

2023 BENEFITS GUIDE

January 1 - December 31, 2023



Your Journey
to Wellness
Begins Here!

Greetings from the Office of Dr. Joseph Mitchell

From the Office of Dr. Joseph Mitchell

Open Enrollment is here once again, which makes this the perfect time to review the current benefit offerings at Franciscan Children's and consider making updates to your plan.

This year's enrollment is "passive," meaning you will be automatically re-enrolled with the same plan selections as the previous year. If you are not making any changes to your benefits, you don't need to take action. Please note however, that **flexible spending accounts (FSAs) must be elected on an annual basis**.

We are continuing with Tufts as our medical carrier, with two similar plan options as before (HMO and PPO). Our negotiated premiums will increase this year to 11.7%, reflecting extraordinary increases in healthcare costs and inflation. Our benefits team worked hard to secure the best possible deal for Franciscan Children's, consistent with other hospital systems. While you may see some increases in your out-of-pocket costs, we expect those to be minimal.

Our Benefit Guide will give you an overview of each plan that we are offering for 2023. Additionally, you will find details regarding benefit eligibility and the process to enroll.

Our benefits for 2023 are:

- ▶ Medical and Prescription Coverage- Tufts Health Plan
- ▶ Dental- Delta Dental
- ▶ Vision- VSP
- ▶ Flexible Spending Accounts (Medical and Dependent Care)- **Benefit Strategies**
- ▶ Group Term Life and AD&D (Company Paid)- The Hartford
- ▶ Voluntary Supplemental Life Insurance- The Hartford
- ▶ Voluntary Disability Plans (Short Term and Long Term)- The Hartford
- ▶ Accident and Critical Illness Plans- The Hartford
- ▶ MA PFML- State Plan
- ▶ 401(k)- Fidelity
- ▶ Student Debt Management Program- Fidelity
- ▶ Employee Assistance Program (EAP)- The Hartford

Video resources are also available for staff to review the 2023 plan offerings. These videos will be available throughout the open enrollment period and on the Human Resources page of the Fran.

Additional resources will also be available on the Fran and via our new benefits microsite, www.franciscanchildrenscareers.org/employee-benefits.

We recognize the value of you, our staff, and want to support you in every way we can. One of my top priorities is to invest in our people and provide you with the support you need to succeed. Providing a comprehensive benefits program is part of that commitment.

Please reach out to Human Resources at extension 4900 or email Benefits@franciscanchildrens.org if you have any questions.

Sincerely,



Joseph A. Mitchell, MD
#soeverykidcan

Open Enrollment 2023

Eligibility

You are eligible for benefits if you work 24 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your registered domestic partner (RDP) and/or their children, where applicable by state law

Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on date of hire.

If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).

- ▶ **Open Enrollment:**
Changes made during Open Enrollment are effective January 1 - December 31, 2023.

Open Enrollment starts on November 14 and ends on November 25, 2022. Changes will go into effect on January 1, 2023.

To enroll in benefits on Kronos go to: <https://fhfc.kronos.net/wfc/login>

To access benefit information visit the one stop microsite at: franciscanchildrenscareers.org/employee-benefits

Open Enrollment is **PASSIVE** this year. Action is needed only if you are making a change to your benefit elections, adding or removing dependents, or enrolling in the Flexible Spending Account (FSA) program.

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 I.D. cards if you elect any of the following:

- ▶ Medical
- ▶ Dental
- ▶ Reimbursement Accounts

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

Medical Plans

We are pleased to offer you two different medical plans that provide comprehensive medical and prescription drug coverage.

The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Tufts Health Plan Your Choice HMO Plan

This HMO offers three different tiers of coverage with a single maximum out-of-pocket cost. Each tier provides a high level of quality care. Because not all doctors and hospitals charge the same costs, under this plan Your Choice providers are separated into three tiers. Provider groups and their primary hospital affiliation are in the same tier to reflect referral patterns that those physicians would make most often.*

In choosing a tier, members must consider how much they are willing to pay out-of-pocket for the doctor and/or hospital they prefer. If members want the most cost-effective option, they should choose a doctor or hospital from Tier 1. If the doctor or hospital is in Tier 2 or Tier 3, they have the freedom to choose, but they will pay higher out-of-pocket costs.

Tier 1: represents the most cost-efficient, quality providers, and offers members the lowest cost share. It includes access to a broad range of physician groups, community hospitals, and several tertiary hospitals.

Tier 2: represents quality providers that are not as cost-efficient as Tier 1 and result in higher member cost sharing.

Tier 3: represents providers that are not as cost efficient as Tier 2 and results in the highest member cost sharing.

Members pay different levels of copayments, coinsurance, and/or deductibles depending on their plan design and the tier of the provider delivering a covered service or supply. Your plan may make changes to a provider's tier annually. Please consult the Your Choice provider directory or visit the provider search tool at tuftshealthplan.com and click on Find a Doctor to determine the tier of providers in the Your Choice Tiered Provider Network.

