



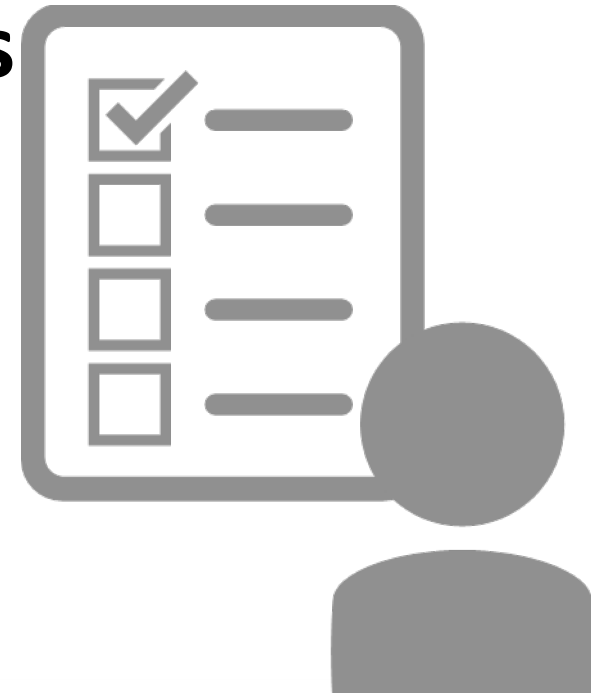
We are a Hill Group Company.



2022

Benefit Review and Open Enrollment

- **How to get answers to your questions**
- **Benefits Overview and Updates**
- **Online Open Enrollment**
- **Employee Discounts & Perks**
- **Questions and Answers**



How to get answers to your questions



Diane Birnbaum at BIRNBAUM@NBER.ORG

And HR Knowledge provides NBER with Benefit Support services.

Call us at: (508) 339-1300

Email us at: nber@hrknowledge.com

How we can help:

Benefit Questions

Advocacy with the carriers

Qualifying Events

BENEFITS OVERVIEW



- Medical, Dental and Vision benefits will remain with **Blue Cross Blue Shield**
 - **NEW!** The Health Reimbursement Arrangement (HRA) will be moving to HealthEquity (*Pay the Participant*)
 - **NEW!** Orthodontia is now available to all ages!
- Life and Disability benefits will remain with **UNUM**
- The Healthcare and Dependent Care Flexible Spending Accounts will continue to be administered in-house
- **NEW!** The Transit and Parking Plan will be moving to **HealthEquity**

MEDICAL BENEFITS



MASSACHUSETTS

Medical Plan Options:

- HMO Blue New England Value Plus
- HMO Blue New England \$1,000 Deductible
- Blue Care Elect Preferred PPO Value Plus (For Employees outside of NE only)

HMO BLUE NEW ENGLAND VALUE PLUS

Copayments

A copayment, or copay, is a fixed amount you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

| | |
|---|--|
| Office Visit (Routine/PCP/Specialist) | \$0 Routine/\$15 PCP/\$30 Specialist |
| Chiropractic Visit/ Acupuncture | \$30 Copay |
| Urgent Care | |
| Emergency Room (Waived if admitted) | \$100 Copay |
| Retail Prescriptions (30-day Supply) | \$10/\$25/\$45/Applicable cost share for Specialty drugs |
| Mail Order Prescriptions (90-day Supply) | \$20/\$50/\$90 |

Copayments (Continued)

A copayment, or copay, is a fixed amount you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

| | |
|--|-----------------|
| Inpatient Hospitalization | \$250 Copay |
| Outpatient Surgery | \$150 Copay |
| Diagnostic Tests (X-Ray, Lab Work) | Covered in full |
| Imaging (CT/PET scans, MRIs) | \$25 Copay |
| Rehabilitation & Habilitation Services (PT/ OT/ Speech) | \$30 Copay |



Deductible

The amount you are responsible for each plan year before the insurance company begins to pay for all services.

| | |
|---------------|-----|
| Member | \$0 |
| Family | \$0 |

Out-of-Pocket Maximum

This is the most you will have to pay for health care during the plan year, excluding the monthly premium. It protects you from very high medical expenses. Once reached, the plan begins to pay 100% of the allowed amount for covered services.

| | |
|---------------------------------|-------------------------|
| Medical (Member/Family) | \$5,450/\$10,900 |
| Pharmacy (Member/Family) | \$1,000/\$2,000 |

HMO Blue NE Value Plus



| Cost Per Pay Period | Current Cost | New Cost |
|----------------------------|---------------------|-----------------|
| Employee | \$92.50 | \$99.44 |
| Employee + 1 | \$178.36 | \$191.74 |
| Family | \$276.14 | \$296.87 |

HMO BLUE NEW ENGLAND \$1,000 DEDUCTIBLE

Copayments

A copayment, or copay, is a fixed amount you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

| | |
|---|--|
| Office Visit (Routine/PCP/Specialist) | \$0 Routine/\$20 PCP/\$35 Specialist |
| Chiropractic Visit/ Acupuncture | \$35 Copay |
| Rehabilitation & Habilitation Services (PT/OT/ Speech) | |
| Urgent Care | |
| Emergency Room (Waived if admitted) | \$150 Copay |
| Retail Prescriptions (30-day Supply) | \$15/\$30/\$50/Applicable cost share for Specialty drugs |
| Mail Order Prescriptions (90-day Supply) | \$30/\$60/\$150 |



Deductible

The amount you are responsible for each plan year before the insurance company begins to pay for all services.

