





Benefits At A Glance

Benefits Plan	Who is Eligible When Coverage Begins	Benefit Summary Member Services	Employee Cost Per Pay Period	Out of Pocket Expenses
<p>401(a) Pension Plan</p> <p>TIAA CREF Vanguard</p>  	<p>Regular employees who work at least 24 hours per week</p> <p>Employees are eligible to join at the beginning of the first quarter after two (2) years of continual employment.</p>	<p>The NBER will contribute 20% of your base salary, up to the IRS 401(a) salary limit, (currently \$255,000). Employees choose between TIAA-CREF and Vanguard, the providers for this plan.</p> <p>Websites: http://www.tiaa-cref.org OR http://www.vanguard.com</p> <p>Employees with any questions on the 401(a) plan can contact Kelly Horak at horak@nber.org, or call as below:</p> <p>TIAA-CREF Participant Customer Service (800) 842-2273</p> <p>Vanguard Participant Customer Service (800) 523-1188</p>	<p>n/a</p>	

Please reference specific carrier's benefit summary for complete benefit detail.

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<p>403(b) Retirement Plan</p> <p>TIAA CREF Vanguard</p>  	<p>All employees</p> <p>First Day of Month Coincident with or Following Date of Hire</p>	<p>Employees electing this retirement plan are eligible to contribute a dollar amount of earnings, no less than \$200 annually and up to the allowable IRS limits. Participants can elect to have their contributions deducted on a pre-tax basis (Standard) or on an after-tax basis (Roth). The 2014 IRS limit for 403(b) plan annual contributions is \$17,500, (with an additional catch-up provision of \$5,500 for participants aged 50 and older). There is no company match on these contributions. Employees choose between TIAA-CREF and Vanguard, the providers for this plan.</p> <p>Websites: http://www.tiaa-cref.org OR http://www.vanguard.com</p> <p>Employees with any questions on the 403(b) plans can contact Kelly Horak at horak@nber.org, or call as below:</p> <p>TIAA-CREF Participant Customer Service (800) 842-2273</p> <p>Vanguard Participant Customer Service (800) 523-1188</p>	<p>Optional contributions through payroll deduction</p>	

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<p>Medical Insurance</p> <p>Blue Cross Blue Shield of Massachusetts</p> <p><i>HMO Blue NE Value Plus</i></p>  <p>Group # 6208528</p>	<p>Salaried Employees working 24 or more hours per week</p> <p>Hourly Research Staff in MA working 30 or more hours per week who were hired with the Expectation that their job would last 5 months or more</p> <p>Employees in NE only</p> <p>First Day of the Month Following Date of Hire</p>	<p>The HMO Blue NE Value Plus plan is a referral system designed to provide employees with access to health care routed from within the BCBS NE network of health-care providers. In the HMO plan, you will be required to select a primary care physician (PCP). Please reference your benefit plan summary for a complete summary of your plan's benefits.</p> <p>The plan year and deductible plan year for this benefit is 01/01 - 12/31 annually.</p> <p>This Plan offers a \$150 per calendar year Fitness Benefit program.</p> <p>There are significant savings when using the Prescription Mail-In order program. <i>For details:</i> http://www.bluecrossma.com/pharmacy/en_US/pharmacyIndex.jsp</p> <p>Website: http://www.bluecrossma.com</p> <p>Contact: Blue Cross Blue Shield Member Services (800) 424-0794</p>	<p><i>The company contributes 80% towards this Benefit.</i></p> <p><i>Your cost:</i></p> <p><i>Single:</i> \$80.63</p> <p><i>2-Person:</i> \$155.48</p> <p><i>Family:</i> \$240.79</p>	<p>Office Visit- \$0 Routine/\$15 Co-Pay/ \$30 Co-Pay Specialist ER- \$100 Co-Pay (waived if admitted) Inpatient Hospitalization- \$250 per Admission Outpatient Surgery - \$150 per Admission High Cost Diagnostic CTs, MRIs, PET Scans - \$25 per type, per date of service Chiropractor Services- \$30 Co-Pay</p> <p>Retail Prescriptions- (30-day supply) \$10/Generic \$25/Brand Formulary \$45/Brand Non-Formulary Mail Order Prescriptions- (90-day supply) \$20/Generic \$50/Brand Formulary \$90/Brand Non-Formulary</p> <p>Out of Pocket (OOP) Maximum for medical benefits is \$5,350 per member (\$10,700 per two-person or family). Out of Pocket (OOP) Maximum for pharmacy benefit is \$1,000 per member (\$2,000 per two-person or family).</p>