Tufts Advantage PPO \$1,000 Deductible

The Advantage PPO plan gives you access to our full network of providers.

- ▶ If you reside outside of the Tufts Health Plan service area (MA, RI and NH), you will have access to the Cigna network. In this case, Cigna will be the "in-network" network.
- ▶ You may choose to receive covered services with providers outside of the network. This will cost more for you than if you use providers in the Tufts Health Plan or Cigna network depending on your residency. Typically you will have a deductible and coinsurance for out-of-network services.
- ▶ You have an up-front, in-network deductible to meet before many services are covered. In most cases, the deductible applies to services that treat or diagnose a condition.
- ▶ Emergency care services, both in and out-of-network, are covered at the in-network level of benefits.

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	Tufts Health Plan				
	Tufts Health Plan Your Choice HMO Plan			Tufts Advantage PPO \$1,000 Deductible	
	Tier 1	Tier 2	Tier 3	In-Network Only	Out-of-Network
Deductible (per Calendar Year)					
Individual / Family	\$500 / \$1,000	\$1,000 / \$2,000	\$2,500 / \$5,000	\$1,000 / \$2,000	
Out-of-Pocket Maximum (per Calendar Year)					
Individual / Family	\$6,000 / \$12,000			\$3,000 / \$6,000	
Covered Services					
Office Visits (physician/specialist)	\$25 copay / \$30 copay	\$35 copay / \$40 copay	\$45 copay / \$55 copay	\$35 / \$35 copay	20%*
Routine Preventive Care	No charge	No charge	No charge	No charge	20%*
Outpatient Diagnostic Lab & Xray	No charge	No charge*	No charge*	No charge*	20%*
Complex Imaging	\$50 copay*	\$150 copay*	\$750 copay*	No charge*	20%*
Chiropractic	\$25 copay	\$25 copay	\$25 copay	\$35 copay	20%*
Ambulance	No charge	No charge	No charge	No charge*	20%*
Emergency Room	\$100 copay	\$100 copay	\$100 copay	\$250 copay	\$250 copay
Freestanding Urgent Care Facility	\$30 copay	\$30 copay	\$30 copay	\$35 copay	20%*
Inpatient Hospital Stay	\$150 copay*	\$250 copay*	\$1,500 copay*	\$500 copay*	20%*
Outpatient Surgery	\$150 copay*	\$250 copay*	\$1,500 copay*	\$250 copay*	20%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4)					
Retail Pharmacy (30-day supply)	\$5 / \$20 / \$40 / \$70	\$5 / \$20 / \$40 / \$70	\$5 / \$20 / \$40 / \$70	\$5 / \$20 / \$40 / \$60	N/A
Mail Order (90-day supply)	\$10 / \$40 / \$80 / \$140	\$10 / \$40 / \$80 / \$140	\$10 / \$40 / \$80 / \$140	\$10 / \$40 / \$80 / \$120	N/A

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

Dental Plans



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

Delta Dental PPO Plus Premier: 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 Delta Dental network.

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

Key Dental Benefits	Delta Dental Low Plan	Delta Dental 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

Coinurance 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
Lenses (once every 12 months) Single Vision Bifocal Trifocal	\$25 Included in Prescription Glasses
Frames (once every 24 months)	\$130 allowance for Frames / \$150 allowance for featured frames / 20% off the amount over your allowance / \$70 allowance for Frames at Sam's Club, Walmart, Costco allowance
Contact Lenses (once every 12 months; in lieu of glasses)	\$130 allowance for contacts (no copay); Up to \$60 copay Contact lens exam

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 2023, you may contribute up to \$3,050 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 2023, 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 \$610 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 \$610 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.

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 Plan 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 Plan 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 Plan 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 (Employees working 24 hours or more per week)

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 (Employees working 24 hours or more per week)

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.

The company's maximum match is \$1,000 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
- ▶ AAPTIV Wellness App
 - Offering audio and videos for fitness and mental health needs

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	
	Tufts Health Plan	
	Tufts Health Plan Your Choice HMO Plan	Advantage PPO \$1,000
Employee Only	\$98.38	\$177.15
Employee + Spouse/RDP	\$196.77	\$354.30
Employee + Child(ren)	\$176.56	\$317.91
Family	\$297.56	\$535.77

Dental Coverage

Coverage Tier	Biweekly Employee Contribution	
	Delta Dental Low Plan	Delta Dental 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 the enrollment period.

Notes

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Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Tufts Health Plan	(800) 462-0224	www.tuftshealthplan.com
Dental	Delta Dental	(800) 872-0500	www.deltadental.com
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**.

To access benefit information visit the new microsite at:
franciscanchildrenscareers.org/employee-benefits.

To enroll in benefits on Kronos go to:
<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@franciscanchildrens.org