Member

\$1,000*

Family

\$2,000*

Some Services that Apply to Deductible

Diagnostic Tests (X-ray, Lab Work)

Imaging (MRI's, CT/PET Scans)

Inpatient Hospitalization

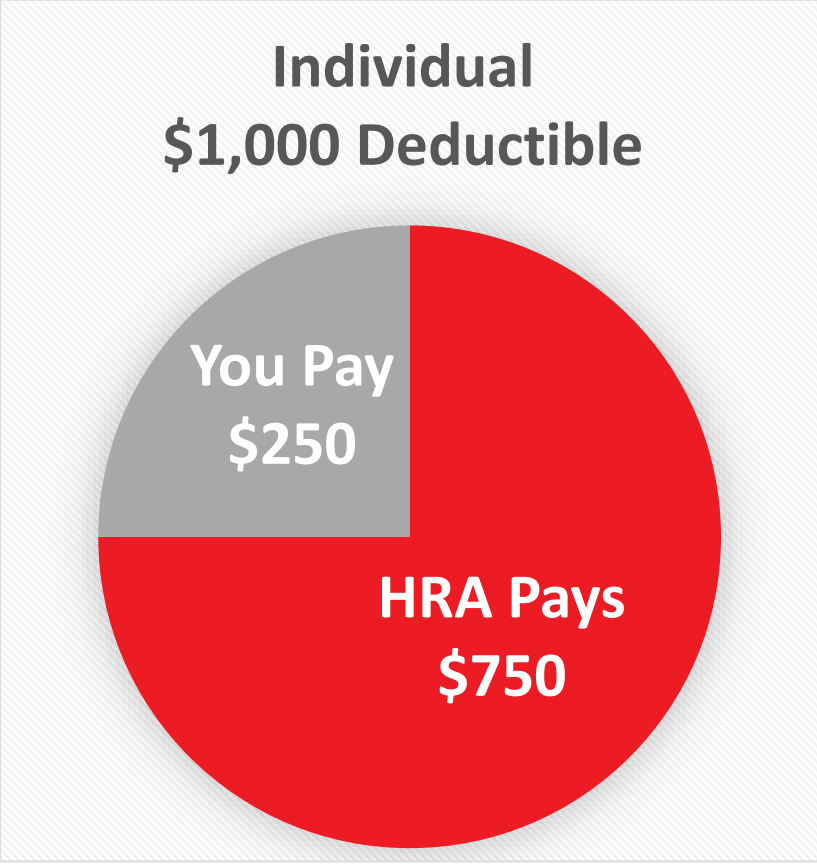
Outpatient Surgery

Covered in full after Deductible

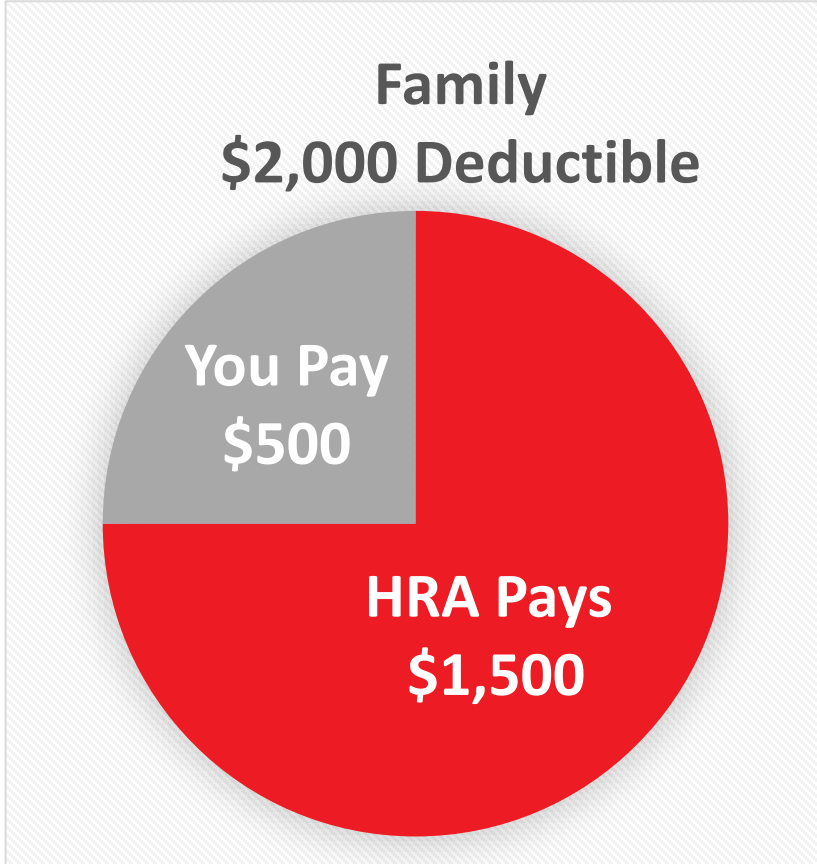
* The company has implemented a **Health Reimbursement Arrangement (HRA)** to help pay a portion of the deductible



Pay the Participant – Claims feed with BCBS



- \$250 employee responsibility
- HRA reimburses up to \$750 per member



- \$250 per member responsibility (but no more than \$500 of the annual Family deductible)
- HRA reimburses up to \$1,500 per Family



1. Visit your medical provider and present your insurance ID card.
2. Your provider will send claims to your health plan for processing. These claims are then sent to HealthEquity and appear in your account.
3. You are responsible for paying medical expenses until you have reached the HRA deductible specified by your employer. After that, HealthEquity will automatically reimburse you for eligible medical expenses until the HRA funds are gone.

Note:

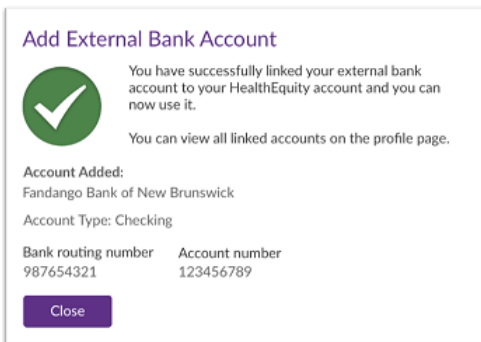
- *Reimbursements to the member by check will incur a \$2 fee. EFT (direct deposit) reimbursements are free of charge.*

Add an EFT account for Direct Deposit of HRA reimbursements

External account verification: This allows you to add and verify your bank account information for immediate use.

1. Navigate to the Make a Payment in your portal. A Payment does not need to be requested to enter the EFT information
2. Click 'Add Account'
3. Enter account information
4. Click 'Save Account'.