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<p>Medical Insurance</p> <p>Blue Cross Blue Shield of Massachusetts</p> <p><i>HMO Blue New England \$1,000 Deductible</i></p>  <p>Group # 4054029</p>	<p>Salaried Employees working 24 or more hours per week</p> <p>Hourly Research Staff in MA working 30 or more hours per week who were hired with the expectation that their job would last 5 months or more</p> <p>Employees in NE only</p> <p>First Day of the Month Following Date of Hire</p>	<p>The HMO Blue NE \$1,000 Deductible plan is a referral system designed to provide employees with access to health care routed from within the BCBS New England network of health-care providers. In the HMO plan, you will be required to select a primary care physician (PCP).</p> <p><i>Plan Year Deductible:</i> A Deductible is a specific annual dollar amount that is payable by the Member before medical benefits subject to the Deductible are available under the Plan. Not all services under this Plan are subject to the Deductible. For services subject to the Deductible, you must satisfy your Deductible before BCBS provides coverage for these benefits. Deductible amounts are incurred as of the date of service.</p> <p><i>Your Plan has a \$1,000 per Member Deductible and a \$2,000 per family Deductible per plan year. The plan year and the deductible plan year for this benefit is 1/01 – 12/31 annually.</i></p> <p>Unless a family Deductible applies, each Member is responsible for the per-Member Deductible for covered services each calendar year. If a family Deductible applies, it is met when any combination of Members in a covered family incur expenses for services subject to the Deductible that total the annual family Deductible.</p> <p>Website: http://www.bcbsma.com</p> <p>Contact: BCBS Member Services (800) 424-0794</p>	<p><i>The company contributes approximately 90% to this benefit.</i></p> <p>Your cost:</p> <p><i>Single:</i> \$33.53</p> <p><i>2-Person:</i> \$64.62</p> <p><i>Family:</i> \$100.05</p> <p><i>The Company will reimburse part of the deductible, through a Health Reimbursement Arrangement (HRA), please see the details in the HRA Benefit below</i></p>	<p>Office Visit- \$0 Routine/\$20 Co-Pay/\$35 Co-Pay Specialist</p> <p>ER- \$150 Co-Pay (waived if admitted)</p> <p>Inpatient Hospitalization, Outpatient Surgery, Diagnostic Services (CTs, MRIs, PET Scans, X-Rays, Lab Work) –Subject to Deductible</p> <p>Deductible- \$1,000 Individual, \$2,000 Two-Person or Family *HRA in place</p> <p>Chiropractor Services- \$35 Co-Pay (up to 12 visits per calendar year)</p> <p>Prescriptions (30-day supply)- \$20/Generic \$40/Brand Formulary \$60/Brand Non-Formulary</p> <p>Mail Order Prescriptions- (90-day supply) \$40/Generic \$80/Brand Formulary \$180/Brand Non-Formulary</p> <p>Out of Pocket (OOP) Maximum for medical benefits is \$5,350 per member (\$10,700 per two-person or family). Out of Pocket (OOP) Maximum for pharmacy benefit is \$1,000 per member (\$2,000 per two-person or family).</p>

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<p>Health Reimbursement Account (HRA)</p> <p>HR Concepts</p> 	<p>Salaried Employees who have elected the HMO Blue NE \$1,000 deductible plan only</p> <p>First Day of the Month Following Date of Hire</p>	<p>Health Reimbursement Account (HRA) - For those electing <i>single coverage</i>, you are responsible for deductible dollars \$1 – \$250. The company will reimburse for dollars \$251 - \$1,000.</p> <p>For those electing <i>dual or family coverage</i>, you are responsible for deductible dollars \$1 – \$500. The company will reimburse for dollars \$501 - \$2,000.</p> <p>HR Concepts will receive a secure data feed from BCBS each week. Once you have reached the Individual or Family Deductible threshold (above), HR Concepts will process a check directly to your medical provider.</p> <p>Participant Website login: http://www.hrconcepts.biz/Login/participants.html</p> <p>Frequently Asked Questions: http://www.hrconcepts.biz/FAQ/</p> <p>Contact: HR Concepts Customer Care (603) 647-1147 OR Email: customercare@hrconcepts.biz</p>	<p>HRA: No additional cost to employee.</p>

