%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4)						
Retail Pharmacy (30-day supply)	\$10 / \$25 / \$40 / \$65 ⁴	\$10 / \$25 / \$40 / \$65 ⁴	\$10 / \$25 / \$40 / \$65 ⁴	\$10 / \$25 / \$40 / \$65 ⁴	\$10 / \$25 / \$40 / \$65 ⁴	\$20 / \$50 / \$80 / \$195 ⁴
Mail Order (90-day supply)	\$20 / \$50 / \$80 / \$195 ⁴	\$20 / \$50 / \$80 / \$195 ⁴	\$20 / \$50 / \$80 / \$195 ⁴	\$20 / \$50 / \$80 / \$195 ⁴	\$20 / \$50 / \$80 / \$195 ⁴	Not covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. Waived if admitted.
3. Per admission.
4. Subject to Cost Sharing.
5. Restrictions apply.

Dental Plans



We are pleased to offer you a choice between two different dental plans.

Blue Cross Blue Shield MA Dental Blue: This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Blue Cross Blue Shield MA network.

Following is a high-level overview of the coverage available.

Key Dental Benefits	Blue Cross Blue Shield MA Dental Blue Low Plan	Blue Cross Blue Shield MA Dental Blue High Plan
	In-Network ¹	In-Network ¹
Deductible (per calendar year)		
Individual / Family	\$50 / \$150	\$50 / \$150
Benefit Maximum (per calendar year; preventive, basic, and major services combined)		
Per Individual	\$1,250	\$1,500
Covered Services		
Preventive Services	100%	100%
Basic Services	80%*	80%*
Major Services	30%*	50%*
Orthodontia (Child Only)	50%; Lifetime Maximum \$1,000	50%; Lifetime Maximum \$1,000

Coinsurance percentages shown in the above chart represent what the plan is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision Plan



We are pleased to offer you a vision plan.

VSP Vision: This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the VSP network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network
Exam (once every 12 months)	\$10
Materials Copay	N/A
Lenses (once every 12 months) Single Vision Bifocal Trifocal	\$25 Included in Prescription Glasses
Frames (once every 24 months)	Up to \$130 / Up to \$150 Featured Frame / 20% off amount over allowance / \$70 Costco Frame Allowance - Included in Prescription Glasses
Contact Lenses (once every 12 months; in lieu of glasses)	Up to \$130 Allowance; Up to \$60 Copay

Flexible Spending Accounts

Benefit Strategies FSA: We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through Benefit Strategies. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2020, you may contribute up to \$2,700 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions
- ▶ Dental treatment
- ▶ Orthodontia
- ▶ Eye exams/eyeglasses
- ▶ Lasik eye surgery

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Dependent Care FSA

For 2020, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-schools or daycare centers.
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent.

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health care FSA: Unused funds of up to \$500 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$500 will **NOT** be returned to you or carried over to the following year.

Dependent care FSA: Unused funds will **NOT** be returned to you or carried over to the following year.

You can incur expenses through March 15, 2020, and must file claims by March 31, 2020.

Life and AD&D

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through The Hartford.

Benefit Amount	Full-time employees working 32 or more hours per week: 1 times annual salary, to a maximum of \$400,000. Part-time employees working 24-31 hours per week: \$25,000.
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Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through The Hartford for yourself and your eligible family members.

	Benefit Option	Guaranteed Issue*
Employee	\$10,000 increments; minimum of \$10,000 up to \$500,000	\$180,000
Spouse/RDP	\$5,000 increments; minimum of \$5,000 up to \$150,000 (not to exceed 100% of the Employee elected and approved supplemental life insurance)	\$25,000
Child(ren)	Age 15 days to age 26 - \$10,000	\$10,000

*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Disability Insurance

The Hartford Disability Insurance: Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Long-Term Disability Option 1 (Employer-Paid for Physicians and Executives)

Provided at **NO COST** to you through The Hartford.

Benefit Percentage	60%
Monthly Benefit Maximum	\$10,000
Buy Up Option	None
When Benefits Begin	After 180 Days
Maximum Benefit Duration	Social Security Retirement Age

Long-Term Disability Option 2 (Employer-Paid for Full-time Employees working 32 hours or more per week)

Provided at **NO COST** to you through The Hartford.

Benefit Percentage	50%
Monthly Benefit Maximum	\$2,000
Buy Up Option	Option for Employee Paid Buy Up of 60% to a Monthly Max Benefit of \$10,000
When Benefits Begin	After 180 Days
Maximum Benefit Duration	Social Security Retirement Age

Long-Term Disability Option 3 (Employee-Paid Option for employees working 24-31 hours per week)

Provided at an affordable group rate through The Hartford.

Benefit Percentage	40% ¹
Monthly Benefit Maximum	\$2,000
Buy Up Option	Option for Employee-Paid Buy Up of 60% to a Monthly Max Benefit of \$2,000
When Benefits Begin	After 180 Days
Maximum Benefit Duration	Social Security Retirement Age

1. All employees with the prior carrier, with an effective date of 12/31/2014, can continue to purchase 50% of weekly earnings to a maximum benefit of \$1,500 per week.

Voluntary Short-Term Disability Option 1

Provided at an affordable group rate through The Hartford.