When you see this confirmation, your bank account has been added:



Add an EFT account for Direct Deposit of HRA reimbursements

Additional external account verification

1. Select the account purpose:

Account Purpose:

I don't want to verify my bank account (It can only be used for reimbursements).

I want to verify my bank account (It can be used for reimbursements, contributions, and/or to send payment to a provider via this external account).

2. If your account will be verified, HealthEquity will place a small deposit into the account, usually less than \$0.50, within 2-3 business days.
3. Once the deposit is received, go to Account, Payment, Contribution, Settings, click 'Verify'
4. On the 'Account Details' screen, enter the deposit amount in the provided box and click 'Verify.' Your bank account should now be ready to use.

ACCOUNT VERIFICATION

This bank account is unverified

To verify that you own the account, a small deposit has been made to this account (may take 2-3 days to appear). Access your bank account or contact your bank to get the exact amount of the deposit, then enter it in the field below.

Deposit amount:

Note: It may take up to five business days for the initial contribution and/or reimbursement request to clear the account.

Out-of-Pocket Maximum

This is the most you will have to pay for health care during the plan year, excluding the monthly premium. It protects you from very high medical expenses. Once reached, the plan begins to pay 100% of the allowed amount for covered services.

| | |
|---------------------------------|-------------------------|
| Medical (Member/Family) | \$5,450/\$10,900 |
| Pharmacy (Member/Family) | \$1,000/\$2,000 |

HMO Blue NE \$1,000 Deductible



| Cost Per Pay Period | Current Cost | New Cost |
|----------------------------|---------------------|-----------------|
| Employee | \$46.86 | \$51.65 |
| Employee + 1 | \$90.38 | \$99.63 |
| Family | \$139.83 | \$154.14 |

BLUE CARE ELECT PPO VALUE PLUS

Copayments

A copayment, or copay, is a fixed amount you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

| | |
|--|--|
| Office Visit (Routine/PCP/Specialist) | \$0 Routine/\$15 PCP and Specialist |
| Chiropractic Visit/Acupuncture | \$15 Copay |
| Urgent Care | |
| Rehabilitation & Habilitation Services (PT/ OT/ Speech) | |
| Emergency Room (Waived if admitted) | \$100 Copay |
| Retail Prescriptions (30-day Supply) | \$10/\$25/\$45/Applicable cost share for Specialty drugs |
| Mail Order Prescriptions (90-day Supply) | \$20/\$50/\$90 |

Copayments (Continued)

A copayment, or copay, is a fixed amount you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

| | |
|---|------------------------|
| Inpatient Hospitalization | \$250 Copay |
| Outpatient Surgery | \$150 Copay |
| Imaging (CT/PET scans, MRIs) | \$25 Copay |
| Diagnostic Tests (X-ray, Lab Work) | Covered in full |

Deductible

The amount you are responsible for each plan year before the insurance company begins to pay for all services.

| | In-Network | Out-of-Network |
|--------|------------|----------------|
| Member | \$0 | \$500 |
| Family | \$0 | \$1,000 |

Coinsurance

Your share of the costs of a covered health care service calculated as a percent of the allowed amount for the service.

| | |
|-----------------------|--------------------------------------|
| In-Network | Not Applicable |
| Out-of-Network | You pay 20% after meeting Deductible |

Most Out-of-Network services are subject to coinsurance.

Some services include:

- Doctor and Specialist visits
- Diagnostic tests and Imaging
- Outpatient Surgery and In-patient Hospitalization
- Urgent Care

Out-of-pocket Maximum

This is the most you will have to pay for health care during the plan year, excluding the monthly premium. It protects you from very high medical expenses. Once reached, the plan begins to pay 100% of the allowed amount for covered services.

| | In-Network | Out-of-Network |
|---------------------------------|------------------|----------------|
| Medical (Member/Family) | \$5,450/\$10,900 | |
| Pharmacy (Member/Family) | \$1,000/\$2,000 | Not Covered |

Blue Care Elect PPO Value Plus



| Cost Per Pay Period | Current Cost | New Cost |
|----------------------------|---------------------|-----------------|
| Employee | \$46.86 | \$51.65 |
| Employee + 1 | \$90.38 | \$99.63 |
| Family | \$139.83 | \$154.14 |

BLUE CROSS BLUE SHIELD: THINGS TO CONSIDER

Should I go to the Emergency Room or Urgent Care?

The difference in cost can be significant.

|  PRIMARY CARE |  URGENT CARE |  EMERGENCY |
|--|--|--|
| <p>Your doctor's office is the best place to go for routine care. Your doctor can help manage your health over time. Make an appointment for:</p> <ul style="list-style-type: none">• Physical exams• Screenings, such as blood pressure, blood sugar, cholesterol, etc.• Chronic disease management, such as asthma, COPD, diabetes, etc.• Colds, flu or fever• Sore throat• Headaches and migraines• Allergies• Rashes• Vaccinations• Prescriptions• Sprains and strains• Eye, ear or urinary tract infections• Diarrhea• Back pain | <p>Urgent care is a good option when your doctor is not available and your condition requires immediate care, but is not life threatening. No appointment is needed.</p> <ul style="list-style-type: none">• Abdominal pain• Burns• Cuts requiring stitches• Flu• Fractures and sprains• Nausea, vomiting, diarrhea• Rashes and hives• Work-related injuries• Minor injuries• Conditions from the Primary Care list that cannot wait for an available appointment with a doctor | <p>The emergency room should be used for life- or limb-threatening issues. The ER is not the place to go for minor illnesses or injuries. If you experience these symptoms, get to the closest ER or call 911:</p> <ul style="list-style-type: none">• Chest pain or difficulty breathing• Head or spinal injuries• Uncontrolled bleeding• Severe abdominal pain• Coughing or vomiting blood• Severe burns, cuts or punctures• Poisoning• Broken bones protruding from skin• Loss of consciousness• Trauma• Seizures or convulsions• Stroke symptoms- weakness on one side of face or body, trouble with vision or speech, sudden confusion• Vaginal bleeding with pregnancy |



WellConnection
Care at Your Convenience



See licensed doctors using live video visits on your favorite device.