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<p>Medical Insurance Blue Cross Blue Shield</p> <p><i>Blue Care Elect PPO Value Plus</i></p>  <p>Group # 2285817</p>	<p>Salaried Employees working 24 more hours per week</p> <p>Employees outside of NE only</p> <p>First Day of the Month Following Date of Hire</p>	<p>The Blue Care Elect PPO Value Plus plan is designed to provide employees with open access to any independent physician, hospital or other health care provider who participates in our extensive network. Members may also choose to receive services from providers outside of the network covered at a lower, “non-preferred” level after meeting the deductible. The plan year and deductible plan year for this benefit is 01/01 – 12/31 annually.</p> <p>This Plan offers a \$150 per calendar year Fitness Benefit program.</p> <p>There are significant savings when using the Prescription Mail in order program, for details:</p> <p>http://www.bluecrossma.com/pharmacy/en_US/pharmacyIndex.jsp</p> <p>National Blue Cross Network site: http://www.bluecares.com</p> <p>Contact: Blue Cross Blue Shield Member Services (800) 424-0794</p> <p><i>*subject to reasonable and customary charges when seeking care outside of network</i></p>	<p><i>Your cost:</i></p> <p><i>Single:</i> \$80.63</p> <p><i>2-Person:</i> \$155.48</p> <p><i>Family:</i> \$240.79</p>	<p>Office Visit: \$0 Routine/\$15 Co-pay ER- \$100 Co-pay (waived if admitted) Inpatient Hospitalization - \$250 per Admission Outpatient Surgery- \$150 per Admission Diagnostic Services (CTs, MRIs, PET Scans, X-Rays) \$25 per category per date of service Chiropractor Services- \$15 Co-Pay Out of Network Benefit: 80/20 split after meeting deductible: Out of Network Deductible: \$500 per Individual/\$1,000 per Two-person or Family Retail Prescriptions- (30-day supply) \$10/Generic \$25/Brand Formulary \$45/Brand Non-Formulary Mail Order Prescriptions- (90-day supply) – in network only \$20/Generic \$50/Brand Formulary \$90/Brand Non-Formulary Out of Pocket (OOP) Maximum for medical benefits is \$5,350 per member (\$10,700 per two-person or family). Out of Pocket (OOP) Maximum for pharmacy benefit is \$1,000 per member (\$2,000 per two-person or family).</p>
<p>VALUE ADDED BENEFITS</p> <p>Blue Cross Blue Shield</p> 	<p>Healthy Blue, a group of programs, discounts & savings, resources and tools help you get the most you can from your health care plan.</p> <ul style="list-style-type: none"> • <i>LIVING HEALTHY Babies</i> • Fitness Benefit Reimbursement • Reimbursement for weight-loss program • Living Healthy Vision – discounts on eyewear (frames, lenses, supplies, laser correction surgery) • 24/7 BLUECARE Line to answer your health care questions • <i>LIVING HEALTHY Naturally</i> – discounts on different types of complementary & alternative medicine services, such as acupuncture, massage therapy, nutritional counseling, personal training, Pilates, tai chi and yoga 	<p>Call: BCBS Healthy Blue (800) 262-BLUE (2583) <i>to receive the Healthy Blue booklet which outlines these special programs</i></p> <p>Website: www.ahealthyme.com for an around the clock healthy approach to fitness, family and fun</p>		

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<p>Dental Insurance</p> <p>Delta Dental</p> <p>Delta Premier</p>  <p>Group #: 006949-6601</p>	<p>Salaried Employees working 24 or more hours per week</p> <p>First Day of the Month Following Date of Hire</p>	<p>The Delta Dental Premier USA plan provides access to Delta Dental's national network, giving you access to dentists. The dental plan covers services provided by non-participating dentists as well. The plan year and deductible plan year for this benefit is 01/01 – 12/31 annually.</p> <p>\$1,500 calendar year maximum benefit per subscriber</p> <p>Orthodontia: 50% to \$1,000 separate lifetime max, up to age 19</p> <p>Website: www.deltadentalma.com</p> <p>Contact: Delta Dental Customer Service (800) 852-0500</p> <p><i>*subject to reasonable and customary charges when seeking care outside of network</i></p>	<p><i>This is a 100% company-paid benefit.</i></p> <p>Your cost:</p> <p>\$0</p>	<p><u>In- or Out-of-Network Preventive (I)</u>- covered 100%</p> <p>Basic Restorative (II)- covered 80%</p> <p>Major Restorative- (III) covered 50%</p> <p>Deductible- \$50 Ind./\$150 Family (Deductible waived for Type I/Preventive services)</p>
<p>Short-Term Disability</p> <p>UNUM</p>  <p>Policy # 97736</p>	<p>Salaried Employees working 24 or more hours per week</p> <p>First Day of the Month Following Date of Hire</p>	<p>Pays up to 70% of Basic Weekly Earnings (BWE), after the 1st day of hospitalization (or 8th day of injury or illness), up to \$2,500 per week. This policy has a 2-year "own occupation" definition at which time a medical evaluation will be performed to determine additional disability payments potentially up to age 65. The maximum duration of this benefit is 12 weeks. The plan has a voluntary gross-up option, when chosen the benefit to the employee is tax-free.</p> <p>Website: www.unum.com</p> <p>Contact: UNUM Customer Service (800) 421-0344</p>	<p><i>This is a 100% company-paid benefit</i></p> <p>No cost to employee</p>	