Benefit Percentage	40%
Weekly Benefit Maximum	\$2,000
When Benefits Begin	After 14th Day of Disability
Maximum Benefit Duration	24 Weeks

Voluntary Short-Term Disability Option 2

Provided at an affordable group rate through The Hartford.

Benefit Percentage	60% ¹
Weekly Benefit Maximum	\$2,000
When Benefits Begin	After 14th Day of Disability
Maximum Benefit Duration	24 Weeks

1. All employees with the prior carrier, with an effective date of 12/31/2014, can continue to purchase 50% of weekly earnings to a maximum benefit of \$1,500 per week.

Voluntary Work-Site Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through The Hartford are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.

Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000¹? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses and more.

1. MetLife Accident and Critical Illness Impact Study, October 2013

Employee Assistance Program (EAP)

The Hartford EAP: Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The Employee Assistance Program (EAP) is provided at **NO COST** to you through **The Hartford**.

The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to three (3) in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

Retirement & Financial Programs

These retirement and financial programs are offered through Fidelity Investments.

401(k)

Franciscan Children's has partnered with Fidelity for the 401(k) plan to help you save for your retirement. Eligible employees can contribute on a pretax basis. The company match is \$0.25 for each \$1.00 that the employee contributes.

Effective January 1, 2019, the company match will increase from \$500 to \$1000 per year.

To enroll in the 401(k), you will need to complete the Fidelity Workplace Savings Plan Contribution form (available in Human Resources) and return it to Human Resources. You must also contact Fidelity at (800) 343-0860 to complete enrollment. Payroll deductions will not begin until Fidelity has processed the enrollment.

Enrollment / changes to the 401(k) can occur throughout the year, subject to the IRS plan limits.

Student Debt Management Program

This is one of several important tools available from Fidelity to help you manage, pay down and minimize your student debt.

For eligible employees (full time, with at least 12 months of service) Franciscan Children's will make a monthly contribution directly to your loan processor to help you pay back your loans faster. To confirm eligibility and to enroll in the program, please contact Human Resources.

Fidelity also offers a student debt tool and pre-college planning.

Additional Programs

We also offer the following additional benefits:

- ▶ Our Future Learning Center is a local day care center that has partnered with Franciscan Children's to provide employees with access to services at locations in Allston and Brighton. Employees will receive a 12% discount off of tuition rates, and have access to a dedicated Family Coordinator to handle day care needs of FC staff.
- ▶ MBTA Program, available through payroll deduction
- ▶ Essensa Employee Discount Program
- ▶ Wireless Discount Program

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Medical Coverage

Coverage Tier	Biweekly Employee Contribution		
	HMO Blue New England Options Deductible	HMO Blue New England \$1,000 Deductible	Preferred Blue PPO \$1,000 Deductible with HCCS
Employee Only	\$89.08	\$143.50	\$153.29
Employee + Spouse/RDP	\$178.16	\$286.99	\$306.59
Employee + Child(ren)	\$159.87	\$257.48	\$275.10
Family	\$269.43	\$433.99	\$463.62

Dental Coverage

Coverage Tier	Biweekly Employee Contribution	
	Dental Blue Low Plan	Dental Blue High Plan
Employee Only	\$7.46	\$13.31
Employee + Spouse/RDP	\$14.93	\$26.61
Employee + Child(ren)	\$13.43	\$23.95
Family	\$22.39	\$39.92

Vision Coverage

Coverage Tier	Biweekly Employee Contribution
	VSP
Employee Only	\$2.84
Employee + Spouse/RDP	\$4.54
Employee + Child(ren)	\$4.64
Family	\$7.48

Registered Domestic Partner (RDP) Contributions: Your contributions to cover an RDP are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your RDP's or RDP's children's (if they are not federal tax dependents) healthcare coverage will be taxable to you as imputed income. This value is determined by the amount that The Company pays in premium for RDP coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover an RDP must be taken on an after-tax basis.

Supplemental Life/AD&D

Deductions for supplemental Life/AD&D, Voluntary, Short Term Disability and Voluntary LTD are taken from your paycheck after taxes. Rates are available online during enrollment.

Notes



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Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical and Dental	Blue Cross Blue Shield	(800) 424-0794	www.bluecrossma.com/coverage-info
Voluntary Benefits, Life/AD&D, Disability	The Hartford	(800) 523-2233	www.thehartford.com
Vision	VSP	(800) 877-7195	www.vsp.com
Flexible Spending Accounts (FSAs)	Benefit Strategies	(888) 401-3539	www.benstrat.com
Employee Assistance Program (EAP)	Ability Assist	800-96-HELPS (800-964-3577)	www.guidanceresources.com
401(k)	Fidelity Investments	(800) 343-0860	www.fidelity.com/atwork
Student Debt Management Program	Fidelity Investments	(800) 343-0860	www.fidelity.com/atwork

For More Information

Please visit the Human Resources section on **TheFran**. You can also access information about your benefits and enroll on Kronos: <https://fhfc.kronos.net/wfc/logon>.

Questions?

If you have additional questions, you may also contact:

Human Resources Department
(617) 254-3800 x 4900
benefits@francischildrens.org