Download the app, or visit wellconnection.com

Getting Sick Isn't Convenient.
Well Connection Is.

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.
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Types of Covered Services

Urgent Care

- Cold & flu
- Bronchitis
- Sinus & respiratory infections
- Sore throat
- Diarrhea
- Gout
- Strep throat
- Urinary tract infections
- Pinkeye
- Hypertension
- Migraines
- Pneumonia

Behavioral Health

- Depression & anxiety
- Sleep disorders
- Substance use disorder
- Trauma
- Child behavior
- Bereavement
- Couples therapy
- Stress
- Divorce

FITNESS REIMBURSEMENT

Your reward for healthy behavior:
Save up to \$150 annually for participating in a qualified fitness program.¹



Qualified for Fitness Reimbursement:

Membership or fitness class fees at:

- A full service health club with cardiovascular and strength-training equipment like treadmills, bikes, weight machines, and free weights
- A fitness studio with instructor-led group classes such as yoga, Pilates, Zumba®, kickboxing, indoor cycling/spinning, and other exercise programs



Not Qualified for Fitness Reimbursement:

- One-time initiation or termination fees
- Fees paid for gymnastics, tennis, pool-only facilities, martial arts schools, instructional dance studios, country clubs or social clubs, sports teams or leagues
- Personal trainer sessions
- Fitness equipment or clothing

GET REIMBURSED IN THREE EASY STEPS

1

Choose

Start by picking a qualified fitness program.

2

Complete

Once you pay for the program, fill out the attached form.

3

Mail

Send the completed form to the address listed.

LEARN HOW TO COPE WITH STRESS AND ANXIETY

Let us help you get back on track

NO COST TO YOU!

For you and your family
members age 13 or older

GET HELP FROM THE COMFORT OF YOUR HOME

- Online
- Self-paced
- 24/7 access

FIVE AREAS OF FOCUS

- Stress, Anxiety & Worry
- Depression
- Social Anxiety
- Substance Use

RESOURCES INCLUDE

- Personal Assessment
- On-Demand Webinars
- Wellness Articles
- Unlimited Coaching
- Mindfulness Moment

GET STARTED!

learntolive.com/partners and enter code **WELLNESS** to start your assessment

YOUR ONLINE MENTAL HEALTH TOOL IS HERE

It's confidential. Self-guided. No-cost. Available 24/7.

And it's a judgement-free way to assess and explore your feelings, thoughts, emotions and mind. Designed by the behavioral health specialists from Learn to Live, an independent partner company. The tool can be used as often as you like with programs to support:

- Social anxiety
- Depression
- Stress, anxiety & worry
- Insomnia
- Substance use

Take the 7-Minute Assessment to get started: [sign in to MyBlue](#), or [create account](#), then click on the **New: Your Mental Health Tool** icon* near the top of the page.

*Don't see the icon? Many plans include this tool, but some don't. Unsure? Call Team Blue at 1-800-262-BLUE (2538).





Get Health Care Information Quickly and Easily

The MyBlue Member App gives you instant access to your personal health care information. [Activate your account.](#) [Read the FAQs.](#)



My Cards

View your Member ID card



My Medications

Keep track of your medications



My Plans

Look up your plan information



Find a Doctor

Search for doctors and hospitals



My Claims

Review your claims history



Message Center

Get updates on your health plan

DENTAL BENEFITS

BCBSMA Dental Blue Program 2 with Orthodontics



| | In-Network & Out-of-Network |
|--|--------------------------------------|
| Calendar Year Maximum: | \$1,500 per Member |
| Lifetime Orthodontic Maximum: | \$1,000 per Member <i>(All Ages)</i> |
| Calendar Year Deductible: (Waived for Preventive & Orthodontics) | \$50 Member/\$150 Family |
| Preventive (I): | Covered at 100% |
| Basic Restorative (II): | Covered at 80% after Deductible |
| Major Restorative (III): | Covered at 50% after Deductible |
| Orthodontics (IV): | Covered at 50% |

Rider d10-012+ allows for coverage of Periodontal maintenance services as a Preventive Type I service.

Find a provider at: www.bluecrossma.com



| Cost Per Pay Period | Current Cost | New Cost |
|-----------------------|-------------------------------------|----------|
| Employee | This is a 100% company paid benefit | |
| Employee & Spouse | | |
| Employee & Child(ren) | | |
| Family | | |

VISION BENEFITS

Blue 20/20 Exam Plus Standard Access Plan



Find a Provider in the Access Network at www.blue2020ma.com

| Frequency of Services | |
|--|---|
| Exam | Once every 12 months |
| Lenses or Contacts | Once every 12 months |
| Frames | Once every 24 months |
| In-Network | |
| Copay | \$10 Exams; \$25 Materials |
| Exams | Covered in full after Copay |
| Lenses | Covered in full after Copay |
| Contact Lenses | \$130 Allowance, plus an additional 15% discount on the amount over the Allowance |
| Frames | \$130 Allowance, plus an additional 20% discount on the amount over the Allowance |
| Out-of-Network | |
| Reimbursement up to plan allowance amount for specific service. See Summary Plan Description for details. | |

Blue 20/20 Exam Plus Standard Access Plan



| Cost Per Pay Period | Current Cost | New Cost |
|-----------------------|--------------|----------|
| Employee | | \$1.57 |
| Employee & Spouse | | \$2.66 |
| Employee & Child(ren) | | \$2.74 |
| Family | | \$4.30 |

DISABILITY AND LIFE/AD&D BENEFITS

Short-Term Disability

| | |
|--------------------|---------------------------------|
| Amount | 70% BWE up to \$2,500 per week |
| Elimination Period | 7 Days (0 days if hospitalized) |
| Maximum Duration | 12 Weeks |
| Gross-Up | Optional |

Long-Term Disability

| | |
|--------------------|----------------------------------|
| Amount | 60% BME up to \$12,500 per month |
| Elimination Period | 90 Days |
| Maximum Duration | To age 65 (SSNRA) |
| Gross-Up | Optional |

Life and AD&D Insurance

| | |
|-------------------|-----------------------------------|
| Amount | 2x BAE up to maximum of \$300,000 |
| Benefit reduction | 35% at age 65 and 50% at age 70 |

The company contributes 100% toward the cost of these benefits.