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<p>Long-Term Disability</p> <p>UNUM</p>  <p>Policy # 97736</p>	<p>Salaried Employees working 24 or more hours per week</p> <p>First Day of the Month Following Date of Hire</p>	<p>Pays up to 60% of Basic Monthly Earnings (BME), after 90 days of disability, up to \$12,500 per month. This policy has a 2-year "own occupation" definition at which time a medical evaluation will be performed to determine additional disability payments potentially up to age 65. There is a 3/12 pre-existing condition clause. The plan has a voluntary gross-up option, when chosen the benefit to the employee is tax-free.</p> <p>Website: www.unum.com</p> <p>Contact: UNUM Customer Service (800) 421-0344</p>	<p><i>This is a 100% company-paid benefit</i></p> <p>No cost to employee</p>	
<p>Group Term Life and Accidental Death & Dismemberment (AD&D)</p> <p>UNUM</p>  <p>Policy # 97736</p>	<p>Salaried Employees working 24 or more hours per week</p> <p>First Day of the Month Following Date of Hire</p>	<p>2 x Basic Annual Earnings (BAE) to a maximum of \$300,000.</p> <p>Website: www.unum.com</p> <p>Contact: UNUM Customer Service (800) 421-0344</p>	<p><i>This is a 100% company-paid benefit</i></p> <p>No cost to employee</p>	

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<p>Employee Assistance Program (EAP)</p> <p>The Wellness Corporation</p> 	<p>Salaried Employees working 24 or more hours per week</p> <p>First Day of the Month Following Date of Hire</p>	<p>NBER.org offers employees an EAP (Employee Assistance Program). This service is a confidential hotline for you to call to discuss any issue such as: Family, Marriage, Career, and Personal (to name a few). Call any time, 24/7.</p> <p>EAP Assistance at: 1-800-828-6025</p> <p>Online access: http://wellnesscorp.personaladvantage.com/</p>	<p><i>This is a 100% company-paid benefit</i></p> <p>No cost to employee</p>
<p>Employee Travel Assistance</p> <p>UNUM</p>  <p>Policy # 97736</p>	<p>Salaried Employees working 24 or more hours per week</p> <p>First Day of the Month Following Date of Hire</p>	<p>Travel Assistance at: 1-800-872-1414 Outside US: (US Access Code) 609-986-1234 Reference #: 01-AA-UN-762490</p>	<p><i>This is a 100% company-paid benefit</i></p> <p>No cost to employee</p>

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<p>Flexible Spending Account (FSA)</p> <p><i>Sponsored in-house by NBER.org</i></p>	<p>Salaried Employees working 24 or more hours per week</p> <p>Hourly Research Staff in MA working 30 or more hours per week who were hired with the expectation that their job would last 5 months or more</p> <p>Hourly Research Staff working 24 or more hours/week for 9 consecutive months or more</p> <p>First Day of the Month Following Date of Hire</p>	<p>Flexible Spending Account for Unreimbursed Qualified Expenses Any medical, dental or vision expenses that employees may incur which are not covered by insurance. The amount of out-of-pocket expenses should be estimated, with a maximum of \$2,500 per calendar year. The sum is then divided into the number of pay-periods in the year. The employee's taxable gross income is reduced by this amount. Employees can use a debit card or submit qualified receipts for reimbursement.</p> <p>Dependent Care-Works similarly to the aforementioned, however, it is for dependent care and has a calendar year maximum of \$5,000. Daycare costs are estimated and deducted from the paycheck until such time as a receipt is submitted for reimbursement.</p> <p>Contact: Diane Birbaum at 617-868-3900 x 484 or via email at birnbaum@nber.org</p>	

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