MASSACHUSETTS PAID FAMILY & MEDICAL LEAVE (MA PFML)

General Eligibility

- Generally, PFML coverage is available to workers who receive a Massachusetts Form W-2, whether full-time, part-time, or seasonal, as well as some 1099-MISC contractors.

Earnings Requirements

- Covered individuals must also meet an earnings requirement to be eligible for benefits. Before applying for benefits, you must have earned at least:
 - \$5,100 during the last 4 completed calendar quarters, and
 - At least 30 times more than how much you would be eligible to get each week from your Paid Family Medical Leave benefits
- To calculate your benefit visit:
<https://calculator.digital.mass.gov/pfml/yourbenefits/>

Medical Leave

- For Employee's own serious health condition – Up to 20 weeks

Family Leave

- Bonding (birth, adoption, foster placement) – Up to 12 weeks
- Qualifying military exigency – Up to 12 weeks
- Care for a service member – Up to 26 weeks
- Family member's serious health condition – Up to 12 weeks

Covered individuals are eligible for **no more than 26 total weeks**, in the aggregate, of paid family and medical leave in a single benefit year.

How Does PFML Coordinate with other State leave?

- MA PFML will run concurrently with leave taken under MA Parental Leave Act and FMLA if the employee is eligible for both.

Timing of Benefits

- There is a 7-day waiting period.
- Employees may use accrued sick or vacation pay, or other paid leave provided under an employer policy during the waiting period.
- The 7-day waiting period does not apply to an employee who takes family leave immediately following a medical leave for pregnancy or recovery from childbirth.

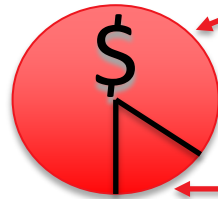
What is the Weekly Benefit?

- The portion of an employee's average weekly wage (AWW) that is equal to or less than 50% of the state AWW is paid at 80%.
- The portion of an employee's AWW that is more than 50% of the state AWW is paid at 50%.
- The maximum weekly benefit amount is capped at **\$1,084.31 for 2022**.

CONTRIBUTION RATE

TOTAL CONTRIBUTION

0.68%



MEDICAL LEAVE CONTRIBUTION

0.56%

FAMILY LEAVE CONTRIBUTION

0.12%

FAMILY AND MEDICAL LEAVE RATE DISTRIBUTION

MEDICAL LEAVE CONTRIBUTION

0.56%

EMPLOYER'S SHARE*
MINIMUM SHARE

60%

EMPLOYEE'S SHARE
MAXIMUM SHARE

40%



0.12%

FAMILY LEAVE CONTRIBUTION

0%

EMPLOYER'S SHARE*
MINIMUM SHARE

100%

EMPLOYEE'S SHARE
MAXIMUM SHARE

*EMPLOYERS WITH FEWER THAN 25 COVERED EMPLOYEES ARE EXEMPT FROM PAYING THE EMPLOYER SHARE OF THE CONTRIBUTION

FLEXIBLE SPENDING ACCOUNTS

Plan Year Ending Reminder (1/1/21 – 12/31/21)

Healthcare & Dependent Care FSA

- **Runout:** You will have until 3/31/2022 to submit claims for expenses incurred through 3/16/2022
- **Grace Period:** The plan allows for a grace period, through 3/16/2022, to incur expenses after the plan year has ended

If you do not use and submit your FSA expenses for reimbursement prior to the deadlines, you may forfeit unused funds

Transit and Parking FSA

- Funds will roll over to the next plan year. There will be two separate pre-tax transportation buckets; one for Transit and one for Parking. All unused funds in your account on 12/31/2021 will be added to the appropriate Transit and Parking accounts.

- **IRS Annual Election Limit: \$2,850**
- Set aside **pretax** dollars to be used toward eligible healthcare expenses throughout the plan year
 - Applies to Employee (self), Spouse, and/or Dependents
 - Maximum Dependent Age: **26**
- **100%** of annual election available on day one of the plan year
- FSA debit card to pay for expenses or submit receipts for reimbursement.

Examples of Eligible Expenses:

Medical Expenses

- Copays, Deductibles or Co-insurance
- Acupuncture or Chiropractic Visits
- Crutches
- First Aid Kits
- Hearing Aids
- Incontinence Supplies
- Lactation Expenses
- Mileage to/from Doctors Appointments
- Smoking Cessation Programs

Dental Expenses

- Braces/Orthodontics
- Crowns
- Dentures/Implants
- Fillings

Vision Expenses

- Eye Exams
- Eyeglasses or Contacts
- Laser Eye Surgery/LASIK

Over-the-Counter (OTC) Medications

- Allergy, Cough, Flu & Sinus Medications
- Feminine Care Products
- Hydrogen Peroxide & Rubbing Alcohol
- Itch Relief Lotions and Creams
- Pain Relievers
- Skin Care (Acne care & Sunscreen SPF15+)
- Sleep Aids & Stimulants
- Stomach & Nausea Remedies
- Wound Treatments/Washes



- **Federal Calendar Family Limit:** \$5,000 (\$2,500 if married and file a separate tax return).
- **Use-it-or-Lose-it Rule** (no Carryover option)
- **Money In, Money Out:** Dependent Care funds are only available *as* they are contributed to the Plan via payroll.
- **Dependent Qualifications:**
 - Individual that regularly spends at least 8 hours a day in your home
 - Dependent care for children under age 13
 - Dependent who is physically or mentally incapable of self-care
 - Your daycare provider must claim your payments as income and pay tax

Examples of Eligible Expenses:

- Fees for licensed day care or adult care facilities
- Before and after school care programs for dependents under age 13
- Amounts paid for services (including babysitters or nursery school) provided in or outside of your home
- Nanny expenses attributed to dependent care
- Nursery School/Pre-School fees
- Summer Day Camp (primary purpose must be custodial care and not educational in nature)
- Late pick-up fees

COMMUTER BENEFITS

The **Transit and Parking Plan** is designed to help reduce the cost of commuting to and from work by allowing you to contribute pre-tax money to be used for eligible commuter expenses.

- Monthly Benefit – You can change your election on a month-to month basis.
- Post-tax contributions can be made to cover the full cost of transit and/or parking expense.

| 2022 IRS Monthly Limit | | |
|------------------------|--------------|--------------|
| | Transit | Parking |
| Your Maximum Election | \$280 | \$280 |

Commuter Eligible Expenses

Parking

- Near your work
- Near a place from which you commute to work via mass transit
- Employer-owned Parking

Transit

- Buses
- Trains
- Subways
- Ferries
- Streetcars
- Vanpools
- Select Ridesharing



BUS



FERRY



SUBWAY



TRAIN



VANPOOL



PARKING



Features:

- Participants can use their Parking debit card to enter/exit over 5,500 garages across the country.
- Participants can enter an address when placing a parking order to identify local garages they may be interested in parking in.

Pay My Provider - Send payments directly to your parking provider.

Pay Me Back - Employees can easily reimburse themselves via direct deposit or mailed check for parking expenses.

Commuter Debit Card - Load funds onto your debit card.

Commuter Debit Card - Load funds onto your debit card.

Smart Cards - Contributions loaded directly onto transit agency cards.

Buy My Pass - Employees choose the provider. Get monthly transit passes or tickets mailed to your home.

For Commuter Debit Card, Smart Card and Buy My Pass:

- Your order must be entered into your Health Equity Commuter portal **by the 10th of each month**, for benefit funds available for use on the first of the following month.
- Order By: 1/10 for 2/1

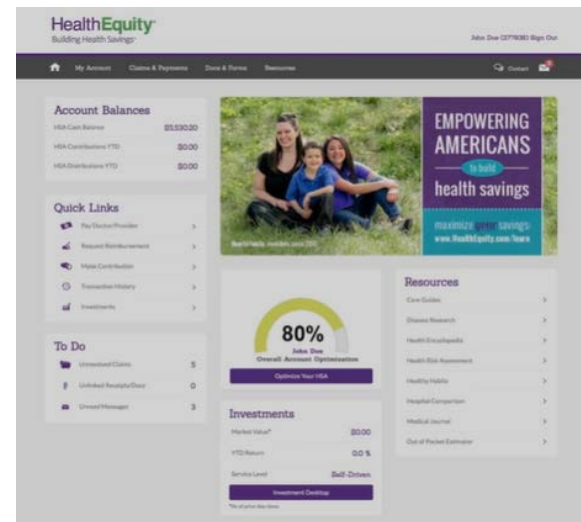
HEALTH EQUITY GENERAL INFORMATION



Upon enrolling in a Health Equity benefit plan, you will receive a comprehensive Welcome Kit in the mail.

The kit will include information on access your account(s) online, details on how your plan works and much more.

1. Go to: www.healthequity.com
2. Click the LOGIN button on the top of the page
3. First time users, select the “Create Username and Password” button. You will need to verify your identity by providing some personal information.



Download HealthEquity's mobile app at the iTunes App Store or Google Play to check and manage your account anytime, anywhere.



ONLINE OPEN ENROLLMENT

Login between November 17th through December 13th

- If you are currently enrolled in a company sponsored Medical, Dental and/or Vision plan, you and your covered dependents will automatically remain enrolled for the 2022 plan year at the same level of coverage.
- Note: If you are interested in setting aside pretax funds for commuter expenses you must login to Health Equity by 1/10 to place your order for February 2022.
- If you do not enroll in the **Healthcare or Dependent Care Flexible Spending Accounts (FSA)**, you will not be enrolled for the 2022 plan year.
- Please keep in mind, this is your once-a-year opportunity to enroll in the benefits being offered unless you experience a qualified life event during the plan year.

Please keep in mind, this is your once-a-year opportunity to enroll in the benefits being offered unless you experience a Qualified Life Event (QLE) during the plan year. A QLE allows you to enroll in or make changes to your employer sponsored benefits outside of the annual Open Enrollment Period.

Examples of a QLE:

- Marriage
- Birth of a Baby and/or Adoption
- Loss of Coverage
- Gain of Other Coverage
- Age out of parent's plan (26 years old)

If you qualify to make a change, you will have 30 days from the day of the event to notify your employer and make your benefit elections.



- You will need your dependent's Birth Date, Social Security Number information to enroll in benefits.



- If enrolling in an HMO Plan, you will need to locate your Primary Care Physician's name and PCP number. Go to:

www.bluecrossma.com

ADP Portal Login Homepage



English (US) ▾

Welcome to ADP

User ID [Administrator Sign In](#)

Remember My User ID [?](#)

Password (case sensitive)

SIGN IN

[Forgot your user ID/password?](#)

Need an account? [SIGN UP](#)

Welcome Message



The screenshot displays a web interface for an Open Enrollment process. At the top, there is a dark teal navigation bar with the words 'HOME', 'RESOURCES', and 'MYSELF' in white, followed by a star icon. To the right of this bar is a search bar with a magnifying glass icon and the text 'Search Workforce Now'. Below the navigation bar, the main heading is 'Enrollments' in a bold, dark teal font, accompanied by a help icon, a video icon, and a pencil icon. To the right of the heading is an 'Add to Favorites' button with a star icon. The main content area features a large teal banner with the text 'Welcome to Open Enrollment' and a calendar icon indicating '8 days left to complete this event'. Below the banner is a progress indicator with three steps: 'Welcome' (with an eye icon), 'Select Benefits' (with a circle icon), and 'Summary' (with a circle icon). The 'Welcome' step is currently active. Below the progress indicator is a white text box containing the following text: 'Open Enrollment is your opportunity to review, change and/or enroll in benefits. Follow the prompts and review your options and costs carefully. You can make any changes you like at home or at work until the end of the Open Enrollment period at 11:59 PM on October 2nd. Once the enrollment period has ended your choices will be final until the next open enrollment period or until you have a qualifying life event.' At the bottom of the page, there is a blue 'CONTINUE' button with a right-pointing arrow. A red arrow points from a pink callout box to the 'CONTINUE' button. The callout box contains the text: 'Click Continue to view the benefit plan options'.

Manage Your Dependents



Enrollments 📄 🔍 Search Workforce Now

Welcome to Open Enrollment 📅 8 days left to complete this event

Welcome → Select Benefits → Summary

AVAILABLE BENEFITS

- MEDICAL
- DENTAL
- VISION
- EMPLOYEE LIFE
- FSA HEALTH CARE
- FSA DEPENDENT CARE

Medical

Your company requires you to enter a reason to waive this coverage.

1. Which plan would you prefer? 📅 Per Pay Period

| PLAN | PROVIDER | PER PAYCHECK | EMPLOYER COST | EFFECTIVE DATE | |
|--|---|--------------|---------------|----------------|--------------------|
| HMO BLUE NEW ENGLAND \$2,000 DEDUCTIBLE, FULL TIME 30 PLUS | BLUE CROSS BLUE SHIELD OF MASSACHUSETTS | \$34.20 | \$307.74 | --- | SELECT PLAN |
| PREFERRED BLUE PPO \$2,000 DEDUCTIBLE, FULL TIME 30 PLUS | BLUE CROSS BLUE SHIELD OF MASSACHUSETTS | \$37.17 | \$334.55 | --- | SELECT PLAN |

WAVE THIS BENEFIT

2. Who do you want to cover? 👤 **MANAGE DEPENDENTS**

You

SAVE FOR LATER **CONTINUE TO PREVIEW**

Click Select Plan to enroll in a Medical plan

Click Manage Dependents to add a family member

Add Your Dependents and Beneficiaries



1

2

3


Step 1: Click Add New
Step 2: Choose Relationship Type
Step 3: Enter Dependent Information

Welcome → Select Benefits → Summary


AVAILABLE BENEFITS

- MEDICAL
- DENTAL
- VISION
- EMPLOYEE LIFE
- FSA HEALTH CARE
- FSA DEPENDENT CARE

Medical





i Your company requires you to enter a reason to waive this coverage.

1. Which plan would you prefer? **\$205.16**  Per Pay Period ▾

| PLAN | PROVIDER | PER PAYCHECK | EMPLOYER COST | EFFECTIVE DATE | |
|--|---|--------------|---------------|----------------|-------------|
| HMO BLUE NEW ENGLAND \$2,000 DEDUCTIBLE, FULL TIME 30 PLUS | BLUE CROSS BLUE SHIELD OF MASSACHUSETTS | \$205.16 | \$478.71 | --- | SELECTED |
| PREFERRED BLUE PPO \$2,000 DEDUCTIBLE, FULL TIME 30 PLUS | BLUE CROSS BLUE SHIELD OF MASSACHUSETTS | \$223.03 | \$520.41 | --- | SELECT PLAN |

WAIVE THIS BENEFIT

2. Who do you want to cover? [MANAGE DEPENDENTS](#)

 You  John Test Spouse

SAVE FOR LATER  **CONTINUE TO PREVIEW** 

To enroll in the HMO, you must have the PCP name and number for the next step



8 days left to complete this event

Welcome → Select Benefits → Summary

AVAILABLE BENEFITS

- MEDICAL
- DENTAL
- VISION
- EMPLOYEE LIFE
- FSA HEALTH CARE
- FSA DEPENDENT CARE

Medical

i Your company requires you to enter a reason to waive this coverage.

1. Which plan would you prefer?

| PLAN | PROVIDER | PER PAYCHECK | EMPLOYER COST | EFFECTIVE DATE | |
|--|---|--------------|---------------|----------------|-------------|
| HMO BLUE NEW ENGLAND \$2,000 DEDUCTIBLE, FULL TIME 30 PLUS | BLUE CROSS BLUE SHIELD OF MASSACHUSETTS | \$34.20 | \$307.74 | --- | SELECTED |
| PREFERRED BLUE PPO \$2,000 DEDUCTIBLE, FULL TIME 30 PLUS | BLUE CROSS BLUE SHIELD OF MASSACHUSETTS | \$37.17 | \$334.55 | --- | SELECT PLAN |

WAIVE THIS BENEFIT

2. Who do you want to cover? [MANAGE DEPENDENTS](#)

You

SAVE FOR LATER CONTINUE TO PREVIEW

Click on the provider name to open the Find a Doctor Link.



Add a Primary Care Physician



Save Your Election

YOU ARE ENROLLING IN

| PER PAYCHECK | COSTS |
|---------------------------|-----------------|
| PLAN COST | \$205.16 |
| TOTAL PER PAYCHECK | \$205.16 |

COVERED INDIVIDUALS

- LT Lily Test
You
- JT John Test
Spouse

| | PCP FIRST NAME | PCP LAST NAME | PCP IDENTIFIER NUMBER |
|-----------|----------------|---------------|-----------------------|
| Lily Test | Joseph | Jones | 1111111 |
| John Test | Joseph | Jones | 1111111 |

SAVE AND CONTINUE TO NEXT BENEFIT

2. Who do you want to cover?

Waive a Benefit



Welcome → Select Benefits → Summary

Update successful

Dental

Your company requires you to enter a reason to waive this coverage.

1. Which plan would you prefer? Per Pay Period

| PLAN | PROVIDER | PER PAYCHECK | EMPLOYER COST | EFFECTIVE DATE |
|--|--|--------------|---------------|----------------|
| PPO U1 WITH CHILD ORTHO. FULL TIME 30 PLUS | Guardian Life Insurance Company of America | \$2.63 | \$23.64 | — |

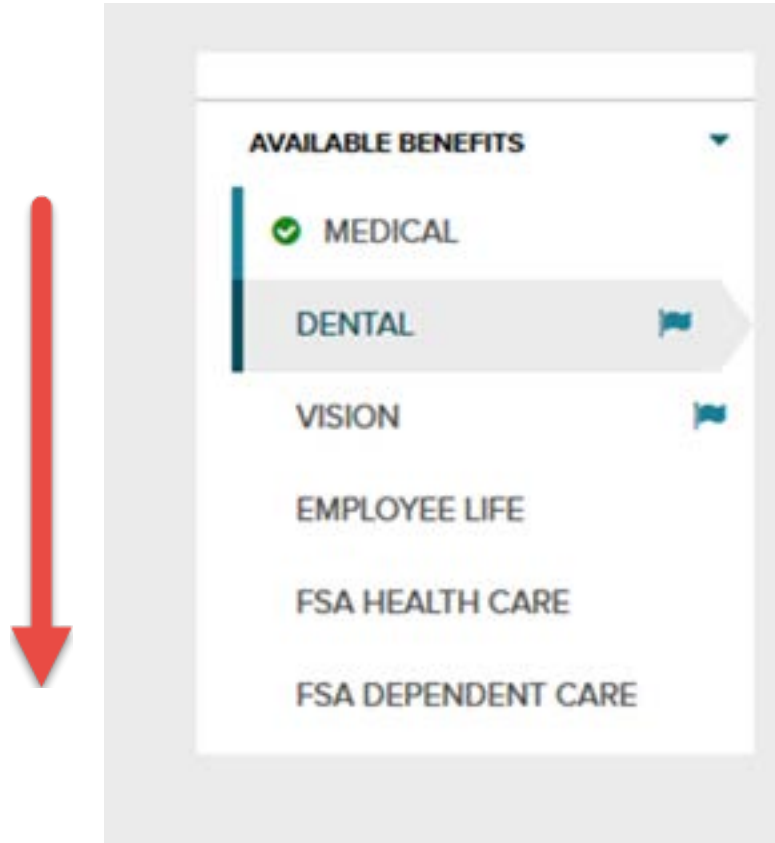
Waive Benefit here → **WAVE THIS BENEFIT**

2. Who do you want to cover? [MANAGE DEPENDENTS](#)

You John Test Spouse

SAVE FOR LATER CONTINUE TO PREVIEW

Continue Through all Benefit Plans



Download Your Benefit Summary



Download your Benefit Summary

Welcome → Select Benefits → Summary

Please review this summary of your Open Enrollment. [Download](#)

Warning: Your benefit elections will not be processed until you click "SUBMIT ENROLLMENT". You will still be able to make changes until October 2, 2019 11:59 PM EDT. [SAVE FOR LATER](#) [SUBMIT ENROLLMENT](#)

Enrollment Summary

Per Pay Period

| Plan | Effective Date | Coverage | Employer Cost | Your Cost |
|---|-----------------|--|---------------|-----------|
| Medical | | | \$478.71 | \$205.16 |
| Blue Cross Blue Shield of Massachusetts: HMO Blue New England \$2,000 Deductible, Full Time 30 Plus | October 1, 2019 | You John Test | | |
| Vision | | | \$2.17 | \$0.00 |
| Guardian Life Insurance Company of America: VSP Full Feature Choice II, Full Time 30 Plus | October 1, 2019 | You | | |
| Employee Life | | | \$0.00 | \$6.55 |
| Guardian Life Insurance Company of America: Voluntary Term Life & AD&D, Eligible Employees \$100,000.00 | October 1, 2019 | Primary Beneficiary: John Test (100%) | | |
| FSA Dependent Care | | | \$0.00 | \$50.00 |
| Total Administrative Services Corp (TASC) Dependent Care FSA 2019-20, Eligible Employees | October 1, 2019 | You | | |
| Per Pay Period: | | | \$480.88 | \$261.71 |

Waived Benefits

| | |
|--------|--|
| Dental | Waive Reason: Participating in Spouse's Plan |
|--------|--|

[SAVE FOR LATER](#) [SUBMIT ENROLLMENT](#)

Submit Your Enrollment



Welcome

Click Submit Enrollment

Your benefit elections will not be processed until you click "SUBMIT ENROLLMENT". You will still be able to make changes until October 2, 2019 11:59 PM EDT

SAVE FOR LATER **SUBMIT ENROLLMENT**

Enrollment Summary

Per Pay Period

| Plan | Effective Date | Coverage | Employer Cost | Your Cost |
|---|-----------------|--|------------------------|-----------------|
| Medical | | | \$478.71 | \$205.16 |
| Blue Cross Blue Shield of Massachusetts: HMO Blue New England \$2,000 Deductible, Full Time 30 Plus | October 1, 2019 | You John Test | | |
| Vision | | | \$2.17 | \$0.00 |
| Guardian Life Insurance Company of America: VSP Full Feature Choice B, Full Time 30 Plus | October 1, 2019 | You | | |
| Employee Life | | | \$0.00 | \$6.55 |
| Guardian Life Insurance Company of America: Voluntary Term Life & AD&D, Eligible Employees \$100,000.00 | October 1, 2019 | Primary Beneficiary: John Test (100%) | | |
| FSA Dependent Care | | | \$0.00 | \$50.00 |
| Total Administrative Services Corp (TASC) Dependent Care FSA 2019-20, Eligible Employees | October 1, 2019 | You | | |
| | | | Per Pay Period: | \$480.88 |
| | | | | \$261.71 |

Waived Benefits

| | |
|--------|--|
| Dental | Waive Reason: Participating in Spouse's Plan |
|--------|--|


SAVE FOR LATER **SUBMIT ENROLLMENT**

You Have Completed Your Enrollment



days left to make changes

Review your current benefits, your


 **You have completed your enrollment.**

Your enrollments have been recorded.

Be sure to view your benefits as of your enrollment effective date and print a copy of your elections for your records.

.....

Please proceed to the Message Center (click the Envelope icon in the header at the top of the page). Click View All Messages and look for a Generated Activity with a subject of Employee - OE 2019 Info Update Activity. Click on the three square icons to the right of the message and go through the wizard to review and acknowledge any previously unacknowledged company policies and/or update your personal information.

 **CLOSE**

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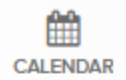
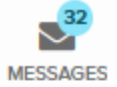
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Any questions...



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Login to <https://workforcenow.adp.com>

- If you need assistance registering for ADP, please contact Diane Birnbaum at Birnbaum@nber.org

Thank you!

Ken Bettenhauser
Managing Director

